

To: Cassandra Logan, Survey Director, U.S. Census Bureau, PRAcomments@doc.gov
From: Alana Vega, KIDS COUNT Coordinator, Advocates for Children of New Jersey
Date: July 31, 2020

Re: OMB Control Number 0607-1013

Advocates for Children of New Jersey (ACNJ) urges the Census Bureau:

1. to extend the Household Pulse Survey at least until the end of 2020, if not well into 2021;
2. to update questions on the number of children by age range in each home;
3. to include new questions on the availability and type of child care used by household members, as well as preferred child care settings;
4. to include more detailed questions on school reopening models.

The data from the Pulse Survey have been invaluable for communicating to policymakers, elected officials, service providers, advocates and families about the impact of COVID-19 on households across New Jersey. In addition, the ability to split out data for households with children has provided critical information about the unique challenges they face.

Advocates for Children of New Jersey (ACNJ) is the state's largest multi-issue nonprofit focused on children's issues, ranging from child welfare and juvenile justice to early childhood education and infant-toddler care. ACNJ is also the KIDS COUNT grantee for New Jersey, funded by the Annie E. Casey Foundation, producing data reports and publications on child well-being for policymakers and community members.

In light of the COVID-19 pandemic, many traditional sources of data have lagged substantially, with little up-to-date information about how families are doing. Even data available on a monthly basis, such as Medicaid enrollment or SNAP participation, failed to keep pace with the speed of the pandemic and its impacts on families. Housing data, which have almost always lagged by a year or more, were particularly lacking.

1. Extend the Household Pulse Survey until the end of 2020.

In light of the massive nationwide repercussions of COVID-19, ACNJ encourages the Bureau to continue this effort and track the long-term impact of the pandemic. The novel data collection model has allowed for rapid communication of key data points to policymakers, while tracking critical trends for households with children.

Without continuation of the Household Pulse Survey, federal, state and local policymakers and elected officials risk flying blind, developing policy solutions and adapting existing programs to address issues without knowing who they affect and by how much. Already, many programs instituted to protect families from the damage caused by COVID-19 have begun expiring, although the people experiencing this damage continue to face substantial harms.

The current spikes in COVID-19 across the country suggest that this will not be a quickly resolved crisis, but rather a longer-term natural disaster with long-running consequences for households across the nation, especially access to medical care, health insurance status, education, housing, employment and nutrition.

Already these data have helped spur initiatives in New Jersey around affordable housing and eviction protection, vaccination campaigns to catch up children who missed vaccinations/immunizations due to delayed medical visits, additional data requests from the state Medicaid agency on Medicaid enrollments, and inquiries into the administrative burdens of applying for SNAP benefits.

Household Pulse Survey data provide critical guidance for how to protect families, and community members and advocates need more, rather than less, data.

2. Update questions on the age of children.

More fine-grained data on the ages of children in the home may help to further highlight the issues facing households with very young children as opposed to households with older children and adolescents. In particular, young children (ages 0-5) are more likely to use child care providers and family caregiving, while older children are more likely to attend school or participate in extracurricular school-based activities.

ACNJ urges the Bureau to update the presence-of-children questions to include the age ranges of the children.

3. Add questions on child care services and preferred settings for children.

Anecdotal and limited polling data suggest that child care remains a difficult choice for many working families, but child-care-specific polling and surveys have been few and far between. With school and child care closures or reductions in capacity, families are creating makeshift arrangements, often cobbling together a combination of center-based care, family- or neighbor-based home care, or informal child care arrangements. Some of these informal arrangements have even been impacted by the COVID-19 pandemic, due to fears surrounding transmission between households with high risk members.

These arrangements are not currently captured by data and will inform how to rebuild the child care system as the pandemic continues.

ACNJ encourages the Bureau to ask what kind of child care services they are using (child care centers/preschool; before/after care; paid day care in someone else's home; paid or no-cost care by friends and family; parental/guardian care at home; taking the child to work; child left unattended at home). In addition to asking about what child care setting families have chosen, there should also be a question asking what their preferred child care setting would be, and if it

is different than the one they are using, whether they have been unable to find such a program, unable to afford it, or the hours do not match their needs.

These data will help inform the development of policy solutions to meet the child care needs of households, especially those with young children.

4. Modify education questions to capture a variety of educational reopening models.

Current debates on school reopenings focus on a few key questions for policy implementation:

- Should schools reopen fully in-person, a hybrid of in-person and virtual/remote learning, or all-remote learning?
- Which students should be prioritized in reopening (younger students, special education, etc.)?
- Should parents have the choice to opt out of in-person schooling for health concerns?
- How will working parents with school-age children manage to care for remote-learning and go to work?

Anecdotally, there are also reports of small neighborhood “pods” of parents who will conduct child care one day a week for small groups of children. These informal childcare arrangements are difficult to see in generic polling data, but a longer list of potential options for parent child care arrangements in response to school closure may yield more helpful data about this phenomenon.

As a result, ACNJ encourages the Bureau to develop finer-grained questions on school reopening models and the impact on households with children, both in terms of child care and the impact on work, particularly for female respondents.

--

ACNJ thanks the Bureau for the opportunity to comment on the Household Pulse Survey. Please feel free to reach out to me for further questions at avega@acnj.org

Sincerely,
Alana Vega

August 3, 2020

Cassandra Logan
Survey Director
U.S. Census Bureau
4600 Silver Hill Road
HQ-7H157
Washington, DC 20233

Submitted electronically via Cassandra.Logan@census.gov

RE: Agency Information Collection Activities; Submission to the Office of Management and Budget (OMB) for Review and Approval; Comment Request; Household Pulse Survey (OMB Control Number 0607- 1013)

Dear Ms. Logan:

On behalf of America's Health Insurance Plans (AHIP) and the Blue Cross Blue Shield Association (BCBSA), we are writing in response to the request for comments regarding extending data collection for the Household Pulse Survey During COVID-19 Epidemic ("Household Pulse Survey").

We applaud the Census Bureau and the five other coordinating agencies—the Bureau of Labor Statistics, the Department of Housing and Urban Development, the National Center for Health Statistics, the National Center for Education Statistics, and the USDA Economic Research Service—on their quick development and launch of Household Pulse Survey to assess the impact of the novel coronavirus (COVID-19) is impacting American households. The survey provides critical, near real-time insights into the social and economic effects of the pandemic and is a critical tool for identifying and addressing the impact for employment, economic security, and access to health care. These data are crucial in guiding federal policy and actions of employers in the private sector as they craft responses to the COVID-19 pandemic.

AHIP and BCBSA strongly recommend the Household Pulse Survey be extended for the duration of the Public Health Emergency (PHE). The Survey is singular in its frequency, timeliness, and breadth of covered topics, ranging from employment status to food and housing security to physical and mental health to health care access. While the Census Bureau is seeking an extension for an additional 12 weeks, we believe continuing this data collection throughout PHE will allow Federal policymakers, employers, and the private sector to better understand the unfolding impact of the pandemic on all aspects of American life and continue to develop and implement solutions to serve the American people during this unprecedented pandemic.

After reviewing results from the initial 12-week survey period, available through the Household Pulse Survey public use files (PUFs), we are concerned that Question 36 may be generating inaccurate or misleading data related to enrollment in employer-sponsored insurance and coverage offered through the individual market. We would welcome the opportunity to discuss with you further.

Based on our calculations using the weekly PUFs for the data collection period May 5 – July 21, those data indicate enrollment in employer-sponsored insurance ranging from approximately 112-119 million and enrollment in the individual market, including through Marketplace coverage, over 30 million.¹ Both estimates deviate significantly from broadly accepted coverage estimates. Prior to COVID, approximately 160 million individuals under age 65 were enrolled in employer sponsored insurance. Early estimates project 25-43 million could lose employer-sponsored coverage due to COVID.² As of early 2019, about a year before the COVID pandemic, about 13.7 million people were enrolled in coverage through the individual market, including coverage offered on- and off-marketplace.³ The PUFs indicate enrollment in employer sponsored coverage that is about 30 percent of commonly accepted coverage estimates, and more than double individual market enrollment. While COVID-related unemployment is impacting coverage through both employer sponsored coverage and the individual market, we have not seen evidence yet that indicates enrollment levels have shifted as dramatically as the PUF data would suggest.

Accurate data collection will be critical to tracking the impact of COVID-19 on Americans' access to health care over the course of the PHE and, as a result, policies implemented by lawmakers, employers, and the private sector. We urge the Census Bureau to review Question 36 to ensure it is generating reliable data on trends in health insurance coverage as a result of COVID.

Thank you for the opportunity to provide comments on the proposed data collection. We appreciate the efforts of the Census Bureau and other federal agencies in prioritizing this critical data collection and sharing the results in a timely manner. If you have any questions on our comments, please contact Jeanette Thornton at jthornton@ahip.org or Stuart Hagen at stuart.hagen@bcbsa.com.

Sincerely,



Jeanette Thornton
America's Health Insurance Plans



Kris Haltmeyer
Blue Cross Blue Shield Association

¹ Household Pulse Survey Public Use File. <https://www.census.gov/programs-surveys/household-pulse-survey/datasets.html>

² Garrett B, and Gangopadhyaya A. How the COVID-19 Recession Could Affect Health Insurance Coverage. Urban Institute. May 2020. <https://www.rwjf.org/en/library/research/2020/05/how-the-covid-19-recession-could-affect-health-insurance-coverage.html>

³ Fehr R, Cox C, and Levitt L. Data Note: Changes in Enrollment in the Individual Health Insurance Market through Early 2019. Kaiser Family Foundation. August 21, 2019. <https://www.kff.org/private-insurance/issue-brief/data-note-changes-in-enrollment-in-the-individual-health-insurance-market-through-early-2019/>

Appendix

Household Pulse Survey

Section Q36 (insurance)

Are you currently covered by any of the following types of health insurance or health coverage plans? *Mark Yes or No for each.*

- 1) Insurance through a current or former employer or union (through yourself or another family member)
- 2) Insurance purchased directly from an insurance company, including marketplace coverage (through yourself or another family member)
- 3) Medicare, for people 65 and older, or people with certain disabilities
- 4) Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability;
- 5) TRICARE or other military health care
- 6) VA (including those who have ever used or enrolled for VA health care)
- 7) Indian Health Service
- 8) Other

Section Q36 Spanish (insurance)

¿? Seleccione solo una respuesta.

- 1)

Logic:

- Matrix style question with Yes/No response option for each row
- Only one response permitted per row



BIPARTISAN POLICY CENTER

Response to Request for Comment Regarding the Household Pulse Survey During COVID-19

OMB Control Number 0607-1013

Survey Director Logan,

Thank you for the opportunity to comment on extending the data collection period for the Household Pulse Survey During COVID-19 (OMB Control Number 0607-1013). The Bipartisan Policy Center's Early Childhood Initiative strongly encourages the U.S. Census Bureau to extend the data collection period for the Household Pulse Survey During COVID-19 Epidemic past the current end date of July 31st, 2020. The data collected by this survey provides critical and timely information about the challenges children and families are facing during the pandemic. These data are critical for policymakers to make informed decisions about how and where to target financial and programmatic supports. As the COVID-19 crisis continues, it is necessary to continue collecting data to fully understand its impact, in both the short and long-terms.

One of the biggest issues faced by families with children is child care. Many parents now working from home are trying to balance child caregiving needs with work demands, and parents who are on the frontlines and unable to work from home are struggling to find child care as many programs have been forced to close or significantly reduce capacity. These issues will become more pressing as school districts across the country make difficult decisions about whether to hold classes in person or virtually. School-age children who would normally spend most of their days in an elementary or middle school will no longer have that option and need another safe and enriching learning environment while their parents work. As we move into the fall, extending the Household Pulse Survey will provide useful insight on the changes in child care demand throughout the summer and into the fall. Specifically, question 13 of the current survey asks if child care need is the main reason why a respondent might have left the workforce. The continuation collection of this data point will provide longitudinal data about how school and child care closures may increase child care needs and lead to further labor force dropout.

While the current question about child care combined with the questions about K-12 education are useful in understanding the impact of the pandemic on families with children, the current questionnaire only mentions child care once, overlooking the critical role child care plays in the economic health of our country. We strongly recommend any survey extension include additional questions specific to child care. Child care is necessary for parents to maintain or return to work. [A BPC and Morning Consult survey](#) conducted in October 2019 found child care affected the ability of 68% of parents to stay in the workforce. Yet, it remains unclear what parent demand for child care will look like as the pandemic evolves. A major change is likely to occur in the fall as K-12 schools re-open or close in various ways, which may leave many school-age children in need of care.

The impact of child care availability and demand go far beyond individual families. It also greatly impacts the success of businesses, and these businesses are concerned about how child care is impacting their employees. In an [April 2020 BPC/Morning Consult survey](#) of small business owners, half of employers said that family and child responsibilities from school closures are very or somewhat challenging. The survey also found that 71% of business executives were very or somewhat concerned about their employees who have children at home because of school or child care closures. Business concerns and uncertainty will slow the economic recovery after the pandemic. The addition of new child



BIPARTISAN POLICY CENTER

care questions to the Household Pulse Survey will help leaders to understand and respond to the needs of families with children and provide data businesses need to move forward.

The Household Pulse Survey is the most capable of collecting accurate data on child care demand because of its large, representative sample and regular updates. Such data can inform the child care industry and the nation of the potential need for additional supports in the coming months.

In alignment with the Bureau's goal to enhance the utility of the survey data, attached are several additional questions we request be included in the extended Household Pulse Survey. These questions aim to isolate the impacts of child care on the parental workforce and will help understand the shifts in labor participation during the COVID-19 pandemic. The questions focus on capturing details about child care usage, including how many hours of care the household used and how much families spent child care expenses. We also recommend including questions regarding care arrangements for school-age children, those between the ages of 6 and 14, who will need a wide-range of care options as K-12 schools open in various ways this fall.

We strongly encourage the Census Bureau to continue the Household Pulse Survey During COVID-19 and recommend including additional questions that gather critical data about child and school-age care. Our economy will not recover without child care. We need the best data possible to know how to support working parents and the businesses that rely on them to succeed. Thank you for the opportunity to comment.

Sincerely,

Linda K. Smith

Director, Early Childhood Initiative



BIPARTISAN POLICY CENTER

Request for Inclusion of New Questions:

- 1) "Since February 2020, has anyone in your household experienced a change in their workforce participation due to child care needs?"
 - a) Yes, I am now working remotely or at home
 - b) Yes, someone else in my household is now working remotely or at home
 - c) Yes, I am working fewer hours
 - d) Yes, someone in my household is working fewer hours
 - e) Yes, I have left the workforce
 - f) Yes, someone else in my household has left the workforce
 - g) No, no one in my household has experienced a change due to child care
- 2) "Due to modified school schedules, how many of your school-age children need, or do you expect will need, school-age care by a caregiver outside your family this fall?" *Please enter a number.*
- 3) Does your household use a nonparental child care arrangement? *Yes or No*
- 4) If yes, what type of child care arrangement did you use in the last 7 days?
 - a) Child care center
 - b) Family child care home
 - c) Preschool/nursery school program
 - d) Family or friend cares for child
 - e) Child care in your own home
 - f) Pre-kindergarten/school-based program
 - g) Nanny or nanny-share
 - h) School-aged child care
 - i) Head Start program
 - j) Faith-based program
 - k) Other
- 5) During the last 7 days how much money did you or your household spend on child care? *Please enter a number.*
- 6) During the last 7 days how many hours of child care per week does this household use? *Please enter a number.*

Revisions to Previous Questions:

- Q8: "How many people under 18 years-old currently live in your household?"
 - Request to include how many are 6-14 and how many are below 6.
- Q19: "What did, or will, you and your household spend the "stimulus payment" on?"
 - Request to include an option for "Child Care or School-age care"
- Q20: "Which of the following did you use (or expect to use) to meet your spending needs?"
 - Request to include the options of cash assistance, SNAP/ food stamps, and child care subsidies to this list
- Q43: "How has the coronavirus pandemic affected how the children in this household received education?"
 - Request to change "received" to "will receive"

Attention: Request for Public Comment
U.S. Department of Commerce
U.S. Census Bureau
Household Pulse Survey
Request for Revision of a Currently Approved Collection

March 2, 2021

RE: OMB Control Number: 0607-1013

We are pleased to have the opportunity to share our thoughts related to the request for public comment concerning the U.S. Census Bureau's intent to revise questions contained in the Household Pulse Survey.

For more than 30 years, Child Care Resource and Referral (CCR&R) agencies have worked to strengthen access to and use of high-quality child care by:

- providing consumer education, child care and community service referrals, and child development information to families;
- delivering a broad spectrum of professional development services (including training, consultation, coaching, and mentoring) for classroom practitioners and program administrators/owners;
- collecting, analyzing and reporting data about child care supply and consumer demand in order to effectively address needs as well as identify system strengths and weaknesses to inform and implement policy, planning and strategic investment; and
- working collaboratively with public and private sector stakeholders to address and fulfill child care needs.

At local, regional, state and federal levels, CCR&R agencies have long advocated for access to high-quality child care both as a work support for parents and also a safe setting for children that will promote their healthy development. In addition, we have long advocated for and sought strategies to address supply shortages and ways to ensure that the needs of working parents and their children are met. It is through this lens that we offer comments.

We strongly agree that the Census Bureau Household Pulse survey should be revised to ask questions related to child care. How these questions are structured is extremely important so that responses can be understood within the correct context.

To us, there are two different areas for which it would be helpful to gain a better understanding about current parent preferences and challenges: use and need for paid child care by parents with children under age five and use and need for paid child care for school-age children (typically children enrolled in elementary school, ages 6-12). Parents could make different decisions based on the age of children. Parents could have new challenges in affording child care for school-age children as school districts vary in whether they are operating remotely, in some form of hybrid operation, or open for onsite instruction as they were before the current public health pandemic. Many parents depend on child care to work or return to work. Therefore, understanding the challenges faced by parents during the pandemic would be helpful to develop strategies that can best meet the needs of working parents and their children.

Children Under Age 5

In thinking about the universe of parents with children under age 5, it would be helpful to understand if those parents who were paying for child care before the pandemic are still relying on the use of paid child care during the pandemic. Prior to the pandemic, about 32.2% of children birth to age four were in some type of paid child care. It would also be good to understand whether paying for child care is

currently difficult (or not), and if parents are not using paid child care for their children under age 5 for a specific reason (the cost is too high, concern about COVID-19 exposure, parents are home with a child, etc.), and whether the availability of affordable child care is necessary for them to work or return to work. Last, it would be helpful to understand what families believe they can afford to pay weekly for child care.

We suggest the following questions for parents with children under age 5.

Prior to March 2020, were you paying for child care for a child or children under age 5? Yes or No

If yes, are you paying for child care currently for a child under age 5? Yes or No

If yes, how easy or difficult has it been for you to pay for child care within your budget?

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult

If no, what is the reason you are not using paid child care at this time?

- The cost is too much
- Concern about COVID-19 exposure
- I am home with my child/children at this time
- My child/children are being cared for by my spouse
- My child/children are being cared for by my family (non-spouse, but a relative)
- My child/children are being cared for by a friend or neighbor

Is the availability of affordable child care necessary for you to work or return to work? Yes or No

How much can you afford to pay weekly for child care for your child under age five?

- Zero
- \$50-\$99 per week
- \$100-\$149 per week
- \$150-\$200 per week
- \$200 or more per week

School-age Children (Age 6-12)

In thinking about the universe of parents with school-age children (age 6-12, generally elementary school), it is not relevant whether they used paid care prior to the pandemic. Before the onset of COVID-19, about 21% of children between the ages of 5-14 were in some type of paid child care (generally “before & after” school care). However, parents today face new challenges related to care during the out-of-school time for elementary school-age children given the large number of school districts that remain operating either remotely or in some type of hybrid schedule where students are not onsite in their elementary school five days per week. For many parents, finding and affording full-day child care for their school-age children is a new challenge.

We suggest the following questions for parents with elementary school-age children (age 6-12).

Do you currently have school-age children age 6-12? Yes or No

If yes, are you paying for child care currently for a school-age child? Yes or No

If yes, how easy or difficult has it been for you to pay for child care within your budget?

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult

If no, what is the reason you are not using paid child care at this time?

- The cost is too much
- Concern about COVID-19 exposure
- I am home with my child/children at this time
- My child/children are being cared for by my spouse
- My child/children are being cared for by my family (non-spouse, but a relative)
- My child/children are being cared for by a friend or neighbor

Is the availability of affordable child care necessary for you to work or return to work? Yes or No

How much can you afford to pay weekly for child care for your school-age child?

- Zero
- \$50-\$99 per week
- \$100-\$149 per week
- \$150-\$200 per week
- \$200 or more per week

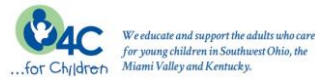
We have been following the Household Pulse survey for nearly a year. The information available by state related to the percentage of families who have lost income since March 2020, the percentage behind on rent or mortgage, the percentage struggling to afford the purchase of food, and other questions have been helpful in understanding the impact of COVID-19 and the challenges families face. Because access to and the use of child care has also been impacted by the pandemic and raised new challenges for families and communities, we are interested in better understanding the nature of these challenges so that our work and the work of policymakers can be informed by real-time data in developing child care strategies.

Thank you for the opportunity to provide comments. Should you wish to discuss in further detail, please contact [Grace Reef](#), President, Early Learning Policy Group, to arrange a zoom meeting for us to share our on-the-ground experiences with families and child care providers if that is helpful to you in making revisions to the Household Pulse Survey.

With best regards,

Child Care Resources Inc. (Charlotte, North Carolina)
Oklahoma Child Care Resource & Referral Association, Inc. (Oklahoma City, Oklahoma)

Quality Care for Children (Atlanta, Georgia)
Southwestern Child Development Commission Inc. (Sylva, North Carolina)
4C for Children (Cincinnati, Ohio)
Child Care Aware of Virginia (Richmond, Virginia)
Child Care Council of Nassau, Inc. (Long Island, New York)
Child Care Council of Suffolk, Inc. (Long Island, New York)



Pulse Survey.

Thanks

Nick

Nick Spanos, Branch Chief ,Data Products Development Branch,
American Community Survey Office, U.S. Census Bureau
O: 301-763-6841 | M: 202-573-2454
[census.gov](https://www.census.gov) | [@uscensusbureau](https://twitter.com/uscensusbureau) | 2020census.gov

From: Yiyu Chen <YChen@childtrends.org>
Sent: Thursday, March 11, 2021 2:39 PM
To: Dana Thomson <dthomson@childtrends.org>; Nicholas M Spanos (CENSUS/ACSO FED) <Nicholas.M.Spanos@census.gov>
Cc: Zakia Redd <zredd@childtrends.org>; Renee Ryberg <rryberg@childtrends.org>
Subject: RE: Census Bureau Weekly Household Pulse Survey Child Care March 2 2021

Hi Nick,

Thank you for sharing with us the comment on the Household Pulse Survey! Child Trends has published a few research and data briefs using Pulse and has considered including state-level Pulse data in our child poverty data tool as well. We later found out about the need to showcase the Pulse data for geographies smaller than states and MSAs (such as counties). Would the Bureau accept requests of such data? Has any organization done this before?

Although we missed the requests for comments on the Pulse data that were opened last year and briefly early this year, we do hope that two topics covered in the survey can be improved: Incomes and Demographics.

First, regarding incomes, the most critical issue to us is the lack of data on current income. Only household income prior to the pandemic is asked towards the end of the survey. Having information on current income not only helps us understand current economic wellbeing but also approximate eligibility for government programs. On a related note, we are estimating models for receipt of unemployment insurance (UI) and Economic Impact Payment (stimulus payment). The reference periods for household and individual (respondent) unemployment are different, and the reference period for individual unemployment is different from the reference period for UI receipt. There is very limited information on occupations, too (very few categories and only among those who recently worked). We have found difficulties in using these data to approximate eligibility for unemployment insurance and assessing gaps in access to UI. In addition, many Americans will soon receive around round of direct payments and the EITC; the latter has been the most important cash assistance to families with children. We hope these income supports will be captured in the Pulse data in the near future.

Second, we would appreciate if the survey can add nativity status, parental status, and age of children to the demographics section. The questionnaire does include a question on nativity status, but we are not sure if that has been asked since public use data on nativity status is not available. We understand concerns around disclosure of nativity and citizenship, but we hope to evaluate access to income supports among children of immigrants, who are largely excluded from the safety net unless they become citizens. We also think some information on age of children will benefit our work, as parents' labor supply is very much affected by age of their children (especially ages 0-5).

We would appreciate that you pass our suggestions to the staff that manage the Household Pulse Survey and let them know our contact information. We would be delighted to participate in the conversations related to the survey and would appreciate that you let us know shall opportunities arise. Thank you!

Sincerely,
Yiyu & team

From: Dana Thomson <dthomson@childtrends.org>
Sent: Monday, March 8, 2021 8:25 AM
To: Nicholas M Spanos (CENSUS/ACSO FED) <Nicholas.M.Spanos@census.gov>; Zakia Redd <zredd@childtrends.org>; Yiyu Chen <YChen@childtrends.org>
Subject: RE: Census Bureau Weekly Household Pulse Survey Child Care March 2 2021

Thank you! Much appreciated, Nick.

From: Nicholas M Spanos (CENSUS/ACSO FED) <Nicholas.M.Spanos@census.gov>
Sent: Friday, March 5, 2021 11:35 PM
To: Dana Thomson <dthomson@childtrends.org>; Zakia Redd <zredd@childtrends.org>; Yiyu Chen <YChen@childtrends.org>
Subject: Census Bureau Weekly Household Pulse Survey Child Care March 2 2021

Please see the attached document. I thought that you may find it interesting, so I thought that I would pass it along to you.

Thanks

Nick

Nick Spanos, Branch Chief ,Data Products Development Branch,
American Community Survey Office, U.S. Census Bureau
O: 301-763-6841 | M: 202-573-2454
census.gov | [@uscensusbureau](https://uscensusbureau) | 2020census.gov gpolicygroup.com



Cassandra Logan
Survey Director
U.S. Census Bureau
RE: OMB Control Number 0607-1013

Submitted via email

August 3, 2020

Dear Ms. Logan,

Data collected through the Household Pulse Survey during the COVID-19 pandemic has been invaluable for policymakers and advocates. The Census Bureau is providing a clear picture of how people are faring during a difficult and turbulent period. We applaud the Bureau's efforts to gather this important information under these circumstances, developing the survey with unprecedented speed, using innovative approaches to reach families, and releasing data in days rather than months. This work must continue. **We submit this comment in favor of extending data collection for the Household Pulse Survey during the COVID-19 pandemic. We also propose that current questions be updated and important new questions be added to better capture the effect of the pandemic on children, young adults, and families.**

The Center for Law and Social Policy (CLASP) is a national, non-partisan, non-profit anti-poverty organization that advances policy solutions for people in low-income households. Working at the federal, state, and local levels, we develop practical yet visionary strategies for reducing poverty, promoting economic security, and addressing barriers faced by people of color. We rely on data to inform our policy work and in particular find accurate, up-to-date information about the lives of people in the United States to be crucial to advocating for effective policy solutions that support the health and economic well-being of individuals and families.

We ask that the Census Bureau **extend data collection for the Household Pulse Survey during the COVID-19 pandemic for at least another 14 weeks**. Data indicate the pandemic and its associated impacts are far from over. State and local policymakers will continue to need accurate data to make policy decisions to support children and families during this unprecedented time. The information in this survey is essential to helping them decide which policy interventions are most needed to protect the physical and financial health of American families.

For example, responses to the question about expected loss of income reveal how this pandemic has affected different parts of the country in disparate ways over time. During survey Week 2 (May 7-12), 46 percent of respondents in New York state — but 37 percent of Texans — expected to lose employment income soon. By Week 10 (July 2-10), 40 percent of New Yorkers but 43 percent of respondents in Texas expected a loss of employment income. Without Household Pulse Survey data, these trends could not be seen, making it impossible for policymakers to respond to the needs of American families in real time.

The data collected through the Household Pulse Survey has been especially important to the child advocacy community in our fight for better policy solutions for children and families. In particular, questions about access to medical care, health insurance status, education, housing, employment, and nutrition are critical to understanding the impacts of this pandemic on children. It has also been very important to the youth and young adult advocacy and practitioner community. For example, young adults ages 18-24 have been particularly impacted by job losses and report experiencing greater stress, anxiety and depression during COVID-19. It is important to understand the health, nutrition, and employment consequences on this generation of youth/young adults as this is a critical time period in their development. This survey is essential because it provides statistically significant data for each state that reflects the rapid changes week by week. Thus we strongly

support the continuation of this survey for at least 14 more weeks, and preferably through at least the beginning of 2021, or until widespread vaccination has ended the pandemic and allowed these critical indicators to stabilize.

Though the current iteration of the Household Pulse Survey asks important questions, it can be doing more to better capture the effects of the COVID-19 pandemic on children and families. We therefore also recommend that the following questions be updated and/or added to improve upon the survey:

How many children in the household are under 5? How many are 5 to 12? How many are 13-17?

The Household Pulse Survey collects data on the number of children living in a respondent's household, but it does not ask about the age of any children living in the home. The needs of children vary drastically by age, which has consequences for families' finances as well as school systems and plays a large role in how both families and school administrators are thinking about education and child care decisions. We suggest that the current question be updated to ask how many children in the household are under 5, how many are 5 to 12, and how many are 13 to 17. This adjustment would give us insight into families' needs for full time child care and part-time child care and whether education programs are working well for elementary and secondary students.

What is the age of the respondent and their relationship to children in the household?

Similarly, we request that the Survey collect data on young adults who are parenting. As mentioned above, young adults ages 18-24 have been particularly impacted by job losses and report experiencing greater stress, anxiety and depression during COVID-19. Moreover, many young adults in this age group are parents and are likely experiencing even greater levels of stress and need related to the care and wellbeing of their children. The current survey data allows for breakdown of data by young adult but doesn't allow for understanding the needs of these young parents because it only asks whether there are children in the household, not whether they are the child's primary guardian. This makes it impossible to sort out households which include young adults and children (including siblings) from households led by young parenting adults.

What kind of child care services are being utilized by members of the household? What would be your preferred setting for children in the household?

Many families with young children are facing difficult choices about whether to send their children to child care settings. Child care programs have incurred significantly increased costs and reduced income in order to meet COVID safety requirements, including reduced class size, new equipment, and increased cleaning costs. Many programs have closed temporarily or permanently, and others may be raising their fees. We are proposing that the Census Bureau add questions to the Household Pulse Survey about the decisions families are making around child care. It should ask what kind of child care services they are using (child care centers/preschool; before/after care; in-home care; paid care in someone else's home; paid or no-cost care by friends and family; parental/guardian care at home; taking the child to work; child left unattended at home; child in care of a sibling.) In addition to asking about what child care setting families have chosen, there should also be a question asking what their preferred child care setting would be, and if it's different than the one they are using, whether they have been unable to find such a program, unable to afford it, or the hours do not match their needs. Finding affordable child care is one of the greatest challenges facing parents and caretakers who work outside the home. For these working families, the economic fallout of the COVID-19 pandemic could be exacerbated by challenges in securing child care. Without data on this matter, policymakers are unable to consider targeted solutions for families with young children.

Thank you for the opportunity to submit this comment.

Sincerely,

A handwritten signature in blue ink, appearing to read 'H M', on a light-colored background.

Hannah Matthews
Deputy Executive Director for Policy
hmatthews@clasp.org

July 30th, 2020

Cassandra Logan
Survey Director, U.S. Census Bureau
Cassandra.Logan@census.gov
PRComments@doc.gov
OMB Control Number: 0607-1013

Dear Dr. Logan:

Data collected through the Household Pulse Survey during the COVID-19 pandemic has been invaluable for policymakers and advocates. The Census Bureau is providing Americans with a clear picture of how people are faring during a difficult and turbulent period. We applaud the Bureau's efforts to gather this important information under these circumstances, developing the survey with unprecedented speed, using innovative approaches to reach families, and releasing data in days rather than months. This work must continue. **We submit this comment in favor of extending data collection for the Household Pulse Survey during the COVID-19 pandemic. We also propose that current questions be updated and important new questions be added to better capture the effect of the pandemic on children and families.**

The Colorado Children's Campaign is a nonprofit, nonpartisan advocacy organization committed since 1985 to realizing every chance for every child in Colorado. We advocate for the development and implementation of data-driven public policies that improve child well-being in health, education and early childhood. We do this by providing Coloradans with trusted data and research on child well-being and organizing an extensive state-wide network of dedicated child advocates. In recent weeks, the Children's Campaign has used data from the Census Pulse Survey to understand how issues of food and housing insecurity, lost income, and delayed access to medical care are currently impacting our state's families. Specifically, our work to effectively compile all current data and research to inform K-12 school reopening decisions in Colorado used several statistics from the Household Pulse Survey; as public schools are often primary sites of child nutrition and youth mental health and medical care, these timely data were instrumental in illustrating the changing needs of households and the likely consequences of extended physical school closures.

We ask that the Census Bureau **extend data collection for the Household Pulse Survey during the COVID-19 pandemic for at least another 14 weeks.** While early hotspots like New York and Seattle have seen major reductions in cases of the disease since March, the number of cases of COVID-19 have increased in many other states. State and local policymakers will continue to need to determine, week by week, whether schools and businesses can open and whether people who have lost jobs continue to need help. The information in this survey is essential to helping them decide which policy interventions are most needed to protect the physical and financial health of American families.

For example, responses to the question about expected loss of income reveal how this pandemic has affected different parts of the country in disparate ways over time. During survey Week 2 (May 7-12), 46 percent of respondents in New York state — but 37 percent of Texans — expected to lose employment income soon. By Week 10 (July 2-10), 40 percent of New Yorkers but 43 percent of respondents in Texas expected a loss of employment income. Without Household Pulse Survey data, these trends could not be seen, making it impossible for policymakers to respond to the needs of American families in real time.

The data collected through the Household Pulse Survey has been especially important to the child advocacy community in our fight for better policy solutions for children and families. In particular, questions about access to medical care, health insurance status, education, housing, employment, and nutrition are critical to understanding the impacts of this pandemic on children. This survey is essential because it provides statistically

significant data for each state that reflects the rapid changes week by week. Thus we strongly support the continuation of this survey for at least 14 more weeks, and preferably through at least the beginning of 2021, or until widespread vaccination has ended the pandemic and allowed these critical indicators to stabilize.

Though the current iteration of the Household Pulse Survey asks important questions, it can be doing more to better capture the effects of the COVID-19 pandemic on children and families. We therefore also recommend that the following questions be updated and/or added to improve upon the survey.

- **How many children in the household are under 5? How many are 5 to 12? How many are 13 to 17?**

The Household Pulse Survey collects data on the number of children living in a respondent's household, but it does not ask about the age of any children living in the home. The needs of children vary drastically by age, which has consequences for families' finances as well as school systems and plays a large role in how both families and school administrators are thinking about education and child care decisions. We suggest that the current question be updated to ask how many children in the household are under 5, how many are 5 to 12, and how many are 13 to 17. This adjustment would give us insight into families' needs for full time child care and part-time child care and whether education programs are working well for elementary and secondary students.

- **What kind of child care services are being utilized by members of the household? What would be your preferred setting for children in the household?**

Many families with young children are facing difficult choices about whether to send their children to child care settings. During the pandemic, child care centers experience many of the same operational challenges as schools (e.g. smaller class sizes, requiring children to be six feet apart, increased need for additional supplies in order to reduce sharing among children, etc.). However, financing and oversight for child care centers is far different from schools. This means that policy solutions that aim to protect children attending schools are much more difficult to extend to younger children who are in child care settings. In addition, parents of school-aged children may need more hours of child care if schools offer reduced hours of in-person instruction, perhaps needing three days a week, or only afternoons. Existing programs are not currently designed to offer these hours.

We are proposing that the Census Bureau **add questions** to the Household Pulse Survey about the decisions families are making around child care. It should ask what kind of child care services they are using (child care centers/preschool; before/after care; paid day care in someone else's home; paid or no-cost care by friends and family; parental/guardian care at home; taking the child to work; child left unattended at home.) In addition to asking about what child care setting families have chosen, there should also be a question asking what their preferred child care setting would be, and if it's different than the one they are using, whether they have been unable to find such a program, unable to afford it, or the hours do not match their needs.

Finding affordable child care is one of the greatest challenges facing parents and caretakers who work outside the home. Child care programs have incurred significantly increased costs and reduced income in order to meet COVID safety requirements, including reduced class size, new equipment, and increased cleaning costs. Many programs have closed temporarily or permanently and others may be raising their fees. For these working families, the economic fallout of the COVID-19 pandemic could be exacerbated by challenges in securing child care. Without data on this matter, policymakers are unable to consider targeted solutions for families with young children.

Thank you for the opportunity to submit this comment. If you have any questions, you can reach me at erica@coloradokids.org.



Sincerely,

Erica Manoatl, MPH

Research Analyst, Colorado Children's Campaign

Please Extend Household Pulse Survey – OMB Control Number 0607-1013

Debbie Weinstein <DWeinstein@chn.org>

Mon 8/3/2020 11:12 PM

To: Cassandra Logan (CENSUS/ADDP FED) <Cassandra.Logan@census.gov>



COALITION ON HUMAN NEEDS

1120 Connecticut Avenue, NW · Suite 312 · Washington, DC 20036 · 202.223.2532 · Fax 202.223.2538 · www.chn.org

Please Extend Household Pulse Survey – OMB Control Number 0607-1013

August 3, 2020

Ms. Cassandra Logan,
Survey Director
United States Census Bureau
Cassandra.Logan@census.gov

Dear Ms. Logan:

On behalf of the Coalition on Human Needs, I would like to express our gratitude for the tremendously helpful Household Pulse survey, and to strongly urge you to extend its collection of weekly data throughout the continuation of the COVID-19 pandemic and its economic consequences, or at least another 14 weeks.

The Coalition on Human Needs (CHN) is an independent non-profit alliance of national organizations, including human service providers, faith organizations, civil rights, labor, policy experts and other advocates for meeting the needs of low-income and vulnerable people. CHN has made extensive use of many Census Bureau products for many years. We host annual webinars reaching more than 2,000 advocates nationwide to teach how to make use of the poverty, income and health insurance data released through the Current Population Survey and American Community Survey every year, and use the national and state data in our analyses of the needs of low-income people. We are currently partners with the Bureau in its work towards an accurate decennial census count, and play a leadership role in the Count All Kids campaign, which has worked closely with the Census Bureau to improve the count of young children.

We very much appreciate that the Household Pulse survey is a departure from other Census products, and applaud your careful work to respond to what we believe is a genuine national emergency. We want you to know that we are using the survey findings each week in multiple ways. One major use for us is our weekly **COVID-19 Watch**, which relies heavily on the data in the Household Pulse survey. This is an emailed and online publication delivered to a large nationwide list. Our most [recent edition](#), published on July 31, cited findings related to households unable to pay rent in the previous month and children in households who did not have enough to eat in the past week. Previous editions have also utilized that data, as well as employment data, such as households in which someone had lost income from work since March 13. We value and make use of the breakdowns by race/ethnicity. Most of our **COVID-19 Watch** issues focus on national data, but we have used your state or

metropolitan area data at times as well.

We do use the state data in separate fact sheets that we have been producing in partnership with various state organizations. One recent example is a [North Carolina fact sheet](#). This document cites Household Pulse employment, food sufficiency, rental housing, and health insurance data. We have so far partnered with groups in Arizona, California, Florida, Missouri, North Carolina, North Dakota and Utah, always relying significantly on the Household Pulse survey data.

The questions asked, showing connections among health status, employment status, care-giving responsibilities, income level, race, and hardships such as hunger and the threat of eviction are very helpful in raising awareness about urgent problems brought on by the pandemic. The breakdowns by race add dimension to the growing information about disproportionate incidence of disease among people of color. Thank you for creating a thoughtful set of questions that make it possible to learn more about communities especially at risk in the pandemic, either from the disease itself or its economic dislocations.

We ask that the Household Pulse Survey be continued at least another 14 weeks because it is clear both that COVID-19 is spreading significantly across the country and that the economic consequences will last for a long time. Some of the federal responses to emergency shutdowns – additional unemployment compensation and an eviction moratorium – have just expired, although Congress may reinstate some or all of these policies. The Household Pulse will help to evaluate what happens to families/households when they are receiving various forms of assistance – or when they are not. It can focus attention on people most vulnerable to eviction.

One difference between the Household Pulse Survey and other Census products is that there are not many direct questions about children. There are a number of questions about households with children, and we make a great deal of use of that data, but there are fewer opportunities to get information in which the child is the focal point. I noticed that in Week 12, the Food Table 5 includes a specific line in which it is possible to say something specifically about children not having enough to eat in the previous week, which I do not believe was in earlier weeks (I have not gone back to find exactly when this line first appeared). This is a helpful inclusion; it would be still more helpful if there are other kinds of questions in which it is possible to isolate the impact on children specifically. If it is possible to add other questions to the survey that get at conditions for children, it would be of use to many organizations.

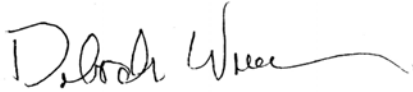
There is another way in which the Census Bureau could be helpful: guidance in making comparisons from one week to another, or in the confidence one can have about very small subgroups, such as racial breakdowns in small states. We make great use of the data provided by the Census, but none of CHN's staff are statistical experts. We pay strict attention to advice the Census Bureau offers around comparisons using the ACS and CPS. There is less guidance here. I have noted significant fluctuations in data from one week to the next in certain small states, and have therefore declined to make comparisons over time, and in some instances, I have not used those data points at all. I have noted that one of our member organizations, the Center on Budget and Policy Priorities, chose to average data over two weeks to smooth out some of that variation. The Census Bureau's guidance about statistical significance of comparisons, perhaps provided through a brief publication, would be extremely helpful.

With the pandemic's impact expected to be more long-lived than many foresaw, it will be disappointing if the Household Pulse Survey is not continued. The data can provide extremely important guidance in the kinds of policies that would offer the most targeted help. Many thanks for the innovative and very constructive approach you have offered – we very much hope it can be

continued throughout the period of this national emergency.

Please do not hesitate to contact me if I may be of assistance (dweinstein@chn.org; cell: 301-873-1324).

Sincerely yours,

A handwritten signature in black ink, appearing to read "Deborah Weinstein", with a long, sweeping horizontal line extending to the right.

Deborah Weinstein,
Executive Director

Deborah Weinstein
Executive Director
Coalition on Human Needs
dweinstein@chn.org
cell: (301) 873-1324

CHN's street address, whenever we get back in:
1825 K Street, NW, Suite 411
Washington, DC 20006



1400 Eye Street NW Suite 650 | Washington, DC 20005 | t: 202.657.0670 | f: 202.657.0671 | www.firstfocus.org

July 31, 2020

Cassandra Logan
Survey Director
U.S. Census Bureau
4600 Silver Hill Rd.
Suitland-Silver Hill, MD 20746

Re: Agency Information Collection Activities; Submission to the Office of Management and Budget (OMB) for Review and Approval; Comment Request; Household Pulse Survey, OMB Control Number 0607-1013

Dear Director Logan:

I write to you on behalf of First Focus on Children and as an advocate for children, in response to the Office of Management and Budget's (OMB) request for comment the continuation of the Household Pulse Survey.

First Focus on Children is a bipartisan advocacy organization that is dedicated to making children and families the priority in federal policy and budget decisions. Due to the hardships that children continue to face in the wake of COVID-19, we submit this comment in favor of extending data collection for the Household Pulse Survey during the pandemic. We also propose that current questions be updated, and important new questions be added to better capture the effect of the pandemic on children and families.

The coronavirus pandemic has hit the United States and the rest of the world with a once-in-a-generation event creating uncertainty, instability, and harm that will hold for years to come. Many researchers and policymakers have focused on the economic impacts of the crisis, but more emphasis is needed on how the crisis is impacting our most vulnerable population - our nation's children. Millions of children have seen a disruption in their education, lost access to nutritious meals, face housing insecurity, or are at risk of slipping into poverty because of the economic crisis. To make matters even worse, the long-term implications of this crisis will likely last well beyond the coronavirus itself, impacting the health and development of children for years to come. It is incredibly important that we continue to monitor the havoc caused by the situation and put forward solutions in real-time to these problems.

Our organization has found the survey data to be helpful in developing our policy and budget analyses during the pandemic, and we are appreciative that the Census Household Pulse Survey has put a necessary spotlight on one aspect that traditional survey measures neglect: how children are faring. While the Current Population Survey (CPS) provides a vital resource for researchers and advocates to understand Americans' situations, the CPS lags at too slow of a pace for it to be helpful in the middle of an unprecedented crisis like the one we face now and often focuses too much on the broadest view of the population as a whole.

On the other hand, the Household Pulse Survey provides a nearly real-time update on the American experience from multiple points of view, which is especially important while we're in the midst of the coronavirus pandemic. The specific questions on educational attainment, food security, health insurance coverage, housing status, and employment characteristics provide us with a deeper look at how households with children are faring. These weekly updates inform policymakers and the public about the stakes,

consequences, and effects of the current situation, and they often inform us weeks in advance of what the CPS will tell us the following month.

We strongly support the continuation of this survey for at least 14 more weeks, but preferably through at least the beginning of 2021 or until widespread vaccination has ended the pandemic and allowed these critical indicators to stabilize. The Household Pulse Survey will be an invaluable tool for lawmakers and the public seeking to address our most pressing needs, and it will continue to highlight the oft-ignored challenges that households with children face. The Census Bureau should consider making the real-time nature of the Household Pulse Survey a long-term reality; providing weekly updates on the ongoing reality for U.S. children and adults serves an important purpose even outside of a global pandemic.

Though the current iteration of the Household Pulse Survey asks important questions, it can be doing more to better capture the effects of the COVID-19 pandemic on children and families. We therefore also recommend that the following questions be updated and/or added to improve upon the survey.

How many children in the household are under 5? How many are 5 to 12? How many are 13-17?

The Household Pulse Survey collects data on the number of children living in a respondent's household, but it does not ask about the age of any children living in the home. The needs of children vary drastically by age, which has consequences for families' finances as well as school systems and plays a large role in how both families and school administrators are thinking about education and child care decisions. We suggest that the current question be updated to ask how many children in the household are under 5, how many are 5 to 12, and how many are 13 to 17. This adjustment would give us insight into families' needs for full time child care and part-time child care and whether education programs are working well for elementary and secondary students.

What kind of child care services are being utilized by members of the household? What would be your preferred setting for children in the household?

Many families with young children are facing difficult choices about how to access child care and whether to send their children to child care settings. During the pandemic, child care providers experience many of the same operational challenges as schools (e.g. smaller class sizes, requiring children to be six feet apart, increased need for additional supplies in order to reduce sharing among children, etc.), but these are exacerbated by the lack of public financing for child care and the needs and necessary requirements for younger children in those settings. This means that policy solutions that aim to protect children attending schools are much more difficult to extend to younger children who are in child care settings.

We are proposing that the Census Bureau add questions to the Household Pulse Survey about the decision's families are making around child care. It should ask what kind of child care services they are using (child care centers/preschool; before/after care; paid care in someone else's home; paid care in their own homes; paid or no-cost care by friends and family; parental/guardian care at home; taking the child to work; child left unattended at home.) In addition to asking about what child care settings families have chosen, the survey should also ask what their preferred child care setting would be, and, if it's different than the one they are using, whether they have been unable to find such a program, unable to afford it, or the hours do not match their needs. Finding affordable child care is one of the greatest challenges facing parents and caretakers who work outside the home under normal circumstances. Child care is now in crisis due to the COVID-19 pandemic. Child care programs have incurred significantly increased costs and reduced income in order to meet COVID safety requirements, including reduced class size, new equipment, and increased cleaning costs, and many programs have closed temporarily or permanently. For these working families, the economic fallout of the COVID-19 pandemic could be exacerbated by challenges in securing child care, and without a stable

and safe child care sector, our economy cannot begin to restart. Without data on this matter, policymakers are unable to consider targeted solutions for families with young children.

Week by week we have seen how the pandemic has directly increased food insecurity, job losses, educational and child care challenges, and housing insecurity nationwide. Without such data, we would not know the full extent of this crisis and what policies are needed most to ensure Americans, especially children, are getting the help they need.

Thank you for the opportunity to submit this comment. If you have any questions, please contact me at Brucel@firstfocus.org.

Sincerely,

A handwritten signature in blue ink that reads "Bruce Lesley". The signature is written in a cursive, flowing style.

Bruce Lesley
President

OMB Control Number 0607-1013

Alena Stern <alena7690@gmail.com>

Sun 8/2/2020 11:16 PM

To: Cassandra Logan (CENSUS/ADDP FED) <Cassandra.Logan@census.gov>

Cc: PRAcomments@doc.gov <PRAcomments@doc.gov>

Dear Ms. Logan,

I am writing to encourage the Department of Commerce to extend the Household Pulse Survey for another 12 weeks. I am a data scientist at the Urban Institute and have extensively used the data from the Household Pulse Survey for analysis. I have heard consistently from other researchers at the Urban Institute, members of the media, and community organizations that the Household Pulse Survey is the only data source that can enable them to understand how the impacts of COVID-19 at the national, state, and metropolitan area level are changing over time. The provision of the raw public use files enables the calculation of a variety of disaggregated statistics, which are critical for understanding the disparate impacts of COVID-19 on different communities - especially as we know that communities of color have been particularly hard hit by the virus and the economic impacts.

This data provides a critical input to policymakers and nonprofits aiming to develop targeted responses to COVID-19. As cases increase across most of the United States and millions of Americans face eviction and economic hardship as the CARES act programs - including the supplemental unemployment insurance - expired on July 31st - these data are more critical than ever. I strongly encourage the Department of Commerce to continue the Household Pulse Survey.

Thank you very much for the opportunity to provide comment and I am happy to provide further clarification on any of the above.

Best,
Alena Stern

Please extend Pulse Survey

Beth <ri_econ@yahoo.com>

Thu 7/30/2020 1:21 PM

To: Cassandra Logan (CENSUS/ADDP FED) <Cassandra.Logan@census.gov>; PRAcomments@doc.gov
<PRAcomments@doc.gov>

I am writing to express support for continuing the Household Pulse Survey beyond July 31, 2020. This survey serves two important purposes:

1 - The survey provides valuable, timely data on the effects of the pandemic on U.S. social, economic, health, and other conditions. There is no substitute for this data. As such it is an invaluable resource for state and local governments, nonprofits, community groups, businesses, and other in responding to the pandemic.

2 - The survey serves as an incredible model for agile, responsive, cross-departmental data collection and dissemination. The lessons learned from this effort will inform and improve the federal statistical system for years to come.

Thank you.

Beth Jarosz
Demographer

OMB Control Number 0607-1013

Denice Ross <Denice.Ross@georgetown.edu>

Mon 8/3/2020 2:56 PM

To: Cassandra Logan (CENSUS/ADDP FED) <Cassandra.Logan@census.gov>

Cassandra Logan

Survey Director

U.S. Census Bureau

OMB Control Number 0607-1013

Census Household Pulse Survey

Dear Dr. Logan,

I moved to New Orleans in 2001 to organize decennial census data into neighborhoods and publish it on the web in an easy to use format. The idea was that we could democratize data -- so that instead of data being used by people in power to make decisions about communities behind closed doors, that communities would have access to the data themselves to advocate for their own destinies. We spent four years after the release of the first 2000 Census data helping to build local capacity to use data. But on August 29, 2005, all of those numbers became instantly obsolete as 80% of the city flooded and New Orleans residents scattered across the nation.

In the aftermath, we were flying blind as a community. The old way of making decisions, based on precedent and who you know, didn't work anymore. And there was no data to fill the gap. What kinds of social services did returning residents need -- food pantries, free clinics, housing? How was their mental health faring? What about their physical health? Did they have health insurance? How are children doing? Do households have access to the internet (a crucial tool for recovery)? Was the recovery equitable, or were certain populations being left behind?

A survey like the Household Pulse would have been a huge blessing after Katrina.

In the absence of such an effort at the federal level, nonprofits took it upon themselves to collect data. Some hard-hit neighborhoods like the Lower Ninth Ward were so overwhelmed by well-meaning survey-takers that residents stopped answering the doors. The methodology of these home-grown surveys rendered many of the results unactionable, and most organizations weren't sharing the data, anyway.

A few academics came in and orchestrated surveys. Though they recruited local volunteers to collect data, some never followed through on their promises to share the data with the community. Those data re-appeared years later in peer-reviewed journals, too late to be useful.

None of the groups conducting surveys had the resources to compile data for the long haul of the recovery, so it was hard to benchmark over time, let alone compare across geographies. This haphazard and low-value surveying during the recovery left us in the dark, and ultimately probably

did more harm than good.

The Census Household Pulse Survey is a tremendous asset in the pandemic recovery, with its nationwide, weekly data on households available by state, with breakdowns by age, race/ethnicity, and educational attainment. The Pulse Survey enables state and local governments, nonprofits, schools, and other frontline providers to focus on improving the lives and livelihoods of their communities rather than collecting data to figure out what's needed. And, it gives the American public context to see how we are faring over time, and across states.

As the patterns of this pandemic continue to change rapidly, weekly Household Pulse Surveys will be a key part of our nation's recovery toolkit. I encourage the Department of Commerce to continue the Household Pulse Survey and its companion, the Small Business Pulse Survey, throughout the course of the pandemic and our nation's subsequent recovery.

Thank you!

Denice Ross
Former Co-Director
Greater New Orleans Community Data Center

Statement Supporting the Household Pulse Survey

Elizabeth Archambault <elizabeth.archambault@gmail.com>

Tue 7/28/2020 8:57 PM

To: Cassandra Logan (CENSUS/ADDP FED) <Cassandra.Logan@census.gov>

Good Evening Cassandra and PRAcomments,

I am emailing you in support of keeping the Household Pulse Survey. Since this survey was launched on April 23rd 2020, it has produced near real-time data that provides much needed information for assessing services for those who need COVID19 assistance; such as Tenant Eviction Protections on the Federal level.

The new data sources that the Household Pulse Survey is designed to produce supplement the federal statistical system's traditional benchmark data and give new data sources that are vital and pertinent and timely that is based on high quality sample frames, integration of data and professional expertise based on changes over time of individuals' experiences both on social as well as economic dimensions during this period.

The Household Pulse Survey is a new tool that is needed. We need to retain it for the insights and current data critical to the creation of Federal Eviction protections to protect small business owners as well as tenants.

Thank you for your consideration.

Elizabeth Archambault
Seattle WA 98109

Comment re OMB Control Number 0607-1013

ejnaor@gmail.com <ejnaor@gmail.com>

Sun 8/2/2020 3:46 PM

To: Cassandra Logan (CENSUS/ADDP FED) <Cassandra.Logan@census.gov>

Hello,

We urge you to reconsider the planned termination of the Household Pulse Survey as of the end of July. The Household Pulse Survey has been a critical tool for assessing the household needs that COVID-19 has exacerbated. As Federal Eviction protections have now expired, it is imperative that this tool is retained!

Thank you for your attention.

Jacob and Ellen Naor
3403 NE 80th St
Seattle, WA 98115



Virus-free. www.avg.com

[OMB Control Number 0607-1013] Support to extend the Household Pulse Survey

MacDonald, Graham <GMacDonald@urban.org>

Fri 7/31/2020 9:03 AM

To: Cassandra Logan (CENSUS/ADDP FED) <Cassandra.Logan@census.gov>

Hi,

I'm writing in response to the Federal Register request for comment to extend the Household Pulse Survey (<https://www.federalregister.gov/documents/2020/06/03/2020-11966/agency-information-collection-activities-submission-to-the-office-of-management-and-budget-omb-for#addresses>).

I want to commend the hard working people at the Census Bureau for producing such a critical data resource for understanding the current moment and enabling organizations like the Urban Institute and my Data Science team to produce tools that can help policymakers respond effectively to help people most in need. I strongly endorse continuing this effort for as long as the current economic and health crises continue. Keep up the great work.

--

Graham MacDonald

Chief Data Scientist

202-261-5466

@grahamimac

U R B A N I N S T I T U T E

Technology & Data Science

www.urban.org

Fw: public comment on federal register

Jean Public <jeanpublic1@yahoo.com>

Sun 6/7/2020 7:50 PM

To: Cassandra Logan (CENSUS/ADDP FED) <Cassandra.Logan@census.gov>

----- Forwarded Message -----

From: Jean Public <jeanpublic1@yahoo.com>

To: Cassandra.Logan@census.gov <cassandra.logan@census.gov>; PRAComments@doc.gov <pracomments@doc.gov>; info@taxpayer.net <info@taxpayer.net>; media@cagw.org <media@cagw.org>; info@njtaxes.org <info@njtaxes.org>; info@afphq.org <info@afphq.org>

Sent: Sunday, June 7, 2020, 07:40:35 PM EDT

Subject: public comment on federal register

the problem with the govt collecting information is that whatever is collected can be so easily changed for political reasons. the corruption in washington dc is enormous and everything is reported to favor whoever wants to look good. so that the us public is getting more and more misinformation and downright lies from our federal govt. the cdc for example has been misleading the us public on flu information for years now with fake data. i have severe concerns about this extra collection and do not think it will improve one iota the correct accurate information that the us public needs so that i think we should just say goodbye to this latest spending debacle. this comment is for the public record. jean public1@yahoo.com

[Federal Register Volume 85, Number 107 (Wednesday, June 3, 2020)]

[Notices]

[Pages 34178-34179]

From the Federal Register Online via the Government Publishing Office [www.gpo.gov]

[FR Doc No: 2020-11966]

[[Page 34178]]

DEPARTMENT OF COMMERCE

Census Bureau

Agency Information Collection Activities; Submission to the Office of Management and Budget (OMB) for Review and Approval; Comment Request; Household Pulse Survey

AGENCY: U.S. Census Bureau, Commerce.

ACTION: Notice of information collection; request for comment.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on the potential for extending data collection for the Household Pulse Survey During COVID-19 Epidemic. The Household Pulse Survey was launched on April 23, 2020 with approval from the Office of Management and Budget to continue data collection through July 31, 2020 (OMB No. 0607-1013). The Department of Commerce may determine it prudent to continue the

Household Pulse Survey after July 31, 2020. This notice serves to inform the public about this possible continuance.

DATES: To ensure consideration, comments regarding the continued Household Pulse Survey information collection must be received on or before August 3, 2020.

ADDRESSES: Interested persons are invited to submit written comments to Cassandra Logan, Survey Director, U.S. Census Bureau, by email to Cassandra.Logan@census.gov or PRAComments@doc.gov. Please reference OMB Control Number 0607-1013 in the subject line of your comments. Do not submit Confidential Business Information or otherwise sensitive or protected information.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or specific questions related to collection activities should be directed to Cassandra Logan, Survey Director, U.S. Census Bureau, 4600 Silver Hill Road, HQ-7H157, Washington, DC 20233, (301) 763-1087, and Cassandra.Logan@census.gov.

SUPPLEMENTARY INFORMATION:

I. Abstract

The Census Bureau has developed the Household Pulse Survey as an experimental endeavor in cooperation with five other federal agencies. The survey is designed to produce near real-time data in a time of urgent and acute need. Changes in the measures over time will provide insight into individuals' experiences on social and economic dimensions during the period of the Covid-19 pandemic. This survey, conducted under the auspices of the Census Bureau's Experimental Data Series (<https://www.census.gov/data/experimental-data-products.html>), is designed to supplement the federal statistical system's traditional benchmark data products with a new data source that provides relevant and timely information based on a high quality sample frame, data integration, and cooperative expertise.

Question domains contributed by the Census Bureau (Census), Economic Research Service (ERS), Bureau of Labor Statistics (BLS), National Center for Health Statistics (NCHS), National Center for Education Statistics (NCES), and the Department of Housing (HUD) seek to measure employment status, spending, food security, housing, health, and education disruptions. Many of the questions that will be asked on this survey have been fielded on other surveys in the past. However, some of the questions are new, designed to explore potential impacts associated with the COVID-19 pandemic response.

II. Method of Collection

The Census Bureau will conduct this information collection online using Qualtrics as the data collection platform. Qualtrics currently is used at the Census Bureau for research and development surveys and provides the necessary agility to deploy the Household Pulse Survey quickly and securely. It operates in the Gov Cloud, is FedRAMP authorized at the moderate level, and has an Authority to Operate from the Census Bureau to collect personally identifiable and Title-protected data.

The Census Bureau will sample approximately 2,159,000 housing units, with an additional approximately 1,100,000 housing units each subsequent week of data collection. The survey will be administered over the course of 24 weeks starting April 23, 2020. Households will be contacted via email and asked to complete approximately 50 questions focused on employment, spending, food security, housing, health and educational disruption. Prior to production the survey was estimated to take 20 minutes; the actual time for survey participants to complete the survey now that it is in production is approximately 11 minutes.

Weekly survey estimates will be produced by weighting the results to various demographic controls from auxiliary sources like the Census Bureau official population estimates and the American Community Survey. Weekly source and accuracy documentation will provide details about the methods and quality of the survey estimates.

III. Data

OMB Control Number: 0607-1013.

Form Number(s): None.

Type of Review: Regular submission.

Affected Public: Individuals and households.

Estimated Number of Respondents: The total number of respondents is estimated at 93,400 per week (a reduction in the initial estimate of 108,000) for 24 weeks (an extension from the 12 weeks initially planned) for a total estimate of 2,241,600 respondents.

Estimated Time per Response: 11 minutes (actual time in production; initial estimate was 20 minutes).

Estimated Total Annual Burden Hours: 410,960.

Estimated Total Annual Cost to Public: \$0.

Respondent's Obligation: Voluntary.

Legal Authority: Title 13, United States Code, Sections 8(b), 182 and 196.

IV. Request for Comments

We are soliciting public comments to permit the Department/Bureau to: (a) Evaluate whether the proposed information collection is necessary for the proper functions of the Department, including whether the information will have practical utility; (b) Evaluate the accuracy of our estimate of the time and cost burden for this proposed collection, including the validity of the methodology and assumptions used; (c) Evaluate ways to enhance the quality, utility, and clarity of the information to be collected; and (d) Minimize the reporting burden on those who are to respond, including the use of automated collection techniques or other forms of information technology.

Comments that you submit in response to this notice are a matter of public record. We will include or summarize each comment in our request to OMB to approve this ICR. Before including your address, phone number, email address, or other personal identifying information in your comment, you should be aware that your entire comment--including your personal identifying information--may be made publicly available at any time. While you may ask us in your comment to withhold your personal identifying information from public review, we

[[Page 34179]]

cannot guarantee that we will be able to do so.

Sheleen Dumas,

Department PRA Clearance Officer, Office of the Chief Information Officer, Commerce Department.

[FR Doc. 2020-11966 Filed 6-2-20; 8:45 am]

BILLING CODE 3510-07-P

OMB Control Number 0607-1013

jmmcc3@verizon.net <jmmcc3@verizon.net>

Sun 8/2/2020 2:06 PM

To: Cassandra Logan (CENSUS/ADDP FED) <Cassandra.Logan@census.gov>

re: OMB Control Number 0607- 1013

Dear Cassandra Logan,

I want to add my voice to those who support the continuation of the Household Pulse Survey conducted by the Census Bureau. The information generated by this survey provides valuable insight as to the trends affecting Americans during the COVID-19 pandemic. This information is not available elsewhere and so enables public knowledge concerning the impacts. It would be a great loss to stop the Survey as the pandemic continues to grow throughout the nation.

Thank you for your time & consideration of this important matter.

Sincerely,

James McCurley
Pittsburgh, PA

0607-1013 The need to continue the pulse survey

Jessie Moore <jbmoore@stanford.edu>

Sun 8/2/2020 8:14 PM

To: Cassandra Logan (CENSUS/ADDP FED) <Cassandra.Logan@census.gov>

Cc: PRAcomments@doc.gov <PRAcomments@doc.gov>

Hi Cassandra,

OMB Control Number: 0607-1013

I am a graduate student at the Stanford School of Medicine, studying community health and prevention research. I have been working first-hand on assessing the impact of COVID-19 on families in the San Francisco Bay Area.

The Pulse survey should without a doubt be **extended**. This survey has given researchers, policymakers, and individuals working in food advocacy a better understanding of food insecurity during this time. Unemployment has improved, but food insecurity remains a critical and widespread issue for many American families.

Similarly, I propose adding several questions to better understand the effectiveness and impacts of several government measures taken during COVID-19. We must know if P-EBT was in fact utilized by those in need, if there were pitfalls in outreach, and should it be extended. This can both give information on whether or not P-EBT should be reinstated and how to better engage with families in need in future crises. It may also be beneficial to ask questions on families change in sedentary behavior or physical activity. This pandemic disproportionately affects black and brown individuals, as well as low-income families. The effects of shelter-in-place and business closures may very well be disproportionately be affecting these same individuals. We must better understand all of the economic, as well as health effects from COVID-19 in order to inform policymakers.

I have data on school district P-EBT outreach such as only 8% of school districts in the San Francisco Bay Area gave information about P-EBT on their homepage. Similarly, I have examined the difference in site participation of the Seamless Summer Option (SSO) and the Summer Food Service Program (SFSP) between 2019 and 2020. Sadly, less sites in California are participating in these programs this summer, a time when families have been at most need for food. Lastly, I looked at the spread of meal pick-up sites within school districts to better assess the equity of distribution. There was large variation in meal availability and method of delivery (bus stop delivery, pick-up only sites, etc.).

Please feel free to contact me with any questions that you may have.

Please do your best to fight for the extension of the Pulse Survey!

Thanks,
Jessie

OMB Control Number: 0607-1013

OMB Control Number 0607-1013

Schwinberg Jean <jeanschwinberg@yahoo.com>

Wed 7/29/2020 6:32 PM

To: Cassandra Logan (CENSUS/ADDP FED) <Cassandra.Logan@census.gov>

Dear Ms. Logan,

This is a comment in support of the Household Pulse Survey. Given the difficulties in getting an accurate count this program will help to do that.

Sincerely,

Jean M. Schwinberg

OMB Control Number 0607-1013

JoVon Sotak <jsotak@admin.nv.gov>

Fri 6/5/2020 4:18 PM

To: Cassandra Logan (CENSUS/ADDP FED) <Cassandra.Logan@census.gov>

Cc: Grant Office <grants@admin.nv.gov>

Hello, Ms. Logan:

Thank you for the opportunity to provide comment re: on the potential for extending data collection for the Household Pulse Survey During COVID-19 Epidemic (OMB Control Number 0607-1013). On behalf of the State of Nevada Office of Grant Procurement, Coordination, and Management, we'd like to request that this survey be extended.

With a current unemployment rate of 28%, Nevada's households will continue to feel the effects of COVID-19 long after July 30. As it is highly likely that the pandemic will continue and our country will experience one or more waves of emergency response and recovery, the impact to our citizens over a longer period of time may shift during these waves, as well as in response to federal relief dollars (such as Coronavirus Relief Funds) that haven't yet been distributed to local governments throughout Nevada. We believe that grant professionals throughout Nevada may benefit from using this data for future grant proposals related to workforce development, economic diversification, food security, homelessness, emergency preparation and resilience, and more. To conclude the survey prematurely would limit the value of the data set as we will not yet know if we are actually through the crisis until we're well into recovery.

Best regards,



JoVon Sotak, Administrator
Office of Grant Procurement, Coordination, and Management
Department of Administration

406 E. Second St.
Carson City, NV 89701

(w) 775.684.0252 | (f) 775.684.0246

jsotak@admin.nv.gov | grants@admin.nv.gov | www.Grant.nv.gov

This communication (including any attachments) is for the use of the intended recipient(s) only and may contain information that is confidential, privileged or otherwise legally protected. Any unauthorized use or dissemination of this communication is prohibited. If you have received this communication in error, please immediately notify the sender by return e-mail message and delete all copies of the original communication. Thank you for your cooperation.

Comment: OMB Control Number 0607-1013

Cline, Michael E <michael.cline@osbm.nc.gov>

Fri 7/31/2020 1:58 PM

To: Cassandra Logan (CENSUS/ADDP FED) <Cassandra.Logan@census.gov>

The Household PULSE survey has been invaluable and timely for helping our budget office and our partners in the North Carolina Dept. of Commerce evaluate and track the impacts of COVID and indicators of economic recovery. We have also used the household survey to evaluate the impact to Medicaid spending in order to alter our projections of future Medicaid spending.

Although this is not the only resource we have used, it provides an additional data point with which to reflect.

We ask that you continue this survey.

Dr. Michael (Mike) Cline

State Demographer

Demographic and Economic Analysis Section

NC Office of State Budget and Management

Tel: 984-236-0686 | Fax: 984-236-0630

Email: Michael.Cline@osbm.nc.gov

Twitter: [@NCDemographer](https://twitter.com/NCDemographer)

430 N. Salisbury St., 4th Floor | Raleigh, NC 27603
(Currently operating from the home office in SW Raleigh)
Mailing address:
20320 Mail Service Center | Raleigh, NC 27699-0320

Municipal Population Estimates & County Population Estimates/Projections:

<https://demography.osbm.nc.gov>

Make NC Count!

<https://census.nc.gov/>



E-mail correspondence to and from this address may be subject to the North Carolina Public Records Law (GS 132) and may be disclosed to third parties by an authorized state official.

Email correspondence to and from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized state official.

TO:

Sheleen Dumas
Department PRA Clearance Officer
Office of the Chief Information Officer
Department of Commerce

FROM:

Corinna Turbes, Policy Manager
corinna.turbes@datacoalition.org
202-573-7975

July 20th, 2020

RE: Continuation of the Household Pulse Survey

The Data Coalition is America's premier voice on data policy. As a membership-based business association, the Data Coalition advocates for responsible policies to make government data high-quality, accessible, and usable. Our work unites data communities that focus on data science, management, evaluation, statistics, and technology in companies, nonprofit organizations, and academia.

The Data Coalition supports the continuation of the Household Pulse Survey because of the tremendous utility of the information collected. As decision-makers consider interventions to address the effects of the COVID-19 pandemic, clear information on what these effects are is crucial to making evidence-based policies. This survey will help develop a clearer picture of the experiences of households in a timely manner and help policymakers to develop more responsive interventions.

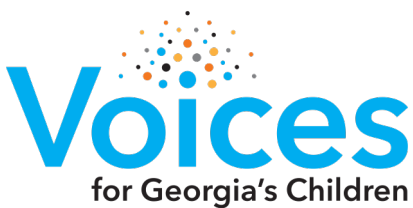
Research into the social well-being and mental health is already being conducted with the support of private sector organizations, such as the [COVID Impact Survey](#). These projects help to fill the information gaps while our official government data sources worked to expand their products to cover new questions brought up by the pandemic.

However, the Census Bureau's technical expertise and extensive reach mean it has a unique ability to collect large amounts of information for statistical purposes, creating official data that can be complemented by private sector efforts. The Household Pulse Survey helped to demonstrate the Census Bureau's ability to produce near real-time

data in times of need. It also showed how well the federal statistical system can work in cooperation to help create a holistic picture of what households are experiencing in these unprecedented times.

Thank you for the opportunity to submit comments on this important issue. If you or your staff have any questions about the Data Coalition's comments, please contact Corinna Turbes at corinna.turbes@datacoalition.org.

Respectfully,
Corinna Turbes
Data Coalition



July 31, 2020

United States Census Bureau,

Data collected through the Household Pulse Survey during the COVID-19 pandemic has been invaluable for policymakers and for advocates. The Census Bureau is providing Americans with a clear picture of how people are faring during a difficult and turbulent period. We applaud the Bureau's efforts to gather this important information under these circumstances, developing the survey with unprecedented speed, using innovative approaches to reach families, and releasing data in days rather than months. This work must continue. **We submit this comment in favor of extending data collection for the Household Pulse Survey during the COVID-19 pandemic. We also propose that current questions be updated and important new questions be added to better capture the effect of the pandemic on children and families.**

Voices for Georgia's Children, as the only comprehensive child-focused policy and advocacy organization in Georgia, is a data-driven, nonpartisan organization that is focused on equitable policy solutions for Georgia's children. The data collected in the Household Pulse Survey has strengthened our advocacy for: the extension of flexibilities offered in United States Department of Agriculture food waivers – addressing families' access to food; the federal moratorium on evictions and mortgage foreclosures – addressing families' housing security; increased investment in schools and internet connectivity – addressing children's access to education; continued enhanced unemployment insurance compensation – addressing families' ability to meet their most basic needs; and caregiver mental health—addressing access to mental health resources. In several communications with upwards of 10,000 people interested in fighting for children's well-being, we have used this data to highlight the dramatic impact that COVID-19 has had on millions of Georgia families and children. This data will be a critical tool going forward, as we continue to assess needs and strategize advocacy for policy change accordingly.

We ask that the Census Bureau **extend data collection for the Household Pulse Survey during the COVID-19 pandemic for at least another 14 weeks.** While early hotspots like New York and Seattle have seen major reductions in cases of the disease since March, the number of cases of COVID-19 have increased in Georgia, as well as places like Florida, Texas, Arizona, and California. Experts suggest they do not anticipate this increase to slow down for some time. State and local policymakers will continue to need to determine, week by week, whether schools and businesses can open and whether people who have lost jobs continue to need help. The information in this survey is essential to helping them decide which policy interventions are most needed to protect the physical and financial health of American families.

For example, responses to the question about expected loss of income reveal how this pandemic has affected different parts of the country in disparate ways over time. During survey Week 2 (May 7-12), 46 percent of respondents in New York state — but 37 percent of Texans — expected to lose employment income soon. By Week 10 (July 2-10), 40 percent of New



Yorkers but 43 percent of respondents in Texas expected a loss of employment income. Without Household Pulse Survey data, these trends could not be seen, making it impossible for policymakers to respond to the needs of American families in real time.

The data collected through the Household Pulse Survey has been especially important to the child advocacy community in our fight for better policy solutions for children and families. In particular, questions about access to medical care, health insurance status, education, housing, employment, and nutrition are critical to understanding the impacts of this pandemic on children. This survey is essential because it provides statistically significant data for each state that reflects the rapid changes week by week. Thus we strongly support the continuation of this survey for at least 14 more weeks, and preferably through at least the beginning of 2021, or until widespread vaccination has ended the pandemic and allowed these critical indicators to stabilize.

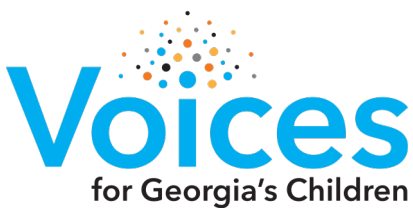
Though the current iteration of the Household Pulse Survey asks important questions, it can be doing more to better capture the effects of the COVID-19 pandemic on children and families. We therefore also recommend that the following questions be updated and/or added to improve upon the survey.

How many children in the household are under 5? How many are 5 to 12? How many are 13-17?

The Household Pulse Survey collects data on the number of children living in a respondent's household, but it does not ask about the age of any children living in the home. The needs of children vary drastically by age, which has consequences for families' finances as well as school systems and plays a large role in how both families and school administrators are thinking about education and child care decisions. We suggest that the current question be updated to ask how many children in the household are under 5, how many are 5 to 12, and how many are 13 to 17. This adjustment would give us insight into families' needs for full time child care and part-time child care and whether education programs are working well for elementary and secondary students.

What kind of child care services are being utilized by members of the household? What would be your preferred setting for children in the household?

Many families with young children are facing difficult choices about whether to send their children to child care settings. During the pandemic, child care centers experience many of the same operational challenges as schools (e.g. smaller class sizes, requiring children to be six feet apart, increased need for additional supplies in order to reduce sharing among children, etc.). However, financing and oversight for child care centers is far different from schools. This means that policy solutions that aim to protect children attending schools are much more difficult to extend to younger children who are in child care settings. In addition, parents of school-aged children may need more hours of child care if schools offer reduced hours of in-person



instruction, perhaps needing three days a week, or only afternoons. Existing programs are not currently designed to offer these hours.

We are proposing that the Census Bureau add questions to the Household Pulse Survey about the decisions families are making around child care. It should ask what kind of child care services they are using (child care centers/preschool; before/after care; paid day care in someone else's home; paid or no-cost care by friends and family; parental/guardian care at home; taking the child to work; child left unattended at home.) In addition to asking about what child care setting families have chosen, there should also be a question asking what their preferred child care setting would be, and if it's different than the one they are using, whether they have been unable to find such a program, unable to afford it, or the hours do not match their needs. Finding affordable child care is one of the greatest challenges facing parents and caretakers who work outside the home. Child care programs have incurred significantly increased costs and reduced income in order to meet COVID safety requirements, including reduced class size, new equipment, and increased cleaning costs. Many programs have closed temporarily or permanently and others may be raising their fees. For these working families, the economic fallout of the COVID-19 pandemic could be exacerbated by challenges in securing child care. Without data on this matter, policymakers are unable to consider targeted solutions for families with young children.

Thank you for the opportunity to submit this comment. If you have any questions, you can reach me at efenersitkoff@georgiavoices.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Ef", with a stylized flourish at the end.

Erica Fener Sitkoff, PhD.
Executive Director
Voices for Georgia's Children



August 3, 2020

United States Census Bureau,

The Household Pulse Survey began on April 23, 2020 to collect data on household experiences during the COVID-19 pandemic and has been invaluable for policymakers and advocates. Through this survey, the Census Bureau is providing Americans with a clear picture of a number of socioeconomic indicators reflecting how people are faring during a difficult and turbulent period.

We applaud the Bureau's efforts to gather this important information under these circumstances, developing the survey with unprecedented speed, using innovative approaches to reach families, and releasing data in days rather than months. This work must continue. **We submit this comment in favor of extending data collection for the Household Pulse Survey for the duration of the COVID-19 pandemic.**

The Center for Science in the Public Interest (CSPI) is America's food and health watchdog. We are responding to the COVID-19 pandemic by working to stop the spread of disease, support food chain workers, and alleviate food insecurity and improve health by championing SNAP, school meals and other government programs. In this work, the Household Pulse Survey has proved vital.

Household Pulse Survey asks questions about access to food, medical care, health insurance status, education, housing, and employment that are critical to understanding the impacts of this pandemic on households. The data collected through the survey have supported our work and those of others to alleviate food insecurity and improve health for millions of families across the country. For example, we recently drew upon data from the survey to communicate household food insecurity data in an [article we wrote for The Hill](#) and as [evidence to vouch for universal school meals](#).

This survey is also essential because it provides data for each state that reflect the rapid changes week by week. As the number of cases of COVID-19 increased recently in places like Florida, Texas, Arizona, and California, state and local policymakers will continue to need to determine, week by week, whether schools and businesses can open and whether people who are losing their jobs continue to need help. The information in this survey is essential to helping decide the policy interventions that are most needed to protect the physical and financial health of families.

Though the current iteration of the Household Pulse Survey asks important questions, it can do more to better capture the effects of the COVID-19 pandemic on children and families. The survey collects data on the number of children living in a respondent's household, but it does not ask about the age of any children living in the home. We suggest that the current question be updated to ask about age of children in the household.

The Census Bureau should also add questions assessing experiences at work during COVID-19, such as the ability to social distance, access to protective equipment and countermeasures and the availability of paid sick leave for COVID and other illness, as well as an individual's confidence in employers' steps to protect their employees, and their level of concerns associated with potential exposure to COVID-19 at work.



We ask that the Census Bureau **extend data collection** for the Household Pulse Survey during the COVID-19 pandemic through at least the beginning of 2021, and continue to collect data until widespread vaccination has ended the pandemic and its associated economic upheaval, allowing these critical indicators to stabilize.

Thank you for the opportunity to submit this comment. If you have any questions, you can reach me at msandalow@cspinet.org.

Sincerely,

Maya Sandalow, MPH
Policy Associate
[Center for Science in the Public Interest](http://www.cspinet.org)

July 30, 2020

United States Census Bureau,

Data collected through the Household Pulse Survey during the COVID-19 pandemic has been invaluable for policymakers and for advocates. The Census Bureau is providing Americans with a clear picture of how people are faring during a difficult and turbulent period. We applaud the Bureau's efforts to gather this important information under these circumstances, developing the survey with unprecedented speed, using innovative approaches to reach families, and releasing data in days rather than months. This work must continue. **We submit this comment in favor of extending data collection for the Household Pulse Survey during the COVID-19 pandemic. We also propose that current questions be updated and important new questions be added to better capture the effect of the pandemic on children and families.**

Every Texan is dedicated to advancing policies that will measurably improve equity in and access to health care, food security, education, and financial security in Texas. The Household Pulse survey's state-level data on how these areas have been impacted by the pandemic has thus been invaluable in guiding our recent policy research and recommendations. Every Texan has published Household Pulse statistics to support policy recommendations for streamlining unemployment and underemployment claims processing, expanding access to SNAP and EBT benefits, increasing eligibility for paid sick leave, streamlining Medicaid and CHIP enrollment, and reinstating Texas' moratorium on evictions. Further publications which will utilize Household Pulse survey data -- including one focusing on healthcare access and another on economic recovery during the pandemic -- are in process. As COVID-19 cases continue to climb in Texas, the Household Pulse survey's ongoing translation of the pandemic's impacts on our communities into data is needed now more than ever.

We ask that the Census Bureau **extend data collection for the Household Pulse Survey during the COVID-19 pandemic for at least another 14 weeks.** While early hotspots like New York and Seattle have seen major reductions in cases of the disease since March, the number of cases of COVID-19 have increased in places like Florida, Texas, Arizona, and California. State and local policymakers will continue to need to determine, week by week, whether schools and businesses can open and whether people who have lost jobs continue to need help. The information in this survey is essential to helping them decide which policy interventions are most needed to protect the physical and financial health of American families.

For example, responses to the question about expected loss of income reveal how this pandemic has affected different parts of the country in disparate ways over time. During survey Week 2 (May 7-12), 46 percent of respondents in New York state — but 37 percent of Texans — expected to lose employment income soon. By Week 10 (July 2-10), 40 percent of New Yorkers but 43 percent of respondents in Texas expected a loss of employment income. Without Household Pulse Survey data, these trends could not be seen, making it difficult for policymakers to respond to the needs of American families in real time.

The data collected through the Household Pulse Survey has been especially important to the child advocacy community in our fight for better policy solutions for children and families. In particular, questions about access to medical care, health insurance status, education, housing, employment, and nutrition are critical to understanding the impacts of this pandemic on children. This survey is essential because it provides statistically significant data for each state that reflects the rapid changes week by week. Thus we strongly support the continuation of this survey for at least 14 more weeks, and preferably

through at least the beginning of 2021, or until widespread vaccination has ended the pandemic and allowed these critical indicators to stabilize.

Though the current iteration of the Household Pulse Survey asks important questions, it can be doing more to better capture the effects of the COVID-19 pandemic on children and families. We therefore also recommend that the following questions be updated and/or added to improve upon the survey.

How many children in the household are under 5? How many are 5 to 12? How many are 13-17?

The Household Pulse Survey collects data on the number of children living in a respondent's household, but it does not ask about the age of any children living in the home. The needs of children vary drastically by age, which has consequences for families' finances as well as school systems and plays a large role in how both families and school administrators are thinking about education and child care decisions. We suggest that the current question be updated to ask how many children in the household are under 5, how many are 5 to 12, and how many are 13 to 17. This adjustment would give us insight into families' needs for full time child care and part-time child care and whether education programs are working well for elementary and secondary students.

What kind of child care services are being utilized by members of the household? What would be your preferred setting for children in the household?

Many families with young children are facing difficult choices about whether to send their children to child care settings. During the pandemic, child care centers experience many of the same operational challenges as schools (e.g. smaller class sizes, requiring children to be six feet apart, increased need for additional supplies in order to reduce sharing among children, etc.). However, financing and oversight for child care centers is far different from schools. This means that policy solutions that aim to protect children attending schools are much more difficult to extend to younger children who are in child care settings. In addition, parents of school-aged children may need more hours of child care if schools offer reduced hours of in-person instruction, perhaps needing three days a week, or only afternoons. Existing programs are not currently designed to offer these hours.

We are proposing that the Census Bureau add questions to the Household Pulse Survey about the decisions families are making around child care. It should ask what kind of child care services they are using (child care centers/preschool; before/after care; paid day care in someone else's home; paid or no-cost care by friends and family; parental/guardian care at home; taking the child to work; child left unattended at home.) In addition to asking about what child care setting families have chosen, there should also be a question asking what their preferred child care setting would be, and if it's different than the one they are using, whether they have been unable to find such a program, unable to afford it, or the hours do not match their needs. Finding affordable child care is one of the greatest challenges facing parents and caretakers who work outside the home. Child care programs have incurred significantly increased costs and reduced income in order to meet COVID safety requirements, including reduced class size, new equipment, and increased cleaning costs. Many programs have closed temporarily or permanently and others may be raising their fees. For these working families, the economic fallout of the COVID-19 pandemic could be exacerbated by challenges in securing child care. Without data on this matter, policymakers are unable to consider targeted solutions for families with young children.

Thank you for the opportunity to submit this comment. If you have any questions, you can reach me at knop-narbutis@everytexan.org.

Sincerely,

Amy Knop-Narbutis
Research and Data Director
Every Texan



1400 Eye Street NW Suite 650 | Washington, DC 20005 | t: 202.657.0670 | f: 202.657.0671 | www.firstfocus.org

May 18, 2022

Ms. Sheleen Dumas
Department PRA Clearance Officer
Office of Chief Information Officer
Commerce Department
Washington, DC 20230

Submitted via *reginfo.gov*

Re: Agency Information Collection Activities; Submission to the Office of Management and Budget (OMB) for Review and Approval; Comment Request; Household Pulse Survey (OMB No. 0607-1013, Docket No. 2022-08262)

I am writing from First Focus on Children in response to the request for comment on the Federal Register Notice regarding proposed changes to the U.S. Census Bureau Household Pulse Survey.

First Focus on Children is a bipartisan child advocacy organization dedicated to making children and families the priority in federal policy and budget decisions. As advocates for children, we are committed to ensuring that all children have an equal chance for success. We know that access to frequent and timely data is critical to achieving this goal by informing decision-making on policies and programs that serve and support children and their families.

Throughout the COVID-19 pandemic, the Census Household Pulse survey has been critical to understanding the repercussions of this public health crisis on child health and economic stability, including the impact of relief measures included in the American Rescue Plan Act and other legislation passed by Congress.

We thank you for your thoughtful undertaking of the revision of this survey in Phase 3.5 to account for changes in the way that COVID-19 is impacting households with children, and appreciate the opportunity to comment to the proposed changes for this next phase.

We first want to uplift an [e-Dear Colleague letter](#) led by Representatives Sara Jacobs, Suzan DelBene, and Pramila Jayapal and signed by 47 members of Congress which requests an increase above the Fiscal Year 2022 enacted funding level for the Census Bureau's High Frequency Data Program to support the Bureau in creating more frequent and timely measures of poverty and material hardship, including measures focused on child poverty and wellbeing.

This letter stresses the need for long-term access to frequent and timely data:

“Beyond the pandemic, sustaining regular and timely measures of material hardship that include a focus on children and families will continue to be important to understand the state of child wellbeing and the multidimensional impacts of the policies we enact. This includes questions about housing and food insecurity, access to childcare and transportation, and ability to pay household expenses, as well as questions that provide insights into families’ savings and debt and ability to afford educational and extracurricular activities for children.”

First Focus on Children, through the work of our affiliate organization First Focus Campaign for Children, supports this request for increased funding targeted to continuing the Household Pulse Survey and including questions that provide additional detail as to how households with children, especially households of color, continue to disproportionately experience material hardship and income volatility.

In addition, in response to specific changes to the survey proposed for Phase 3.5 we offer the following comments below:

Children’s Preventive Care and Mental Health

We support the addition of questions about the age of children receiving COVID-19 vaccines to include 0-5-year-olds. Children in this age group are not yet eligible for vaccines, but, if they become eligible, it will be important to understand how many of them are vaccinated and the reasons for those decisions. Childhood vaccination rates against COVID-19 remain concerningly low and varied, with state-specific rates ranging from [15 percent to 66 percent for first doses](#). Vaccinating children under the age of five will likely present even greater challenges in distribution and vaccination rates, and we must understand the data behind families’ decisions to best reach children. We believe the survey should also include children in its questions around contracting COVID-19 and the type and length of symptoms. Children can have different COVID-19 experiences than adults and it is important to capture their experiences as well.

We are concerned about the removal of the preventive question regarding children’s check-ups, and we believe this question should be maintained. The rates of routine childhood vaccinations have declined concerningly during the COVID-19 pandemic, and missing well-child visits is one cause for those declines. It would be useful to have data on these missed appointments.

We support and are appreciative of the inclusion of a question about children’s mental health, which has suffered greatly during the pandemic. We recommend including a follow up question about the ability of children and families to the timely access of mental health services through a variety of providers (schools, counselor, psychiatrist, peer support, and others.)

Child Care (in Employment section)

We recommend including a child having contracted COVID-19 in the list of reasons a child was unable to attend child care in question EMP7. It is important to capture the impact COVID-19 is having on children, and the physical impact is one component.

In order to understand the disproportionate on women a lack of access to child care has had, we recommend that EMP8 be changed to make clear *which* adult in the household took the actions specified and therefore was most impacted. We also support consistent reporting of responses to these questions across both the Data Tables and Public Use Files (PUFs). The PUF provides results

for survey respondents who cannot access child care for children under age 12, whereas the Data Table provides results for survey respondents with children under age 5. Providing both sets of data in both the Data Table and PUF would provide the ability to compare results for the two data groups, as child care may be harder to access for young children.

Housing

We appreciate the addition of questions regarding the amount of currently monthly household rent and any changes to this rent in the last 12 months, which are helpful to depicting that monthly rents are increasing in many parts of the country. However, we are disappointed to see the removal of questions on confidence to pay next month's rent, which also provide helpful insight into changes in rent as well as monthly household income volatility.

Thank you for the opportunity to submit a comment. Please do not hesitate to contact Cara Baldari at carab@firstfocus.org or Averil Pakulis at averip@firstfocus.org for additional information.

Sincerely,

A handwritten signature in blue ink that reads "Bruce Lesley". The signature is written in a cursive, flowing style.

Bruce Lesley, President
First Focus on Children

July 23, 2021

Sheleen Dumas
Department PRA Clearance Officer
Office of the Chief Information Officer
U.S. Department of Commerce
Submitted via *regulations.gov*

Re: Agency Information Collection Activities; Submission to the Office of Management and Budget (OMB) for Review and Approval; Comment Request; Household Pulse Survey (86 FR 33214)

Dear Sheleen Dumas:

We write in response to the U.S. Census Bureau notice requesting comments on the Household Pulse Survey (86 FR 33214).¹

This letter is submitted on behalf of 45 organizations committed to advancing equality and opportunity for lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI) people in the United States. Our interest and expertise in this area compel us to express our strong support for the Census Bureau's proposal to add demographic questions on sexual orientation and gender identity (SOGI) to the Household Pulse Survey (HPS).

The HPS offers crucial information on the multidimensional impacts of the coronavirus on the American public. As explained in March 1, 2021 comments submitted by the Center for American Progress and those submitted by other LGBTQI partner organizations,² there is a serious need for the HPS to include questions that capture demographic information on SOGI. Those comments shed light on how LGBTQI communities face significant health and economic disparities that predate the pandemic, while also making them especially vulnerable to the adverse impacts of the current crises. In particular, those comments provide evidence illustrating how the pandemic has exacerbated inequities experienced by LGBTQ people, particularly Black, Latinx, low-income, and persons with disabilities.

¹ U.S. Census Bureau, "Agency Information Collection Activities; Submission to the Office of Management and Budget (OMB) for Review and Approval; Comment Request; Household Pulse Survey," *Federal Register* 86 (119) (2021): 33214-33215, available at <https://www.federalregister.gov/documents/2021/06/24/2021-13454/agency-information-collection-activities-submission-to-the-office-of-management-and-budget-omb-for>.

² See Office of Management and Budget, Office of Information and Regulatory Affairs, "ICR Documents, Public Comments" available at https://www.reginfo.gov/public/do/PRAViewDocument?ref_nbr=202101-0607-005 (last accessed July 2021).

We are pleased that the Census Bureau has recognized the need to better capture information on the experiences of LGBTQ communities during the pandemic and support its proposal to add SOGI questions to the HPS. In combination with other demographic questions in the HPS, the addition of SOGI questions will facilitate analysis of the pandemic's impacts for people living at the intersection of multiple marginalized identities. Doing so will offer a more comprehensive, accurate, and data-driven understanding of how the COVID-19 pandemic is impacting the economic wellbeing, health, and everyday lives of LGBTQ Americans, and is crucial to inform an equity-centered government response to the pandemic and recovery efforts.

We urge the Census Bureau to include demographic questions on SOGI as a permanent fixture of the HPS. We also support the Census Bureau engaging in research, development, and testing with the aim of implementing questions that capture intersex status and other sexual and diverse people as recommended by the National Academies of Sciences, Engineering, and Medicine.³ The report highlights evidence on the health disparities of intersex people that are driven by many of the same stigmas experienced by other LGBTQ communities and illustrates the pressing need to expand data collection efforts on intersex status in population surveys and beyond. Enhancing data collection efforts on intersex status and other sexual and diverse people is critical to advance research agendas, evaluate population trends, and shape evidence-based policies to foster equity and reduce disparities.

Thank you for your consideration. Please do not hesitate to contact Caroline Medina, cmedina@americanprogress.org, if you need any additional information.

In partnership,

Center for American Progress
AIDS Alabama
American Psychological Association
Athlete Ally
Atlanta Pride Committee
Campus Pride
Center for LGBTQ Economic Advancement & Research (CLEAR)
CenterLink: The Community of LGBT Centers
CUNY School of Law, Disability and Aging Justice Clinic
Doctors for Change
Equality California
Equality Federation
Equality Texas

³ National Academies of Sciences, Engineering, and Medicine, "Understanding the Wellbeing of LGBTQI+ Populations" (Washington: 2020), available at <https://www.nap.edu/read/25877/chapter/1>.

Food Research & Action Center (FRAC)
FORGE, Inc.
GLMA: Health Professionals Advancing LGBTQ Equality
GLSEN
Howard Brown Health
interACT: Advocates for Intersex Youth
Justice in Aging
LGBTQ Allyship
Los Angeles LGBT Center
Lyon-Martin Health Services
Mazzoni Center
Minority Veterans of America
Modern Military Association of America
Movement Advancement Project (MAP)
National Center for Transgender Equality
National coalition for lgbt health
National Equality Action Team (NEAT)
National LGBT Cancer Network
National LGBTQ Task Force
Neighborhood Partnerships
Oasis Legal Services
Office of Transgender Initiatives (City and County of San Francisco)
Oregon Housing Alliance
Parable of the Sower Intentional Community Cooperative
PFLAG National
Planned Parenthood Federation of America
Silver State Equality-Nevada
The Lesbian, Gay, Bisexual & Transgender Community Center
The Trevor Project
Transgender Legal Defense & Education Fund
Transhealth Northampton
Whitman-Walker Institute

August 3rd, 2020

United States Census Bureau,

Data collected through the Household Pulse Survey during the COVID-19 pandemic has been invaluable for policymakers and for advocates. The Census Bureau is providing Americans with a clear picture of how people are faring during a difficult and turbulent period. We applaud the Bureau's efforts to gather this important information under these circumstances, developing the survey with unprecedented speed, using innovative approaches to reach families, and releasing data in days rather than months. This work must continue. **We submit this comment in favor of extending data collection for the Household Pulse Survey during the COVID-19 pandemic. We also propose that current questions be updated and important new questions be added to better capture the effect of the pandemic on children and families.**

The Michigan League for Public Policy is a nonpartisan policy institute dedicated to economic opportunity for all. It is the only state-level organization that addresses poverty in a comprehensive way and analyzes the impact of state and federal budgets and policies on residents with low incomes. All of the League's work is done through a racial equity lens.

The *Kids Count in Michigan* project at the League is part of a broad national effort to measure the well-being of children at the state and local levels and use that information to shape policy and programs to improve the lives of children. Kids Count staff have used Pulse Survey data to highlight food insecurity during the pandemic and analyze disparities in food insecurity by income and race through an article in [Michigan Advance](#). These data helped justify the need for state policy intervention, such as continuing pandemic food benefits, and advocate for approaches that are grounded in principles of racial equity, such as Governor Whitmer's Coronavirus Task Force on Racial Disparities.

We ask that the Census Bureau **extend data collection for the Household Pulse Survey during the COVID-19 pandemic for at least another 14 weeks**. While early hotspots like New York and Seattle saw reductions in cases of the disease since March, the number of cases of COVID-19 have increased in places like Florida, Texas, Arizona, and California. Cases are again on the rise across the country, including in Michigan. State and local policymakers will continue to need to determine, week by week, whether schools and businesses can open and whether people who have lost jobs continue to need help. The information in this survey is essential to helping them decide which policy interventions are most needed to protect the physical and financial health of American families.

For example, responses to the question about expected loss of income reveal how this pandemic has affected different parts of the country in disparate ways over time. During survey Week 2 (May 7-12), 46 percent of respondents in New York state — but 37 percent of Texans — expected to lose employment income soon. By Week 10 (July 2-10), 40 percent of New Yorkers but 43 percent of respondents in Texas expected a loss of employment income. Without Household Pulse Survey data, these trends could not be seen, making it impossible for policymakers to respond to the needs of American families in real time.

The data collected through the Household Pulse Survey has been especially important to the child advocacy community in our fight for better policy solutions for children and families. In particular, questions about access to medical care, health insurance status, education, housing, employment, and nutrition are critical to understanding the impacts of this pandemic on children. This survey is essential because it provides statistically significant data for each state that reflects the rapid changes week by week. Thus we strongly support the continuation of this survey for at least 14 more weeks, and preferably through at least the beginning of 2021, or until widespread vaccination has ended the pandemic and allowed these critical indicators to stabilize.

Though the current iteration of the Household Pulse Survey asks important questions, it can be doing more to better capture the effects of the COVID-19 pandemic on children and families. We therefore also recommend that the following questions be updated and/or added to improve upon the survey.

How many children in the household are under 5? How many are 5 to 12? How many are 13-17?

The Household Pulse Survey collects data on the number of children living in a respondent's household, but it does not ask about the age of any children living in the home. The needs of children vary drastically by age, which has consequences for families' finances as well as school systems and plays a large role in how both families and school administrators are thinking about education and child care decisions. We suggest that the current question be updated to ask how many children in the household are under 5, how many are 5 to 12, and how many are 13 to 17. This adjustment would give us insight into families' needs for full time child care and part-time child care and whether education programs are working well for elementary and secondary students.

What kind of child care services are being utilized by members of the household? What would be your preferred setting for children in the household?

Many families with young children are facing difficult choices about whether to send their children to child care settings. During the pandemic, child care centers experience many of the same operational challenges as schools (e.g. smaller class sizes, requiring children to be six feet apart, increased need for additional supplies in order to reduce sharing among children, etc.). However, financing and oversight for child care centers is far different from schools. This means that policy solutions that aim to protect children attending schools are much more difficult to extend to younger children who are in child care settings. In addition, parents of school-aged children may need more hours of child care if schools offer reduced hours of in-person instruction, perhaps needing three days a week, or only afternoons. Existing programs are not currently designed to offer these hours.

We are proposing that the Census Bureau add questions to the Household Pulse Survey about the decisions families are making around child care. It should ask what kind of child care services they are using (child care centers/preschool; before/after care; paid day care in

someone else's home; paid or no-cost care by friends and family; parental/guardian care at home; taking the child to work; child left unattended at home.) In addition to asking about what child care setting families have chosen, there should also be a question asking what their preferred child care setting would be, and if it's different than the one they are using, whether they have been unable to find such a program, unable to afford it, or the hours do not match their needs. Finding affordable child care is one of the greatest challenges facing parents and caretakers who work outside the home. Child care programs have incurred significantly increased costs and reduced income in order to meet COVID safety requirements, including reduced class size, new equipment, and increased cleaning costs. Many programs have closed temporarily or permanently and others may be raising their fees. For these working families, the economic fallout of the COVID-19 pandemic could be exacerbated by challenges in securing child care. Without data on this matter, policymakers are unable to consider targeted solutions for families with young children.

Thank you for the opportunity to submit this comment. If you have any questions, you can reach us at kperdue@mlpp.org.

Sincerely,

Kelsey Perdue
Kids Count in Michigan Project Director
Michigan League for Public Policy

Parker James
Kids Count in Michigan Policy Analyst
Michigan League for Public Policy



July 20, 2020

FOUNDER EMERITUS

Hon. Edward R. Roybal [†]

BOARD OF DIRECTORS

CHAIR

Hon. Mara Candelaria Reardon
Indiana State Representative

TREASURER

Mr. Rick R. Olivarez, Esq.
Partner,
Olivarez Madruga Lemieux O'Neill, LLP

SECRETARY

Ms. Michelle Mancias, Esq.
Assistant VP and Counsel,
State Farm

Mr. Ruben Barrales
SVP of External Relations,
Government Relations and Public Policy,
Wells Fargo & Company

Hon. John Duran
Councilmember,
City of West Hollywood, CA

Hon. Diego Espinoza
Arizona State Representative

Hon. Bonnie Garcia
National Director of Legislative Affairs,
ecoATM-Gazelle

Mr. Emilio Gonzalez
Executive Director of Public Policy
& Strategic Initiatives,
Verizon

Hon. Mary González
Texas State Representative

Hon. Ricardo Lara
NALEO President,
California Insurance Commissioner

Hon. Pauline Medrano
Dallas County Treasurer, TX

Hon. Peggy L. Muller-Aragón
NALEO Board Representative,
School Board Member,
Albuquerque Public Schools

Hon. Alejandra Sotelo-Solis
Mayor,
City of National City, CA

Hon. Carlos E. Tobon
Rhode Island State Representative

Mr. Joseph "Pep" Valdes
EVP and Director of
New Business Development,
Parking Company of America

**CHIEF EXECUTIVE
OFFICER**

Mr. Arturo Vargas

[†] deceased

Ms. Cassandra A. Logan
Survey Director, Household Pulse Survey
U.S. Census Bureau
4600 Silver Hill Road
Washington, DC 20233

Re: DOC Docket No. USBC-2020-0013 – Comments on Household Pulse Survey

Dear Ms. Logan:

On behalf of the National Association of Latino Elected and Appointed Officials (NALEO) Educational Fund, I am writing to comment on the U.S. Census Bureau's Household Pulse Survey During COVID-19 Epidemic (the "Household Pulse Survey"), in response to the Notice published at 85 Fed. Reg. 29922 on May 19, 2020. We are concerned that the response mode and the contact strategy for the Household Pulse Survey will not adequately capture responses from the Latino population, and we offer recommendations to address our concerns.

NALEO Educational Fund is the nation's leading nonprofit organization that facilitates the full participation of Latinos in the American political process, from citizenship to public service. Our Board members and constituency encompass the nation's more than 6,800 Latino elected and appointed official, and include Republicans, Democrats and Independents. NALEO Educational Fund is a national leader in Census outreach, community education and policy development. Since the 1990 Census, our organization has conducted outreach campaigns to promote the full and accurate count of the Latino community. Together with media and community-based organizational partners, we have launched iHAGASE CONTAR! ("Make Yourself Count!") and iHAZME CONTAR! ("Make Me Count!") campaigns to drive response to the 2020 Census through dissemination of community education materials; promotion of a toll-free Census information hotline staffed by bilingual operators; technical assistance for community groups; and direct assistance to Latino residents with completing Census forms. NALEO Educational Fund also conducted comprehensive research to inform its campaigns and determine the best messages and messengers to reach the Latino community. The research included a survey of a nationally-representative sample of Latino adults, which allowed the organization to compare the perspectives of both documented and undocumented residents. We also conducted focus groups with diverse segments of the Latino population.

NALEO Educational Fund also has decades of experience working closely with its Latino elected official constituency, other government officials and partner organizations to promote public policies to achieve the most accurate count possible of the nation's population. NALEO Educational Fund served as a member of the U.S. Census Bureau's national advisory committees between 2000 and August 2019, and continues to share its expertise with top Census Bureau officials.

NALEO.ORG
@NALEO
213.747.7606

LOS ANGELES, CA
1122 W. Washington Blvd., Third Floor
Los Angeles, CA 90015

HOUSTON, TX
1415 N. Loop W Fwy, Ste. 1020
Houston, TX 77008

NEW YORK, NY
55 Broad St., Ste. 9B
New York, NY 10004

ORLANDO, FL
5950 Lakehurst Dr.
Orlando, FL 32819

WASHINGTON, D.C.
600 Pennsylvania Ave. SE, Ste. 480
Washington, DC 20003

NALEO Educational Fund is also the co-chair of the Leadership Conference on Civil and Human Rights' Census Task Force, and of the National Hispanic Leadership Agenda's Census Task Force.

NALEO Educational Fund commends the Census Bureau for its effort to collect near real-time data about the social and economic impact of the COVID-19 pandemic in a time of urgent and unprecedented need. We also applaud the Bureau's work in assessing whether collaborative data collection between federal agencies can produce high quality information to guide our nation during this crisis. However, NALEO Educational Fund believes that the response mode and the contact strategies for the Household Pulse Survey will not result in the survey including a representative sample of the Latino population or other population groups.

Our first concern is regarding the response mode, the Qualtrics online data collection platform. According to August 2019 research published by the Pew Research Center, while the "digital divide" is narrowing, Latino adults are less likely than White adults to own a computer or tablet, or have access to high speed internet at home. For example, 57% of Hispanic adults own a computer compared to 82% of White adults; 43% of Hispanic adults own a tablet device compared to 53% of White adults; and 61% of Hispanic adults have broadband access compared to 83% of White adults. Moreover, while many Latinos have access to smartphones, there are disparities between smartphone access between native-born and foreign-born Latinos, with 87% of native-born Latinos owning smartphones compared to 69% of foreign-born Latinos. Pew research has also indicated that older adults, those with lower incomes, and those in rural areas generally have less access to computers or broadband technology. Thus, the use of an online response platform for the Household Pulse Survey will not capture a representative sample of Latinos or other population groups – and it is unclear whether weighting the sample will overcome this problem.

In addition, the Household Pulse Survey will contact potential respondents through e-mail or SMS text. However, as noted above, there are disparities within and between different population groups with respect to computer, broadband and smartphone access. Moreover, e-mail and SMS text contact strategies are less effective in reaching households where there is high mobility, or residential instability. Even before the pandemic, according to Census Current Population Survey data, Latinos were a more mobile population than non-Hispanic Whites. Data which examined mobility between 2018 and 2019 revealed that 10.6% of Latinos were "movers" compared to 8.6% of non-Hispanic Whites. Within the Latino population and the population as whole, young persons, persons living in poverty, renters, and non-citizens were among the groups with the highest mobility rates. All of these groups would be harder to reach and capture with the Household Pulse Survey's contact strategies, because of the likelihood that they would not have stable e-mail addresses or cellphone numbers.

After the advent of the pandemic, the mobility of the Latino population has likely increased even more because of a variety of factors, including economic instability and job losses, family care arrangements and responsibilities, and evictions or changes in renter housing. Data analyses by Latino Decisions, UCLA's Latino Policy and Politics Initiative, the Centers for Disease Control and other entities suggest that COVID-19 is

Ms. Cassandra Logan
July 20, 2020
Page 3

disproportionately affecting Latinos, and Pew Research Survey data indicate that Latinos are more likely than Americans overall to see coronavirus as a major threat to their health and finances. The pandemic is also likely to disproportionately affect other population groups with high mobility, such as youth, persons living in poverty, renters and non-citizens.

Thus, the contact strategies for the Household Pulse Strategy could result in a sample which does not accurately represent Latinos and other groups who are experiencing higher mobility and residential instability than the population as a whole. We recommend that the Bureau consider the following to address possible sample bias in the survey:

- Conduct an evaluation of the Bureau's Household Pulse Survey design and methodology, including its weighting methodology, to better assess how representative the Survey's sample is, and the quality of the data produced.
- Augment the collection of data and contact strategies by adopting approaches that would better capture populations who lack access to online response platforms or are experiencing residential instability. This should involve conducting interviews with respondents using live telephone interviews.

We greatly appreciate the Bureau's work to provide a new data source with timely and relevant information about the impact of the pandemic on our nation's households. We believe our recommendations will enhance the Bureau's ability to achieve this goal, and we look forward to continuing our partnership with the Bureau as it proceeds with the Household Pulse Survey and other data collection efforts.

Sincerely,



Arturo Vargas
Chief Executive Officer

NALEO
Educational Fund

July 29, 2020

United States Census Bureau,

We submit this comment in favor of extending data collection for the Household Pulse Survey during the COVID-19 pandemic. We also propose updating current questions and adding important new questions to better capture the effect of the pandemic on children and families.

New Mexico Voices for Children is a nonpartisan, statewide advocacy organization that works to make systems-level changes to improve child well-being. We provide numerous grassroots and organizing partners, state agencies, and lawmakers with data on New Mexico's children to help inform policy positions and decisions. Throughout the COVID-19 pandemic, we have received many requests for data regarding how children and families are faring. Data collected through the Household Pulse Survey during the COVID-19 pandemic has been invaluable for our state's policymakers and advocates.

We ask that the Census Bureau extend data collection for the Household Pulse Survey during the COVID-19 pandemic for at least another 14 weeks. State and local policymakers will continue to need to determine, week by week, whether schools and businesses can open and whether people who have lost jobs continue to need help. The information in this survey is essential in helping leaders decide which policy interventions are most needed to protect the physical and financial health of American families.

The data collected through the Household Pulse Survey has been especially important to the child advocacy community in our fight for better policy solutions for children and families. In particular, questions about access to medical care, health insurance status, education, housing, employment, and nutrition are critical to understanding the impacts of this pandemic on children. This survey is essential because it provides statistically significant data for each state that reflects the rapid changes week by week. We strongly support the continuation of this survey for at least 14 more weeks, and preferably through at least the beginning of 2021, or until widespread vaccination has ended the pandemic and allowed these critical indicators to stabilize.

We also recommend that the following questions be updated and/or added to improve upon the survey.

The Household Pulse Survey collects data on the number of children living in a respondent's household, but it does not ask about the age of any children living in the home. The needs of children vary drastically by age, which has consequences for families' finances as well as school systems and plays a large role in how both families and school administrators are thinking about education and child care decisions. We suggest that the current question be updated to ask how many children in the household are under 5, how many are 5 to 12, and how many are 13 to 17. This adjustment would give us insight into families' needs for full-time child care and part-time child care and whether education programs are working well for elementary and secondary students.

We are also proposing that the Census Bureau add questions to the Household Pulse Survey about the decisions families are making around child care. It should ask what kind of child care services they are using (child care centers/preschool; before/after care; paid care in someone else's home; paid or no-cost care by friends and family; parental/guardian care at home; taking the child to work; child left unattended at home.) In addition to asking about what child care setting families have chosen, there should also be a question asking what their preferred child care setting would be, and if it's different

than the one they are using, whether they have been unable to find such a program, unable to afford it, or the hours do not match their needs.

Finding affordable child care is one of the greatest challenges facing parents and caretakers who work outside the home. Child care programs have incurred significantly increased costs and reduced income in order to meet COVID safety requirements, including reduced class size, new equipment, and increased cleaning costs. Many programs have closed temporarily or permanently and others may be raising their fees. For these working families, the economic fallout of the COVID-19 pandemic could be exacerbated by challenges in securing child care. Without data on this matter, policymakers are unable to consider targeted solutions for families with young children.

Thank you for the opportunity to submit this comment. If you have any questions, you can reach me at ewildau@nmvoices.org.

Sincerely,

Emily Wildau

(she, her, & [why this matters](#))

Research & Policy Analyst/KIDS COUNT Coordinator

New Mexico Voices for Children

625 Silver Ave SW, Suite 195

Albuquerque, NM 87102



11 DUPONT CIRCLE NW
SUITE 800
WASHINGTON, DC 20036
202-588-5180
NWLC.ORG

July 23, 2021

Sheleen Dumas
Department PRA Clearance Officer
Office of the Chief Information Officer
U.S. Department of Commerce

Submitted via *reginfo.gov*

RE: Agency Information Collection Activities; Submission to the Office of Management and Budget (OMB) for Review and Approval; Comment Request; Household Pulse Survey (OMB No. 0607-1013)

Dear Sheleen Dumas,

The National Women's Law Center (the "Center") appreciates the opportunity to comment on the Federal Register Notice (FRN) regarding the next phase of proposed changes to the U.S. Census Bureau Household Pulse Survey (the "Pulse Survey"). The Center submits this comment in favor of some of the proposed changes and with recommended improvements to better capture gender and racial impacts of the pandemic and economic conditions.

The Center fights for gender justice—in the courts, in public policy, and in society—working across the issues that are central to the lives of women and girls. The Center uses the law in all its forms to change culture and drive solutions to the gender inequity that shapes society and to break down the barriers that harm everyone—especially those who face multiple forms of discrimination. For more than 45 years, the Center has been on the leading edge of every major legal and policy victory for women.

The Center has continuously advocated to expand opportunities for women and girls, with particular emphasis on women with low incomes and those who face multiple and intersecting forms of discrimination. Census data has been, and continues to be, pivotal to the Center's advocacy. The Center relies on census data to identify the needs of women and their families, to highlight the various policy implications of legislation, fight back against unfair practices and policies, illuminate the different ways women and girls experience life in the United States, and develop evidence-based solutions for health, education, workplace, and income security policy.

The Pulse Survey has been useful to the Center and other stakeholders, providing us with data about the impact of the COVID-19 pandemic and related economic fallout on different demographic groups in real time rather than waiting until annual poverty or other data is released. The Center has also periodically analyzed gender and race

crosstabs of Pulse Survey results to track how the pandemic and recession have disproportionately impacted women of color and the households they live in.¹ This has helped the Center's advocacy on health and economic responses to COVID-19, including food and housing assistance, expanded unemployment assistance, cash assistance, and other income supports, as well as health and education responses. Continuing the Pulse Survey will help the Center analyze any disparities in the recovery.

In the June 24, 2021 Federal Register notice,² the Census Bureau proposed these changes to the Pulse Survey:

- **Questions proposed for removal** “include questions on Unemployment Insurance applications; Social Security Administration program receipt and application; Reasons for changed spending; Ride sharing/transit use; trips over 100 miles; Spending on groceries and prepared foods; Delayed and Forgone medical care; Child care; and K-12 computer use and internet access.”
- “[P]ost-secondary education items will be held until closer to the fall terms.”
- **“New questions** focus on the Child Tax Credit; sexual orientation and gender identity (SOGI); rent/mortgage arrears; utility arrears and restrictions; summer catchup education activities for K-12; preventive health care for children; and application for Medicaid or exchange coverage.”

A number of organizations have noted a drop-off in response rates for later questions such as the housing security set. Therefore, the Center urges the Census Bureau to continue permitting respondents to skip questions and agrees that questions with low utility should be removed to ease the burden on survey respondents. More specifically:

- The Social Security Administration (SSA) does not currently seem to publish data about SSA program receipt and application as often as the Department of Labor publishes UI data. While the Center does not currently analyze the Pulse Survey responses to the SSA program questions in depth, the Center urges the Census Bureau to (1) analyze the drop-off associated with those questions and (2) seek additional feedback from stakeholders before removing those questions.
- The Center supports the elimination of the question about reasons for changed spending (assuming this is Q19c in the Phase 3.1 survey questionnaire³). The Center also urges the Census Bureau to analyze the drop-off effect and utility of Q19b, Q19b2, Q19bb, Q19b3, and Q21aa.
- The Center supports the elimination of questions about ride sharing/transit use and trips over 100 miles, which do not have utility for the Center.

¹ NAT'L WOMEN'S LAW CTR., NWLC ANALYSIS OF U.S. CENSUS BUREAU COVID-19 HOUSEHOLD PULSE SURVEYS, <https://nwlc.org/resources/nwlc-analysis-of-u-s-census-bureau-covid-19-household-pulse-surveys/>.

² AGENCY INFORMATION COLLECTION ACTIVITIES; SUBMISSION TO THE OFFICE OF MANAGEMENT AND BUDGET FOR REVIEW AND APPROVAL; COMMENT REQUEST; HOUSEHOLD PULSE SURVEY, 84 FED. REG. 33, 214 (Jun. 24, 2021), <https://www.federalregister.gov/documents/2021/06/24/2021-13454/agency-information-collection-activities-submission-to-the-office-of-management-and-budget-omb-for>.

³ U.S. CENSUS BUREAU, PHASE 3.1 COVID-19 HOUSEHOLD PULSE SURVEY (2021), https://www2.census.gov/programs-surveys/demo/technical-documentation/hhp/Phase3_1_Questionnaire_05_05_21_English.pdf.

- The Center supports the elimination of questions about spending on groceries and prepared foods, which do not have utility for the Center and are likely hard for most survey respondents to answer.
- The Center agrees with holding the post-secondary questions, but only until September 2021.

The Center disagrees with the proposal to remove questions related to unemployment insurance (UI) application, delayed and forgone medical care, child care, and K-12 computer use and internet access. Rather than removing those questions, the Center recommends the following:

- **Improve the UI questions.** A lot of disparities in UI access happen during the application process. Therefore, the Center urges the Census Bureau to keep a question about UI application, or at least intermittently field a question about application. The next iteration of the Pulse Survey would also provide the first opportunity for data about LGBTQ people applying for UI. Further, improving sample sizes might allow the Center and others to create a sex and race/ethnicity crosstab analysis, which is not permissible with the current small sample size. In addition, the notice did not make clear if the Census Bureau is proposing eliminating the two follow-up questions about receiving UI benefits. The Center recommends keeping at least one UI reciprocity measure—preferably reciprocity in the last 7 days—to have a useful benchmark to supplement administrative counts, which have had several data issues. The employment series should also ask about employment experiences in the last 7 days so that the reference periods for the two questions line up. The UI Pulse Survey data would become more useful if the UI questions make clear that they are asking about regular UI *and* pandemic unemployment assistance (or provide response options to select which type of unemployment assistance the survey respondent applied to/received).
- **Explore consolidating the mental health questions** (Q31-35 in the Phase 3.1 survey questionnaire), particularly if there is good data around whether two symptoms are often found together (e.g., “Feeling down, depressed, or hopeless” and “Having little interest or pleasure in doing things”). The “*Select only one answer*” prompt may also lead some survey respondents to think that they must answer the questions in order to proceed. For privacy reasons, some respondents may not want to answer questions about their mental health, and the prompt may lead them to end the survey there instead of just skipping past this set of questions.
- **Improve the health insurance coverage question.** Question 36 in the current Survey provides users eight response options, and some survey respondents are covered under multiple types of insurance. This poses problems in the Center’s ability to analyze women who are and are not covered. The Center would have greater utility if the Survey asked, “Are you currently covered by any health insurance or health coverage plans?” with yes or no as the only response options. If stakeholders find utility in the responses about type of insurance/health coverage, then there could be a follow-up question for survey respondents who answer yes to check boxes for the type of coverage they have.

- **For the delayed and foregone medical care questions**, provide examples of what “because of the coronavirus pandemic means,” such as those found in question 38e of the Phase 3.1 COVID-19 Household Pulse Survey. Some survey respondents may have delayed or foregone medical care because they are concerned about contracting COVID from an in-person visit, but many people may delay or forego medical care because of loss of income resulting from the pandemic.
- **Consider consolidating the disability questions.** Analyze any drop-off across the questions asking about different types of disabilities and the utilization of the survey data. If these questions lead to drop-off or lead to too few responses to provide utility, consider consolidating into a single disability question.
- **Improve the child care questions.** Women have been disproportionately impacted by lack of access to child care. Rather than eliminating Q49, the Census Bureau can improve its utility by changing the response options so we know which adult in the household took the actions specified. This would allow the Center and others to know which women survey respondents lost income because they could not access child care. At the same time, some response options can be consolidated. Here is an example of survey response options that might prove more useful:
 - You lost employment income (e.g., by taking unpaid leave, cutting your work hours, left a job, lost a job, or did not look for a job) in order to care for the children
 - You used vacation, sick days, or other paid leave in order to care for the children
 - You supervised one or more children while working
 - Another adult in the household lost employment income in order to care for the children
 - Another adult in the household used vacation, sick days, or other paid leave in order to care for the children
 - Another adult in the household supervised one or more children while working
- **Retain the questions on K-12 computer use and internet access.** Access to devices and internet connectivity is essential to closing the digital divide or “homework gap” among K-12 students. In 2018, one in four school-age children in the United States lacked either a computer or high-speed internet at home, and more than one in three Black and Latinx children and half of Indigenous children lacked one or the other (or both).⁴ The pandemic is not yet over; only half of the U.S. population is fully vaccinated, and no children under 12 are eligible to be vaccinated. Given that K-12 access to devices and internet access continues to be inequitable, the Center urges the Census Bureau to retain these questions and continue to track this data.

⁴ POPULATION REFERENCE BUREAU, CHILDREN, CORONAVIRUS, AND THE DIGITAL DIVIDE: NATIVE AMERICAN, BLACK, AND HISPANIC STUDENTS AT GREATER EDUCATIONAL RISK DURING PANDEMIC (Sept. 2020), <https://www.prb.org/resources/children-coronavirus-and-the-digital-divide-native-american-black-and-hispanic-students-at-greater-educational-risk-during-pandemic>.

The Center supports the proposed additions to the Pulse Survey, as long as the rent/mortgage arrears question is in addition to the current wording of the housing security questions to provide the ability to track back rent and mortgage results since the introduction of this wording in Phase 2 of the Survey. Collecting data about the amount of rent and mortgage arrears will help the Center and other stakeholders track remaining needs for emergency rental assistance and mortgage assistance funding and whether programs Congress already created are being implemented in an equitable way. The Center supports the Census Bureau collecting sexual orientation and gender identity (SOGI) data and urge the Census Bureau to engage in research, development, and testing for intersex, nonbinary, and other sexual and diverse people as recommended by the National Academies of Sciences, Engineering, and Medicine.⁵

In addition, the Center suggests the following to enhance the quality and utility of this Survey:

- **If feasible, publish microdata files sooner.** The Center uses the microdata files to analyze crosstabs by gender and race/ethnicity, gender and households with children vs. those without children. These files are generally released two weeks after the Survey's data tables, with some file releases coming even later. Decreasing the length of time between publishing the tables and the microdata files would improve ability to produce materials about how women of color and women of color with children in the household are faring. This would consequently improve our advocacy for policy changes to improve their health and economic security.
- **Improve demographic collection about families with children.** The current Survey asks about the number of children living in a respondent's household. It would be helpful to know if the children are one's own versus just in the household. This would permit the Center to analyze the impact on mothers in particular, instead of women with children in the household. Providing a definition of "household" would also increase the utility of the Survey. One of our staff members took the Survey in January and interpreted household based on the tax definition of a household, thus excluding her roommate who is of no relation, rather than providing the number of people living in the unit (e.g., the question on the 2020 Census questionnaire). In a similar vein, some survey respondents may respond to the current question about children to only include their own children, while other survey respondents may include any children in the housing unit—a potentially increasing phenomenon as economically insecure families double up in one housing unit. In addition, the Center urges the Census Bureau to edit the question asking about the number of children living in a respondent's household to ask how many children in the household are under five, how many are five to 12, and how many are 13 to 17. The needs of children vary drastically by age, which has consequences for families' finances as well as school systems and plays a large role in education and child care decision making by families and school administrators. This adjustment would give the Center and other

⁵ CHARLOTTE J. PATTERSON, MARTIN-JOSÉ SEPÚLVEDA & JORDYN WHITE, EDS., NAT'L ACADS. OF SCI., ENGINEERING, AND MED., COMMITTEE ON POPULATION, UNDERSTANDING THE WELLBEING OF LGBTQI+ POPULATIONS (2020), <https://www.nap.edu/read/25877/chapter/1>.

stakeholders insight into families' needs for full-time child care and part-time child care and whether education programs are working well for elementary and secondary students.

- **Add a question about care of adult disabled dependents and/or older family members, similar to the proposed revised child care question.** COVID-19 has also posed challenges for caregiving of disabled adult dependents and caregiving for older family members. The availability of in-home caregivers, adult day programs, and other forms of care has shifted for many families. Consequently, the Center recommends the revised Survey include questions regarding care for disabled adult dependents or older family members.

Finally, the information collection for the Survey is approved through October 30, 2023. The Center recommends that the Census Bureau continue to provide opportunities for stakeholders to suggest improvements to the Survey and that those Notices provide details on Census Bureau suggested changes and with lead time before proposed revisions take effect.

Thank you for the opportunity to submit these comments on this important information collection. If you have questions, please contact Jasmine Tucker at jtucker@nwlc.org and/or Sarah Hassmer at shassmer@nwlc.org.

Sincerely,



Melissa Boteach
Vice President for Income Security and Child Care/Early Learning
National Women's Law Center



Jasmine Tucker
Director of Research
National Women's Law Center



Sarah Hassmer
Senior Counsel for Income Security
National Women's Law Center



11 DUPONT CIRCLE NW
SUITE 800
WASHINGTON, DC 20036
202-588-5180
NWLC.ORG

May 13, 2022

Sheleen Dumas
Department PRA Clearance Officer
Office of the Chief Information Officer
U.S. Department of Commerce

Submitted via *reginfo.gov*

RE: Agency Information Collection Activities; Submission to the Office of Management and Budget (OMB) for Review and Approval; Comment Request; Household Pulse Survey (OMB No. 0607-1013)

Dear Sheleen Dumas,

The National Women's Law Center (the "Center") appreciates the opportunity to comment on the Federal Register Notice (FRN) regarding the next phase of proposed changes to the U.S. Census Bureau Household Pulse Survey (the "Pulse Survey").¹

The Center fights for gender justice—in the courts, in public policy, and in society—working across the issues that are central to the lives of women and girls. The Center uses the law in all its forms to change culture and drive solutions to the gender inequity that shapes society and to break down the barriers that harm everyone—especially those who face multiple forms of discrimination. For 50 years, the Center has been on the leading edge of every major legal and policy victory for women.

The Center has continuously advocated to expand opportunities for women and girls, with particular emphasis on women with low incomes and those who face multiple and intersecting forms of discrimination. Census data has been, and continues to be, pivotal to the Center's advocacy. The Center relies on Census data to identify the needs of women and their families, to highlight the various policy implications of legislation, fight back against unfair practices and policies, illuminate the different ways women and girls experience life in the United States, and develop evidence-based solutions for health, education, workplace, and income security policy.

The Pulse Survey has been useful to the Center and other stakeholders, providing us with data about the impact of the COVID-19 pandemic and related economic fallout on different demographic groups in practically real time, rather than waiting until annual

¹ Agency Information Collection Activities; Submission to the Office of Management and Budget (OMB) for Review and Approval; Comment Request; Household Pulse Survey, 87 Fed. Reg. 22,869 (Apr. 18, 2022), <https://www.federalregister.gov/documents/2022/04/18/2022-08262/agency-information-collection-activities-submission-to-the-office-of-management-and-budget-omb-for>.

poverty or other data is released. The Center has also periodically analyzed gender and race crosstabs of Pulse Survey results to track how the pandemic and recession have disproportionately impacted women of color and the households they live in.² This has helped the Center's advocacy on health and economic responses to COVID-19, including food and housing assistance, unemployment assistance, refundable tax credits, cash assistance, and other income supports, as well as health and education responses. Continuing the Pulse Survey will help the Center analyze any continuing disparities in the recovery.

The Center recommends the improvements below to increase the utility of the Pulse Survey.

Demographic Questions

The Center continues to applaud the Census Bureau's ground-breaking and essential move to add demographic questions that capture the sexual orientation and gender identity (SOGI) of survey respondents in the Phase 3.2 survey,³ as well as age ranges for children. Adding SOGI measures constitutes historic progress for the Census and has already provided numerous, invaluable, and previously unavailable data points on social and economic indicators for LGBT populations. The Center continues to recommend these further changes to strengthen the survey's demographic questions and reporting to improve its utility, including collection of more complete data on LGBTQI+ populations:

- **Develop an intersex demographic measure.** The Center urges the Census Bureau to conduct, fund, and coordinate with other agencies to advance development and testing of a standalone demographic measure to identify intersex people, as recommended by the National Academies of Sciences, Engineering, and Medicine.⁴
- **Develop expanded SOGI measures.** The Center urges the Census Bureau to conduct, fund, and coordinate with other agencies to advance development and testing of expanded SOGI measures to identify nonbinary and other sexual and diverse populations, as recommended by the National Academies.⁵ In addition,

² NAT'L WOMEN'S L. CTR., NWLC ANALYSIS OF U.S. CENSUS BUREAU COVID-19 HOUSEHOLD PULSE SURVEYS, <https://nwlc.org/resources/nwlc-analysis-of-u-s-census-bureau-covid-19-household-pulse-surveys/> (last visited May 4, 2022).

³ U.S. CENSUS BUREAU, PHASE 3.2 HOUSEHOLD PULSE SURVEY, https://www2.census.gov/programs-surveys/demo/technical-documentation/hhp/Phase_3.2_Household_Pulse_Survey_FINAL_ENGLISH.pdf (last visited Oct. 1, 2021).

⁴ CHARLOTTE J. PATTERSON, MARTIN-JOSÉ SEPÚLVEDA & JORDYN WHITE, EDs., NAT'L ACADS. OF SCIS., ENG'G, & MED., UNDERSTANDING THE WELL-BEING OF LGBTQI+ POPULATIONS (2020), <https://www.nap.edu/read/25877/chapter/1>; see also INTERACT: ADVOCATES FOR INTERSEX YOUTH, INTERSEX DATA COLLECTION: YOUR GUIDE TO QUESTION DESIGN (Aug. 24, 2020), <https://interactadvocates.org/intersex-data-collection/>; SUEGEE TAMAR-MATTIS, KRISTI E GAMAREL, ALENA KANTOR, ARLENE BARATZ, ANNE TAMAR-MATTIS & DON OPERARIO, IDENTIFYING AND COUNTING INDIVIDUALS WITH DIFFERENCES OF SEX DEVELOPMENT CONDITIONS IN POPULATION HEALTH RESEARCH, 5 LGBT HEALTH 320 (2018).

⁵ NAT'L ACADS. OF SCIS., ENG'G, & MED., *supra* note 4.

the Center urges the Census Bureau track research and testing for different versions of wording for SOGI data collection questions and different ways to report the data. For example, the Census Bureau should explore producing Data Tables with data on women as a single population, rather than the current Data Tables with separate categories of (i) cisgender women, (ii) transgender people (some, but not all of whom identify as women), and (iii) respondents assigned female at birth (which includes cisgender women, transgender men, and some nonbinary respondents).

- **Improve demographic collection about families with children.** The current Survey asks about the number of children living in a respondent's household. In times of economic downturn, and especially as millions of people continue to be behind on rent and face eviction, it may be necessary financially for households to share housing costs by becoming multigenerational or by living with roommates. Therefore, respondents in the survey may be living with children who are not their own and answering questions about those children. It would be helpful to know if the children are one's own versus just in the household. This would permit the Center and other researchers to analyze the pandemic's impact on mothers in particular, who have disproportionately left the labor force, instead of women with children in the household.

Employment Section

The proposed Phase 3.5 continues to include the child care questions in the employment section. Women have been disproportionately impacted by lack of access to child care. The Center still recommends that the Census Bureau improve the utility of EMP8 by changing the response options to make clear *which* adult in the household took the actions specified and therefore was most impacted. This would allow the Center and others to know which women survey respondents personally lost income because they could not access child care. At the same time, some response options can be consolidated, which would also improve sample sizes for analysis by the Center and others. Here is an example of survey response options that might prove more useful:

- You lost employment income (e.g., by taking unpaid leave, cutting your work hours, left a job, lost a job, or did not look for a job) in order to care for the children
- You used vacation, sick days, or other paid leave in order to care for the children
- You supervised one or more children while working
- Another adult in the household lost employment income in order to care for the children
- Another adult in the household used vacation, sick days, or other paid leave in order to care for the children
- Another adult in the household supervised one or more children while working

Furthermore, the Center urges the Census Bureau to provide consistent reporting of responses to these questions across both the Data Tables and Public Use Files (PUFs).

The PUF provides results for survey respondents who cannot access child care for children under age 12, whereas the Data Table provides results for survey respondents with children under age 5. Providing both sets of data in both the Data Table and PUF would provide users of both data sets the ability to compare results for the two data groups, as child care may be harder to access for young children.

COVID-19 has also posed challenges for caregiving of disabled adult dependents and caregiving for older family members. The availability of in-home caregivers, adult day programs, and other forms of care has shifted for many families. Consequently, the Center recommends the revised Survey include questions regarding care for disabled adult dependents or older family members.

Spending Section

The Phase 3.4 questionnaire changed the questions about advance Child Tax Credit (CTC) payments to receipt and usage of the CTC portion of their tax refund. The Center is disappointed that the Census Bureau did not implement the Center's recommendations for expanding the scope of the tax refund questions, as it is unlikely that many families will know what amount of their 2021 tax refund comes from the CTC, whereas it was easier to tell their CTC amount from the advanced payments. Consequently, it may be hard for families to pinpoint how they spent the CTC portion of their refund.

Despite the potential for inaccuracies in data for the CTC questions, the Center understands if the Census Bureau must maintain the CTC-only focused questions for consistency across the tax season. The Center does recommend editing SNP1 to reflect the upcoming option for individuals to use a non-filer portal to claim their CTC to something like this:

SPN1: Did you or someone in your household claim the "Child Tax Credit," that is the expanded credit as part of the Federal Government's 2021 American Rescue Plan? If you filed your 2021 Federal tax return, this credit would have been claimed on line 28 of your Form 1040. If you did not file a return, you could also have claimed the credit through the Non-Filer Sign Up Tool, available through [ChildTaxCredit.gov](https://www.irs.gov/childtaxcredit).

Health Section

The Center is concerned about the proposal to remove questions about "mental health services use and unmet needs."⁶ These are important questions to track the unmet needs of women of color, disabled women, and LGBT people needing mental health services. The Center also urges including a wider range of questions on children's mental health during the pandemic.

Housing

⁶ Agency Information Collection Activities; Submission to the Office of Management and Budget (OMB) for Review and Approval; Comment Request; Household Pulse Survey, 87 Fed. Reg. at 22,870.

The Center applauds the Census Bureau for asking renters about the amount of their current monthly rent (HSEnew1) and if their monthly rent has changed during the last 12 months (HSEnew2). The HSEnew1 question, when combined with HSE6 (the number of months behind) might help stakeholders understand how much is still needed from emergency rental assistance that programs have not yet disbursed (and potentially the need for more funding beyond the \$46.5 billion that Congress passed through COVID relief laws). HSEnew2 would permit researchers to analyze any disparities in rent increases based on gender, race, or other demographics.

Education

The Center urges the Census Bureau to reinstate the questions on K-12 computer use and internet access, as there is utility for these questions during the continued pandemic. The proposed Phase 3.5 questionnaire includes questions (K12ED1-3) recognizing that some schools are providing virtual learning, even if on an ad-hoc basis. Understanding students' access (or lack thereof) to devices and internet connectivity is essential to closing the digital divide or "homework gap" among K-12 students. In 2018, one in four school-age children in the United States lacked either a computer or high-speed internet at home, and more than one in three Black and Latinx children and half of Indigenous children lacked one or the other (or both).⁷ Omicron has shown us that the pandemic is not yet over, and the possibility of new variants means that some level of virtual learning will likely continue for the foreseeable future.

Furthermore, as evictions increase,⁸ parents of children experiencing homelessness may need to enroll their children in online school because of constantly moving from temporary housing to temporary housing that is outside of their previous school district. Access to devices and internet is critical for these families experiencing homelessness. Given that K-12 access to devices and internet access continues to be inequitable, the Center urges the Census Bureau to reinstate these questions so stakeholders can track the results.

Additional Comments

In addition to the comments above about particular sections of the survey, the Center continues to urge these additional changes:

- **Increase the Census Bureau appropriations request to improve the Survey.** The Center recognizes that improvements require resources and supports increasing appropriations for this critical survey.

⁷ POPULATION REFERENCE BUREAU, CHILDREN, CORONAVIRUS, AND THE DIGITAL DIVIDE: NATIVE AMERICAN, BLACK, AND HISPANIC STUDENTS AT GREATER EDUCATIONAL RISK DURING PANDEMIC (Sept. 2, 2020), <https://www.prb.org/resources/children-coronavirus-and-the-digital-divide-native-american-black-and-hispanic-students-at-greater-educational-risk-during-pandemic>.

⁸ JENNIFER LUDDEN, EVICTION FILINGS ARE UP SHARPLY AS PANDEMIC RENTAL AID STARTS TO RUN OUT, NPR (May 4, 2022), <https://www.npr.org/2022/05/04/1095559147/eviction-filings-are-up-sharply-as-pandemic-rental-aid-starts-to-run-out>.

- **Increase sample sizes.** Larger sample sizes would improve the ability for the Center and others to analyze results for Asian, non-Hispanic women, LGBTQI+ people (including a better confidence level for a breakout for trans people), and other demographics that currently have inadequate sample sizes and/or high margins of error. If the Census Bureau intends to continue using the Survey through its current expiration date of October 31, 2023, which the Center supports given the continued pandemic and a recovery that will likely take several years, obtaining additional funding to increase the sample sizes would improve data analysis used for recovery efforts.
- **Survey people in the U.S. territories.** Puerto Rico has a population of over 3 million people,⁹ more than several states, but the COVID impact on these residents has not been measured in this Survey. The Center urges the Census Bureau to expand the Survey to capture at least Puerto Rico residents.
- **Continue publishing data tables and microdata files on the same day.** The Center uses the microdata files to analyze crosstabs by gender and race/ethnicity and gender and households with children vs. those without children. Recently, the files have been released the same day as the Survey's data tables rather than after them. The Center urges the continuation of this practice as well as publicizing a release schedule to ensure notice of when both the microdata files and the data tables will be published.

Thank you for the opportunity to submit these comments on this important information collection. If you have questions, please contact Jasmine Tucker at jtucker@nwlc.org and/or Sarah Hassmer at shassmer@nwlc.org.

Sincerely,



Jasmine Tucker
Director of Research
National Women's Law Center



Sarah Hassmer
Senior Counsel for Income Security
National Women's Law Center

⁹ U.S. CENSUS BUREAU, QUICK FACTS: PUERTO RICO, <https://www.census.gov/quickfacts/PR> (last visited Oct. 1, 2021).



11 DUPONT CIRCLE NW
SUITE 800
WASHINGTON, DC 20036
202-588-5180
NWLC.ORG

August 3, 2020

Cassandra Logan
Survey Director
U.S. Census Bureau
4600 Silver Hill Road
HQ-7H157
Washington, DC 20233

RE: Agency Information Collection Activities; Submission to the Office of Management and Budget (OMB) for Review and Approval; Comment Request; Household Pulse Survey OMB Control Number 0607-1013

Dear Ms. Logan,

The National Women's Law Center (the "Center") appreciates the opportunity to comment on the Federal Register Notice (FRN) regarding the Census Household Pulse Survey. The Center submits this comment in favor of extending the information collection for the Household Pulse Survey during the COVID-19 pandemic and proposes updating the questions to better capture the effect of the pandemic on women, children, and families.

The Center fights for gender justice — in the courts, in public policy, and in society — working across the issues that are central to the lives of women and girls. The Center uses the law in all its forms to change culture and drive solutions to the gender inequity that shapes society and to break down the barriers that harm everyone — especially those who face multiple forms of discrimination. For more than 45 years, the Center has been on the leading edge of every major legal and policy victory for women.

The Center has continuously advocated to expand opportunities for women and girls, with particular emphasis on women with low incomes and those who face multiple and intersecting forms of discrimination. Census data has been, and continues to be, pivotal to the Center's advocacy. The Center relies on census data to identify the needs of women and their families, to highlight the various policy implications of legislation, fight back against unfair practices and policies, illuminate the different ways women and girls experience life in the United States, and develop evidence-based solutions for health, education, workplace, and income security policy.

The Household Pulse Survey has been useful to the Center and other stakeholders, providing us with data about the impact of the COVID-19 pandemic and related economic fallout on different demographic groups in real time rather than waiting until annual poverty or other data is released. This has helped the Center's advocacy on

health and economic responses to COVID-19, including food and housing assistance, expanded unemployment assistance, cash assistance, and other income supports, as well as health and education responses. The Center urges the Census to continue to collect and publish this useful data past July 31, 2020 to assist with continued COVID-19 response and recovery as this public health crisis has no end in sight. Because the proposed information collection requests an extension for 24 weeks, and the recovery will last into 2021 and possibly beyond, the Center urges an additional solicitation of comments about the utility of a longer extension.

In addition, the Center suggests the following to enhance the quality and utility of this survey:

- **Publish tables with crosstabs for gender and race, gender and households with children vs. without children, and any other crosstabs with gender that are feasible.** This would improve our knowledge of how women in communities disproportionately impacted by COVID-19 are faring and consequently improve our advocacy for policy changes to improve their health and economic security during this recession.
- **Editing the question asking about the number of children living in a respondent's household to ask how many children in the household are under five, how many are five to 12, and how many are 13 to 17.** The needs of children vary drastically by age, which has consequences for families' finances as well as school systems and plays a large role in education and child care decision making by families and school administrators. This adjustment would give the Center and other stakeholders insight into families' needs for full-time child care and part-time child care and whether education programs are working well for elementary and secondary students.
- **Adding questions about the decisions families are making around child care such as "What kind of child care services are being utilized by members of the household? What would be your preferred setting for children in the household?"** Many women and families with young children face difficult choices about whether to send their children to child care settings. During the pandemic, child care centers experience many of the same operational challenges as schools (e.g. smaller class sizes, requiring physical distancing, needing additional supplies to reduce sharing among children, etc.). However, financing and oversight for child care centers is far different from schools, so policy solutions aiming to protect children attending schools are more difficult to extend to younger children in child care settings. In addition, parents of school-aged children may need more hours of child care if schools offer reduced hours of in-person instruction, perhaps needing three days a week, or only afternoons. Existing programs are not currently designed to offer these hours. The first proposed question could be multiple-choice with response options such as child care centers/preschool, before/after care, paid day care in someone else's home, paid or no-cost care by friends and family, parental/guardian care at home, taking the child to work, or child left unattended at home. The second proposed question could utilize the same multiple-choice response options for efficiency, but stakeholders would receive more useful information to develop targeted solutions from a more probing question asking what their preferred child

care setting would be, and if it's different than the one they are using, whether they have been unable to find such a program, unable to afford it, or the hours do not match their needs.

- **Adding similar questions for care of adult disabled dependents and/or older family members.** COVID-19 has also posed challenges for caregiving of disabled adult dependents and caregiving for older family members. The availability of in-home caregivers, adult day programs, and other forms of care has shifted for many families.

Thank you for the opportunity to submit these comments on this important information collection. If you have questions, please contact Jasmine Tucker at jtucker@nwlc.org and/or Sarah Hassmer at shassmer@nwlc.org.

Sincerely,



Melissa Boteach
Vice President for Income Security and Child Care/Early Learning
National Women's Law Center



Jasmine Tucker
Director of Research
National Women's Law Center



Sarah Hassmer
Senior Counsel for Income Security
National Women's Law Center



July 31, 2020

United States Census Bureau,

Data collected through the Household Pulse Survey during the COVID-19 pandemic has been invaluable for policymakers and for advocates. The Census Bureau is providing Americans with a clear picture of how people are faring during a difficult and turbulent period. We applaud the Bureau's efforts to gather this important information under these circumstances, developing the survey with unprecedented speed, using innovative approaches to reach families, and releasing data in days rather than months. This work must continue. **We submit this comment in favor of extending data collection for the Household Pulse Survey during the COVID-19 pandemic. We also propose that current questions be updated and important new questions be added to better capture the effect of the pandemic on children and families.**

The Partnership for America's Children supports a network of 52 state and community multi-issue advocacy organizations in 41 states. Collectively, they represent over 90 percent of the nation's children. Our member organizations advocate to improve policies for children at the state, local and federal level. Partnership members work on a myriad of interconnected issues affecting children and families, including advancing racial and ethnic equity and reducing trauma for children. The Partnership connects its members to peer expertise and national resources and facilitates interstate collaborations to deepen the level of impact of child advocacy within and across states. It fosters policy expertise, advocacy skills, and strong organizations.

We ask that the Census Bureau **extend data collection for the Household Pulse Survey during the COVID-19 pandemic for at least another 14 weeks.** While early hotspots like New York and Seattle have seen major reductions in cases of the disease since March, the number of cases of COVID-19 have increased in places like Florida, Texas, Arizona, and California. State and local policymakers will continue to need to determine, week by week, whether schools and businesses can open and whether people who have lost jobs continue to need help. The information in this survey is essential to helping them decide which policy interventions are most needed to protect the physical and financial health of American families.

For example, responses to the question about expected loss of income reveal how this pandemic has affected different parts of the country in disparate ways over time. During survey Week 2 (May 7-12), 46 percent of respondents in New York state — but 37 percent of Texans — expected to lose employment income soon. By Week 10 (July 2-10), 40 percent of New Yorkers but 43 percent of respondents in Texas expected a loss of employment income. Without Household Pulse Survey data, these trends could not be seen, making it impossible for policymakers to respond to the needs of American families in real time.

The data collected through the Household Pulse Survey has been especially important to the child advocacy community in our fight for better policy solutions for children and families. In particular, questions about access to medical care, health insurance status, education, housing, employment, and nutrition are critical to understanding the impacts of this pandemic on children. This survey is essential because it provides statistically significant data for each state that reflects the rapid changes week by week. Thus we strongly support the continuation of this survey for at least 14 more weeks, and preferably



through at least the beginning of 2021, or until widespread vaccination has ended the pandemic and allowed these critical indicators to stabilize.

Though the current iteration of the Household Pulse Survey asks important questions, it can be doing more to better capture the effects of the COVID-19 pandemic on children and families. We therefore also recommend that the following questions be updated and/or added to improve upon the survey.

How many children in the household are under 5? How many are 5 to 12? How many are 13-17?

The Household Pulse Survey collects data on the number of children living in a respondent's household, but it does not ask about the age of any children living in the home. The needs of children vary drastically by age, which has consequences for families' finances as well as school systems and plays a large role in how both families and school administrators are thinking about education and child care decisions. We suggest that the current question be updated to ask how many children in the household are under 5, how many are 5 to 12, and how many are 13 to 17. This adjustment would give us insight into families' needs for full time child care and part-time child care and whether education programs are working well for elementary and secondary students.

What kind of child care services are being utilized by members of the household? What would be your preferred setting for children in the household?

Many families with young children are facing difficult choices about whether to send their children to child care settings. During the pandemic, child care centers experience many of the same operational challenges as schools (e.g. smaller class sizes, requiring children to be six feet apart, increased need for additional supplies in order to reduce sharing among children, etc.). However, financing and oversight for child care centers is far different from schools. This means that policy solutions that aim to protect children attending schools are much more difficult to extend to younger children who are in child care settings. In addition, parents of school-aged children may need more hours of child care if schools offer reduced hours of in-person instruction, perhaps needing three days a week, or only afternoons. Existing programs are not currently designed to offer these hours.

We are proposing that the Census Bureau add questions to the Household Pulse Survey about the decisions families are making around child care. It should ask what kind of child care services they are using (child care centers/preschool; before/after care; paid day care in someone else's home; paid or no-cost care by friends and family; parental/guardian care at home; taking the child to work; child left unattended at home.) In addition to asking about what child care setting families have chosen, there should also be a question asking what their preferred child care setting would be, and if it's different than the one they are using, whether they have been unable to find such a program, unable to afford it, or the hours do not match their needs. Finding affordable child care is one of the greatest challenges facing parents and caretakers who work outside the home. Child care programs have incurred significantly increased costs and reduced income in order to meet COVID safety requirements, including reduced class size, new equipment, and increased cleaning costs. Many programs have closed temporarily or permanently and others may be raising their fees. For these working families, the economic fallout of the COVID-19 pandemic could be exacerbated by challenges in securing child care. Without data on this matter, policymakers are unable to consider targeted solutions for families with young children.



Thank you for the opportunity to submit this comment. If you have any questions, you can reach me at dstein@foramericaschildren.org.

Sincerely,

Deborah Stein

[Patient-Led Research Collaborative](#) (PLRC) is a group of Long COVID patient-researchers who conducted the [first](#) and [most comprehensive](#) research on Long COVID. To date, there has been a dearth of quality studies in the US that estimate the prevalence of Long COVID and its impact on people's employment.

PLRC applauds the addition of Long COVID/PASC questions to the Household Pulse Survey. We recommend the following changes to the PASC questions to ensure they collect valuable and accurate data:

- 1) PASC1 does not specify if the coronavirus symptoms that are being asked about were in the acute infection stage or later on. Because of that, we recommend that PASC2 and PASC3 be asked of all respondents, since there are reports of people developing Long COVID from an [initially asymptomatic case](#) of COVID, and respondents would likely assume PASC1 is asking about the acute infection stage.
- 2) We recommend adding the following symptoms to the symptom list in PASC2 as we have found them to be [prevalent](#) among people with Long COVID but not as often identified as Long COVID in the public sphere: menstrual changes, changes to taste/smell, and inability to exercise.
- 3) We recommend removing "Depression, anxiety, or mood changes" from the symptom list in PASC2 as respondents who only have that as newly onset may indicate "Yes," but if the goal is to use this question as a way to indicate Long COVID prevalence, the presence of this one psychiatric symptom would not suffice for a Long COVID [case definition](#).

Additionally, the current employment questions do not capture changes to employment due to Long COVID. [Our research](#) found that $\frac{3}{5}$ of people with Long COVID are unable to work or have had to reduce their hours, and [Brookings Institute](#) found that Long COVID could account for at least 15% of unfilled jobs. Therefore, we recommend the following change to the EMP4 question:

- Split "I am/was sick with coronavirus symptoms or caring for someone who was sick with coronavirus symptoms" into three options:
 - "I had coronavirus, either without symptoms or with symptoms, for less than three months."
 - "I have had symptoms from a confirmed or suspected coronavirus infection for longer than three months that impact my ability to work."
 - "I am/was caring for someone who was sick with coronavirus (short or long-term) symptoms."
- Change "I am/was sick (not coronavirus related) or disabled" to "I am/was sick or disabled (not coronavirus related)" as sickness and disability can both be coronavirus related.

[Approximately 45%](#) of people with Long COVID have been able to continue working but have had to reduce their hours. It is important to capture their experience. We recommend adding the following question to the EMP section:

If you are currently working for pay or profit but had to reduce your hours worked, by how much have you had to reduce your hours?

- Less than 5 hours/week
- 5-10 hours/week
- 11-20 hours/week
- More than 20 hours/week
- I have not reduced my hours worked

We recommend replicating EMP4 question but for reducing hours worked:

[If any hours were selected in questions above] What is your main reason for reducing your hours worked? Select only one answer. I reduced my hours because:

- Include all EMP4 answers relevant to reducing hours, including selections added above.

Lastly, we recommend the following change to question ED4 to capture changes to people's ability to go to school:

- Add option "Had coronavirus symptoms for over three months that impacted ability to take classes"
- Change "Caring for someone with coronavirus" to "Caring for someone with coronavirus or long-term symptoms from coronavirus"

Thank you again for your addition of the PASC questions to this phase of the Household Pulse Survey.

July 23, 2021

Sheleen Dumas
Department PRA Clearance Officer
Office of the Chief Information Officer
U.S. Department of Commerce
Submitted via *email*

RE: Agency Information Collection Activities; Submission to the Office of Management and Budget (OMB) for Review and Approval; Comment Request; Household Pulse Survey (OMB Control No. 0607-1013)

To Whom It May Concern:

We are grateful for the opportunity to provide comments to the Department of Commerce (the “Department”) on its proposed revisions to the Household Pulse Survey. *See* 86 Fed. Reg. 33,214 (June 24, 2021).

The undersigned are scholars affiliated with the Williams Institute, a center at the UCLA School of Law dedicated to conducting rigorous and independent research on sexual orientation and gender identity (“SOGI”), including on disparities experienced by lesbian, gay, bisexual, and transgender (“LGBT”) people. The Williams Institute collects and analyzes original data, as well as analyzes governmental and private data, and has long worked with federal agencies to improve data collection on the U.S. population. These efforts include producing widely-cited best practices for the collection of SOGI information on population-based surveys.¹

In February of this year, we wrote the Department to discuss the importance and feasibility of including SOGI measures on the Household Pulse Survey and other surveys it conducts that monitor the impacts of the COVID-19 pandemic.² More specifically, we noted there that research conducted prior to the pandemic indicates that LGBT people are particularly vulnerable to the health and economic impacts of the pandemic,³ and similarly noted that

¹ *See, e.g.*, GENDER IDENTITY IN U.S. SURVEILLANCE (GENIUSS) GROUP, WILLIAMS INST., BEST PRACTICES FOR ASKING QUESTIONS TO IDENTIFY TRANSGENDER AND OTHER GENDER MINORITY RESPONDENTS ON POPULATION-BASED SURVEYS (2014), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Survey-Measures-Trans-GenIUSS-Sep-2014.pdf>; SEXUAL MINORITY ASSESSMENT RESEARCH TEAM (SMART), WILLIAMS INST., BEST PRACTICES FOR ASKING QUESTIONS ABOUT SEXUAL ORIENTATION ON SURVEYS (2009), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Best-Practices-SO-Surveys-Nov-2009.pdf>.

² *See* Williams Institute Scholars, Comment Letter on Proposed Revisions to the Household Pulse Survey (Feb. 26, 2021), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Comment-DOC-COVID-Mar-2021.pdf>.

³ *See, e.g.*, Kevin C. Heslin & Jeffrey E. Hall, *Sexual Orientation Disparities in Risk Factors for Adverse COVID-19-Related Outcomes, by Race/Ethnicity—Behavioral Risk Factor Surveillance System, United States, 2017-2019*, 70 MORBIDITY & MORTALITY WKLY. REP. 149 (2021), <https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7005a1-H.pdf>; CHARLIE WHITTINGTON, KATALINA HADFIELD, & CARINA CALDERÓN, HUMAN RIGHTS CAMPAIGN FOUNDATION, THE LIVES & LIVELIHOODS OF MANY IN THE LGBTQ COMMUNITY ARE AT-RISK AMIDST THE COVID-19 CRISIS (2020), https://assets2.hrc.org/files/assets/resources/COVID19-IssueBrief-032020-FINAL.pdf?_ga=2.94294430.205881203.1588012193-590966580.1588012193.

available data from private sources indicate that the pandemic has indeed had such impacts on LGBT people.⁴

We estimate that there are nearly 13 million LGBT people ages 13 and older living in the United States,⁵ including approximately 11 million adults (4.5% of the U.S. adult population).⁶ However, as administered thus far, the Household Pulse Survey excludes SOGI measures from the demographic data it collects from respondents. Other federal data collections related to COVID-19 do the same. As a result, it has been impossible to track the impact of the pandemic on the millions of LGBT people in the United States using federal data, despite these sources otherwise serving as invaluable resources on the impacts of the pandemic on many Americans' employment, income loss, food and housing security, mental health and access to health care, and educational outcomes. And, in particular, despite the Household Pulse Survey existing specifically to provide "near real-time data" intended to "guid[e] the response and recovery from the pandemic."⁷

Through its most recent proposal, the Department has added SOGI measures onto the Household Pulse Survey questionnaire, specifically questions on sex assigned at birth, current gender identity, and sexual orientation.⁸ Therefore, here we write to commend the Department for its addition of these SOGI measures to the Household Pulse Survey, and to provide recently-published research in continued support of same.

I. Economic, Health, and Other Disparities Facing LGBT People Prior to the COVID-19 Pandemic

As indicated across our research, LGBT people—and particularly LGBT people of color—have consistently reported economic, health, and other disparities when compared to their cisgender, heterosexual peers, well before the COVID-19 pandemic.⁹ These disparities in turn have likely left many LGBT people vulnerable to the impacts of the pandemic.

⁴ See, e.g., HUMAN RIGHTS CAMPAIGN FOUNDATION & PSB RESEARCH, THE ECONOMIC IMPACT OF COVID-19 INTENSIFIES FOR TRANSGENDER AND LGBTQ COMMUNITIES OF COLOR (2021), <https://assets2.hrc.org/files/assets/resources/COVID19-EconImpact-Trans-POC-061520.pdf>; MOVEMENT ADVANCEMENT PROJECT, THE DISPROPORTIONATE IMPACTS OF COVID-19 ON LGBTQ HOUSEHOLDS IN THE US: RESULTS FROM A JULY/AUGUST 2020 NATIONAL POLL (2020), <https://www.lgbtmap.org/file/2020-covid-lgbtq-households-report.pdf>. Research conducted by the Williams Institute on this subject is discussed in full *infra* Part II.

⁵ KERITH J. CONRON & SHOSHANA K. GOLDBERG, WILLIAMS INST., LGBT PEOPLE IN THE US NOT PROTECTED BY STATE NON-DISCRIMINATION STATUTES 1 (2020), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-ND-Protections-Update-Apr-2020.pdf>.

⁶ KERITH J. CONRON & SHOSHANA K. GOLDBERG, WILLIAMS INST., ADULT LGBT POPULATION IN THE UNITED STATES 1 (2020), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Adult-US-Pop-Jul-2020.pdf>. More recent data collected by Gallup following our study indicate that this percentage has risen to 5.6% of the U.S. adult population. Jeffrey M. Jones, *LGBT Identification Rises to 5.6% in Latest U.S. Estimate*, GALLUP (Feb. 24, 2021), <https://news.gallup.com/poll/329708/lgbt-identification-rises-latest-estimate.aspx>.

⁷ OMB INFORMATION COLLECTION REQUEST, SUPPORTING STATEMENT A FOR HOUSEHOLD PULSE SURVEY DURING THE CORONAVIRUS PANDEMIC, OMB CONTROL NUMBER 0607-1013, U.S. DEP'T OF COMMERCE, U.S. CENSUS BUREAU, <https://omb.report/icr/202106-0607-003/doc/112480000>.

⁸ PART A, ATTACHMENT A - PHASE 3.2 HOUSEHOLD PULSE SURVEY QUESTIONNAIRE, U.S. DEP'T OF COMMERCE, U.S. CENSUS BUREAU, <https://omb.report/icr/202106-0607-003/doc/112489900>.

⁹ See e.g., ADAM P. ROMERO, SHOSHANA K. GOLDBERG, & LUIS A. VASQUEZ, WILLIAMS INST., LGBT PEOPLE AND HOUSING AFFORDABILITY, DISCRIMINATION, AND HOMELESSNESS (2020), <https://williamsinstitute.law.ucla.edu/wp->

The Williams Institute recently developed the first LGBTQ¹⁰ population-based national dataset for the United States, developed through our Generations and TransPop studies on sexual and gender minority people, respectively.¹¹ Using these data, we found that LGBTQ people prior to the pandemic were more likely to report unemployment when compared to the national average (8.1% of LGBTQ people vs. 4.1% of all people nationally at the end of 2017).¹² Similarly, LBQ cisgender women (48.3%) and transgender people (47.7%) were more likely than GBQ cisgender men (31.5%) to be living in a low-income household, with all three groups reporting rates higher than that of the general U.S. population (30.4%).¹³ Additionally, we found that 16.9% of non-transgender sexual minority adults report having experienced homelessness in their lifetimes, compared to 6.2% of the general population.¹⁴ LGBTQ people reported experiencing a number of stressful events in the year prior to the survey, including 29.4% who reported a “major financial crisis,” declaring bankruptcy, or being unable to pay bills on time more than once.¹⁵ Finally, 39% percent of transgender people, 32% of LBQ cisgender women, and 18% of GBQ cisgender men reported having symptoms consistent with serious mental illness, including depression, anxiety, and substance use disorders.¹⁶

Of course, these data offer only a limited view of the disparities faced by LGBT people relevant to their experiences during the pandemic. For example, in past studies, we’ve found that LGBT people consistently report high rates of food insecurity (26.7%), in particular among

[content/uploads/LGBT-Housing-Apr-2020.pdf](https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Housing-Apr-2020.pdf) (summarizing existing research on LGBT people and their experiences with housing-related discrimination and insecurity, including homelessness); M. V. LEE BADGETT, SOON KYU CHOI, & BIANCA D.M. WILSON, WILLIAMS INST., *LGBT POVERTY IN THE UNITED STATES: A STUDY OF DIFFERENCES BETWEEN SEXUAL ORIENTATION AND GENDER IDENTITY GROUPS* (2019), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/National-LGBT-Poverty-Oct-2019.pdf> (estimating that LGBT people are more likely to report experiencing poverty than their cisgender, heterosexual counterparts, based on data from 35 states collected by the Centers for Disease Control and Prevention).

¹⁰ Consistent with the literature on sexual and gender minority people, “LGBTQ”—with the Q representing questioning or queer—is often used to capture individuals, generally youth, who identify their SOGI using such terms, including those whose identities are less developed or more fluid. Certainly, adults question their SOGI and can identify as queer. *See, e.g.*, 6% of Non-Transgender Sexual Minority Adults in the US Identify as Queer, WILLIAMS INST. (Jan. 22, 2020), <https://williamsinstitute.law.ucla.edu/press/sexual-minority-queer-press-release>. However, few studies relevant to this comment include measures to allow for the identification and analysis of LGBT adults who specifically identify as queer or questioning; hence, we generally use “LGBT” when discussing sexual and gender minority adults unless supported by the underlying study.

¹¹ ILAN H. MEYER, BIANCA D.M. WILSON, & KATHRYN O’NEILL, WILLIAMS INST., *LGBTQ PEOPLE IN THE US: SELECT FINDINGS FROM THE GENERATIONS AND TRANSPop STUDIES 1* (2021), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Generations-TransPop-Toplines-Jun-2021.pdf>.

¹² *Id.* at 11.

¹³ *Id.* at 10–11.

¹⁴ BIANCA D.M. WILSON, SOON KYU CHOI, GARY W. HARPER, MARGUERITA LIGHTFOOT, STEPHEN RUSSELL, & ILAN H. MEYER, WILLIAMS INST., *HOMELESS AMONG LGBT ADULTS IN THE US 2* (2020), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Homelessness-May-2020.pdf>. Similarly, data from the largest community survey of transgender adults in the United States to date indicate that approximate 30% of transgender adults have experienced homelessness in their lifetimes. KATHRYN O’NEILL, BIANCA D.M. WILSON, & JODY L. HERMAN, WILLIAMS INST., *HOMELESS SHELTER ACCESS AMONG TRANSGENDER ADULTS: FINDINGS FROM THE 2015 U.S. TRANSGENDER SURVEY 2* (2020), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Homeless-Shelter-Nov-2011.pdf>.

¹⁵ MEYER, WILSON, & O’NEILL, *supra* note 11, at 20.

¹⁶ *Id.* at 4.

women (30.7%) and Black (37.3%) and Latinx (31.8%) LGBT people.¹⁷ A 2020 Williams Institute report looking specifically at the transgender population found that 319,800 transgender adults in the U.S. have one or more medical conditions that put them at increased risk of serious illness related to COVID-19, including asthma (208,500), diabetes (81,100), heart disease (72,700), and HIV (74,800), and approximately 217,000 transgender adults in the U.S. are ages 65 or older.¹⁸ In addition, we found that 137,600 transgender people lack health insurance and that 450,000 had not gone to a doctor in the past year because they could not afford it.¹⁹ Finally, in a study on LGBT adults in California, we found that 361,000 were in fair or poor health overall before the pandemic began, and that many LGBT adults reported underlying health conditions that put them at increased risk of serious illness related to COVID-19, such as asthma (216,000), diabetes (114,000), and heart disease (81,000).²⁰ A significant number of LGBT people in California are ages 65 and older—an estimated 162,000 LGB and 9,000 transgender people—many of whom also suffer from asthma, heart disease, and diabetes.²¹

II. Studies on the Impact of the COVID-19 Pandemic on LGBT People

As previously reported to the Department, both state governments and private entities have begun to include SOGI measures in their surveys and other data collection activities related to COVID-19.²² However, these efforts continue to be limited in their scope—both in terms of the populations being surveyed, and the questions being asked of those populations—and in turn limit our collective ability to understand and respond to the full extent to which LGBT people are being impacted by the pandemic.

This year, the Williams Institute has published two reports based on data collected through an Ipsos-Axios survey of a nationally-representative sample of over 12,000 adults

¹⁷ BIANCA D.M. WILSON & KERITH J. CONRON, WILLIAMS INST., NATIONAL ESTIMATES OF FOOD INSECURITY: LGBT PEOPLE AND COVID-19 1–2 (2020), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Food-Insecurity-COVID19-Apr-2020.pdf>; see also BIANCA D.M. WILSON, M. V. LEE BADGETT, & ALEXANDRA-GRISSSELL H. GOMEZ, WILLIAMS INST., “WE’RE STILL HUNGRY” – LIVED EXPERIENCES WITH FOOD INSECURITY AND FOOD PROGRAMS AMONG LGBT PEOPLE (2020), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBTQ-Food-Bank-Jun-2020.pdf>.

¹⁸ JODY L. HERMAN & KATHRYN O’NEILL, WILLIAMS INST., VULNERABILITIES TO COVID-19 AMONG TRANSGENDER ADULTS IN THE U.S. 1 (2020), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-COVID19-Apr-2020.pdf>.

¹⁹ *Id.* at 2.

²⁰ KATHRYN O’NEILL, WILLIAMS INST., HEALTH VULNERABILITIES TO COVID-19 AMONG LGBT ADULTS IN CALIFORNIA 1 (2020), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-COVID-CA-Health-May-2020.pdf>.

²¹ ILAN H. MEYER & SOON KYU CHOI, WILLIAMS INST., VULNERABILITIES TO COVID-19 AMONG OLDER LGBT ADULTS IN CALIFORNIA 1–2 (2020), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Older-LGB-COVID-CA-Apr-2020.pdf>.

²² Though, notably, reporting suggests that these state governments may not be as properly equipped as the federal statistical system to implement SOGI measures and collect data during the pandemic in a manner that allows for its expeditious use. See, e.g., Brody Levesque, *LGBTQ Californians Still Missing from COVID-19 Data Collection Efforts*, L.A. BLADE (Mar. 9, 2021), <https://www.losangelesblade.com/2021/03/09/lgbtq-californians-still-missing-from-covid-19-data-collection-efforts>.

conducted between August and December 2020.²³ Our first report, looking at LGBT people in the U.S. generally, found that LGBT people of color have disproportionately experienced the health and economic impacts of COVID-19.²⁴ For example, among those who reported undergoing COVID-19 testing, an estimated 14.5% of LGBT people of color tested positive for COVID-19, compared to 7.3% of White non-LGBT people.²⁵ About one-third (32.1%) of LGBT people of color personally knew someone who died of COVID-19, compared to one-fifth of White LGBT and White non-LGBT people (21.3% and 19.8%, respectively).²⁶ In addition, LGBT respondents were more likely than non-LGBT respondents to have been laid off (12.4% vs. 7.8%) or furloughed from their jobs (14.1% vs. 9.7%), report problems affording basic household goods (23.5% vs. 16.8%), and report problems paying their rent or mortgage (19.9% vs. 11.7%).²⁷ These economic disparities were even greater when comparing LGBT people of color to White non-LGBT people: 28.7% of LGBT people of color reported having less ability to pay for household goods and 26.3% percent reported problems paying their rent or mortgage, compared to 14.2% and 8.8% of White non-LGBT people, respectively.²⁸

Our second study drawing from this dataset found that older LGBT people (ages 45 and older) are more likely to report experiencing the economic impacts of the pandemic than older non-LGBT people (ages 45 and older).²⁹ For example, older LGBT respondents were more likely than older non-LGBT respondents to have been recently laid off (10.7% vs. 5.9%) or furloughed from their jobs (13.3% vs. 9.2%), report problems affording basic household goods (20.6% vs. 14.4%), and report problems paying their rent or mortgage (14.9% vs. 8.3%).³⁰ And, consistent with our other studies, our analysis here found that race plays a role, as among those who were recently laid off, older LGBT people of color reported the highest rates (18.7%), followed by older non-LGBT people of color (7.3%), older White LGBT people, (6.3%) and finally older White non-LGBT people (4.3%).³¹ Similarly, older LGBT people of color were also significantly more likely than other groups to report that their ability to afford household goods (30.8%) and to pay their rent or mortgage (24.5%) got worse due to the pandemic—and in particular were twice as likely to report these problems as compared to older White LGBT people (15.3% and 10.0%, respectively).³²

Some private studies on the impact of COVID-19 have focused on very particular subpopulations in the U.S., including our Access to Higher Education Survey (“AHES”), which asked a nationally representative sample of adults ages 18 to 40 to report on their lifetime

²³ BRAD SEARS, KERITH J. CONRON, & ANDREW R. FLORES, WILLIAMS INST., THE IMPACT OF THE FALL 2020 COVID-19 SURGE ON LGBT PEOPLE IN THE US 1 (2021), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/COVID-LGBT-Fall-Surge-Feb-2021.pdf>.

²⁴ *Id.*

²⁵ *Id.* at 18.

²⁶ *Id.* at 20.

²⁷ *Id.* at 19.

²⁸ *Id.*

²⁹ CHRISTY MALLORY, BRAD SEARS, & ANDREW R. FLORES, WILLIAMS INST., COVID-19 AND LGBT ADULTS AGES 45 AND OLDER IN THE US 2 (2021), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/COVID-LGBT-45-May-2021.pdf>.

³⁰ *Id.* at 22.

³¹ *Id.* at 23.

³² *Id.*

experiences in schools in January and February of 2021.³³ We recently published an analysis of AHES data focused on the experiences of LGBTQ students enrolled in an institution of higher education during the pandemic, including findings that more LGBTQ students experienced a housing disruption due to the pandemic than their non-LGBTQ counterparts (30.9% v. 16.9%).³⁴ Specifically, more LGBTQ than non-LGBTQ students lost access to student housing (15.4% vs. 5.6%), moved into their own apartment (8.2% vs. 1.8%), or found shared off-campus housing (5.9% vs. 0%), with an estimated 3.0% of LGBTQ and 0.8% of non-LGBTQ students reporting having nowhere to live during the pandemic.³⁵ Consistent with our other studies, our analysis suggests that the intersection of race and SOGI can produce particular vulnerabilities among students, with over a quarter (27.7%) of LGBTQ students of color reporting that a family member had been seriously ill with COVID-19, followed by 23.1% of non-LGBTQ students of color, 17.4% of White LGBTQ students, and 10.0% of White non-LGBTQ students.³⁶ Similarly, AHES data suggests that gender minority people are experiencing disproportionate impacts from the pandemic, with transgender students being six times more likely to report having been seriously ill or hospitalized with COVID-19 than their cisgender peers (5.5% vs. 0.9%).³⁷

III. Conclusion

Federal and other efforts to address the ongoing impacts of the COVID-19 pandemic on particular marginalized or otherwise vulnerable populations are limited by the data currently being collected by the Department and other agencies, with the exclusion of SOGI measures from those collection activities likely meaning the exclusion of LGBT people from many targeted interventions. While existing private studies demonstrate that LGBT people have been disproportionately impacted by the COVID-19 pandemic across a variety of contexts and in a number of ways, the data sources on which they were based are often limited in sample size and scope—including from being conducted at only one point in time—and therefore cannot provide as comprehensive a look as compared to sources originating through the federal statistical system, including in particular the Household Pulse Survey.

We therefore commend the Department for its addition of SOGI measures to the Household Pulse Survey, and recommend that the Department continue to consider the addition of SOGI measures in its other collections related to COVID-19. The Department's specific proposal here is consistent with the recommendations of the Interagency Technical Working Group on Sexual Orientation and Gender Identity Items in the Household Pulse Survey,³⁸ which are themselves consistent with our recommendations on SOGI measures for self-administered surveys, including the use of a two-step question to measure gender identity alongside a

³³ KERITH J. CONRON, KATHRYN O'NEILL, & BRAD SEARS, WILLIAMS INST., COVID-19 AND STUDENTS IN HIGHER EDUCATION 2 (2021), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBTQ-College-Student-COVID-May-2021.pdf>.

³⁴ *Id.* at 4.

³⁵ *Id.*

³⁶ *Id.* at 3.

³⁷ *Id.* at 2.

³⁸ INTERAGENCY TECHNICAL WORKING GROUP ON SEXUAL ORIENTATION AND GENDER IDENTITY ITEMS IN THE HOUSEHOLD PULSE SURVEY: REPORT AND RECOMMENDATIONS 3–4 (2021), <https://omb.report/icr/202106-0607-003/doc/112605500>.

confirmation question.³⁹ As such, we also write to echo the working group's call for the implementation of these measures without testing specific to the Household Pulse Survey given existing research on SOGI measure response rates.⁴⁰

Finally, we write to note our concern with potential harm to respondents of COVID-19 data collection activities due to breach of confidentiality. We urge the Department to ensure that the data are collected and reported using all appropriate privacy standards and to maintain confidentiality of respondents' medical and demographic information. Where confidentiality is breached, LGBT individuals ought to be protected from discrimination and in medical and other settings.

Thank you for your consideration. Please direct any correspondence to vasquezl@law.ucla.edu.

Respectfully Submitted,

Luis A. Vasquez, J.D.
Arnold D. Kassoy Scholar of Law
The Williams Institute
UCLA School of Law

Christy Mallory, J.D.
Legal Director and Renberg Senior Scholar
The Williams Institute
UCLA School of Law

Alexis S. Anderson, B.A.
Kirkland Summer Law Fellow
The Williams Institute
UCLA School of Law

Todd Brower, LL.M., J.D.
Judicial Education Director
The Williams Institute
UCLA School of Law
Professor of Law
Western State College of Law

³⁹ WILLIAMS INSTITUTE SCHOLARS, SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI) ADULT MEASURES RECOMMENDATIONS FAQs 5–6 (2020), <http://williamsinstitute.law.ucla.edu/wp-content/uploads/SOGI-Measures-FAQ-Mar-2020.pdf>.

⁴⁰ See INTERAGENCY TECHNICAL WORKING GROUP, *supra* note 38, at 5; see also *Measuring Sexual Orientation and Gender Identity Research Group*, FED. COMM. STAT. METHODOLOGY, <https://nces.ed.gov/FCSM/SOGI.asp> (last visited July 16, 2021) (compiling research reports on the implementation of SOGI measures in federal surveys).

Andrew R. Flores, Ph.D.
Visiting Scholar
The Williams Institute
UCLA School of Law
Assistant Professor of Government
American University

Natalie Fox, B.A.
Palm Summer Law Fellow
The Williams Institute
UCLA School of Law

Jody L. Herman, Ph.D.
Reid Rasmussen Fellow and Senior Scholar of Public Policy
The Williams Institute
UCLA School of Law

Kathryn O'Neill, M.P.P.
Peter J. Cooper Public Policy Fellow
The Williams Institute
UCLA School of Law

Brad Sears, J.D.
Founding Executive Director and David S. Sanders Distinguished Scholar of Law & Policy
The Williams Institute
Associate Dean of Public Interest Law
UCLA School of Law

Bianca D.M. Wilson, Ph.D.
Rabbi Barbara Zacky Senior Scholar of Public Policy
The Williams Institute
UCLA School of Law

Namrata S. Verghese, B.A, M.A.
Haber Summer Law Fellow
The Williams Institute
UCLA School of Law



ZERO TO THREE
Early connections last a lifetime

Attn:
Cassandra Logan
Survey Director, U.S. Census Bureau
4600 Silver Hill Road, HQ-7H157
Washington, DC 20233

From:
Myra Jones-Taylor
Chief Policy Officer, ZERO TO THREE
1255 23rd Street NW, Suite 350,
Washington, DC 20037

Board of Directors

Robert M. Chang
Lia Dean
Helen Egger
Robert N. Emde
Chandra Ghosh Ippen
Walter Gilliam
Mary Margaret Gleason
Brenda Jones Harden
Donna Levin
Alicia F. Lieberman
John Love
Matthew E. Melmed
Andrew Meltzoff
Lisa Mennet
Michelle Meyercord
Catherine E. Monk
Ann Pleshette Murphy
Brian A. Napack
Michael R. Olenick
Jeree H. Pawl
Rizwan Shah
Paul G. Spicer
Eugene Stein
Mindy Stein
Barbara Thompson
Ross Thompson
Ginger Ward
Charles Zeanah

Directors Emeriti

J. Ronald Lally
Samuel J. Meisels
Kyle D. Pruett
Arnold J. Sameroff
Jack P. Shonkoff
Edward Zigler

Founding Members

T. Berry Brazelton
Selma Fraiberg
Stanley I. Greenspan
J. Ronald Lally
Bernard Levy
Reginald S. Lourie
Peter B. Neubauer
Robert A. Nover
Sally Provence
Julius B. Richmond
Albert J. Solnit
Leon J. Yarrow

Executive Director

Matthew E. Melmed

Dear Cassandra Logan,

On behalf of ZERO TO THREE, I write to offer comments on the continuation of data collection for the U.S. Census Bureau's Household Pulse Survey. We strongly urge the Census Bureau to continue this critical data collection through the end of the year. This data has been invaluable in gauging and quantifying the current health pandemic's impact on families and will continue to be essential in crafting responses to promote the recovery of our nation. The real-time data provided by the Bureau in this manner allows policymakers to better tap into what households need and therefore allows for more informed policymaking aimed at supporting families.

Founded more than 40 years ago, ZERO TO THREE is a national nonprofit organization whose mission is to ensure that all babies and toddlers have a strong start in life. We translate the science of early childhood development into useful knowledge and strategies for parents, practitioners, and policymakers. We work to ensure that babies and toddlers benefit from the family and community connections critical to their well-being and healthy development. In this vein, we have been particularly concerned about the resounding impact that the COVID-19 pandemic has had and will continue to have on very young children. Research tells us that children develop and learn through their lived experiences – both positive and negative. Now more than ever, families are under an unprecedented amount of stress in terms of their own health and physical well-being, but also extreme economic pressure that can be felt by the youngest members of their households. Informed policymaking, targeted at families most in need of support is critical should the nation fully recover from the virus – physically, emotionally, and economically.

As the Coronavirus continues to circulate across the nation, along with widespread economic distress families are experiencing, policymakers will continue to need frequent updates on the social and economic impacts of COVID-19 on families to determine, week by week as the Household Pulse Survey is collected and shared, how to best help, support, and plan for the rapidly changing needs of the people in their communities. The information compiled in this survey is essential to helping them decide which policy interventions are most critical to protect the physical, social and emotional, and financial health of families across the country.

For example, according to the most recent data available, the Household Pulse Survey paints a chilling picture of how households are faring economically as it



ZERO TO THREE
Early connections last a lifetime

pertains to keeping a stable roof over their head – just as federal eviction moratoriums have reached their expiration. During the week of July 16th, 26% of households with children were admittedly behind on last month's rent – nearly double that of households without children. Further, the data show that approximately 45% of households with children have slight or no confidence that they will make next month's (August) rent. This sort of timely and reliable data, broken down by state, is particularly helpful for state and local policymakers. Without this data, these trends could not be seen, making it nearly impossible for policymakers to respond to the needs of families in real time.

Beyond the Household Pulse Survey being key for policymakers at the federal and state/local level, the real-time information it provides has been immeasurably helpful for advocacy organizations such as ZERO TO THREE in our work to promote policies and approaches that best support families with young children. The thoughtfulness of the survey's composition, as it includes questions quantifying households' food security, housing stability, income loss, medical care, and insurance status, has been vital in our understanding of the impacts of this pandemic on households with children. The survey provides statistically significant data for each state that reflects the rapid changes felt by families each week. **For these reasons, we strongly support the continuation of this survey through at least the beginning of 2021, or until widespread vaccination has ended the pandemic and thus the critical indicators in this survey have stabilized.**

We have two suggestions that would improve the survey's usefulness as we seek to gauge the pandemic's impact on young children whose rapid development could mean that they will carry the imprint of this disaster the rest of their lives. We greatly appreciate and find most helpful that the survey breaks down data tables by characteristics such as race and ethnicity, age, and how many children under 18 live in each household. However, we urge the Census Bureau to consider further breaking down this data to determine the age of children in each household. The needs of children vary drastically by age, which has reverberating consequences for families' finances and well-being. Along with other expert advocates in the field, we recommend that the current question on household composition be updated and broken down more specifically to ask: *How many children in the household are under 5 years of age, how many children are 5-12, and how many children are 13-17.* This slight adjustment would give advocates and policymakers alike greater insight into families' needs for child care, how children in varying age brackets are experiencing the impacts of the pandemic differently, and how to best serve households with children of differing ages.

Lastly, we recommend adding an additional question addressing child care services being utilized by families with young children. The questions that we recommend adding are: *What kind of child care services are being utilized by*



ZERO TO THREE
Early connections last a lifetime

members of your household? Is this your preferred setting for children in the household? We urge these additions because anecdotal evidence and other surveys are reporting that many families with young children are facing difficult choices about whether to send their children to child care settings in order to either return to work or re-enter the workforce. During the pandemic, child care centers have experienced similar operational challenges to those found in K-12 schools; however, policy solutions that aim to protect children attending K-12 schools are much more difficult to extend to younger children in child care settings – especially for infants and toddlers. Finding quality, affordable child care is one of the greatest challenges parents and caregivers are facing. Many programs have already closed – either permanently or temporarily – and another 40% of programs expect to be forced to close without significant federal investment in the system. Just as the current indicators included in the survey can be used to better inform policy solutions for households across the nation and in each state, data collected on households' child care situations will be essential to create effective targeted solutions for households with young children.

We cannot stress enough how valuable the data put forth in this experimental survey has been. While the end of the COVID-19 pandemic and economic fallout is not yet in sight, the reliable and expert data put forth by the Census Bureau has been and will continue to be a guiding light in informing intentional policy decisions. We greatly appreciate the work of the Census Bureau in putting together this survey and urge the continuation of the Household Pulse Survey data collection.

Thank you for your time and your commitment to our nation's babies and toddlers.

Sincerely,

Myra Jones-Taylor, Ph.D.
Chief Policy Officer
ZERO TO THREE

Author Full Name : Martha Starr**Received Date :** 07/21/2022 08:40 PM**Comments Received :**

Thank you for the opportunity to submit comments on the proposed revisions to the Household Pulse Survey Phase 3.6. I'm an economist with longtime experience with household and consumer surveys asking about economic topics, including the University of Michigan's Survey of Consumer Sentiment and the Conference Board's Consumer Confidence Survey. I believe the initial lead-in question INFLATE1, as currently worded, risks causing confusion as to what the question is asking about.

>> INFLATE1 In the area where you live and shop, do you think the prices for goods and services have changed in the last two months? Select only one answer.

According to recent results from the Michigan Survey, sky high gas prices are weighing heavily consumers' minds (<https://data.sca.isr.umich.edu/fetchdoc.php?docid=70216>). Your INFLATE1 draft question asks about "goods and services," where you likely want people to answer thinking of prices of goods and services generally, possibly including gas. But the "goods and services" terminology isn't necessarily familiar to everyone; a good share of respondents may read this question, have trouble figuring out what exactly they're supposed to report on (e.g. should they be thinking of gas prices?), and wind up skipping the question(s).

The Michigan Survey questionnaire asks about "prices in general" (e.g., "in the next 12 months, do you think that prices in general will go up, go down, or stay where they are now?"). Changing the INFLATE1 wording "prices for goods and services" to "prices in general" would avoid the problem of possibly unfamiliar terminology, while also conveying that you'd like them to thinking of prices of all the types of items they buy or may possibly buy.

Martha A. Starr, PhD
Senior economist and senior director
Greylock McKinnon Associates
Washington, DC



COALITION ON HUMAN NEEDS

1825 K Street, NW · Suite 411 · Washington, DC 20006 · 202.223.2532 · Fax 202.223.2538 · www.chn.org

OMB CONTROL NUMBER: 0607-1013

ICR REFERENCE NUMBER: 202304-0607-003

TITLE: Household Pulse Survey Phase 3.9

May 30, 2023

I submit these comments on behalf of the Coalition on Human Needs (CHN). CHN is an alliance of national organizations representing human service providers, faith, labor, and civil rights groups, policy experts and other advocates dedicated to meeting the needs of low-income and vulnerable people through federal policies and programs.

CHN is one of the leaders of the national group of child-serving organizations that is working to improve the count of young children in all Census Bureau demographic products.

We submit these comments on version 3.9 of the Household Pulse Survey to applaud the Bureau for developing the Household Pulse Survey, to comment on suggested changes, and to recommend some additional changes. The Coalition on Human Needs and its members advocate on the full range of issues that affect the impoverished and vulnerable. The Household Pulse Survey is unique among Census Bureau products in that data becomes available only a few weeks after collection. As a result, the data is current and captures major changes immediately, which is invaluable for assessing child well-being and the impact of policy decisions. Because it is also produced every few weeks, it provides invaluable trend data that captures important immediate impact of disasters such as the pandemic and of new policies. We note in particular the way that its data on the Child Tax Credit both showed the huge impact on reducing child poverty and assisted in identifying needed changes to improve the advance payment process.

The Coalition on Human Needs finds the U.S. Census Household Pulse data tables to be an invaluable source of information on hardship in the United States. We rely on the Household Pulse Survey data in our bi-weekly Tracking Hardship report. Some of the data that we use regularly includes the data on food sufficiency and security, on likelihood of eviction, on utility costs, and the tables on difficulty in paying expenses. We also modify tables with response rate percentages calculated for question respondents and display them on our website.

We also regularly refer advocates and the general public to the U.S. Census Bureau's interactive data tool, which is a more intuitive and visual representation of the data. We appreciate many improvements to the tools we've noted over time, especially changing the data collection range in the left-hand menu to date ranges instead of the designated 'week' for each round of results. We'd like to suggest a few more changes that we believe would make the interactive tool even more powerful:

1. For the interactive tool displays already on the site, we recommend the Census Bureau allow users to access demographic breakdowns among respondents. Right now, the tool shows total responses by

geographic area. At some point, we hope users of the tool can use it to access more detailed demographic information, including but not limited to age, Hispanic origin and race, presence of children in household, and household income.

2. Some tables we find very helpful are not hosted on the interactive data tool. We hope the Census Bureau can incorporate more tables over time.

3. Some major estimate areas in the interactive tool have no current data for any question for the last year. We hope the interactive tool can eventually hold all versions of each of the tables hosted, including the most recent releases. In the meantime we encourage the Bureau to have at least one current series of data for each major estimate area.

We also urge the Bureau to provide better information on the statistical reliability of the data. While the materials note that the Bureau is required by OMB to conduct a nonresponse bias analysis, we didn't see it posted anywhere. We ask that if it is completed it be posted and if it is not yet complete that a statement that it will be forthcoming be posted. We also urge you to place the information on estimates with a Coefficient of variation (CV) of 30 or greater more prominently, and to put the estimates and Standard errors (SEs) in one table to make it easier to find, since the Bureau's notes indicate that estimates with a CV of 30 or greater are considered unreliable.

While it is hard to comment specifically on the proposed additions and changes without seeing the actual language, we do support testing different ways of asking questions on race and ethnicity online to see what produces the most specific answers. As we noted in our comments to the Office of Management and Budget on updating the national race standards, we believe further research on how best to collect this data is necessary. Because the shortage of infant formula continues and creates significant threats to infant health, we support adding questions on infant formula. We also support adding questions on children's mental health treatment, and on pressure to move from current residence (as a measure of access to affordable housing).

However, we oppose removing two sets of questions.

We urge you to retain or modify the questions on child care. Even before the pandemic, large portions of the country had child care deserts making it extremely difficult for parents to find safe, educational settings for their children. <https://www.americanprogress.org/article/early-learning-united-states-2019/> The pandemic created havoc in this already problematic essential service; two-thirds of all centers closed and a year later one-third remained closed. <https://journals.sagepub.com/doi/full/10.1177/23780231211032028> By 2022 16,000 centers had closed, <https://www.childcareaware.org/demanding-change-repairing-our-child-care-system/>. A recent report shows that the toll on parents and their ability to work has become much worse since the pandemic began. [https://strongnation.s3.amazonaws.com/documents/1598/05d917e2-9618-4648-a0ee-1b35d17e2a4d.pdf?1674854626&inline;%20filename=%22\\$122%20Billion:%20The%20Growing,%20Annual%20Cost%20of%20the%20Infant-Toddler%20Child%20Care%20Crisis.pdf%22](https://strongnation.s3.amazonaws.com/documents/1598/05d917e2-9618-4648-a0ee-1b35d17e2a4d.pdf?1674854626&inline;%20filename=%22$122%20Billion:%20The%20Growing,%20Annual%20Cost%20of%20the%20Infant-Toddler%20Child%20Care%20Crisis.pdf%22)

When programs shut down or close rooms, parents have to quit work, reduce their hours, or find new care. This harms children, who need consistent care, and their caregivers, who rely on child care in order to work and support the family.

Therefore, instead of removing the questions, we urge you to keep or modify the current questions which assess where children are in care. We also urge you to add questions that will capture the impact of shrinkage in our national child care supply on parents and children. How many parents are unable to work or have to work less because of lack of child care? How often have families had to change providers because their providers closed their doors or had to take fewer children? How many children are in multiple care settings because their parents cannot find one provider that is available for all the time they need?

We applaud the decision to ask questions about children's mental health treatment. However, we oppose the decision to remove questions about children's mental health. We believe that both are needed, so that we have data on how children are faring and on how many have access to the services they need.

Thank you for the opportunity to submit these comments. If you have any questions, please contact me at dweinstein@chn.org.

Sincerely,

Deborah Weinstein, Executive Director, Coalition on Human Needs.



The Center for Law and Social Policy

United States Census Bureau
United States Department of Commerce
1401 Constitution Ave NW
Washington, DC 20230

RE: Agency Information Collection Activities; Submission to the Office of Management and Budget (OMB) for Review and Approval; Comment Request; Household Pulse Survey

The Center for Law and Social Policy (CLASP) is grateful for the opportunity to comment on the recent notice of “Agency Information Collection Activities; Submission to the Office of Management and Budget (OMB) for Review and Approval; Comment Request; Household Pulse Survey.” CLASP is a national, non-partisan, anti-poverty organization that has advocated for policy solutions that support the needs of people with low incomes for over 50 years. We develop practical yet visionary strategies for reducing poverty, promoting economic security, and advancing racial equity. CLASP works at the federal, state, and local levels and has deep expertise in child care and early education, workforce development, job quality policies, and income and work support policies.

CLASP commends the U.S. Census Bureau and the U.S. Department of Commerce for working to ensure that the Household Pulse Survey is meeting evolving information needs over the course of the pandemic. Prior to the pandemic, the child care sector [was already](#) unaffordable and inaccessible for many families—who struggled to find care that fully met their needs—and was sustained by low provider wages. This is a [direct result](#) of a long history of underinvestment and deeply rooted systemic racial, gender, and economic inequities. These deep inequities and historically insufficient federal and state investments greatly impacted children, families, and their child care providers. Thus, the sector was especially vulnerable to and heavily impacted by the pandemic including through program closures, the health and safety of the workforce, the number of children served, increased operating costs, and more. And, today, the child care sector is still in crisis.

Therefore, we believe that it is crucial to ensure that questions regarding families’ child care arrangements remain in the Household Pulse Survey. We believe these questions should remain in the survey for a variety of reasons, listed below, and, in fact, believe that additional questions should be added.

Before the pandemic, the child care sector was extremely fractured, inequitable, and inaccessible for far too many families, especially for those with low incomes. While the sector received relief investments, employment remains [5.1 percent lower](#) than it was prior to the pandemic, with 54,000 fewer early educators in the system. This means there is reduced availability and stability of care for families, on top of the already limited availability families faced prior to the pandemic. While demand for care remains high, the stagnant recovery of the child care workforce is a critical impediment on families' access to care. Especially as there continues to be a struggle to recruit and retain providers due to low wages, lack of quality benefits, and little to no job advancement opportunities.

Further, throughout the pandemic, more than \$50 billion in emergency relief funding has been made available to the child care sector, including \$24 billion in stabilization funding through the American Rescue Plan. These stabilization funds [reached](#) more than 80 percent of licensed providers, helping stabilize child care for as many as 9.6 million children. While these funds helped prevent the collapse of

the child care sector through a global health crisis, much of that funding is slated to expire at the end of Fiscal Year 2023. Meaning, the entirety of the ARPA child care stabilization funds will be expiring, resulting in potentially devastating impacts on the broader child care sector. In a [survey](#) from November 2022, 43 percent of center directors and 37 percent of family child care providers said they would have to raise tuition for working parents, and 22 percent of centers and 19 percent of family child care providers said they would lose staff – further hampering supply, once stabilization funding expired.

The additional supplemental resources are still being spent and will expire in September of 2024, so we will continue to see fluctuating impacts which will be important to document.

These investments were a direct response to the exacerbated need during the pandemic, yet the widespread impact they had demonstrated the need for continued, large-scale investments in the child care sector. It is imperative to continue collecting data on child care arrangements and costs for families to truly understand the impact of these investments on the ongoing recovery of the child care sector. In addition, collecting these data can help policymakers better understand the continued need for investments beyond stabilization and recovery from the ongoing pandemic and help recognize the need for investments that ensure greater economic stability for millions of people through the creation of a system that truly meets the needs of all children and families, as well as support providers.

Additionally, this loss of critical child care funding does not account for potential across-the-board caps on discretionary spending due to the ongoing debt ceiling negotiations. If these cuts happen, it would further reduce access to child care assistance for families, especially those with low incomes who are supported by state child care systems funding through the Child Care and Development Block Grant.

Therefore, as the child care crisis continues and worsens—with the loss of federal relief funding impending and the looming threat of reduced public investment in the system—the critical need to use data to better understand families’ experiences with the system remains. Without the promise of [sustained, meaningful investments](#) at the federal level, most families will face little improvement in accessing and affording care that meets their needs. Collecting these data remains vital in supporting families.

Rather than eliminate questions asking about families’ child care arrangements, we recommend that the U.S. Census Bureau and the U.S. Department of Commerce add questions to better capture the impact that the ongoing child care crisis has on working families and their economic stability—especially those with young children. Below are a few examples of additional questions we would recommend adding to gain an even deeper understanding of the child care needs of families as the sector continues to work to recover:

1. In the last month did you or anyone in your household not work or work fewer hours because you didn’t have child care?
2. In the last month, how many times did disruptions in your child care impact your ability to go to work or work the full number of hours you needed to?
3. Has the price you pay for one or more of your child care arrangements increased in the last month?
4. Have you had to change child care providers in the last month because your provider went out of business or had to take fewer children?

Thank you for the consideration of these recommendations. We would be happy to discuss these comments and related data with you. If you have any further questions, please contact Alyssa Fortner at afortner@clasp.org.

May 26, 2023

To: Sheleen Dumas, Department PRA Clearance Officer, Office of the Undersecretary for Economic Affairs, Commerce Department

ZERO TO THREE Comments RE: Household Pulse Survey Phase 3.9 Revisions

Dear Ms. Dumas,

As the leading national nonprofit representing the needs of infants and toddlers and their families, ZERO TO THREE appreciates the opportunity to comment on the recently proposed revision to the Household Pulse Survey, and the proposed removal of the child care questions in particular. In short, we urge the Bureau to retain and enhance the child care questions. The child care system faces significant challenges in the coming months as federal funding that has kept providers afloat throughout the pandemic is set to expire, and more cuts to discretionary child care spending may well be on the way. In keeping with the goal of the Household Pulse Survey to meet evolving information and data needs over the course of the pandemic, we believe this is a critical time for the Census Bureau to be tracking information on families' experiences with child care to help assess the ongoing challenges families and providers face and particularly the impact of these harmful cuts on families with young children.

Although the pandemic emergency declaration has officially ended, the child care sector has still not recovered, even to the fragile state it was in prior to the pandemic. Employment in the sector remains 5 percent lower than it was prior to the pandemic, with 54,000 fewer early educators in the system.ⁱ This translates to even further reduced availability of care for young children and their families, who already faced huge hurdles to access high-quality, affordable care prior to the pandemic.

The child care sector was only able to stave off a broader collapse during the pandemic thanks to the infusion of tens of billions of dollars of federal funding through COVID relief legislation – much of which is set to expire at the end of Fiscal Year 2023. Nearly \$25 billion in child care stabilization funding alone through the American Rescue Plan has reached more than 80 percent of licensed providers across the country, stabilizing access to care for as many as 9.6 million children.ⁱⁱ Combined with expiring supplemental funding to the Child Care and Development Block Grant, the child care system will lose roughly \$37 billion in public funding this year, and an additional \$15 billion the following year, not even accounting for projected cuts to discretionary spending that eliminate child care assistance for as many as 250,000 children.ⁱⁱⁱ

Early educators are clearly signaling that the impact of this divestment will be devastating to the child care system. A November 2022 survey found that 43 percent of center directors and 37 percent of family child care providers said they would have to raise tuition for working parents, and 22 percent of centers and 19 percent of family child care providers said they would lose staff once stabilization funding expired.^{iv} As parents see costs increase and staff leave child care settings for better paying opportunities, an already limited supply of quality care for families will dwindle further.

Rather than eliminating questions tracking families' child care experiences in the Household Pulse Survey, the Census should consider adding additional questions to more effectively capture the impact of the child care crisis on working families, especially as that crisis is projected to worsen. The proposed questions below would allow the Bureau to better capture information on the evolving crisis, not just on the types of care families use and the cost of care, but also on growing disruptions in care and how they impact families' abilities to work.

Recommended Additional Questions

- 1. In the last month did you or anyone in your household not work or work fewer hours because you didn't have child care?**
- 2. Have disruptions in one or more of your child care arrangements impacted your ability to work in the last month?**
- 3. Has the price you pay for one or more of your child care arrangements increased in the last month?**
- 4. Have you had to change child care providers in the last month because your provider went out of business or had to take fewer children?**

We appreciate the Census Bureau's continued commitment to capturing the evolving impact of the COVID crisis on families through the Household Pulse survey, and hope these recommendations help strengthen the Phase 3.9 revision to the survey and future iterations. If you have any questions or wish to discuss these suggestions further, please feel free to reach out to me at dhains@zerotothree.org.

Sincerely,

Daniel Hains

Assistant Director, Federal Policy

ZERO TO THREE

ⁱ Berkeley Center for the Study of Child Care Employment. (2023). Child Care Sector Jobs: BLS Analysis. <https://cscce.berkeley.edu/publications/brief/child-care-sector-jobs-bls-analysis/>.

ⁱⁱ Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2022). ARP Child Care Stabilization Fact Sheets. <https://www.acf.hhs.gov/occ/map/arp-act-stabilization-funding-state-territory-fact-sheets>.

ⁱⁱⁱ Office of Management and Budget. (2023). State Fact Sheets: House Republicans Appropriations Bills Would Have Devastating Impacts Across America. <https://www.whitehouse.gov/omb/briefing-room/2023/05/23/state-fact-sheets-house-republicans-appropriations-bills-would-have-devastating-impacts-across-america/>.

^{iv} NAEYC. (2022). Uncertainty Ahead Means Instability Now: Survey of Child Care Providers Shows Why Families, Children, Educators, Businesses, and States Need Congress to Fund Child Care. https://www.naeyc.org/sites/default/files/wysiwyg/user-73607/november_2022_naeyc_policy_fieldsurvey_final.pdf



1400 Eye Street NW Suite 450 | Washington DC 20005 | t. 202.657.0670 | f. 202.657.0671 | www.firstfocus.org

May 26, 2023

Ms. Sheleen Dumas
Department PRA Clearance Officer
Office of Chief Information Officer
Commerce Department
Washington, DC 20230

Submitted via reginfo.gov

Re: Agency Information Collection Activities; Submission to the Office of Management and Budget (OMB) for Review and Approval; Comment Request; Household Pulse Survey (OMB Control Number 0607- 1013, Document Number 2023-08953)

I am writing from First Focus on Children in response to the request for comment on the Federal Register Notice regarding proposed changes to the U.S. Census Bureau Household Pulse Survey for Phase 3.9. We appreciate the opportunity to comment on these proposed revisions.

First Focus on Children is a bipartisan child advocacy organization dedicated to making children and families the priority in federal policy and budget decisions. As advocates for children, we are committed to ensuring that all children have an equal chance for success. We know that access to frequent and timely data is critical to achieving this goal by informing decision-making on policies and programs that serve and support children and their families.

For the past three years, the Census Household Pulse survey has been critical to understanding the repercussions of the COVID-19 public health crisis on child health and economic stability, including the impact of relief measures included in the American Rescue Plan Act and other legislation passed by Congress. The Household Pulse Survey continues to be an important tool to gauge how children and their families are faring, and we support including questions that provide additional detail as to how households with children, especially households of color, continue to disproportionately experience material hardship and income volatility.

We offer the following comments in response to the changes outlined in the Federal Register for Phase 3.9 of the Household Pulse Survey:

Child Care

We are very concerned by the proposal to eliminate the Household Pulse Survey questions regarding child care arrangements for families, and we urge you to maintain and add to the existing child care questions. Despite the COVID-19 public health emergency being lifted, the child care sector has not recovered even to the precarious place it was prior to the pandemic. Child care employment remains 5.1 percent lower than it was before the pandemic and has not recovered like other sectors have. There are currently 54,000 fewer early educators in the

child care system, straining an already-stretched sector and causing reduced access to care for children and their families.¹

Much of the nearly \$50 billion in emergency COVID-19 funding made available for the child care system, which reached more than 80 percent of licensed providers and stabilized care for up to 9.6 million children, is set to expire at the end of Fiscal Year 2023.² Child care is also threatened with across-the-board discretionary spending cuts. These threats and loss of funding at a time when the child care sector has yet to fully recover from the pandemic, could be devastating for children and families.

Data that demonstrates families' experiences accessing child care is more vital and relevant to families' lives than ever, and we urge you to continue tracking this information in the Household Pulse Survey.

In addition to the existing three questions on child care (CCARE1, CCARE2, and CCARE3), new questions should be added that ask if disruptions in child care arrangements have impacted respondents' ability to work; if the price respondents pay for child care has increased; and if and why respondents have had to change child care providers. Child care should also remain an option in question EMP4 that asks for the reasons respondents have not worked for pay in the last week. The question should ask if respondents have worked fewer hours in addition to not worked at all.

Youth Mental Health

We are also very concerned by the proposal to eliminate questions on children's mental health and behaviors in the survey. The current statistics on youth mental health are astounding. Roughly 42 percent of high school students felt so sad or hopeless almost every day for at least two weeks in a row that they stopped participating in their usual activities.³ One in ten high school students attempted suicide one or more times during the past year.⁴ Typically 11 years pass between the onset of symptoms in children and adolescents and when they first receive treatment.⁵ Nationwide, more than 60 percent of children who experience a severe depressive episode do not receive treatment.⁶

Our nation's youth mental health crisis existed before COVID-19, but the pandemic exacerbated it. Collecting data by every means possible on the state of our youth's mental health is vital, and we ask you to continue this important work in the Household Pulse Survey. In addition to question HLTH14 that is already included in the survey, we ask you to add a question about the ability of children and families to access mental health services in a timely manner through a variety of providers (schools, counselor, psychiatrist, peer support, and others.)

Medicaid

We are pleased to see the questions related to individual Medicaid coverage and believe those questions should remain in the survey tool. However, we strongly recommend that additional questions be asked to determine status around children's health coverage in the household.

¹ "Child Care Sector Jobs," Center for the Study of Child Care Employment. May 8, 2023.

<https://csce.berkeley.edu/publications/brief/child-care-sector-jobs-bls-analysis/>

² "ARP Child Care Stabilization Funding State and Territory Fact Sheets," Office of Child Care, Administration for Children and Families. <https://www.acf.hhs.gov/occ/map/arp-act-stabilization-funding-state-territory-fact-sheets>

³ "Youth Risk Behavior Survey Data Summary & Trends Report," Centers for Disease Control and Prevention, February 2023. https://www.cdc.gov/healthyyouth/data/yrbs/yrbs_data_summary_and_trends.htm

⁴ Ibid. 3

⁵ U.S. Surgeon General Issues Advisory on Youth Mental Health Crisis Further Exposed by COVID-19 Pandemic.

HHS.com, December 7, 2021. <https://www.hhs.gov/sites/default/files/surgeon-general-youthmental-health-advisory.pdf>

⁶ Youth Ranking 2022. Mental Health America. <https://www.mhanational.org/issues/2022/mental-healthamerica-youth-data>

Medicaid coverage applies on an individual basis. Asking whether one person in the household has Medicaid does not mean the rest of the family has Medicaid coverage. As currently written, the questions fail to ascertain whether any children in the household have had health coverage during the period of the survey whether through Medicaid or other means. It also does not reveal how many children in the household have health coverage; whether they have lost coverage completely or have transitioned between Medicaid and the Children's Health Insurance Program (CHIP) or even a parent's employer-sponsored insurance plan; and why they lost the coverage or transitioned to another form.

Asking questions to understand trends in children's coverage is extremely important in general, but even more so now as states are currently undergoing the process of what has become known as the Medicaid "unwinding". During the COVID-19 pandemic, Congress provided additional Medicaid funding to states based on meeting several requirements, including a continuous coverage requirement that prohibited states from terminating a child or parent's Medicaid coverage during the COVID-19 public health emergency (PHE). With the Consolidated Appropriations Act, 2023, Congress delinked the continuous coverage requirements from the end of the PHE and set April 1, 2023 as the date when states can begin unwinding. This means that states can disenroll children and families from Medicaid and CHIP who no longer qualify and resume the state's normal course of annual Medicaid and CHIP eligibility reviews. While this might seem like a simple return to normal operating procedure for state Medicaid agencies, if they do not proceed with caution millions of people will unnecessarily lose coverage. In fact, children are at the greatest risk of losing coverage. Of the more than 41 million children covered by Medicaid and CHIP,⁷ it is estimated that nearly 7 million could lose coverage.⁸ Of these 7 million, nearly 74 percent will actually still be eligible for Medicaid or CHIP but will have lost coverage unnecessarily due to administrative issues.⁹ Understanding children's current health coverage status and their health coverage status moving forward will help determine the best course of action for ensuring all children can have access to stable, comprehensive coverage following the COVID-19 pandemic and ahead of any future pandemics.

Vaccines

We are concerned about the proposal to eliminate the question regarding families' intent to vaccinate their children against COVID-19, and we urge you to continue collecting this information. It is still important to understand the data behind families' vaccination decisions. Childhood vaccination rates against COVID-19 remain concerningly low and varied, with state-specific rates ranging from three percent to 97 percent for first doses.¹⁰ We continue to see drops in childhood immunization rates of vaccine-preventable illnesses. Nationwide, 28 percent of adults said in 2022 that parents should not have to vaccinate their children in order to attend public school even if this poses health risks to other children, an increase from 16 percent in 2019. Just 71 percent of adults say that children should be vaccinated against measles, mumps, and rubella in order to attend public school, down from 82 percent in 2019.¹¹ We must understand why these choices are being made in order to protect children and public health and to avoid crises in vaccine-preventable illnesses.

⁷ Centers for Medicare & Medicaid Services (CMS), January 2023 Medicaid and CHIP Enrollment Trends Snapshot, *available at* <https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/downloads/january-2023-medicaid-chip-enrollment-trend-snapshot.pdf>.

⁸ Families USA, First Focus on Children, UnidosUS, The Looming Equity Crisis in Children's Health Care: Federal and State Action is Needed to Prevent Millions of Children from Losing Medicaid, *available at* https://firstfocus.org/wp-content/uploads/2022/07/Report_the looming equity crisis in children's health care.pdf.

⁹ HHS Assistant Secretary for Planning and Evaluation – Office of Health Policy, Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches, *available at* <https://aspe.hhs.gov/sites/default/files/documents/a892859839a80f8c3b9a1df1fcb79844/aspe-end-mcaid-continuous-coverage.pdf>.

¹⁰ "Children and COVID-19 Vaccination Trends," American Academy of Pediatrics. May 3, 2023. https://downloads.aap.org/AAP/PDF/Child%20Vaccinations%20Report%20US%20Cumulative%20and%20Weekly%205.3.2023.pdf?_ga=2.10693172.1605528154.1685070112-373671795.1685070112

¹¹ Lunna Lopes et. al. "KFF COVID-19 Vaccine Monitor: December 2022," Kaiser Family Foundation, December 2022. <https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-december-2022/>

Thank you for the opportunity to submit a comment. Please do not hesitate to contact Averil Pakulis at averip@firstfocus.org or Abuko Estrada at abukoe@firstfocus.org for additional information.

Sincerely,

A handwritten signature in blue ink that reads "Bruce Lesley". The signature is written in a cursive style with a large, stylized "L" and a long, sweeping underline.

Bruce Lesley
President, First Focus on Children



I submit these comments on behalf of the Partnership for America's Children. The Partnership's mission is to support its network of state and community multi-issue child advocacy organizations in effective advocacy. The Partnership has 49 member organizations in 39 states that advocate to improve policies for children at the state, local and federal level. Collectively they represent over 90% of the nation's children. Partnership members use Census data in their advocacy, and thirty Partnership members are also KIDS COUNT grantees in their state, serving as that state's data hub on children for policy makers, administrators, and nonprofits. The Partnership for America's Children served as the national hub on the undercount of young children in the 2020 Decennial Census. In this role the Partnership formed and continues to co-lead a national group of child-serving organizations that is working to improve the count of young children in all Census Bureau demographic products.

We submit these comments on version 3.9 of the Household Pulse Survey to applaud the Bureau for developing the Household Pulse Survey, to comment on suggested changes, and to recommend some additional changes. The Partnership, its members, and KIDS COUNT grantees all advocate on the full range of issues that affect children and their families, particularly those experiencing poverty or intergenerational marginalization from opportunity. The Household Pulse Survey is unique among Census Bureau products in that data becomes available only a few weeks after collection. As a result, the data is current and captures major changes immediately, which is invaluable for assessing child well-being and the impact of policy decisions. We note, in particular, the way that its data on the Child Tax Credit both showed the immense impact on reducing child poverty and assisted in identifying needed changes to improve the advance payment process. Partnership members and state advocates routinely use the data to assess need and access to services for children and families on topics like access to food, education, child care, and housing.

While it is hard to comment specifically on the proposed additions and changes without seeing the actual language, we do support testing different ways of asking questions on race and ethnicity to see what produces the most specific answers. Because the shortage of infant formula continues and creates significant threats to infant health, we support adding questions on infant formula. We also support children's mental health treatment, and pressure to move from current residence (as a measure of access to affordable housing).

However, we oppose removing two sets of questions.

First, we urge you to retain the questions on child care. Even before the pandemic, large portions of the country were located in child care deserts, making it extremely difficult for parents to find safe, educational settings for their children¹. The pandemic created havoc in this already problematic essential service; two thirds of all centers closed and a year later one third remained closed². By 2022

¹ <https://www.americanprogress.org/article/early-learning-united-states-2019/>

² <https://journals.sagepub.com/doi/full/10.1177/23780231211032028>

16,000 centers had closed³. A recent report shows that the toll on parents and their ability to work has become much worse since the pandemic began⁴.

When programs shut down or close rooms, parents have to quit work, reduce their hours, or find new care. This harms children, who need consistent care, and their caregivers, who rely on child care in order to work and support the family.

Therefore, instead of removing the questions, we urge you to keep the current questions which assess where children are in care. We also urge you to add questions that will capture the impact of shrinkage in our national child care supply on parents and children. How many parents are unable to work or have to work less because of lack of child care? How often have families had to change providers because their providers closed their doors or had to take fewer children? How many children are in multiple care settings because their parents cannot find one provider that is available for all the time they need?

Second, while we applaud the decision to ask questions about access to treatment for children's mental health, we oppose the decision to remove other questions about children's mental health. We believe that both sets of questions are needed, so that we have data on how children are faring and on how many have access to the services they need.

Thank you for the opportunity to submit these comments. If you have any questions, please contact me at jjones@foramericaschildren.org.

Sincerely,

Jasmine Jones, Director of Member Engagement

³ <https://www.childcareaware.org/demanding-change-repairing-our-child-care-system/>

⁴ [https://strongnation.s3.amazonaws.com/documents/1598/05d917e2-9618-4648-a0ee-1b35d17e2a4d.pdf?1674854626&inline;filename=%22\\$122%20Billion:%20The%20Growing,%20Annual%20Cost%20of%20the%20Infant-Toddler%20Child%20Care%20Crisis.pdf%22](https://strongnation.s3.amazonaws.com/documents/1598/05d917e2-9618-4648-a0ee-1b35d17e2a4d.pdf?1674854626&inline;filename=%22$122%20Billion:%20The%20Growing,%20Annual%20Cost%20of%20the%20Infant-Toddler%20Child%20Care%20Crisis.pdf%22)



May 30, 2023

Sheleen Dumas
Department PRA Clearance Officer
Office of the Under Secretary for Economic Affairs
United States Department of Commerce
1401 Constitution Ave NW
Washington, DC 20230

Re: Household Pulse Survey Phase 3.9
OMB Control Number [0607-1013](#)

Thank you for the opportunity to comment on the Household Pulse Survey Phase 3.9 revision. The Center for American Progress (CAP) is an independent, nonpartisan policy institute dedicated to improving the lives of all Americans. Our Early Childhood Policy team conducts research and analysis on a range of child and family policies that affect infant and child health and development, including child care access and affordability, workforce development, and quality of care. While the Household Pulse Survey was initiated during the most disruptive period of the COVID-19 pandemic, it has also provided much-needed, greater and more reliable insight into families' child care arrangements and costs. Our understanding of the child care landscape and recommendations to improve conditions are better informed by the administrative dataset produced by the Household Pulse Survey, and we encourage the Census Bureau to reconsider proposed changes that would eliminate questions regarding child care arrangements.

Child care is a critical component of our infrastructure, providing benefits to children, parents, businesses, and the broader economy. Across all industries, access to child care enables parents of young children to work, and quality child care provides an essential developmental foundation for children, spurring greater stability and success through adolescence and into adulthood, affecting health, educational attainment, wages, and more. The insight into child care arrangements provided by questions in the Household Pulse Survey is highly valuable, and without replication. There is no other systematic, statistically reliable source of data that provides comparable information. Existing datasets that report on families' child care arrangements are insufficient to illuminate ongoing trends in child care, resulting in lack of information, reliance on anecdotal reporting, and limited details for public sector leaders, families, researchers, and other stakeholders. The National Survey of Early Care and Education (NSECE) is a critical tool but has only been conducted in 2012 and 2019 with the next planned survey in 2024, leaving major gaps in our knowledge of the pandemic's impact on the sector and its vulnerable workforce. The Survey of Income and Program Participation (SIPP) asks some child care related questions, but similarly is conducted in longer waves that do not provide an opportunity to closely monitor changes that families are experiencing.

The Household Pulse Survey was “designed to be a short-turnaround instrument that provides valuable data to aid in the pandemic recovery.” In addition to providing data that is not found elsewhere in state or federal surveys, it is important to continue measuring the ongoing impact of

disruptions to child care arrangements to support the country's ongoing recovery from the pandemic. After more than three years since the onset of the public health emergency, child care has not returned to normal. Nationally, we remain 54,000 child care workers (or 5.1%) below February 2020 employment levels. This has resulted in continued disruptions for parents, long waitlists for care, and continued heightened work disruptions for parents due to child care problems, with cascading impacts across all sectors of the economy. In fact, the Bureau of Labor Statistics data show that the reported number of workers not at work because of child care problems over the last twelve months has been nearly double the annual average in any year between 2013 and 2019.

It remains critical that policymakers have access to accurate and timely data related to child care, particularly as we approach the phase out of the American Rescue Plan (ARP). ARP provided nearly \$40 billion in support for child care which was vital to stabilizing providers and families. However, that one-time funding either will be spent by or expire at the end of Fiscal Year 2023. In recent surveys conducted by the National Association for the Education of Young Children, providers report significant concerns about the expiration of funds that may result in fewer services offered, longer waitlists for families, staff layoffs, and additional closures. As states, providers, and families lose the stabilizing programs that ARP funded, it will be critical for administrators and policymakers to see what impact the change will have on child care access and costs. There will be no reliable data to inform or guide child care decisions if the Household Pulse Survey removes its questions on child care arrangements. Additionally, given the prolonged challenges to recovery that child care has faced, the Center for American Progress would encourage the Census Bureau to consider including additional child care questions in future versions of the survey, including but not limited to questions the impact of child care on work, employment and earnings, disruptions or changes to child care arrangements, and barriers to finding reliable child care.

We strongly urge the Census Bureau not remove any questions pertaining to families' child care arrangements from the Household Pulse Survey to preserve the gains in research and analysis that the information has produced and because child care is still deeply feeling the impacts of the pandemic, requiring monitoring and timely data that is not possible with any other systematic and reliable administrative survey. As a matter of principle, we measure what we value, and these questions help shed light on the state of child care for families, allowing stakeholders to better understand what policies, programs, or investments can increase access to quality, affordable child care, improving conditions for the child care workers, and promote greater workforce participation among parents and caregivers.

We appreciate the opportunity to share feedback on this proposed revision. If you have any questions about the analysis or recommendations provided here, please contact CAP federal affairs director Madeline Shepherd at mshepherd@americanprogress.org.

Sincerely,

Maureen Coffey | Policy Analyst, Early Childhood Policy

Hailey Gibbs | Senior Policy Analyst, Early Childhood Policy

Anna Lovejoy | Director, Early Childhood Policy

May 26, 2023

Submitted via:

https://www.reginfo.gov/public/do/PRA/icrPublicCommentRequest?ref_nbr=202304-0607-003

Sheleen Dumas, Department PRA Clearance Officer, Office of the Under Secretary for Economic Affairs, Commerce Department

Comments on OMB Control Number 0607-1013: Agency Information Collection Activities; Submission to the Office of Management and Budget (OMB) for Review and Approval; Household Pulse Survey

Dear Sheleen Dumas:

The Women's Economic Justice Program at The Century Foundation submits these comments to strongly encourage the Department of Commerce, through the administration of the Census Bureau's Household Pulse Survey, to continue asking questions regarding families' child care arrangements.

The Century Foundation is a progressive, independent think tank that conducts research, develops solutions, and drives policy change to make people's lives better. We pursue economic, racial, and gender equity in education, health care, and work, and we support democracy efforts domestically and internationally. The Women's Economic Justice Program at The Century Foundation promotes solutions that advance women's economic security, with a focus on work and care. Policy priorities include child care and early learning, paid family and medical leave, equal pay, and paid sick days. Our goals are to ensure that these issues are central to the national economic conversation, and to promote women's economic justice through state and federal legislation and executive action.

The Household Pulse Survey provides a crucial source of timely information on America's families. We have relied on this data source in past research about the state of the child care sector during the pandemic.¹ We also hope to use this data in future research on child care as it is a unique source of data that monitors parents' child care arrangements during a critical period of time.

¹ Clive Belfied & Julie Kashen, "Families with Young Children Are Losing \$13 Billion a Year While Child Care Sector Struggles during the Pandemic," February 2022, The Century Foundation, <https://tcf.org/content/commentary/families-with-young-children-are-losing-13-billion-a-year-while-child-care-sector-struggles-during-the-pandemic/>.

Importantly, although many sectors of the economy have recovered, the child care sector remains in crisis, as it has been since the onset of the pandemic. The child care sector employment remains below pre-pandemic levels, child care prices continually outpace inflation, and programs are at risk of closing in the near future given economic uncertainty coupled with the scheduled expiration of key government funds. All of these challenges will make it harder for providers to remain open and for families to find quality and affordable child care.

While the coronavirus pandemic emergency declaration has ended, there are still several key programs from the American Rescue Plan Act that are impacting the child care sector. American Rescue Plan Act Child Care Stabilization Funds expire September 30, 2023. Child Care Supplemental Discretionary Funds expire in 2024. Additionally, State and Local Relief Funds, which some states are using for child care, expire in 2026. In brief, there are a number of federal investments going towards child care for the next several years. Moreover, there is significant uncertainty about how the child care sector will fare in the future amidst economic uncertainty around future appropriations to the Child Care Development Block Grant. It is imperative to have real-time information on how families' child care arrangements are being managed during this time.

Not only is it more important than ever to have questions to understand families' use of child care, but more questions should be added to the Household Pulse Survey to understand how turbulence in the child care sector and the economy are impacting families' decisions around managing work and care. Possible questions along these lines could be:

1. Have disruptions in one or more of your child care arrangements impacted your ability to work in the past month?
 - a. In the past month, were you or anyone in your household unable to work due to lack of access to affordable child care?
 - b. In the past month, did you or anyone in your household reduce the number of hours worked because you did not have child care?
2. Has the price you paid for one or more of your child care arrangements increased in the past month?
3. Have you had to change child care providers in the past month because your provider went out of business or had to reduce child care slots?
4. Would you be more likely to increase work hours if affordable child care were available?
5. Would you be more likely to look for a job if affordable child care were available?

For these reasons, the Women's Economic Justice Program at The Century Foundation strongly encourages the Department of Commerce to consider amending their request of the proposed rule to continue collecting information about child care arrangements.

Author Full Name : Anonymous**Received Date :** 05/09/2023 05:23 PM**Comments Received :**

The United States has one of the worst maternal mortality rates and parental support systems to comparable developed nations. The data collected should center on availability of childcare, access to formula, and should also include questions on reproductive health, especially now that Roe v Wade has been overturned and abortion is illegal in many states. Specifically, questions on the availability of obgyn services, abortion services, and reproductive health services.

Author Full Name : Cynthia Adinig**Received Date :** 05/30/2023 09:18 PM**Comments Received :**

I take issue with the wording of the question below and believe it will generate inaccurately low data. People need a frame of reference on mild symptoms especially. Also increase in severity of preexisting conditions such as allergies, autoimmune issues need to be included as an example of long covid.

Display This Question:

If VAC8_B = Yes

PASC2 Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?

Long term symptoms may include: tiredness or fatigue, difficulty thinking or concentrating, forgetfulness, or memory problems (sometimes referred to as "brain fog"), difficulty breathing or shortness of breath, joint or muscle pain, fast-beating or pounding heart (also known as heart palpitations), chest pain, dizziness on standing, changes to your menstrual cycle, changes to taste/smell, or inability to exercise.

☐ Yes (1)

☐ No (2)

Author Full Name : Sam Norpel**Received Date :** 05/31/2023 01:01 PM**Comments Received :**

Thank you for the opportunity to comment on the upcoming changes to the U.S. Census Bureau's Household Pulse Survey. I find the information gathered by the survey to be highly valuable and I support the agency continuing to administer the survey.

I respectfully submit the following suggestions for the agency to consider as it updates the survey questionnaire:

The survey should collect more information on the coronavirus pandemic's impact on children, including COVID-19 infections and long COVID symptoms.

The survey should prompt respondents to specify the total number of COVID-19 infections they have experienced, by year, to improve data collection on the impact of COVID-19 reinfections.

The survey should collect additional information on COVID-19 antiviral treatments, including symptom rebounds and treatment access barriers.

The survey should collect additional information on COVID-19 disease severity, including whether patients were hospitalized during their acute infection. For people who were not hospitalized, the survey should ask respondents why they were not hospitalized. The survey should also collect information from respondents regarding their attitudes towards hospital safety in response to many healthcare providers and health systems choosing to rescind mask mandates for their staff.

The survey should collect additional information on long COVID by asking respondents to rate the severity of their long COVID symptoms when they were at their worst. The survey should also include additional long COVID symptoms in the prompt for question PASC1, including allergies and allergic reactions, diabetes, high or low blood pressure, headache, migraine, exercise intolerance, worsening of symptoms after physical or mental exertion, skin conditions, and sexual dysfunction. The survey should also ask respondents about the duration of their long COVID symptoms and whether their symptoms have improved or worsened. The survey should also ask respondents whether their long COVID symptoms have impacted their ability to work.

The survey should collect additional information about children with long COVID and those who experience long COVID symptoms after receiving a COVID-19 vaccine. The survey should also ask respondents if they experienced a serious health event following a COVID-19 infection, including a heart attack, stroke, aneurysm, blood clot, and organ failure, among others. In addition to the survey's questions about access to at-home COVID-19 tests, the survey should also collect information on access to laboratory testing.

The survey should ask respondents additional questions about mental health symptoms, including suicidal ideation, post-traumatic stress disorder (PTSD), sleep disturbances and disorders, memory loss, difficulty multi-tasking, changes to their mood or personality, and impaired judgment. The survey should also ask respondents additional questions about movement disorders and vestibular dysfunction.

The question "EMP4" collects information regarding the reasons that a person has not worked in the past seven days, but the response to this question related to COVID-19 is overly broad. The answers to this question should allow respondents to distinguish between being sick with COVID-19, caring for someone who was sick with COVID-19, being concerned about being exposed to COVID-19 in the workplace, and being unable to work because of their long-term COVID-19 symptoms. Thank you for considering my recommendations.

Author Full Name : Anonymous**Received Date :** 05/31/2023 02:10 PM**Comments Received :**

Please consider supporting data collection from patient groups that reported adverse reactions through V-Safe app by the CDC since vaccinations for COVID-19 became available. Three out of four times upon receiving the vaccination, I've received also received follow up call to to file a report with VAERS by myself or my doctor. I asked my PCP to submit reports on my behalf which I do not believe was done.

Author Full Name : Liza Fisher

Received Date : 05/31/2023 04:52 PM

Comments Received :

Thank you for the opportunity to comment on the upcoming changes to the U.S. Census Bureau's Household Pulse Survey. I find the information gathered by the survey to be highly valuable and I support the agency continuing to administer the survey.

I respectfully submit the following suggestions for the agency to consider as it updates the survey questionnaire:

The survey should collect more information on the coronavirus pandemic's impact on children, including COVID-19 infections and long COVID symptoms.

The survey should prompt respondents to specify the total number of COVID-19 infections they have experienced, by year, to improve data collection on the impact of COVID-19 reinfections.

The survey should collect additional information on COVID-19 antiviral treatments, including symptom rebounds and treatment access barriers.

The survey should collect additional information on COVID-19 disease severity, including whether patients were hospitalized during their acute infection. For people who were not hospitalized, the survey should ask respondents why they were not hospitalized. The survey should also collect information from respondents regarding their attitudes towards hospital safety in response to many healthcare providers and health systems choosing to rescind mask mandates for their staff.

The survey should collect additional information on long COVID by asking respondents to rate the severity of their long COVID symptoms when they were at their worst. The survey should also include additional long COVID symptoms in the prompt for question PASC1, including allergies and allergic reactions, diabetes, high or low blood pressure, headache, migraine, exercise intolerance, worsening of symptoms after physical or mental exertion, skin conditions, and sexual dysfunction. The survey should also ask respondents about the duration of their long COVID symptoms and whether their symptoms have improved or worsened. The survey should also ask respondents whether their long COVID symptoms have impacted their ability to work.

The survey should collect additional information about children with long COVID and those who experience long COVID symptoms after receiving a COVID-19 vaccine. The survey should also ask respondents if they experienced a serious health event following a COVID-19 infection, including a heart attack, stroke, aneurysm, blood clot, and organ failure, among others.

In addition to the survey's questions about access to at-home COVID-19 tests, the survey should also collect information on access to laboratory testing.

The survey should ask respondents additional questions about mental health symptoms, including suicidal ideation, post-traumatic stress disorder (PTSD), sleep disturbances and disorders, memory loss, difficulty multi-tasking, changes to their mood or personality, and impaired judgment. The survey should also ask respondents additional questions about movement disorders and vestibular dysfunction.

The question "EMP4" collects information regarding the reasons that a person has not worked in the past seven days, but the response to this question related to COVID-19 is overly broad. The answers to this question should allow respondents to distinguish between being sick with COVID-19, caring for someone who was sick with COVID-19, being concerned about being exposed to COVID-19 in the workplace, and being unable to work because of their long-term COVID-19 symptoms.

Thank you for considering my recommendations.

Author Full Name : Meredith Hurst

Received Date : 05/31/2023 05:16 PM

Comments Received :

Thank you for the opportunity to comment on the upcoming changes to the U.S. Census Bureau's Household Pulse Survey. I find the information gathered by the survey to be highly valuable and I support the agency continuing to administer the survey.

I respectfully submit the following suggestions for the agency to consider as it updates the survey questionnaire:

The survey should collect more information on the coronavirus pandemic's impact on children, including COVID-19 infections and long COVID symptoms.

The survey should prompt respondents to specify the total number of COVID-19 infections they have experienced, by year, to improve data collection on the impact of COVID-19 reinfections.

The survey should collect additional information on COVID-19 antiviral treatments, including symptom rebounds and treatment access barriers.

The survey should collect additional information on COVID-19 disease severity, including whether patients were hospitalized during their acute infection. For people who were not hospitalized, the survey should ask respondents why they were not hospitalized. The survey should also collect information from respondents regarding their attitudes towards hospital safety in response to many healthcare providers and health systems choosing to rescind mask mandates for their staff.

The survey should collect additional information on long COVID by asking respondents to rate the severity of their long COVID symptoms when they were at their worst. The survey should also include additional long COVID symptoms in the prompt for question PASC1, including allergies and allergic reactions, diabetes, high or low blood pressure, headache, migraine, exercise intolerance, worsening of symptoms after physical or mental exertion, skin conditions, and sexual dysfunction. The survey should also ask respondents about the duration of their long COVID symptoms and whether their symptoms have improved or worsened. The survey should also ask respondents whether their long COVID symptoms have impacted their ability to work.

The survey should collect additional information about children with long COVID and those who experience long COVID symptoms after receiving a COVID-19 vaccine. The survey should also ask respondents if they experienced a serious health event following a COVID-19 infection, including a heart attack, stroke, aneurysm, blood clot, and organ failure, among others.

In addition to the survey's questions about access to at-home COVID-19 tests, the survey should also collect information on access to laboratory testing.

The survey should ask respondents additional questions about mental health symptoms, including suicidal ideation, post-traumatic stress disorder (PTSD), sleep disturbances and disorders, memory loss, difficulty multi-tasking, changes to their mood or personality, and impaired judgment. The survey should also ask respondents additional questions about movement disorders and vestibular dysfunction.

The question "EMP4" collects information regarding the reasons that a person has not worked in the past seven days, but the response to this question related to COVID-19 is overly broad. The answers to this question should allow respondents to distinguish between being sick with COVID-19, caring for someone who was sick with COVID-19, being concerned about being exposed to COVID-19 in the workplace, and being unable to work because of their long-term COVID-19 symptoms.

Thank you for considering my recommendations.

Author Full Name : Brittany Porter**Received Date :** 05/31/2023 05:26 PM**Comments Received :**

I have had #ME/CFS for the last 19 years--my entire adult life!!!--and can no longer reliably walk bc of the disease. I am only 37yo and can rarely leave my home. I am further dependent on home care to have any semblance of a life. I am the #MillionsMissing.

This is the same extremely debilitating multisystem neuroinflammatory, metabolic disease that over half of long COVID patients actually have--but hardly ANY are getting diagnosed or getting anything resembling proper medical or social care.

I am therefore horrifically concerned about the continued spread of COVID and the huge burden of Long COVID. I fully support the recommendations on revisions to the Census Bureau Household Pulse Survey that were submitted by the Pandemic Patients organization.

First and foremost, please continue the Household Pulse Survey's questions about COVID and Long COVID. The need for this data has risen along with the number of Americans who experience prolonged after-effects of an acute infection with COVID. As Pandemic Patients noted, the value of the data greatly outweighs the cost of the survey.

Collect More Information on the Pandemic's Impact on Children

The questionnaire should collect data on children regarding COVID-19 infections or long COVID symptoms.

Collect Additional Information on COVID-19 Infections

Question "VAC8_C" asks respondents to describe how long ago they experienced a COVID-19 infection. Revision 3.9 of the Pulse Survey questionnaire amends this question to allow respondents to select multiple options to indicate multiple infections across different time periods. I support the agency's decision to expand the data collected by changing this question. And this question could be further modified for more detail. For example, respondents could be prompted to enter a number in each category instead of checking a box. Thus, a respondent could indicate they experienced multiple infections "more than four weeks ago, but within the last year." Alternatively, the question could group responses by year ("2019," "2020," "2021," "2022," "2023") to identify the number of infections they experienced in each calendar year.

Collect Additional Information on COVID-19 Antiviral Treatments Should be Collected

I support the detailed recommendations of the Pandemic Patients organization on this. Two additional points:

- * It would be useful to ask if people infected with COVID experienced a rebound even if they did NOT take antiviral medications.
- * Regarding people who had difficulty getting access to antivirals, it would be useful to ask if that was because the medication was unavailable at some pharmacies.

Collect Added Information on Long COVID

I support the detailed recommendations of Pandemic Patients for including follow-up questions to improve the depth of data collected by these questions.

I also support the Pandemic Patients' groups recommendations for collecting

- * info on financial access to COVID-19 tests
- * additional Info on mental health concerns of patients after COVID infection
- * info on access to health care
- * info on (un)employment, and whether employment is hindered by current acute COVID, Long COVID symptoms, need to care for someone with COVID or Long COVID, or concerns about lack of COVID protections in workplaces.

Thank you very much for including vital COVID and Long COVID concerns in this survey, and for your valuable efforts to expand on the questions that have been previously used.

Author Full Name : Melissa Mazur**Received Date :** 05/31/2023 08:34 AM**Comments Received :**

Thank you for the opportunity to comment on the upcoming changes to the U.S. Census Bureau's Household Pulse Survey. I appreciate the Bureau's continued commitment to gathering information about the COVID-19 pandemic which has proven to be valuable, and I support the agency continuing to administer the survey.

I respectfully submit the following suggestions for the agency to consider as it updates the survey questionnaire; the survey should collect additional information on the following:

- children's COVID-19 infections and Long COVID symptoms;
- the total number of COVID-19 infections respondents have experienced, by year, to better understand the impact of COVID-19 reinfections (especially in light of the NIH's RECOVER initiative's recent findings that reinfections may lead to Long COVID and/or increase the severity of Long COVID symptoms);
- COVID-19 disease severity, including whether patients were hospitalized during their acute infection and why/why not;
- respondents' attitudes on safety in hospitals and medical facilities following the end of the COVID-19 emergency order and the decision by most healthcare providers to rescind mask mandates for their staff;
- the severity of Long COVID when respondents were at their worst;
- the duration of Long COVID symptoms, whether symptoms have improved or worsened, and whether Long COVID symptoms have impacted respondents' ability to work (if still working);
- whether respondents began experiencing Long COVID symptoms after receiving a COVID-19 vaccine;
- whether respondents have experienced a serious health event following a COVID-19 infection, including a heart attack, stroke, aneurysm, blood clot, organ failure, and/or a new serious health condition;
- information on access to laboratory testing for COVID-19; and
- whether respondents have had increased mental health symptoms, including suicidal ideation, post-traumatic stress disorder (PTSD), sleep disturbances and disorders, memory loss, difficulty multi-tasking, changes to their mood or personality, and impaired judgment.

As to specific questions, please consider the following suggestions:

- For question "PASC2"...the following additional symptoms should be included: allergies and allergic reactions, diabetes, high or low blood pressure, headache, migraine, exercise intolerance, worsening of symptoms after physical or mental exertion, skin conditions, and sexual dysfunction.
- For question "EMP4"...the answers to this question should allow respondents to distinguish between being sick with COVID-19, caring for someone who was sick with COVID-19, being concerned about being exposed to COVID-19 in the workplace, and being unable to work because of their Long COVID-19 symptoms—to better identify the reason for the absence.

Thank you for considering my recommendations. I appreciate the work you do to ensure that we have accurate and timely information to inform our country's response to the ongoing effects of the COVID-19 pandemic.

Author Full Name : Shannan Riemer

Received Date : 05/31/2023 09:02 PM

Comments Received :

Thank you for the opportunity to comment on the upcoming changes to the U.S. Census Bureau's Household Pulse Survey. I find the information gathered by the survey to be highly valuable and support the agency continuing to administer the survey.

I respectfully submit the following suggestions for the agency to consider as it updates the survey questionnaire:

The survey should collect more information on the coronavirus pandemic's impact on children, including COVID-19 infections and long COVID symptoms.

The survey should prompt respondents to specify the total number of COVID-19 infections they have experienced, by year, to improve data collection on the impact of COVID-19 reinfections.

The survey should collect additional information on COVID-19 antiviral treatments, including symptom rebounds and treatment access barriers.

The survey should collect additional information on COVID-19 disease severity, including whether patients were hospitalized during acute infection. For people who were not hospitalized, the survey should ask respondents why they were not hospitalized. The survey should also collect information from respondents regarding their attitudes toward hospital safety in response to many healthcare providers and health systems choosing to rescind mask mandates for their staff.

The survey should collect additional information on long COVID by asking respondents to rate the severity of their long COVID symptoms when they were at their worst. The survey should also include additional long COVID symptoms in the prompt for question PASC1, including allergies and allergic reactions, diabetes, high or low blood pressure, headache, migraine, exercise intolerance, worsening of symptoms after physical or mental exertion, skin conditions, and sexual dysfunction. The survey should also ask respondents about the duration of their long COVID symptoms and whether their symptoms have improved or worsened. The survey should also ask respondents whether their long COVID symptoms have impacted their ability to work.

The survey should collect additional information about children with long COVID and those who experience long COVID symptoms after receiving a COVID-19 vaccine. The survey should also ask respondents if they experienced a serious health event following a COVID-19 infection, including a heart attack, stroke, aneurysm, blood clot, and organ failure.

In addition to the survey's questions about access to at-home COVID-19 tests, the survey should also collect information on access to laboratory testing.

The survey should ask respondents additional questions about mental health symptoms, including suicidal ideation, post-traumatic stress disorder (PTSD), sleep disturbances and disorders, memory loss, difficulty multi-tasking, changes to their mood or personality, and impaired judgment. The survey should also ask respondents additional questions about movement disorders and vestibular dysfunction.

The question "EMP4" collects information regarding why a person has not worked in the past seven days, but the response to this question related to COVID-19 is overly broad. The answers to this question should allow respondents to distinguish between being sick with COVID-19, caring for someone who was sick with COVID-19, being concerned about being exposed to COVID-19 in the workplace, and being unable to work because of their long-term COVID-19 symptoms.

Thank you for considering my recommendations.

Author Full Name : Anonymous

Received Date : 05/31/2023 09:17 PM

Comments Received :

Thank you for the opportunity to comment on the upcoming changes to the U.S. Census Bureau's Household Pulse Survey. I find the information gathered by the survey to be highly valuable and support the agency continuing to administer the survey.

I respectfully submit the following suggestions for the agency to consider as it updates the survey questionnaire:

The survey should collect more information on the coronavirus pandemic's impact on children, including COVID-19 infections and long COVID symptoms.

The survey should prompt respondents to specify the total number of COVID-19 infections they have experienced, by year, to improve data collection on the impact of COVID-19 reinfections.

The survey should collect additional information on COVID-19 antiviral treatments, including symptom rebounds and treatment access barriers.

The survey should collect additional information on COVID-19 disease severity, including whether patients were hospitalized during acute infection. For people who were not hospitalized, the survey should ask respondents why they were not hospitalized. The survey should also collect information from respondents regarding their attitudes toward hospital safety in response to many healthcare providers and health systems choosing to rescind mask mandates for their staff.

The survey should collect additional information on long COVID by asking respondents to rate the severity of their long COVID symptoms when they were at their worst. The survey should also include additional long COVID symptoms in the prompt for question PASC1, including allergies and allergic reactions, diabetes, high or low blood pressure, headache, migraine, exercise intolerance, worsening of symptoms after physical or mental exertion, skin conditions, and sexual dysfunction. The survey should also ask respondents about the duration of their long COVID symptoms and whether their symptoms have improved or worsened. The survey should also ask respondents whether their long COVID symptoms have impacted their ability to work.

The survey should collect additional information about children with long COVID and those who experience long COVID symptoms after receiving a COVID-19 vaccine. The survey should also ask respondents if they experienced a serious health event following a COVID-19 infection, including a heart attack, stroke, aneurysm, blood clot, and organ failure.

In addition to the survey's questions about access to at-home COVID-19 tests, the survey should also collect information on access to laboratory testing.

The survey should ask respondents additional questions about mental health symptoms, including suicidal ideation, post-traumatic stress disorder (PTSD), sleep disturbances and disorders, memory loss, difficulty multi-tasking, changes to their mood or personality, and impaired judgment. The survey should also ask respondents additional questions about movement disorders and vestibular dysfunction.

The question "EMP4" collects information regarding why a person has not worked in the past seven days, but the response to this question related to COVID-19 is overly broad. The answers to this question should allow respondents to distinguish between being sick with COVID-19, caring for someone who was sick with COVID-19, being concerned about being exposed to COVID-19 in the workplace, and being unable to work because of their long-term COVID-19 symptoms.

Thank you for considering my recommendations.

Author Full Name : Kelly Meiners

Received Date : 05/31/2023 09:23 PM

Comments Received :

I support the recommendations made by the organization Pandemic Patient. I support their additions on PASC details. Details are needed on severity and level of disability of US citizens from Long COVID.

Author Full Name : Angela L

Received Date : 05/31/2023 09:37 PM

Comments Received :

There isn't any questions about the children suffering from Long COVID, which would be important to know. Would just simply ask the same questions for children as the questions being asked of adults.

Would be important to know how many reinfections people/children have experienced.

More questions about seeking care/antiviral accessibility should be asked.

I hope this survey will be continued for years to come as we still do not know the extent of the damage--this survey could be one of the most important tools in doing so.

Thank you

Author Full Name : Deborah Socolar**Received Date :** 05/31/2023 10:52 AM**Comments Received :**

As a public health professional concerned about the continued spread of COVID and the huge burden of Long COVID, I fully support the recommendations on revisions to the Census Bureau Household Pulse Survey that were submitted by the Pandemic Patients organization.

First and foremost, please continue the Household Pulse Survey's questions about COVID and Long COVID. The need for this data has risen along with the number of Americans who experience prolonged after-effects of an acute infection with COVID. As Pandemic Patients noted, the value of the data greatly outweighs the cost of the survey.

Collect More Information on the Pandemic's Impact on Children

The questionnaire should collect data on children regarding COVID-19 infections or long COVID symptoms.

Collect Additional Information on COVID-19 Infections

Question "VAC8_C" asks respondents to describe how long ago they experienced a COVID-19 infection. Revision 3.9 of the Pulse Survey questionnaire amends this question to allow respondents to select multiple options to indicate multiple infections across different time periods. I support the agency's decision to expand the data collected by changing this question. And this question could be further modified for more detail. For example, respondents could be prompted to enter a number in each category instead of checking a box. Thus, a respondent could indicate they experienced multiple infections "more than four weeks ago, but within the last year." Alternatively, the question could group responses by year ("2019," "2020," "2021," "2022," "2023") to identify the number of infections they experienced in each calendar year.

Collect Additional Information on COVID-19 Antiviral Treatments Should be Collected

I support the detailed recommendations of the Pandemic Patients organization on this. Two additional points:

- * It would be useful to ask if people infected with COVID experienced a rebound even if they did NOT take antiviral medications.

- * Regarding people who had difficulty getting access to antivirals, it would be useful to ask if that was because the medication was unavailable at some pharmacies.

Collect Added Information on Long COVID

I support the detailed recommendations of Pandemic Patients for including follow-up questions to improve the depth of data collected by these questions.

I also support the Pandemic Patients' groups recommendations for collecting

- * info on financial access to COVID-19 tests

- * additional Info on mental health concerns of patients after COVID infection

- * info on access to health care

- * info on (un)employment, and whether employment is hindered by current acute COVID, Long COVID symptoms, need to care for someone with COVID or Long COVID, or concerns about lack of COVID protections in workplaces.

Thank you very much for including vital COVID and Long COVID concerns in this survey, and for your valuable efforts to expand on the questions that have been previously used.

Author Full Name : CM Mercado**Received Date :** 05/31/2023 11:04 AM**Comments Received :**

Thank you for the opportunity to comment on the upcoming changes to the U.S. Census Bureau's Household Pulse Survey. I find the information gathered by the survey to be highly valuable and I support the agency continuing to administer the survey.

I respectfully submit the following suggestions for the agency to consider as it updates the survey questionnaire, and I will support recommendations previously submitted by other colleagues:

The question about the highest degree or level of school completed should include technical or vocational education. The question about marital status should include the option of free union because the circumstances for these people could be different.

The question regarding sexual orientation {SO experiment=1} should mention other options such as Pansexual etcetera because as it is written now should be interpreted as a lack of cultural competency or disrespect.

The survey should collect more information on the coronavirus pandemic's impact on children, including COVID-19 infections and long COVID symptoms.

The survey should prompt respondents to specify the total number of COVID-19 infections they have experienced, by year, to improve data collection on the impact of COVID-19 reinfections.

The survey should collect additional information on COVID-19 antiviral treatments, including symptom rebounds and treatment access barriers and if they finished the course of antivirals.

The survey should collect additional information on COVID-19 disease severity, including whether patients were hospitalized during their acute infection. For people who were not hospitalized, the survey should ask respondents why they were not hospitalized.

The survey should collect additional information on long COVID by asking respondents to rate the severity of their long COVID symptoms when they were at their worst. The survey should also include additional long COVID symptoms in the prompt for question PASC1, including allergies and allergic reactions, diabetes, high or low blood pressure, headache, migraine, exercise intolerance, worsening of symptoms after physical or mental exertion, skin conditions, and sexual dysfunction. The survey should also ask respondents about the duration of their long COVID symptoms and whether their symptoms have improved or worsened.

The survey should also ask respondents if they experienced a serious health event following a COVID-19 infection, including a heart attack, stroke, aneurysm, blood clot, and organ failure.

The survey should ask respondents additional questions about mental health symptoms, including suicidal ideation, post-traumatic stress disorder (PTSD), sleep disturbances and disorders, memory loss, difficulty multi-tasking, changes to their mood or personality, and impaired judgment. The survey should also ask respondents additional questions about movement disorders and vestibular dysfunction.

The question "EMP4" collects information regarding the reasons that a person has not worked in the past seven days, but the response to this question related to COVID-19 is overly broad. The answers to this question should allow respondents to distinguish between being sick with COVID-19, caring for someone who was sick with COVID-19, being concerned about being exposed to COVID-19 in the workplace, and being unable to work because of their long-term COVID-19 symptoms.

Thank you for considering my recommendations.

Author Full Name : Christopher Kocher**Received Date :** 05/31/2023 11:21 PM**Comments Received :**

Sheleen Dumas

Department PRA Clearance Officer Office of the Chief Information Officer U.S. Department of Commerce Washington, D.C. 20230

May 30, 2023

Re: Agency Information Collection Activities; Submission to the Office of Management and Budget (OMB) for Review and Approval; Comment Request; Household Pulse Survey (OMB No. 0607-1013)

Sheleen Dumas,

Introduction

Thank you for the opportunity to comment on the upcoming revisions to the U.S. Census Bureau Household Pulse Survey (the "Pulse Survey"), proposed to be implemented in Phase 3.9 on or about May 31, 2023. I am writing to you on behalf of Pandemic Patients, which is a 501(c)(3) non-profit patient advocacy organization that works to relieve the harm caused by COVID-19 and Post-COVID Conditions. The U.S. Census Bureau has proposed several revisions to the Pulse Survey questionnaire for Phase 3.9. Some of these revisions are specific to COVID-19, including adding questions about the use of antivirals to treat COVID-19 and how households obtain COVID-19 tests. As a patient advocacy organization for people who have been affected by COVID-19, we respectfully offer our recommendations to the U.S. Census Bureau to improve the agency's efforts to fully understand American household experiences during the coronavirus pandemic. Further, we emphasize that the public's information needs have evolved over the course of the pandemic to require additional data collection regarding the long-term symptoms of COVID-19 ("long COVID" or "PASC").

1. The Household Pulse Survey Should be Continued

The U.S. Census Bureau's Household Pulse Survey is an important data collection tool that has provided invaluable real-time information to the public about the impact of the coronavirus pandemic on American households. As advocates for people who have been affected by COVID-19, we have relied on the Pulse Survey's findings when discussing COVID-19 with policymakers. Our need for this data has only increased alongside a rise in the number of Americans who continue to experience long-term symptoms of COVID-19 following an acute infection. We believe the Pulse Survey must continue to be administered regularly and we believe the value of the data greatly outweighs its cost.

2. Additional Information on the Coronavirus Pandemic's Impact on Children Should be Collected

The Pulse Survey has collected important information regarding children's education, nutrition, mental health, and vaccination against COVID-19. However, the questionnaire does not collect any data on children regarding COVID-19 infections or long COVID symptoms. We believe the Pulse Survey should collect this information.

Pandemic Patients | 1165 Broad St. #313 | Sumter, SC 29150 | info@pandemicpatients.org**3. Additional Information on COVID-19 Infections Should be Collected**

Question "VAC8_C" asks respondents to describe how long ago they experienced a COVID-19 infection. Revision 3.9 of the Pulse Survey questionnaire amends this question to allow respondents to select multiple options to indicate multiple infections across different time periods. We support the agency's decision to expand the data collected by changing this question. However, this question could be further modified to provide more robust information. For example, respondents could be prompted to enter a number in each category instead of checking a box. Thus, a respondent could indicate they experienced multiple infections "more than four weeks ago, but within the last year." Alter

Author Full Name : John McCarthy

Received Date : 06/01/2023 01:05 AM

Comments Received :

You need to do more research into the creation of and start providing treatment for Fibrin Amyloid Microclots.

Author Full Name : Christopher Kocher

Received Date : 06/01/2023 10:49 AM

Comments Received :

Thank you for the opportunity to comment on the upcoming changes to the U.S. Census Bureau's Household Pulse Survey. I find the information gathered by the survey to be highly valuable and I support the agency continuing to administer the survey.

I respectfully submit the following suggestions for the agency to consider as it updates the survey questionnaire:

The survey should collect more information on the coronavirus pandemic's impact on children, including COVID-19 infections and long COVID symptoms.

The survey should prompt respondents to specify the total number of COVID-19 infections they have experienced, by year, to improve data collection on the impact of COVID-19 reinfections.

The survey should collect additional information on COVID-19 antiviral treatments, including symptom rebounds and treatment access barriers.

The survey should collect additional information on COVID-19 disease severity, including whether patients were hospitalized during their acute infection. For people who were not hospitalized, the survey should ask respondents why they were not hospitalized. The survey should also collect information from respondents regarding their attitudes towards hospital safety in response to many healthcare providers and health systems choosing to rescind mask mandates for their staff.

The survey should collect additional information on long COVID by asking respondents to rate the severity of their long COVID symptoms when they were at their worst. The survey should also include additional long COVID symptoms in the prompt for question PASC1, including allergies and allergic reactions, diabetes, high or low blood pressure, headache, migraine, exercise intolerance, worsening of symptoms after physical or mental exertion, skin conditions, and sexual dysfunction. The survey should also ask respondents about the duration of their long COVID symptoms and whether their symptoms have improved or worsened. The survey should also ask respondents whether their long COVID symptoms have impacted their ability to work.

The survey should collect additional information about children with long COVID and those who experience long COVID symptoms after receiving a COVID-19 vaccine. The survey should also ask respondents if they experienced a serious health event following a COVID-19 infection, including a heart attack, stroke, aneurysm, blood clot, and organ failure, among others.

In addition to the survey's questions about access to at-home COVID-19 tests, the survey should also collect information on access to laboratory testing.

The survey should ask respondents additional questions about mental health symptoms, including suicidal ideation, post-traumatic stress disorder (PTSD), sleep disturbances and disorders, memory loss, difficulty multi-tasking, changes to their mood or personality, and impaired judgment. The survey should also ask respondents additional questions about movement disorders and vestibular dysfunction.

The question "EMP4" collects information regarding the reasons that a person has not worked in the past seven days, but the response to this question related to COVID-19 is overly broad. The answers to this question should allow respondents to distinguish between being sick with COVID-19, caring for someone who was sick with COVID-19, being concerned about being exposed to COVID-19 in the workplace, and being unable to work because of their long-term COVID-19 symptoms.

Thank you for considering my recommendation

Author Full Name : John Bolecek**Received Date :** 06/02/2023 10:14 AM**Comments Received :**

Thank you for the opportunity to comment on the upcoming changes to the U.S. Census Bureau's Household Pulse Survey. I find the information gathered by the survey to be highly valuable and I support the agency continuing to administer the survey.

I respectfully submit the following suggestions for the agency to consider as it updates the survey questionnaire:

The survey should collect more information on the coronavirus pandemic's impact on children, including COVID-19 infections and long COVID symptoms.

The survey should prompt respondents to specify the total number of COVID-19 infections they have experienced, by year, to improve data collection on the impact of COVID-19 reinfections.

The survey should collect additional information on COVID-19 antiviral treatments, including symptom rebounds and treatment access barriers.

The survey should collect additional information on COVID-19 disease severity, including whether patients were hospitalized during their acute infection. For people who were not hospitalized, the survey should ask respondents why they were not hospitalized. The survey should also collect information from respondents regarding their attitudes towards hospital safety in response to many healthcare providers and health systems choosing to rescind mask mandates for their staff.

The survey should collect additional information on long COVID by asking respondents to rate the severity of their long COVID symptoms when they were at their worst. The survey should also include additional long COVID symptoms in the prompt for question PASC1, including allergies and allergic reactions, diabetes, high or low blood pressure, headache, migraine, exercise intolerance, worsening of symptoms after physical or mental exertion, skin conditions, and sexual dysfunction. The survey should also ask respondents about the duration of their long COVID symptoms and whether their symptoms have improved or worsened. The survey should also ask respondents whether their long COVID symptoms have impacted their ability to work.

The survey should collect additional information about children with long COVID and those who experience long COVID symptoms after receiving a COVID-19 vaccine. The survey should also ask respondents if they experienced a serious health event following a COVID-19 infection, including a heart attack, stroke, aneurysm, blood clot, and organ failure, among others. In addition to the survey's questions about access to at-home COVID-19 tests, the survey should also collect information on access to laboratory testing.

The survey should ask respondents additional questions about mental health symptoms, including suicidal ideation, post-traumatic stress disorder (PTSD), sleep disturbances and disorders, memory loss, difficulty multi-tasking, changes to their mood or personality, and impaired judgment. The survey should also ask respondents additional questions about movement disorders and vestibular dysfunction.

The question "EMP4" collects information regarding the reasons that a person has not worked in the past seven days, but the response to this question related to COVID-19 is overly broad. The answers to this question should allow respondents to distinguish between being sick with COVID-19, caring for someone who was sick with COVID-19, being concerned about being exposed to COVID-19 in the workplace, and being unable to work because of their long-term COVID-19 symptoms. Thank you for considering my recommendations.



Submitted by: Patient-led Research Collaborative (PLRC)

Date: 5/31/2023

Contact for Questions: team@patientledresearch.com

Recommendations for the Household Pulse Survey, Phase 3.9

[The Patient-Led Research Collaborative \(PLRC\)](#) supports the recommendations made by Pandemic Patients for Phase 3.9 of the Household Pulse Survey. PLRC further recommends the following:

- 1) Quantify COVID-19 reinfections. We recommend adding the following question after question VAC_B: **"How many times** have you tested positive for COVID-19 or been told by a doctor or other health care provider that you have or had COVID-19?"
- 2) In question VAC_C, we further recommend removing "select all that apply" and changing the question to apply to the latest infection, for example: "When did you **last** test positive or were told you have or had COVID-19?". Subsequent questions would need to be modified accordingly.
- 3) We recommend the wording to be modified to specify onset of symptoms happening after infection, for example with the wording: "Do you have symptoms now **that you did not have prior to having coronavirus or COVID-19?**".
- 4) Take into account that asymptomatic COVID cases can lead to Long COVID in question PASC3. Include asymptomatic cases of COVID by setting the display logic to show PASC3 questions to those respondents who answered "asymptomatic" in PASC1.
- 5) Ask **all survey respondents** a question capturing changes in work capacity during the pandemic, for example:
Has your employment status, job, or ability to work changed since the beginning of the pandemic? Please select all that apply.
 - Yes, I have required accommodations, like flextime or teleworking, to do my job.
 - Yes, I have reduced my time spent on other activities (e.g. household chores, parenting, caregiving, relationships, hobbies, etc.) to be able to work.
 - Yes, I needed to reduce my hours.
 - Yes, I had to quit my job.

- Yes, I was fired.
- Yes, I am now on short-term or long-term disability.
- Yes, I am on medical leave.
- Yes, I have had to change career paths or downgrade position due to disability or inability to do my job
- No, I have been able to continue working as normal.
- No, but I have had to reduce hours or stop working for a reason other than my health (e.g. laid off, business closure, etc.).