

REVISED

State and Local Area Integrated Telephone Survey
OMB # 0920-0406

New request approval for a
generic three year clearance

Prepared by:

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Section A: Justification

1. Circumstances making the collection of information necessary

This submission requests approval for the following activities:

- (1) Generic three-year clearance to continue development, testing, and implementation of periodic surveys or ‘modules’ of the State and Local Area Integrated Telephone Survey mechanism (or SLAITS, Office of Management and Budget (OMB) number 0920-0406), to include testing and development of ad hoc surveys. For each specific SLAITS module, OMB will receive a clearance request submission as we cannot anticipate all future survey requests during this period.
- (2) Clearance for developmental work for the first module to be conducted, i.e., the third SLAITS National Survey of Children with Special Health Care Needs module (NS-CSHCN), previously conducted in 2001 and 2005 – 2006, and described to illustrate procedures and content.

SLAITS is an integrated survey mechanism created in 1997. It is one of the few population-based survey mechanisms within the Department of Health and Human Services (DHHS) designed specifically to produce standardized and comparable data across states and over time on general and specific health and health-related topics. SLAITS was developed as an extension of another major survey system, the Centers for Disease Control and Prevention’s (CDC) National Immunization Survey (NIS), and uses its large sampling frame. The NIS is conducted collaboratively by CDC’s National Center for Health Statistics (NCHS) and the National Center for Immunization and Respiratory Diseases (NCIRD, formerly known as the National Immunization Program or NIP). The NIS produces comparable state level estimates of universal vaccination coverage for children 19-35 months of age, and monitors progress toward Healthy People 2010 objective 14-22¹. It is exempt from OMB/Paperwork Reduction Act (PRA) review under legislative authority².

High quality data at various geographic levels are increasingly important to for public health and health policy practitioners as emergent challenges and demands arise, and additional responsibility to administer health and welfare programs is assumed at the state and local levels. A number of major Federal service programs such as the Childhood Immunization Initiative (CII) and the State Children’s Health Insurance Program (SCHIP) are administered by the states, indicating a strong need for state and local area data to provide surveillance and evaluate specific programs. In other areas of historic Federal responsibility, states are gaining increasing flexibility for administering health and welfare programs through waivers and legislated reforms, and market reforms are further changing the nature of the health care system. While considerable health related data are available at the national level, variable amounts are available at lower geographic levels, and most of these data are not standardized across geographic levels.

¹ ‘to achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children’

² Specifically, the National Childhood Vaccination Injury Act of 1986 (PL 99-660), Title III, Part A, Section 311, #7 established data collection systems to monitor immunization and Part B, Section 321 waives the PRA for all activities under the Act.

The SLAITS mechanism uses:

- the NIS sampling frame to increase efficiency and minimize burden;
- standardized questions, survey methodology, and mode of administration to provide comparable data;
- a flexible sampling frame to target policy-relevant subgroups of the population;
- targeted, customized, and tailored questions and design strategies to meet specific data needs, for example, screening questions that allow selection of families with low income, persons with specific health conditions, or children with various demographic characteristics;
- a system for rapid implementation and quick data turn-around;
- statistical adjustments for households without landline telephone coverage;
- public use files (PUF) containing population-specific data for use by both Federal and state users to maximize analysis and application to real world problems; and
- ‘other-language’ interviewers and instruments, with Spanish and English-speaking interviewers available for all data collections. Some SLAITS modules have been translated into as many as ten additional languages.

SLAITS provides a convenient mechanism to quickly develop and implement surveys of diverse specialized populations that are of interest to the Department. Examples include American Indian and Alaska Native (AIAN) children, persons who have survived childhood cancer, and the health of public housing residents. With SLAITS, the Department and NCHS can respond quickly to requests for highly specialized data.

SLAITS has and will continue to provide policy-relevant national and sub-national data that directly address the mission, research agenda, and 21st Century vision for the CDC and NCHS. The mission statement of the CDC is “Healthy People in a Healthy World—Through Prevention”³. The NCHS mission is “to provide statistical information as the Nation’s principal health statistics agency that will guide actions and policies to improve the health of the American people”⁴. NCHS is authorized to collect data under Section 306 of the Public Health Service Act (42 USC 242k) (Attachment 1).

2. Purpose and use of information collection

SLAITS

Several specific examples of agency use of SLAITS data from recent clearance periods follow:

- NS-CSHCN and SLAITS National Survey of Children’s Health (NSCH) data are used to measure progress toward achieving several ‘core outcomes’ identified and monitored by the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA). These core outcomes track the implementation of community-based systems of services for children with special health care needs (CSHCN), and serve as performance measures for state Title V programs.

³ Centers for Disease Control and Prevention (CDC) website, written by CDC’s Office of Enterprise Communication. Available at <http://www.cdc.gov/about/mission.htm>. Accessed April 13, 2007.

⁴ Centers for Disease Control and Prevention, National Center for Health Statistics. Available at <http://www.cdc.gov/nchs/about/mission/mission.htm>. Accessed April 13, 2007.

- NSCH data will serve as a basis for federal and state maternal and child health program planning efforts; measure progress of how public health organizations serve children and families; and produce state and national estimates for selected health characteristics.
- The Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the Administration for Children & Families (ACF), are collecting nationally representative population-based data through the SLAITS National Survey of Adoptive Parents (NSAP). These data will examine the use of pre- and post-adoption supports by adoptive families, and the health of children adopted through various mechanisms (foster care, international, domestic private, etc.). ASPE has also used the SLAITS mechanism to explore influenza vaccination coverage rates in children, and examine the feasibility of using a dual frame approach to supplement a large established population-based survey.
- The SLAITS asthma module was featured in two resource guides published by the Department's Agency for Healthcare Research and Quality (AHRQ) to improve the quality of asthma care at the state-level, as well as the Congressionally-mandated National Healthcare Quality and Disparities Reports. Data from the SLAITS NS-CSHCN have also been included in past issues of these annual national reports.
- The SLAITS mechanism will be used to pilot test new questions, test modifications to survey protocols, and other methodological work. An example of such a pilot test was the SLAITS Survey of Adult Transition and Health (SATH), which tested a source of sample other than the typical NIS sampling frame design, and data collection mode (Internet). Typically sponsors within the Department have a high level of content knowledge regarding a particular module, but need assistance from SLAITS staff to develop and refine a suitable methodology. SLAITS data can be used to develop and refine an appropriate methodology that minimizes burden and non-response to achieve as representative a sample as possible.

NS-CSHCN

The proposed NS-CSHCN is the third iteration of a unique comprehensive data source and will provide key uniform national and state-level data that are not available in toto from other sources. These data will offer an opportunity to calculate trends for key CSHCN indicators (including CSHCN prevalence) using a standard definition and instrument at the national and state levels.

3. Use of improved information technology and burden reduction

SLAITS modules are conducted by interviewers using the latest Computer Assisted Telephone Interviewing (CATI) system. This computer program:

- guides the interviewer through the questionnaire, automatically progressing to appropriate questions based on answers to previous questions;
- automatically skips questions that appear on both the NIS and SLAITS (for example, the respondent would only be asked one time about household income);
- determines if the selected response is within an allowable range, checks it for consistency against other data collected during the interview, and saves the responses into a data file;
- aids interviewers when needed with available electronic help screens;
- reduces the time required to transfer, process, and release data; and
- ensures interviewers collect the minimum information necessary to meet project goals.

SLAITS employs an integrated design feature to lower respondent burden and cost to the public below the level of a comparable stand-alone survey. By using the NIS sampling frame, SLAITS avoids the cost of identifying households appropriate for its modules. SLAITS also economizes on developing and testing new questions as well as providing data for comparison by using questions from existing surveys whenever possible.

SLAITS data are not routinely collected electronically over the World Wide Web or through the U.S. Postal System due to the methodology and sampling frame employed; however, falling response rates for surveys in general and telephone surveys in particular may necessitate additional exploration of a mixed mode approach in the years covered by this submission. The SATH was the first SLAITS experiment with mixed mode data collection. A report focusing on technical, methods, and logistical aspects of the SATH (such as locating, estimation, and weighting) will be delivered to our OMB desk officer per the terms of clearance upon completion.

It is not practicable for the SLAITS methodology to be transferred to an entirely electronic format at this time as a corresponding universe of electronic mail addresses does not exist.

4. Efforts to identify duplication and use of similar information

Efforts to identify an existing survey mechanism with the coverage (sample and content) proposed by SLAITS were unsuccessful. While a handful of individual states run their own surveys to meet their programmatic needs, none offered the range and comparability built into this design.

Mechanisms currently exist at the national level to collect population-based data for monitoring the extent and distribution of health insurance coverage in the population, the prevalence and types of barriers to obtaining necessary health care services, and the health status of the population, but comparable data at the state level cannot be obtained from existing surveys designed primarily to produce national estimates.

Data collection mechanisms exist for collecting health-related data at the state level, such as the CDC's Behavioral Risk Factor Surveillance System (BRFSS) and the NIS; however, neither of these surveys simultaneously monitor the depth of content and range of ages as compared to SLAITS modules. The BRFSS provides health surveillance of adults over the age of 18; it can include child health modules for states that choose to pay to add these questions. However, states are not required to collect child level data, and are free to contract data collection activities with their contractor of choice. In contrast, the NIS has a very limited range of respondents and content (vaccination coverage levels in children ages 19 to 35 months of age), although this survey has expanded its scope periodically to track vaccination coverage and uptake in other age groups such as the elderly and adolescents.

SLAITS is the only population-based mechanism identified to date that can rapidly collect data about US residents of any age regarding a variety of health and well-being topics for state and

federal government agencies. To our knowledge no similar government or commercial survey system exists that can duplicate the features and advantages of the SLAITS mechanism.

5. Impact on small businesses or other small entities

No small businesses or other small entities will be involved in this study.

6. Consequences of collecting the information less frequently

SLAITS modules are not ongoing, they are periodic or one time surveys. One time surveys cannot be conducted less frequently and periodic surveys are conducted at intervals appropriate for monitoring improvements in health, programs, and access to medical care.

There are no legal obstacles to reduce the burden.

7. Special circumstances related to the guidelines of 5 CFR 1320.5

None of the special circumstances listed apply to this survey.

8. Comments in response to the Federal Register notice and efforts to consult outside the agency

Federal Register Notice:

In compliance with 5 CFR 1320.8(d), an agency 60-day notice soliciting comments on this data collection (OMB project number 0920-0406, project name: State/Local Area Integrated Telephone Survey-SLAITS) was published in the Federal Register (FR) on March 14, 2007. It is attached to this supporting statement in Portable Document Format (PDF) (Attachment 2).

Summary of comments received:

One comment was received to which no response was necessary (Attachment 6).

Consultation with persons outside the agency:

SLAITS module sponsors guide format and content decisions in collaboration with NCHS and contractor staff. Generally subject-matter experts from the federal and academic arenas are convened for each module to offer expert guidance on availability of similar data, reporting format and data elements, methodology, instrument construction, clarity and completeness of content, and analysis plans. These experts are also consulted regarding methodological, programming, pre-testing, sampling, weighting, or post-stratification issues when necessary.

We plan to update the DHHS Data Council periodically on our activities. Experts who are knowledgeable about the SLAITS mechanism include:

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Other public contacts & opportunities for public comment:

SLAITS

SLAITS staff members often receive formal and informal input about the utility of various items and subjects that were and were not covered in previous SLAITS modules. SLAITS staff members feel it is useful to structure input by using its Internet listserv (an 'opt-in' opportunity for data users and interested parties who subscribe to our listserv) to offer cogent constructive feedback. Listserv subscription information is publicly available on the SLAITS informational website (www.cdc.gov/nchs/slaits.htm) at all times as an option for data users and interested parties to elect to be kept up to date on SLAITS surveys, activities, and product releases. Survey participants are provided multiple ways to contact NCHS on topics of interest or concern.

At other times, SLAITS sponsors have requested input from their user community such as State Health Departments, State Children with Special Health Care Needs Directors, and similar entities. Suggestions are given careful consideration during the planning process to ensure the maximum utility of the data.

NS-CSHCN – developmental work

HRSA / MCHB will commission an expert panel for the third NS-CSHCN which will start meeting on April 10, 2008. This panel of subject matter experts in child health, CSHCN and Title V, survey methodologists, federal and state program directors, and individuals representing federal partner agencies, will be charged to review and revise the survey questionnaire and procedures. Attachment 5 entitled "Additional Background Material" lists the previous Technical Expert Panel (TEP) participants. Modifications to the questionnaire reflect the informed decisions of this group in consultation with a much wider audience.

In preparation for this survey, NCHS will send an electronic mail message to SLAITS listserv subscribers (numbering almost 800 around the world) to solicit input regarding the NS-CSHCN instrument and data utility. This contact (included in burden estimates) with data users is expected to provide useful insight into the strengths and weaknesses of past surveys, what content is critical to preserve and what can change, what needs enhancement, and what can be abbreviated. These comments will be assembled and presented to the TEP for further consideration.

The Association of Maternal and Child Health Programs (AMCHP) which represents state level programs may also be asked to solicit additional comments from its members electronically and through a series of web-based broadcasts. Presentations have been given at their annual meeting to elicit input into the data or greatest use to this audience.

9. Explanation of Any Payment or Gift to Respondents

SLAITS

Like all telephone surveys, there has been a consistent need to improve the interview completion and screener completion for SLAITS modules. SLAITS experience has repeatedly demonstrated that of all survey modifications, providing incentives had the most

dramatic effect on improving response rates. We anticipate we will be requesting incentive use for the modules.

Although all interviewers are trained in refusal aversion, the contractor trains especially adept interviewers to be refusal converters in its CATI center. The refusal converters not only have a prior track record for success in gaining cooperation, but also receive additional training regarding ways to handle situations in a non-coercive manner. These refusal converters call households that refused participation during the initial contact to address respondents' concerns. If refused again, no further contacts are made.

NS-CSHCN – developmental work

NCHS wishes to continue its experimentation with monetary incentives in the NS-CSHCN to combat unit non-response. We plan to follow procedures that are similar to those used in approved surveys because this is a critical population.

Since data collection has become even more difficult over time, we have identified a need to expand the incentive offer. For the NS-CSHCN, monetary incentives will not be offered at first contact. A monetary gift of \$15 will be offered to all known households with children after the first refusal. First, five dollars will be sent with a tailored refusal conversion letter to the household inviting them to participate in the survey after the first refusal (Attachment 5). If the respondent (knowledgeable adult about the health and health care of the sampled CSHCN) decides to participate, an additional \$10 will be sent with a thank you letter (Attachment 5) upon completion of the interview.

10. Assurance of confidentiality provided to respondents

This submission has been reviewed for Privacy Act applicability and it has been determined that the Privacy Act applies under 09-20-0164 Health and Demographics Surveys Conducted in Probability Samples of the United States Population.

SLAITS

Because we cannot anticipate all modules that may be conducted under the generic clearance over the next three years, it is impossible to submit a CDC form indicating Institutional Review Board approval at this time. We obtain the following clearances prior to implementing each proposed module:

- OMB,
- NCHS Research Ethics Review Board (ERB), and
- the contractor's Institutional Review Board (IRB).

Although the titles are slightly different, the NCHS ERB and CDC IRB are analogous, i.e., they both review proposed human subjects research. The text from our most recent ERB approval for the main implementation of a SLAITS module is in Attachment 7.

Confidentiality will be provided to respondents as assured by Section 308(d) of the Public Health Service Act (42 USC 242m) as follows:

“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, 306, or 307 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 or 306, 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.”

In addition, legislation covering confidentiality is provided according to section 513 of the Confidential Information Protection and Statistical Efficiency Act (PL 107-347) which states:

“Whoever, being an officer, employee, or 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.”

Interviewers, supervisors, and staff receive thorough training on legal and ethical obligations. All employees and contract staff sign an Affidavit of Nondisclosure as a condition of employment. Standards for Federal government surveys highlight the importance of the interviewers' responsibilities under the Privacy Act of 1974 (5 U.S.C. 552a), the Privacy Act Regulations (34 CFR Part 5b), Section 308(d) of the Public Health Service Act (42 U.S.C. 242m), the Confidential Information Protection and Statistical Efficiency Act (CIPSEA, Section 513 of PL 107-347), HIPAA (for the NIS), and other regulations.

Prior to data collection, all respondents are assured of the confidentiality of their responses and the voluntary nature of the survey in the advance letter (Attachment 4) and upon initial telephone contact with the household respondent. The following statement will be provided to respondents:

“Before we continue, I’d like you to know that taking part in this research is voluntary. You may choose not to answer any questions you don’t wish to answer, or end the interview at any time. We are required by Federal law to develop and follow strict procedures to protect your information and use your answers only for statistical research. I can describe these laws if you wish. In order to review my work, my supervisor may record and listen as I ask the questions. I’d like to continue now unless you have any questions”.

After this statement is read, the interview will begin. If the respondent asks for the legal citation, the following statement will be recited:

“The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. The confidentiality of your responses is assured by Section 308d of this Act, and the Confidential Information Protection and Statistical Efficiency Act. Would you like me to read the Confidential Information Protection provisions to you?”

If the respondent says ‘yes’, the following statement will be read:

“The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. By law, every employee of the National Center for Health Statistics, the National Center for Immunization and Respiratory Disease, and its agent, the National Opinion Research Center who works on this survey has taken an oath and is subject to a jail term of up to 5 years, a fine of up to \$250,000, or both, if he or she willingly discloses ANY identifiable information about you or your household members.”

All NCHS collaborators, contractors, and subcontractors will be required to sign confidentiality statements as required prior to using any data, and thus become ‘designated agents’ of NCHS. The NCHS Confidentiality Officer reviews SLAITS materials submitted for institutional review and for release in file format.

In addition to the statutes cited above, SLAITS, contractor, and subcontractor staff routinely employ measures to safeguard privacy and confidentiality. These include:

- when confidential materials are moved between locations, records are maintained to insure that there is no loss in transit,
- hard copies of confidential information are stored in secure areas when not in use,
- access to the data processing and storage areas is controlled, with only authorized personnel allowed in the computer rooms and computer tape libraries,
- individual data banks and files are protected by passwords and other techniques, which prohibit access by non-approved project staff ,
- building security forces are on duty 24 hours, seven days per week at all sites,
- public use data releases are reviewed and approved by the NCHS Disclosure Review Board (DRB), and
- potential respondents are invited to view our SLAITS website (www.cdc.gov/nchs/slaits.htm) to explore the legitimacy of the survey in the advance letter.

Finally, the following statement appears on a PDF copy of instruments posted on the SLAITS website and in the CATI program for reference.

According to the Paperwork Reduction Act (PRA) of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB

control number for this information collection is 0920-0406. The time required to complete this information collection is estimated to average ___ minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments about the accuracy of the time estimate(s) or suggestions for improving this form please write to: CDC Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333; call 404-639-4604; or send an email to omb@cdc.gov.

The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. The confidentiality of your responses is assured by Section 308d of this Act, and by the Confidential Information Protection and Statistical Efficiency Act.

NS-CSHCN

Prior to implementation the NS-CSHCN instrument and procedures must be approved by OMB, the NCHS ERB, and the contractor's IRB. The attached proposed data collection instrument is still under development. However, all of the proposed questions have been previously reviewed and approved by the OMB, IRB, and ERB. Many of the questions have been reviewed multiple times, as they have been used in numerous surveys.

11. Justification for sensitive questions

Sensitive questions are generally not included on SLAITS module questionnaires. No sensitive questions are included in the proposed NS-CSHCN instrument.

12. Estimates of annualized burden hours and costs

A. Respondent Burden

Based on prior survey work, NCHS requests 55,190 hours annually for the generic clearance. The calculation of average respondent burden is based on previous modules and time estimates from comparable sections of established questionnaires. On average, SLAITS modules take approximately 25 to 30 minutes to administer.

SLAITS comprises developmental work to test individual questions, the entire instrument or sections of the instrument, or adapt survey procedures as needed. This is usually followed by the main implementation of the module. Both segments also involve a short screener as many people in the population must be contacted to identify the subgroups that we want to survey.

NS-CSHCN –developmental work

Table 1 on the next page indicates the burden hour estimate for developmental work on this module. The estimates are based on previous modules.

Table 1. NS-CSHCN developmental burden hours.

Form	Number of respondents	Number of responses per respondent	Average Burden per Response (in hours)	Response burden
Developmental work: Household screener	10,100	1	3/60	505
Developmental work: Household screener & survey	2,000	1	30/60	1,000

B. Annualized Cost to Respondents

The latest publicly available data (May 2006) are from the Occupational Employment Statistics Survey (OES), a mail survey that measures occupational employment for wage and salary workers in non-farm establishments in the US. The OES collects data from over 1.2 million business establishments through six semiannual panels over a three year period. It is sponsored by the Department of Labor, Bureau of Labor Statistics, and uses the OMB-required occupational classification system (the Standard Occupational System (SOC)).

Per the OES the mean hourly wage rate is \$18.84/hour across all occupations. At an average wage rate of \$18.84/hour and an average burden of 5.6 minutes for 595,348 respondents (including those who screen out of the survey), the average cost per respondent is \$1.70 for a total average estimated cost of just over \$1 million dollars (\$1,012,092) per year. This estimated cost does not represent an out-of-pocket expense, but represents a monetary value attributed to the time spent screening for and/or completing the interview.

SLAITS modules are generally population-based surveys; therefore, it is not possible to break out the respondent cost by major occupational groups (such as management; legal; or computer or mathematical occupations, et cetera).

Table 2. NS-CSHCN developmental costs to respondents.

Number of respondents	Frequency of response	Average estimated cost per respondent	Total average estimated cost per year
12,100	1	\$2.33	\$28,193

13. Estimates of other total annual cost burden to respondents or recordkeepers

No capital or maintenance costs are involved.

14. Annualized cost to the Federal government

SLAITS

The average annual cost for the largest of SLAITS modules is approximately \$6 million. An estimate of the average annual cost to the government for a SLAITS module depends on the size of the survey (for example, the desired number of completed interviews), the length and complexity of the interview, characteristics of the target population, and prevalence of the key health characteristic of interest. Costs for SLAITS modules are paid through either a contractual or Interagency Agreement (IAA) mechanism. The contract or IAA would include all internal and external costs for contractor and federal staff salaries; survey planning, design, and development; training; field pretesting; coding; data collection, weighting and preliminary estimation; printing of survey materials; file release, possible incentives used to address non-response; and staff observation (travel and per diem).

NS-CSHCN

We estimate the typical annual cost of a CSHCN survey for parents or guardians of youth that is capable of producing state and national estimates at approximately \$6 million. The Interagency Agreement (IAA) with MCHB will include all costs for contractor and federal staff salaries; survey planning, design, and development; training; field pretesting; coding; data collection, weighting and preliminary estimation; printing of survey materials; file release, possible incentives used to address non-response; and staff observation (travel and per diem).

15. Explanation for program changes or adjustments

No change.

16. Plans for tabulation and publication and project time schedule

SLAITS data are released in a variety of ways - public release data files on the Internet, journal articles, chart books, presentations at professional meetings, etc. Analyses and presentations are often collaborations by NCHS staff, consultants, and staff from other Federal and state agencies. An analysis plan will be submitted in each specific module clearance package.

For modules where information is collected for all household members, analyses can be performed at both the person level and at the household and/or family level. Analysis of SLAITS data will begin with initial baseline descriptive analysis. The baseline measures can be compared among the states surveyed and compared to national estimates. In addition, individual state estimates can be compared with estimates from the NHIS and other national surveys.

Per NCHS policy, the data file and supporting documentation must be released to the public as soon as possible after all clearances have been obtained. After the final internal review and approval process involving program staff, the NCHS Public Affairs Offices; the NCHS Disclosure Review Board, Confidentiality Officer, and Associate Director for Science; and

the DHHS clearance processes, we anticipate data will be released approximately 6 to 9 months following the end of data collection. Anyone with Internet access can download the public use data files and documentation on the SLAITS website (www.cdc.gov/nchs/slait.htm). Paper copies of documentation are available from NCHS. An announcement that details each data release is developed by SLAITS staff and disseminated through the NCHS Office of Public Affairs and Departmental listservs for rapid dissemination.

A module-specific timeline will be submitted with each change request.

17. Reason(s) display of OMB expiration date is inappropriate

N/A. Not requesting exemption.

18. Exceptions of certification for Paperwork Reduction Act submissions

N/A. No exceptions requested.