

NCHS Vital Statistics Training Application

OMB No. 0920-0217

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Contact Information

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Supporting Statement
NCHS Vital Statistics Training Application 0920-0217

This is a request for extension, no change, of the NCHS Vital Statistics Training Application (OMB No. 0920-0217), conducted by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention. There is no change to the previously approved form used by state, county, and local vital registration employees to apply to the National Center for Health Statistics for training in mortality medical coding, vital registration administration, and vital statistics production. This request includes a letter used to conduct an annual survey of anticipated needs for such training courses among vital registration jurisdictions of the United States. Information in the supporting statement remains unchanged from the previous submission. A three-year clearance is requested.

A. Justification

1. Circumstances of Information Collection. The compilation of national vital statistics by the federal government dates back to the beginning of the 20th century. In July 1946, the President's Reorganization Plan No. 2 transferred this function from the U.S. Bureau of the Census to the Federal Security Administrator. It was subsequently transferred to the Secretary of the Department of Health, Education, and Welfare, which was later renamed the Department of Health and Human Services (DHHS). To administer these functions, the National Office of Vital Statistics (NOVS) was established in the Public Health Service in April 1953. In August of 1960, the NOVS was reorganized as the Division of Vital Statistics in the newly created National Center for Health Statistics (NCHS), which is now part of the Centers for Disease Control and Prevention (CDC), DHHS.

One of the functions of the NCHS is to plan and administer a program, called the National Vital Statistics System (NVSS), to collect, process, and disseminate national statistics on births, deaths, fetal deaths, marriages, and divorces reported to NCHS by the state vital registration jurisdictions. This includes promoting the uniform collection of data on these events and providing technical assistance to the registration jurisdictions; preparing life tables and analyses of life table phenomena; and investigating the quality and reliability of data and methodology. The collection of data is authorized by 42 USC 242k, Sec. 306 (h) (1), in Attachment A.

To carry out the above mandate, the NCHS provides national leadership in the registration of vital events (i.e., births, deaths, fetal deaths, marriages, and divorces), the management of vital records, and the coding and processing of data from those records for statistical purposes. Vital registration is a legal function within the individual states and is carried out under state law. However, uniform registration practices and the use of the records for national statistics have been established over the years through cooperative agreements between the states and the NCHS and its predecessor agencies.

Since 1902, when the Federal Government first became actively involved in the development and promotion of state vital statistics programs, many programs have been employed in an effort to bring about more uniformity and a higher degree of quality in the data collection and dissemination through these state programs. Such uniformity of quality is essential if the data from the individual states are to be aggregated at the national level to produce reliable national vital statistics data. The programs offered by the Federal Government have included the development and funding of quality control and registration promotion programs; they have also included training programs for persons involved in various aspects of the vital registration and vital statistics systems at the local, state and national levels. This technical assistance is provided currently by NCHS under the legislative authorization of 42 USC 242b (Section 304(b)(1) of the Public Health Service Act), which states that the "Secretary may utilize personnel and equipment, facilities and other physical resources of the Department of Health and Human Services...to...provide technical assistance and advice..." Attachment A contains the full text of this legislation. All of this is in support of the annual collection of data from the records of birth, death, fetal death, marriage and divorce in registration areas, which is to be done "...only from and restricted to such records of the states and municipalities which...possess records affording satisfactory data in necessary detail and form." as mandated by Sec. 306(h) of the Public Health Service Act.

In order to offer the types of training needed by vital registration officials and their staff members at various levels, it is necessary for NCHS to inform state and local registration officials of the types of training that are available, to request information from those officials about their projected needs for this type of assistance, and to request, from individuals who feel they need specific types of training, information about their own experience and job-related needs.

2. Purpose and Use of Information. The information obtained using the materials for which approval is being sought will be used by NCHS staff to determine the specific subject matter needs of state and local registration officials, to schedule times and locations at which group assistance can be given, and to determine those individuals whose needs can best be met through the available resources. In order to accomplish this, two basic procedures are necessary.

First, an annual questionnaire letter (Attachment B) is e-mailed, enclosing a list of proposed course descriptions, to state registration officials to inquire about their projected training needs for the next 12 months. Such training needs are highly variable because there is a rather high, yet unpredictable, turnover rate among coders and other staff in the states. Some states have very small (1 or 2 persons) coding staffs, and skill in mortality medical coding is essential to support operation of the ACME (Automated Classification of Medical Entities), MICAR (Mortality Indexing, Classification, And Retrieval), and SuperMICAR computer programs used in most states and by NCHS to select underlying causes of death on death certificates

(SuperMICAR allows data entry of literal medical entities and converts them to codes that become input to MICAR, which in turn produces the codes—defined in the World Health Organization's International Classification of Diseases—for processing by ACME).

Second, there is need for an application form (Attachment C) to be completed by each individual who wishes to receive the training. If this information is not obtained, course instructors will not be able to schedule and plan their courses to meet the existing needs of state and local personnel. This application for training is usually sent with a course announcement, such as in Attachment D.

3. Use of Improved Information Technology. Respondent burden in this collection will be kept to a minimum, and there are no technical or legal obstacles to burden reduction. The annual training-needs assessment, which is totally voluntary, will be carried out by electronic mail to and from all state and territorial vital registration jurisdictions. Course announcements will also be transmitted by e-mail, with the training application form either imbedded in the message or transmitted as an attachment. Applicants for training will preferably submit the completed form to NCHS by fax, because NCHS requires that both the applicant and his/her supervisor sign the application. This is done to confirm that the applicant's sponsoring institution is aware of its responsibility for the travel costs of the trainee.
4. Efforts to Identify Duplication. No comparable training or information about needs for the training exists. NCHS, which is the locus of the World Health Organization Collaborating Center for Classification of Disease in North America, one of six such centers in the world, is the only U.S. source for mortality coder training.
5. Involvement of Small Entities. Small businesses are not respondents to this collection of information.
6. Consequences If Information Collected Less Frequently. Less frequent collection of this information would make it impossible for NCHS to know when and where to offer the training in support of the national vital statistics program. Lack of such training would diminish the quality and comparability of vital statistics data from the 57 registration jurisdictions whose data are pooled to provide national data.
7. Special Circumstances. In the event that a respondent desired to attend more than one course, it would be necessary to complete a second training application.
8. Consultation Outside the Agency. (a) A 60-day notice (Attachment E) was published in the Federal Register: November 14, 2006 (Volume 71, Number 219), pages 66332-66333. No comments were received.

(b) Consultation on the training needs questionnaire and the application form has not been deemed necessary. These forms will be used only to identify the need for

training and to obtain the minimum amount of information needed by course instructors to determine the relevant background of applicants.

9. Payments to Respondents. There are no payments to respondents. Moreover, training is provided to trainees without charge for tuition or training costs. Trainees or their sponsoring agencies are responsible only for their travel and per-diem costs to the training site.
10. Assurance of Confidentiality. The following statement about the confidentiality of information is provided on the application form just above the place for the applicant's signature:

Section 304(b)(1) of the PHS Act (42 USC 242b) authorizes the DHHS Secretary to provide technical assistance in matters relating to health statistical activities. The principal purpose of the information requested in this form is to select students for training. All information that would permit identification of an individual or an establishment will be held confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to other persons or used for any other purpose. Provision of the requested information is voluntary; however, failure to supply all information may delay or prevent action on your application.

An assurance of confidentiality is provided to all respondents according to section 308(d) of the Public Health Service Act (42 USC 242m) which states:

No information, if an establishment or person supplying the information or described in it is identifiable, obtained in the course of activities undertaken or supported under section...304,...may be used for any purpose other than the purpose for which it was supplied unless such establishment or person has consented (as determined under regulations of the Secretary) to its use for such other purpose and ... in the case of information obtained in the course of health statistical or epidemiological activities under section...304, such information may not be published or released in other form if the particular establishment or person supplying the information or described in it is identifiable unless such establishment or person has consented (as determined under regulations of the Secretary) to its publication or release in other form,....

Respondent's confidentiality is further protected by the Confidential Information Protection and Statistical Efficiency Act (CIPSEA):

Section 513 of PL 107-347: Whoever, being an officer, employee, agent of an agency acquiring information for exclusively statistical purposes, having taken and subscribed the oath of office, or having sworn to observe the limitations imposed by Section 512, comes into possession of such information by reason of

his or her being an officer, employee, or agent and, knowing that the disclosure of the specific information is prohibited under the provisions of this title, willfully discloses the information in any manner to a person or agency not entitled to receive it, shall be guilty of a *class E felony and imprisoned for not more than 5 years or fined not more than \$250,000, or both.*

The Privacy Act System of Records for this project is 09-20-0163 (formerly 09-37-0009) - Applicants for NCHS Technical Assistance.

- 11. Questions of a Sensitive Nature: There are no sensitive questions on these documents.
- 12. Estimates of Annualized Burden Hours and Cost. There is no cost to individual respondents other than their time to complete the forms.

It is estimated that it will require approximately 20 minutes for officials from each registration area to complete the annual needs questionnaire. It is estimated that each applicant will require 15 minutes to complete the individual application form. An individual would be unlikely to apply for more than one course per year.

Based on previous experience, the resultant expected annual respondent burden is thus estimated as follows:

Average Annual Burden Hours

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
State, local, and territory registration officials.....	57	1	20/60	19
Training applicants....	100	1	15/60	25
Total.....	44

- 13. Estimates of Annualized Respondent Capital and Maintenance Costs: There are no additional costs to respondents resulting from completing the application for training form.
- 14. Estimates of Annualized Cost—Government: The annualized Federal costs for duplicating, mailing, and reviewing these documents is estimated to be approximately \$1000 per year. This is based on previous experience.

15. Changes in Hour Burden: There is no change in burden hours.
16. Time Schedule, Publication and Analysis Plans: This project will not produce results to be published for statistical use. However, the overall time schedule is as follows: The query about needs for medical coder training will be sent to the states in June of each year. Upon receipt of responses, a schedule will be developed and provided to state governments in October of each year. Sessions will be given as interest and needs dictate. Applications from individual applicants will be accepted until approximately 2 weeks before each session.
17. Expiration Date Display Exemption: Not applicable.
18. Exceptions to Certification: Not applicable.

B. Collections of Information Employing Statistical Methods.

1. Respondent Universe and Sampling Methods. Information about the availability of the training will be provided to the 57 registration areas in the United States. These are the 50 states, the District of Columbia, New York City, Puerto Rico, Guam, American Samoa, Northern Mariana Islands, and the Virgin Islands. Employees indicated through the annual survey will complete individual application forms.

Information obtained will be processed manually and stored in file cabinets, access to which will be limited to NCHS staff involved with the development and presentation of the training programs. The information concerning applicants will be treated as confidential and will not be shared with other organizations or persons. On an annual basis the information will be obsolete and will be destroyed.

2. Information Collection Procedures. For vital statistics training, information on planned courses is provided on an annual basis, with application forms to be completed. For mortality coding training, there will be an annual query to registration officials about their projected needs for training over the coming year. Due to turnover in mortality coding staff in the states, it is necessary to conduct the training needs survey no less often than annually. Upon receipt and analysis of this information by NCHS, a course schedule will be prepared, and registration officials will be informed of dates and locations at which training will be provided so that individuals may complete and submit their application forms.
3. Methods to Maximize Response Rates. It is difficult to predict a response rate to this activity, which is not a statistical survey. To the extent that a state or local registration area has a need for assistance and to the extent that it has the funds to send staff members to a specified location for the receipt of training there will be state and individual applicant responses. There may be only a 40 percent response rate, representing response by those states with a need for the assistance.

4. Tests of Procedures. It is not considered necessary to conduct any formal pretest of the materials to be used in this survey as respondents have offered no suggested revisions or complaints with materials.
5. Statistical Consultants. There has been no consultation on statistical aspects of this project because it is not a statistical survey per se.

Data collection and analysis:

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List of Attachments:

- Attachment A - Text of Authorizing Legislation and Legal Authority
- Attachment B - Annual Survey of Training Needs
- Attachment C - Application for Vital Statistics or Mortality Coding Training
- Attachment D - Sample Letter Announcing Specific Training Courses
- Attachment E - Copy of Federal Register 60-day notice