Supporting Statement A for:

California Health Interview Survey

Cancer Control Module

(CHIS-CCM) 2009 (NCI)

October 31, 2008

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A.1. Circumstances Making the Collection of Information Necessary

The Applied Research Program (ARP), Division of Cancer Control and Population Sciences (DCCPS), National Cancer Institute (NCI), has contracted with the Center for Health Policy Research, University of California Los Angeles (UCLA), for a 2-year period to conduct a statewide health survey entitled the California Health Interview Survey Cancer Control Module (CHIS-CCM) 2009. The CCM will be a component of CHIS, which is a public-private collaborative effort of the UCLA Center for Health Policy Research (UCLA CHPR), the private non-profit California Public Health Institute (PHI), and the California Department of Public Health (CDPH).

The CHIS-CCM 2009 is the fifth biennial CHIS survey sponsored by the ARP. The first survey was the CHIS-CCM 2000 (CHIS-CCM 2000, OMB No. 0925-0478, Federal Register, May 8, 2000, Vol. 65, No. 89, p. 26620). Because the majority of the data collection for the CHIS-CCM 2000 actually took place in 2001, the CHIS-CCM 2000 will henceforth be referred to as CHIS-CCM 2001. The second survey took place in 2003 (CHIS-CCM 2003, OMB No. 0925-0518, Federal Register: October 3, 2002, Vol. 67, No. 192, pp. 62067-62068), the third in 2005 (CHIS-CCM 2005, OMB No. 0925-0000, Federal Register, Vol. 69, No. 150, Aug. 5, 2004, pp. 47450-47451, and Federal Register, Vol. 70, No. 1, Jan. 3, 2005, pp. 93-94), and the fourth in 2007 (CHIS-CCM 2007, OMB No. 0925-0578, Federal Register, Vol. 71, No. 169, August 31, 2006, pp. 51833-51834, and Federal Register, Vol. 72, No. 20, Jan. 31, 2007, pp.4520-4521).

CHIS, a Random Digit Dial (RDD) telephone survey that provides standardized health-related data for California's population, is modeled after the National Health Interview Survey (NHIS). Similarly, the first CHIS-CCM was modeled after a CCM added to the 2000 NHIS and sponsored by NCI in collaboration with Centers for Disease Control and Prevention (CDC) (OMB No. 0920-0214, Federal Register, August 24, 2000, Vol. 65, No. 165, p. 51621). These agencies also sponsored a similar CCM in CHIS in 2001.

CHIS serves the mission of NCI, as described in the Public Health Service Act. Title 42 USC 285a, which authorizes the collection of information, states that:

> The National Cancer Program shall consist of (1) an expanded, intensified, and coordinated cancer research program encompassing the research programs conducted and supported by the Institute and the related research programs of the other national research institutes, including an expanded and intensified research program for the prevention of cancer caused by occupational or environmental exposure to carcinogens, and (2) the other programs and activities of the Institute.

Title 42 USC 285a-1 further directs that:

> The Director of the Institute shall establish and support demonstration, education, and other programs for the detection, diagnosis, prevention, and treatment of cancer and for rehabilitation and counseling respecting cancer.

The DCPPS conducts and supports an integrated program of genetic, epidemiological, behavioral, social, and surveillance research in concordance with NCI's mission. The ARP plans, conducts, and supports research and development activities designed to: (1) evaluate patterns and trends in cancer-associated risk factors, health behaviors, practices, outcomes, and services; and (2) investigate the influence of individual, societal, and system level factors on

patterns, trends, and burden associated with cancer, including incidence, morbidity, mortality, and survival. To achieve its research objectives, the ARP targets: (1) identification, improvement, and development of databases and systems for research on cancer surveillance and outcomes; (2) maintenance and dissemination of these data and methods; and (3) promotion and facilitation of use of these systems by investigators in the extramural research community and federal agencies.

The CHIS-CCM 2009 has been specifically designed to fulfill ARP's research objectives. CHIS will collect data on health- and disease-related topics such as patterns and trends in cancer screening, disease risk factors, disease outcomes, family history of disease, and social factors such as discrimination.

The large CHIS sample size, combined with the diversity of California's population, provides robust publicly available estimates for ethnic subgroups that are insufficiently represented in the national population and for which NHIS has insufficient sample for robust analysis. CHIS can provide detailed data on the following subpopulations of interest not currently available in national surveys: Asian subpopulations (Chinese, Filipino, Korean, and Vietnamese), Native Hawaiians and Other Pacific Islanders, American Indian and Alaska Natives, and Latino/Hispanic subgroups such as Mexican, and Mexican-American. In fact, CHIS data have been used in national reports to provide information on health disparities among these populations.[1]

[1] National Healthcare Disparities Report, 2006. Full Report. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/qual/nhdr06/report/ (accessed on July 15, 2008)

CHIS also improves the capacity for performing cancer-related ecologic analysis using geographic information systems (GIS) and other spatial sampling and analytic methods. CHIS data files include latitude and longitude variables, which can be linked with other data sources to perform geographic analyses.

Finally, CHIS provides an opportunity for the NCI to collaborate with other government agencies, the CDPH, the UCLA CHPR, the PHI, and several major national and California-based foundations to address specific research questions and to enhance a health-related surveillance system for use in planning comprehensive cancer prevention and control efforts.

A.2. Purpose and Use of the Information Collection

NCI's primary objectives for supporting the CHIS-CCM 2009 are to:

- Collect and analyze data on racial/ethnic populations that have insufficient numbers for analysis in the NHIS;
- Increase NCI's capability to conduct ecologic analysis at the county level (or sub-county level in the case of heavily populated areas);
- Collect data for evidence-based programs and policy;
- Use modeling techniques to compare NHIS estimates for small population subgroups with CHIS data for the same groups; and
- Provide data that can be used in hierarchical analyses for small populations at risk of health disparities.

The data collected in CHIS 2009 will fill gaps in existing data collection systems. Like the NHIS survey (OMB No. 0920-0214), the CHIS-CCM 2009 will assist NCI in tracking progress for Healthy People objectives and the NCI Cancer

Progress Report. Additionally, CHIS 2009 data will enhance work that NCI has already done using CHIS 2001, 2003, 2005, and 2007 data, including the following: (1) better estimate health-related behaviors and cancer risk factors for smaller racial/ethnic populations, (2) track emerging trends in cancer prevention and control in small areas, and (3) identify and understand factors related to cancer prevention and control in small areas. Such information might ultimately have significance for broader national studies. Attachment 1 contains the specific questions in the CHIS-CCM 2009 and the Demographic Core.

Additionally, in CHIS 2009 the Department of Veterans Affairs will collaborate with NCI to sponsor questions on the utilization of Veterans Health Administration (VHA) health services and usual source of care of veterans living in California. The inclusion of these questions will provide valuable, population based data on the utilization of VHA health services, and in combination with other self-reported data collection through CHIS may yield important insight on the general health status of and health conditions specific to California's veterans. The results of this these questions are included in the CCM module and the burden estimate.

Finally, in CHIS 2009 the National Institute for Child Health and Human Development (NICHD) will be collaborating with NCI to sponsor a pilot study of parental reports of child weight and height in an effort to investigate and improve the quality of collection of these data in future studies.

As with other similarly conducted telephone surveys relying exclusively on self-reported data, CHIS has been unable to calculate body mass index for

children (age 0 to 11) due to the relatively high proportion of missing data in previous survey cycles and potentially unreliable data reported by parents about their child's weight and height. The proposed pilot test will follow-back a sub-sample of parents who have reported the weight and height of a child (Attachment 5F).

This proposed pilot study would provide a valuable study of the validity of parent-reported height and weight, potential improvement using in-home measures, and an opportunity to calibrate such parent-reported data collected in CHIS. The results of this study would be valuable to researchers and others who analyze CHIS and other telephone-based health surveillance data for use in research, program planning, and policy-making.

CHIS data are broadly disseminated via Public Use Files (PUFs), an online data query system called *Ask*CHIS, and reports and publications. These data are widely used by federal and California state government agencies, researchers, policymakers, and communities. Local health departments, community-based organizations, foundations, and health care providers throughout California use these data for surveillance, needs assessment, intervention, and program planning for disease prevention and control. More than 6,750 PUFs have been downloaded for CHIS 2001, CHIS 2003, and CHIS 2005. More than 16,000 users have accessed CHIS data through *Ask*CHIS, making more than 280,000 queries. NCI research studies, as well as more than 195 other projects, are listed in the CHIS Research Clearinghouse at the UCLA CHPR web site for CHIS. The Clearinghouse also lists approximately 100 peer-

reviewed publications based on CHIS data. Additionally, the Agency for Health Research and Quality uses CHIS data in drafting its annual Healthcare Disparities Report.[2] Attachment 2 describes in more detail how CHIS data have made an impact and lists key users of CHIS data.

A.3. Use of Improved Information Technology and Burden Reduction

The survey contractor will use Computer Assisted Telephone Interviewing (CATI) technology to administer this telephone survey in an effort to reduce the burden to the respondent. Using CATI will permit implementation of complex computer controlled skip patterns to ensure that respondents are asked only those questions relevant to them. This will minimize respondent time and effort necessary to complete the survey while simultaneously minimizing data collection and entry errors. Range checks and in-process data cleaning are also made possible with CATI, which increases the quality of data collected as well. Finally, CATI instruments will perform sampling and administrative functions, including identifying eligible individuals and selecting sample members from among them, indentifying appropriate respondents for the various questionnaires, and sequencing the activities within a household.

A Privacy Impact Assessment will be conducted in conjunction with the NCI Privacy Act Coordinator prior to fielding CHIS 2009.

A.4. Efforts To Identify Duplication and Use of Similar Information

[2] National Healthcare Disparities Report, 2006. Full Report. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/qual/nhdr06/report/ (accessed on July 15, 2008)

Four previous cycles of CHIS have been approved by the Office of Management and Budget (OMB): CHIS-CCM 2000, OMB No. 0925-0478, Exp. 6/30/2003; CHIS-CCM 2003, OMB No. 0925-0518, Exp. 5/31/2004; CHIS-CCM 2005, OMB No. 0925-0000, Exp. 5/13/2006, and CHIS-CCM 2007, OMB No. 0925-0578, Exp. 06/30/2010. Information similar to that collected in CHIS is not readily available. Prior to providing support for CHIS, NCI evaluated the other two CDC-sponsored surveys that provide publicly-available population-based health data in California--the Behavioral Risk Factor Surveillance System and the State and Local Area Integrated Telephone Survey [(SLAITS), OMB No. 0920-0406, Federal Register, June 1, 2000, Vol. 65, No. 106, pp. 35094-35095]. Neither survey had adequate sample size for local-level analysis or the capacity for ecological analysis; collected latitude or longitude variables that could be linked with the rich range of data sources available in California to perform geographic analysis; or collected the wide range of covariates available in CHIS that are needed to analyze cancer control outcomes that would meet the objectives of NCI.

A.5. Impact on Small Businesses or other Small Entities

No small businesses will be involved with this study.

A.6. Consequences of Collecting the Information Less Frequently

This request for clearance is for CHIS 2009 only. The periodic data collection throughout the state will take 6 - 9 months. For subsequent biennial CHIS administration, individual clearance requests will be submitted to the OMB.

CHIS is conducted biennially. CHIS respondents complete the survey only once per cycle. Biennial data collection reduces the burden on the California population while providing robust estimates of the health and health care utilization of the California population at reasonable cost. This is the minimum frequency of data collection consistent with the objectives and study design. Accurate and current biennial information is necessary to track progress in meeting Healthy People and other objectives and to analyze emerging trends in cancer prevalence and control.

A.7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

The project fully complies with the guidelines of 5 CFR 1320.5.

A.8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A 60-Day Federal Register Notice for this proposed data collection was published in the Federal Register on August 22, 2008 (Volume 73, No. 164, p. 49685). Comments were solicited on the proposed information collection. No public comments have been received.

Outside agencies are consulted extensively on CHIS design and implementation. More than 150 persons serve on formal advisory bodies: the CHIS Advisory Board (AB), CHIS Technical Advisory Committees (TAC), and CHIS Working Groups. These advisory bodies are comprised of experts from federal and state government, academic, and health organizations.

Attachments 3A-F contains rosters for the CHIS AB, the CHIS Adult TAC, Adolescent TAC, Multicultural TAC, Sampling Design and Survey Methodology TAC, and the Data Disclosure Advisory Committee (DDAC).

The CHIS AB provides ongoing advice on policy and procedures related to survey content, sampling strategy, and dissemination. It provided recommendations on CHIS 2009 at its October 30, 2007 and April 10, 2008 meetings. The Multicultural TAC advises CHIS staff on content and survey methodology issues related to the state's ethnic and racial groups. It met on December 11, 2007 and advised on which populations require in-language questionnaires due to linguistic isolation and the cultural appropriateness of the instrument for the various languages and cultures. The Adult TAC met on November 29, 2007 and provided expert input on questionnaire content, measurement issues, and policy relevance for adults age 18 and over. The

Adolescent TAC met on December 13, 2007 to address questionnaire content for adolescents age 12 – 17. The Child TAC met on December 6, 2007 to address questionnaire content for children age 11 and under. The Sampling Design and Survey Methodology TAC will meet in September of 2008 to consult on sampling options, weighting issues, response rate strategies, and survey implementation protocols. The DDAC advises CHIS on confidentiality and data release policies for CHIS data dissemination as needed. In addition, Working Groups advise on specific content areas of the survey, including diet, nutrition, and physical activity; women's health; and acculturation, access, and discrimination.

In addition, William W. Davis, Ph.D. from the National Cancer Institute has consulted on statistical methodology, and Peter Meyer, M.A., M.P.H., Director of the Research Data Center at the National Center for Health Statistics has consulted on data confidentiality policy.

A.9. Explanation of Any Payment or Gift to Respondents

CHIS 2009 plans to include a pre-paid financial incentive of $2.00 (a two-dollar bill) for the RDD sample with the advance letter sent to all households that have an available address (see Attachment 5A). For respondents for whom no address is available, the $2.00 financial incentive will be offered to the selected adult respondent upon initial telephone contact. The amount of these payments and the methods for distributing them to potential respondents are consistent with the practices of comparable national telephone surveys with federal sponsorship and the use of small financial incentives has been shown to

significantly increase response rates for telephone surveys.[3] Their use in CHIS 2005 increased the CHIS response rate by about three percent.

In response to concerns from OMB, NCI, and CHIS staff about low and declining response rates endemic to telephone surveys, especially in Los Angeles, a range of experiments were included on CHIS 2005 to try to increase or at least maintain response rates. The use of incentives was tested experimentally for the first time in CHIS 2005. CHIS 2005 also included experimental treatments of a range of different identifying letterheads. In previous iterations of CHIS, advance and refusal conversion letters were on UCLA letterhead with a UCLA return address envelope. To bolster falling response rates, NCI agreed to appear as co-sponsor and four California counties provided statements of endorsement to be inserted in letters for their respective counties.

The CHIS 2005 experiment included several arms. The default advance letter treatment was joint UCLA/NCI sponsorship with the incentive. Alternative treatments were UCLA-only sponsorship with the incentive, and joint sponsorship without the incentive. The insert was an additional treatment crossed with these three in the four participating counties. For refusal conversion, about half the sample received the same sponsorship treatment as in the advance mailing and half another treatment. Westat used logistic regression to test the effects of the experiment, controlling for county-level factors associated with cooperation. Though different letterheads had no significant effect, the incentive had a positive effect on initial cooperation of about three percentage points.

[3] Singer, E., Van Hoewyk, J. and M.P. Maher. 2000. "Experiments with Incentives on Telephone Surveys." Public Opinion Quarterly, 64: 171-188.

Cell phone respondents will be paid $5 for completion of the screener and $25 for completion of the extended interview, principally to cover respondent costs for use of cell phone airtime. The UCLA Institutional Review Board prohibits respondents from incurring any financial obligations as a result of their participation in CHIS, so the payments are provided to reimburse estimated costs incurred in the conduct of the survey, and not as an incentive. Assuming that cell-phone respondents will be billed for peak minutes at an average rate of 40 cents per minute, the average respondent will incur charges of approximately $12.00 for the entire CHIS survey conducted in English (which takes an average of 30 minutes to conduct). If multiple call-backs are needed, if the interview takes longer than average, or if the interview is conducted in a non-English language, costs could easily be twice the average. Thus a reimbursement of $25 for completion of the extended interview is proposed to fully cover the maximum financial burden a respondent may incur.

Participants in the NICHD sponsored pilot study of child weight and height will be offered $25 for completion of the additional study procedures to compensate the household for the time necessary for the parent to read and understand the instructions for weight and height measurement, weigh the child on a household scale, accurately measure the child's height, and to report this information to Westat (Attachment 5F). As the anticipated pilot sample is sufficiently small (estimated at 1,280 households), response rate is of key importance to ensure the validity of data collected. Previous experience with

CHIS pilot studies has demonstrated that for the CHIS study population $25 is an incentive sufficient to maximize pilot sub-study response rates.

A.10. Assurance of Confidentiality Provided to Respondents

The information to be collected by CHIS constitutes a system of records under the Privacy Act, System No. 09-25-0200 and is incorporated in NCI's contract with UCLA CHPR to conduct CHIS, N02-PC—54400 (Attachment 4). CHIS data are designated as limited rights data under this same contract.

All CHIS-CCM 2009 respondents will be assured of the voluntary nature of the survey and that their responses will be kept confidential and used only for purposes of the survey at the time of telephone contact (Attachment 5E). The statutory authority is cited in the Advance Letter (see Attachment 5A).

The CHIS-CCM 2009 complies with 45 CFR 46 (Protection of Human Subjects). Attachment 6 contains documentation of review and approval by UCLA's Office for the Protection of Human Subjects (FWA No. 00004642). CHIS-CCM 2009 has also applied for a Certificate of Confidentiality from the National Institutes of Health to protect these research data from forced disclosure (Attachment 4).

The following measures will be taken to secure the data and protect respondent confidentiality (Attachment 7A). Once data are collected, the CHIS 2009 data collection subcontractor will separate the contact data (first name, address, telephone numbers, and birth date) from the analytical data and store them in separate ID files. Contact data will be destroyed upon completion of the study. Only the analysis files will be delivered to the UCLA CHPR. In addition, all

subcontractor staff sign a pledge agreeing that all information provided by respondents will be accorded the highest degree of confidentiality allowable. The confidentiality policies of CHIS' data collection subcontractor, Westat Inc., are provided in Attachment 7B.

No direct identifiers will be released, and no identifying information will be included in any publicly released data file, report, publication, or presentation. Direct identifiers and highly sensitive information that might result in legal jeopardy to respondents are redacted from the analytic files prior to delivery to CHIS 2009 funders with contractual rights to the data.

UCLA CHPR further protects the confidentiality of respondents by restricting access to CHIS data to three increasingly limited dissemination channels: *Ask*CHIS, Public Use Microdata Files (PUF) and a Data Access Center. *Ask*CHIS, which provides ready access to on-line population estimates from CHIS data, uses suppression criteria that prevent the release of identifying information. PUF limits data disclosure to protect respondent confidentiality. Only researchers who apply for access to the CHIS microdata for a specific project and obtain permission to use the Data Access Center, a secure and supervised research environment, will be able to access the specified set of variables from the CHIS microdata files.

A.11. Justification for Sensitive Questions

The federal Department of Health and Human Services (DHHS) defines sensitive information as information about: (1) a subject's psychological well-being or mental health, (2) illegal conduct/behaviors, (3) sexual attitudes,

preferences, or behaviors, (4) alcohol or illegal drug use, or (5) genetic information. The CHIS-CCM 2009 collects data on cancer screening, cancer diagnosis, common medications, sun exposure, discrimination, and family history of heart disease, stroke, and diabetes. None of these data constitute sensitive data as defined by DHHS.

A.12. Estimates of Annualized Burden Hours and Costs

Table A.12-1 provides estimates of the annual hour burden for the CHIS-CCM 2009 and the federally funded portion of the demographic core. Timed tests (n=9) indicate that the CHIS-CCM 2009 and the federally-sponsored portion of the Demographic Core can be administered to adults in an average of 8 minutes and to adolescents in an average of 2 minutes. Because not all questions apply to each person and the survey instrument automatically skips over questions that do not apply, no respondent is ever asked all of the questions. The hour burden is calculated by multiplying the number of respondents by the frequency of response by the average hour burden per response. A total of 52,166 adults and adolescents will complete either the pilot or the main survey over a 2-year period. Of these, up to 1,280 adults will additionally complete the child weight and height pilot study. There will be occasions where one respondent completes more than one survey, so the total annual number of respondents is 26,083 and the total annual number of responses is estimated at 26,723. This amounts to a total hour burden estimated at 6,874 hours over 2 years. The annualized hour burden is estimated to be 3,437.

Table A.12-2 reports the respondent costs associated with the CHIS-CCM 2009, the federally funded portion of the Demographic Core, and the child weight and height pilot study. The median wage rate for California for adults is estimated at $17.00 per hour.[4] For adolescents, the California minimum wage of $8.00 per hour is used.[5] The total estimated cost to respondents is $115,651 over a 2-year period; the estimated annualized cost is $57,826.

A.12-1 Estimates of Annualized Hour Burden

Type of Respondent	Form Type	Number of Respondents	Frequency of Response	Average Time Per Response (Hours)	Annual Hour Burden
Adults	Adult Pilot	75	1	8/60	10.00
	Adult Survey	24,000.00	1	8/60	3,200.00
	Child Weight-Height Pilot	640	1	15/60	160.00
Adolescents	Adolescent Pilot	8	1	2/60	.2667
	Adolescent Survey	2,000.00	1	2/60	66.6667
Total		26,723			3,436.93

A.12-2 Annualized Cost to Respondents

Type of Respondent	Form Type	Annual Hour Burden	Hourly Wage Rate	Respondent Cost
Adults	Adult Pilot	10.00	$17.00	170.00
	Adult Survey	3,200.00	$17.00	54,400.00
	Child Weight-Height Pilot	160.00	$17.00	2,720.00
Adolescents	Adolescent Pilot	.2667	$8.00	2.13
	Adolescent Survey	66.6667	$8.00	533.33
Total		3,276.93		57,825.47

[4] May 2007 State Occupational Employment and Wage Estimates – California. Occupational Employment Statistics. Bureau of Labor Statistics. U.S. Department of Labor. http://www.bls.gov/oes/current/oes_ca.htm (accessed on July 15, 2008)

[5] Minimum Wage Increase 2007. California Department of Industrial Relations. http://www.dir.ca.gov/Wage.htm (accessed on July 15, 2008)

A.13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

There are no other total annual cost burdens to respondents or record keepers for capital or start-up costs, operation, or maintenance.

A.14. Annualized Cost to the Federal Government

The NCI staff time allocated to participating in CHIS 2009 planning and design activities, monitoring the study, and preparing analyses and publications is estimated at 0.50 FTE over the 2-year contract period. NCI costs associated with staffing CHIS equal $133,693 over two years, or $66,846.50 per year. The 2-year contractual cost to the federal government for CHIS 2009 data collection is $2,660,300; the annualized contractual cost is $1,330,160. The total annualized federal cost (NCI staff plus contractual cost) equals $1,397,011.

TABLE A.14-1. ANNUALIZED COSTS TO THE FEDERAL GOVERNMENT

	Labor Hours	Wage Rate	Total Cost
UCLA Center for Health Policy Research	6667	$30/hour	$200,010
Other Costs including: Data Collection Subcontractor			$1,130,150
TOTAL CONTRACTOR COST			$1,330,160
NCI Staff	1040	$64.28/hour	$66,851
TOTAL ANNUAL COST			1,397,011

A.15. Explanation for Program Changes or Adjustments

The CHIS-CCM 2009 is being submitted to OMB as a new collection of information.

A.16. Plans for Tabulation and Publication and Project Time Schedule

The CHIS-CCM 2009 will be conducted as part of the large, statewide CHIS, which also is funded by California state agencies, county agencies, and private, non-profit foundations. The data collection will conform to the timeline for key activities summarized in Table A.16.

Table A.16-1 Project Timeline

Activity	**Start Date**
Pre-test	Completed
Pilot test CHIS for CATI administration	One month after OMB approval
Field CHIS questionnaire	Two months after OMB approval
Prepare preliminary frequency output file	15 months after OMB approval
Finalize CHIS data files (without identifiers)	20 months after OMB approval
Complete final CHIS report	24 months after OMB approval

Great effort is made to disseminate CHIS data, and CHIS-CCM 2009 data will be disseminated as widely as possible. CHIS data will be made available to the public through public use data files (disseminated via the Internet) and an online query system called *Ask*CHIS, where county-level data estimates may be obtained. Researchers can access confidential microdata through the secure Data Access Center at the UCLA CHPR. In addition, results are routinely disseminated through reports and policy briefs, in-person presentations, and on the Internet. Results will be disseminated to both national and California audiences so that the data can be used by as large a number of stakeholders as possible.

A.17. Reason(s) Display of OMB Expiration Date is Inappropriate

All questionnaires will display the OMB number, expiration date, and burden statement.

A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

No exceptions to Certification for Paperwork Reduction Act Submissions are requested.