

APPENDIX 1: 2014 NCF Survey Methodological Notes

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Methodological Notes on Total Adoptions, Item 1

Adoption experts in State Departments of Health had a strong tendency to mistakenly report adoptions which their respective public agencies had processed as total state adoptions (item 1), when in fact this count belongs in item 4, public agency adoptions. For this reason, all state adoption experts were mailed (with their questionnaire) a statistical state-by-state count of the AFCARS table produced by the Administration for Children and Families “Adoptions of Children with Public Child Welfare Agency Involvement by State FY 2004–FY 2013.” (This table was found online on 8/11/2015 at <http://www.acf.hhs.gov/programs/cb/resource/adoptions-with-agency-involvement-by-state-fy2004-fy2013>.)

The adoption report had not been updated by the Administration for Children and Families with FY 2014 data when state-by-state data collection began, so the report for FY 2013 (as noted above) was mailed to state experts. The FY 2014 AFCARS report had been published by the end of data collection. In FY 2014, the total count of adoptions from foster care for all states was 50,644; in FY 2013, there were 50,658 adoptions. In the survey, NCF’s instructions suggested that the state counts in the FY 2013 table should be similar to what they report for 2014 from their respective states in item 4 (public agency adoptions).

In some states, state registrars of vital records were contacted because they may amend birth records when notified by state courts when adoptions are finalized. Additional court information was generously provided by the National Center for State Courts (NCSC), which collected 2014 incoming and outgoing adoption caseload data; 37 states had incoming and 31 had outgoing caseload data. If both incoming and outgoing NCSC counts were reported, the outgoing count was considered most useful. The vital statistics and court outgoing counts, if both were available, were usually fairly similar, and often much higher than counts reported by adoption experts in State Departments of Health.

National Council For Adoption (NCF) recognized this situation and so, when discrepant counts were reported by state experts, NCSC, or vital statistics, NCF chose either the vital records amended birth record count or the National Center for State Courts counts. Then, rather than disregard the lower numbers reported by experts in State Departments of Health, the proportional distribution of their numbers were sometimes used as best available estimates for their respective states. In this way, even discrepant numbers were often used.

Methodological Notes on Private/Independent Adoptions, Item 6

Note the zero (“0”) in Table 1, column 6 for private individual adoptions in a number of states. In 2007, research by NCF revealed that private/independent adoptions are illegal in Connecticut, Delaware, Massachusetts, Minnesota, and North Dakota. Furthermore, adoption experts in Colorado and Nevada responded during NCF’s survey that all adoptions in their respective states had to go through a public or private agency, and that private independent adoptions were illegal in their states in 2007. In the 2014 NCF survey, however, Massachusetts, Minnesota, and Colorado reported private individual and private agency adoptions, which imply that laws have changed since 2007. Still, in 2014, additional states reported zero private individual and private agency adoptions.

Methodological Notes on Contact Attempts

To obtain counts for items 1-10 in the 2014 NCF survey, contacts were attempted by NCF within each state with adoption experts, ICPC experts, vital records directors, and court statisticians. The initial contact list was out-of-date; internet searches and telephone calls were made to obtain the state’s adoption expert. In the case of nonresponse, mail, telephone, and email attempts were made. In a few states, a prospective respondent’s supervisor was contacted and asked to assist in the provision of information. The number of contact attempts specified for each state includes initial contacts, reminders, queries about reported data, and/or related contacts about the data. Fewer contacts indicate an early response to the survey; many contacts indicate repeated attempts to 1) obtain either the contact

information for an adoption expert able to provide the data, 2) get an adoption expert to provide a completed survey, 3) get ICPC data if the ICPC specialist was different than the adoption expert, and 4) clarify data once received. The number of contact attempts ranged from 2 to 39. No attempts were made to collect survey data from private adoption agencies, attorneys, adoptive parents, or birth parents. However, NCFA staff persons sometimes made calls to clarify the appropriate state adoption expert for subsequent survey contact.

Overall Methodology for Collecting and Cleaning the 2014 National Council For Adoption Survey

The methodologies for collecting and cleaning the 2014 survey data were similar to those used in previous NCFA national adoption surveys (1982, 1986, 1992, 1996, 2002, and 2007). In the earlier surveys, NCFA staffers collected the data from state adoption experts and Dr. Paul Placek cleaned and summarized the data. (In this text, for simplicity, “states” refers to the 50 U.S. States plus the District of Columbia. “Cleaned” means conducted consistency checks, resolved discrepancies between conflicting information sources, verified posted data, imputed missing data, and resolved inconsistencies between each state’s reported and imputed data.) For the 2002 and 2007 survey, Dr. Paul Placek collected, cleaned, and summarized the data. For the 2014 survey, Dr. Jo Jones collected the data, Dr. Paul Placek imputed the missing data, and Dr. Jones summarized the data. Dr. Placek noted that Dr. Jones collected related and unrelated totals for 33 states in 2014. By way of comparison, Placek obtained related and unrelated totals for 26 states in 2007, and for 23 states in 2002. This may well be an indicator of persistent and aggressive follow-up by Dr. Jones. Or, this may suggest better record-keeping by states. Either way, it is good news, because the quality of data is better in this survey than in prior surveys. Note that vigorous and exhaustive follow-up with states was documented: No stone was left unturned. States often provided or published inconsistent data. States often use inconsistent terms, nonstandard definitions and time periods (i.e., fiscal years vs. calendar years). Good judgment and well-documented rationales in adjusting inconsistent state numbers were applied by Dr. Jones (prior to Dr. Placek’s imputations).

For the 2014 national survey, NCFA President and CEO Chuck Johnson signed a cover letter that was mailed with the survey to the adoption experts identified by NCFA in all 50 states and the District of Columbia. The letter directed that information be sent to Dr. Jones. (Copies of the cover letter and survey follow this methodology section.) The 2014 survey data collection was conducted in 2015 and 2016, using a first mailing, email reminder, second mailing, faxes, and repeated telephone follow-ups (the number of attempted contacts is specified in the “Sources” document). The state adoption experts, along with Dr. Jones, variously relied on their own data systems, state vital statistics, and court records in order to supply the needed information. Some states contacted private agencies and adoption attorneys to get a better count. The reported data source for each item 1-10 for each state appears following the methodology. Where several sources gave conflicting data, Drs. Jones and Placek made an informed judgment on which statistics to accept and reported this in the “Sources of Data for Table 1” (pp. 11–20).

After Dr. Jones collected state statistics, they were reviewed and approved by NCFA. Then the missing state statistics were imputed and then combined into nationally representative U.S. statistics by Dr. Placek. The following internal and external consistency checks were performed by Dr. Placek:

1. If figures were provided for related domestic adoptions (survey item #2) and unrelated domestic adoptions (survey item #3), checks were made that they added to the reported total of related and unrelated domestic adoptions (survey item #1). All states except three (Kentucky, Tennessee, Florida) provided a total for column 1 (total adoptions). In addition, all states except West Virginia have a total accepted for column 4 (adoptions by public agencies). In forcing internal consistencies, digits which were off by one digit + or – were adjusted up or down by one digit. Furthermore, to force internal consistency to a total, the largest number in the subtotal may have been adjusted so as to make the least difference overall. The exception to this rule is that reported data was given priority over data that was previously imputed. Therefore, to estimate column 1 totals for Kentucky, Tennessee, and Florida, we needed to calculate the percentage relationship for the 48 states that reported column 1 and

column 4. Then, for Kentucky, Tennessee, and Florida their numerical totals were inflated by proportional distribution. The inflator applied to Kentucky, Tennessee, and Florida's column 4s was 2.3650709 to arrive at their column 1 totals of 2,150 (Kentucky), 2,746 (Tennessee), and 7,906 (Florida). Then all states had a column 1 total. These are .3770395 (related) and .6229604 (unrelated) for the 48. Only one state (West Virginia) had a column 4 total from AFCARS that seemed unreasonable. (See West Virginia notes.) Next, there were 18 states which did NOT have a column 1 breakdown of related (column 2) and unrelated (column 3) adoptions. Therefore, the proportional distribution breakdown was obtained from 33 states that reported the column 2 and column 3 breakdowns. This distribution was .3770395 proportions for related (column 2) and .6229604 proportion for unrelated (column 3). These proportions were applied to the 18 state column 1 total numbers to obtain column 2 and 3 totals for those 18 states.

2. If figures were reported for unrelated domestic adoptions by public agencies (survey item #4), private agencies (survey item #5), and private individuals (survey item #6), checks were made that they added to the reported total of unrelated domestic adoptions (survey item #3).
3. If a figure was reported for unrelated domestic adoptions of infants (survey item #7), checks were made that this figure was less than the figure reported for unrelated domestic adoptions (survey item #3).
4. If a figure was reported for unrelated domestic adoptions of children with special needs (survey item #8), checks were made that this figure was less than the figure reported for unrelated domestic adoptions (survey item #3).
5. The 2014 "total adoptions" data (survey item #1) collected in the NCFA survey were compared with incomplete state court data recently collected by the National Center for State Courts (NCSC). In the case of a state's "nonresponse" or questionable data reported about total unrelated and related domestic adoptions, the NCSC data were sometimes used unless more credible and consistent data were reported by the state adoption

experts. NCFA used the NCSC data only after attempting many follow-ups with these state adoption experts and providing them many opportunities to submit data. Many state vital statistics offices were contacted in an attempt to obtain the total unrelated and related domestic adoption figure (survey item #1), because original birth certificates are often amended to reflect the adoptive family surname. A figure for total domestic adoptions (survey item #1) was obtained for all states.

6. NCFA used, when necessary, 2014 data on public agency adoptions made available by the Administration for Children and Families (ACF) Adoption and Foster Care Analysis Reporting System (AFCARS), which is accessible on the ACF website. The 2014 ACF data were used for these states unless state adoption experts provided a final number or a number more consistent with the total set of their reported data.

Incomplete Table 1 survey data reported by states to Dr. Jo Jones was posted. Imputations of missing data were then completed by NCFA's statistical consultant Dr. Paul Placek. Calculations and statistical typing were 100 percent red-dot verified, and computer calculations were performed by Excel and sample-checked with a manual calculator.

These missing data (data gap holes) were imputed by NCFA statistician Dr. Paul Placek, using procedures previously developed by him for the earlier NCFA surveys. Standardized statistical procedures were then used to complete the missing data cells in order to make reasonable estimates of complete and comprehensive state and national adoption data.

The basic procedure used by Dr. Placek to complete the missing data count was that of proportional distribution, often called "raking" or "imputation." The basic assumption underlying imputation is that the adoption patterns in each non-reporting state are similar to those in all reporting states summed together. Partial reported data were usually retained, and the imputed data were always made consistent internally with the reported data within each state. The "Sources of Data for Table 1" identifies the data items that were reported by a state and those that were imputed by NCFA. The combination of reported and imputed state data is reported in Table 1.

Greatly simplified, the missing Table 1 data were imputed as follows.

1. A count for total domestic adoptions (item #1) was available for 48 states. Thirty-three states reported data on related (item #2) and unrelated (item #3) domestic adoptions, or provided enough data such that the imputation procedure was not necessary. The related/unrelated ratio for reporting states was applied to the total domestic adoptions data for the 18 states that did not report related/unrelated domestic adoption data, in order to impute items #2 and #3 data for non-reporting states.
2. Data breakdowns for public (item #4), private agency (item #5), and private individual (column #6) adoptions were examined for 21 reporting states. The observed ratios were then applied to unrelated domestic adoptions for the 30 non-reporting states in order to impute these states' unreported data for items #4, #5, and #6.
3. Private Agency and Private Individual counts may be underreported. In the final data, some of the zero counts reported by states for private agency and private individual adoptions are correct because some states prohibit these adoptions by policy and/or legislation. However, NCFR suspects that state experts reported zero counts because there was no state mechanism to track private agency and private individual adoptions. Most public agencies have no incentive or mandate to track adoptions not under their purview. Still, some state experts tried to give good estimates of these difficult-to-track events. Therefore, some private agency and private individual adoptions may be underreported.
4. Similar procedures were used to impute missing data for infants (item #7). Thirty-four states reported the number of infant adoptions as 9,654 among the 34,531 unrelated domestic adoptions in those 34 states, for a ratio of 0.2642687. This proportion was applied to the 17 non-reporting states' estimate of infants among unrelated domestic adoptions to obtain those 17 state estimates.
5. The number of children with special needs (item #8) was reported by 30 states. Based on reported ratios of these counts to unrelated

domestic adoptions, proportions for reporting states were applied to 21 non-reporting states.

6. Missing data on children with special needs was handled as follows. Note that the term "special needs" is broadly defined, and that states receive extra funds for each child so defined. Therefore, most or all public agency adoptions are reported as "special needs." However, the survey questionnaire asks about how many *unrelated* (column 3) adoptions are special needs, not how many *public agency* (column 4) adoptions are special needs. Note that eight states reported the number of special needs adoptions as exactly equal to the number of public agency adoptions. Does this suggest that special needs adoptions are underreported among the private agency and private individual adoptions? We suspect that is so, but we do not have sufficient information to prove or disprove this suspicion.
7. ICPC data on children exiting and entering states for purposes of adoption were collected from states, most of which have designated ICPC contact persons. Columns 9 and 10 of Table 1 present data on the number of children entering and exiting states for purposes of adoption under the Interstate Compact on the Placement of Children (ICPC). Twenty-five states reported complete ICPC data, and several more reported partial data.

The ICPC "Entered state for adoption" (item #9) and "Left state for adoption" (item #10) data for the non-reporting states were imputed separately. Similar to the other imputations, the ratios for these two items, in relation to unrelated domestic adoption in reporting states, were used to impute data missing from non-reporting states.

The number of children entering states for purposes of adoption should not necessarily equal the number of children exiting states for adoption. Note that:

1. The quality of state ICPC data is inconsistent due to differing reporting standards among states and ineffective tracking techniques.
2. ICPC includes interjurisdictional adoptive placements, and also interjurisdictional foster care and residential placements. It may also include foster care and residential placements.

3. Private agencies place children into adoption through ICPC as do public agencies.
4. Some states may have reported “requests” (or referrals), rather than “approved requests.”
5. Some states may have used fiscal years rather than calendar years.
6. Most states have no requirements to count private agency or independent adoptions, only public agency-involved adoptions.
7. The American Public Human Services Association (APHSA) has reviewed ICPC issues on its website (www.aphsa.org).

Because most states are neither required by federal law nor reimbursed by the Federal Government to collect, analyze, or disseminate some of the specific adoption data sought in NCFA’s survey, there is great variability in state activity in this area. There is no comprehensive uniform minimum data set that all states are required to produce similar to the data that NCFA collects. In addition, privacy and confidentiality guarantees are embodied in many state laws. This further restricts the release of detailed case-by-case individual data unit statistical information and restricts the availability of public use data tapes with individual records for secondary analysis. Finally, budget cuts in state statistical offices have often led to maintenance of only the minimal legally-required statistical system, leaving adoption statistics to be variously produced by many states on “as needed” basis only for policy and record-keeping purposes. These were realistic constraints affecting NCFA’s collection of adoption data for the 2014 data year, as in previous surveys.

NCFA believes that some of the reported numbers were minimum counts or undercounts, and has tried to note so whenever suspected. Furthermore, NCFA’s instructions to states in the survey asked states to report actual counts whenever possible, but also to estimate data, use provisional data, use the judgment of state adoption experts, and/or use other reasonable sources, if actual counts were not available. When these types of estimates were made, NCFA has reported them as such. Also, missing state data were estimated based on the proportional distributions for those data in reporting states. This procedure yields reliable national estimates, but sometimes causes extreme

variability in counts within individual states, because the reported data and the estimated data exist side-by-side within a state.

Despite these limitations, NCFA feels that the best possible survey was completed in 2014, given the circumstances. A standardized survey questionnaire with clear instructions was used, and a high degree of statistical rigor was used in collecting, calculating, verifying, and presenting the data.

Comments on Alternative Data Sources for Intercountry Adoptions and Abortions

Intercountry adoption data: Department of Homeland Security versus State Department

NCFA used data from the Office of Immigration Statistics (OIS), of the Department of Homeland Security, in Table 1, column 11, and in Tables 10, 11, 12, 14, 15, and 16, rather than State Department visa issuance data (used in Table 13 and Chart 7), because there was a much greater level of detailed adoption data available from OIS, such as data on intercountry adoptions by age and intended state of residence. Note that OIS and State Department data do not vary significantly.

Abortion data: Centers for Disease Control and Prevention (CDC) compared with the Alan Guttmacher Institute (AGI)

There are two sources of national and state abortion data—the Centers for Disease Control (CDC) and the Alan Guttmacher Institute (AGI). The CDC data are voluntarily provided annually by most central state health departments, rather than by local health departments that may serve clients. Abortion counts from California, Maryland, and New Hampshire were not submitted to the CDC in 2011 and are thus not included in the CDC surveillance report. The AGI survey is periodic. The AGI data are collected from abortion service providers in all states.

NCFA regards the AGI data significantly more complete than the CDC data, and so chose to use AGI data in the various *Adoption: By the Numbers* tables that provide abortion data and in calculating the Adoption Option Index™ for 2014, despite the AGI data being from 2011 and

are three years older than the NCFA survey. (See below for more detail.)

Why Do Estimates of the Same Characteristic Differ Among the Data Sources?

1. **International adoptions.** The Office of Immigration Statistics (formerly, Immigration and Naturalization Service) within the Department of Homeland Security accurately counts every legal migrant. On the other hand, the Department of State accurately counts every visa issued. However, some visas are not used, or may be used in a subsequent year. This fact will generate two different adoption counts. Furthermore, two different counts from the same agency may be published—one for calendar year, the other for fiscal year. The INS/OIS counts are typically for fiscal years, and the State Department counts are typically for calendar years. Also, the NCFA focus is on the 50 states plus D.C., whereas some tables published by DHS or the Department of State may or may not include adoptions to military outposts, adoptions to U.S. citizens living abroad, and U.S. territories.
2. **Total and infant adoptions by state.** Besides state health department estimates, total adoptions can sometimes be obtained from three other sources—courts, vital records, and census.

The National Center for State Courts has periodically done excellent data collections of total adoptions from most state courts. However, most court systems cannot break down types of adoptions (related vs. unrelated, agency involvement or not, infant or not, special needs or not). The court counts may or may not include international adoptions, and not all court systems have equally good data systems.

State offices of vital records sometimes keep counts of amended birth certificates, which can be used to count state adoptions. Sometimes they can only estimate these numbers of these amended vital records according to fees collected.

For the first time in a decennial census, the 2000 Census collected total adoptions by state (see Rose Krider’s chapter in the *Adoption Factbook IV*). The census data was based on a

sample of 1 out of every 6 housing units. There is sampling error and non-sampling error, and small numbers for some states have higher sampling error. Also, census questions are very short, and respondents may have interpreted the term “adoption” in a very informal way, such as caring for a child rather than going through a formal agency process. (This was discussed further here: <http://www.census.gov/prod/2003pubs/censr-6.pdf>.) Similar data were not collected in the U.S. Census of 2010.

Finally, we must address whether the NCFA count of 18,329 infants in 2014 is complete. The counts of infants were likely most accurate with public agency adoptions, where many characteristics of the child are known and recorded. Public agency adoptions tend to handle older children, including children being adopted out of foster care. However, few states keep detailed records on the characteristics of private agency adoptions, and fewer yet of independent adoptions. Yet it is these adoptions that may be most likely to be infants. We therefore suspect that the NCFA survey estimate of 18,329 infants may be a minimum number or undercount.

3. **Public agency adoptions.** The Children’s Bureau within the Administration for Children and Families (ACF) has a quality data collection system to track adoptions of children from the foster care system with public child welfare agency involvement (see Table 17). A summary report for Fiscal Years 2005–2014 was downloaded on October 4, 2016 from the ACF website (<http://www.acf.hhs.gov/programs/cb>). This most current 2014 ACF count of 50,633 public agency adoptions shown in Table 17 (excludes 11 adoptions from Puerto Rico) does not agree with the NCFA count of 47,094 unrelated domestic adoptions by public agencies in 2014. First, the ACF count is for Fiscal Year 2014, whereas states reported data for their specific State Fiscal years, the Federal Fiscal year, or the 2014 calendar year. Second, the word “unrelated” may be defined differently by the state experts and in the ACF count. For example, stepparent adoptions may be considered “related” by some states and “unrelated” by others. ACF notes that relatives who were also foster parents are classified only as relatives. We stress that NCFA’s data collection for public agency, private agency, and independent

adoptions was supposed to be for unrelated adoptions only.

4. **Abortions by state.** There are two sources of national/state abortion data—Centers for Disease Control and Prevention (CDC) and Alan Guttmacher Institute (AGI). The CDC data are collected annually, but submission of data is voluntary and, in 2011, exclude information from California, Maryland, and New Hampshire. The AGI survey is periodic; the most recent data collection from which statistics are available was conducted in 2012–2013 of provision of abortion services in 2010–2011. NCFE believes the AGI data are of higher quality and more complete than the CDC data, as discussed below, and so we used the AGI data in our tables.

Each year, CDC requests data from 52 reporting areas: the central health department in each state, plus the District of Columbia and New York City. Forty-nine reporting areas responded in 2011; data reported by health departments are therefore incomplete.

On the other hand, AGI data are collected from the universe of abortion providers. After an initial mailing of the questionnaire to all potential abortion providers in April 2012, two additional mailings and intensive telephone follow-up contact attempts were made with several thousand known abortion service providers and facilities (physicians' offices, clinics, and hospitals) between June 2012 and June 2013. Supplemental abortion incidence information was received from 45 state health departments and D.C., and estimates were made in case of nonresponse for each provider.

Because of these differences in survey methodology and intense follow-up by AGI, CDC underreports the annual number of abortions. For example, in 2011, AGI reported 1,058,490 abortions, whereas CDC reported 730,322 abortions. NCFE regards the AGI data of significantly higher quality and completeness than the CDC data, and so chose to use AGI data in calculating the Adoption Option Index™.