



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control and Prevention

National Center for Health Statistics
3311 Toledo Road
Hyattsville, Maryland 20782

February 2, 2009

Margo Schwab, Ph.D.
Office of Management and Budget
725 17th Street, N.W.
Washington, DC 20503

Dear Dr. Schwab:

The staff of the NCHS Questionnaire Design Research Laboratory (QDRL) plans to conduct research to evaluate the quality of the collection of States' revised Birth Certificate Data using focus groups and cognitive interviews for the Division of Vital Statistics (DVS) under (OMB No. 0920-0222, exp. 02/28/10). We propose to contact potential participants who agreed to participate through the invitational letter starting February 27, and to start testing as soon as possible after that.

Background Information about Cognitive Testing of Questionnaires

The methodological design of this proposed study is consistent with the design of typical cognitive testing research. The purpose of cognitive testing is not to obtain survey data, but rather to obtain information about the processes people use to answer survey questions as well as to identify any potential problems in the questions.

Data collection procedures for cognitive interviewing are quite different from survey interviewing. While survey interviewers strictly adhere to scripted questionnaires, cognitive interviewers use survey questions as starting points to begin a more detailed discussion of questions themselves: how participants interpret key concepts, their ability to recall the requested information, and the appropriateness of response categories. Because the interviews generate narrative responses rather than statistics, results are analyzed using qualitative methodologies. This type of in-depth analysis reveals problems in particular survey questions and, as a result, can help to improve the overall quality of surveys.

Although we rely on focus groups less commonly than individual cognitive interviews, we have found that group discussions can generate useful information about experiences and perceptions that are particularly useful in the early stages of questionnaire development.

Proposed project: Testing and evaluation of the collection of DVS Birth Certificate Data

This project will conform to the usual QDRL procedures for cognitive testing of a questionnaire.

The Division of Vital Statistics, NCHS, has requested our assistance in evaluating how State birth certificate clerks collect a subset of data items included on the 2003 Revised U.S. Standard Certificate of Live Birth (and recommended to be captured using the facility worksheet). DVS is interested in how the birth certificate clerks collect specific data items, i.e., what sources containing specific data items are available to them to complete the worksheets (medical and/or prenatal records). How easy/difficult is it to find a specific data item? What do they do if they cannot find an item?

Birth certificate data are collected by individual States but are used by NCHS and others to monitor the health of women giving birth and their infants, as well as to determine public policy and funding for maternal and child health at the local, state and national level. Since use of the revised certificate includes changes in how these data are collected, it is crucial to ascertain how the data are collected and what problems if any are encountered along the way.

The 2003 Revised U.S. Standard Certificate of Live Birth and the Facility Worksheet appear as Attachment 1a. These forms will be used as starting points in evaluating the quality of the collection of birth certificate data using focus group and cognitive interview techniques. The goal is to capture information from those who are on the front lines, actually collecting birth certificate data, about the collection birth certificate data. The moderator focus group guide appears as Attachment 1b and the introduction to the cognitive interview appears as Attachment 1c.

Focus groups and cognitive interviews will be conducted with hospital staff or birth clerks whose primary responsibility is collection of birth certificate data in hospitals and who have been doing this job for at least six months. An invitation letter will be used to recruit participants. The invitation letter is shown in Attachment 2. As the collection of birth certificates is a State mandate, the invitation letter will be sent from the State Department of Health level to Hospital Administrators and Directors of Medical Records. In turn, hospitals interested in participating in the study, will provide the State Department of Health contact information on staff who meet the study criteria. State Department of Health individuals will provide Karen Whitaker with the contact information. Karen Whitaker will call hospital staff identified by the State Department of Health individual to talk to them about the study, what they will be asked to do, and ascertain their interest in participating in the study. There will be no coercion; identified staff will be told that their participation in the study is entirely voluntary.

As many as twenty 90-minute focus groups (consisting of a maximum of 8 people) and as many as 280 60-minute cognitive interviews may be conducted. Depending on the state/jurisdiction, participants may participate in both a focus group and a cognitive interview. Focus groups and cognitive interviews will be conducted in as many as 20 states/jurisdictions that now use the 2003 Revised U.S Standard Certificate of Live Birth. The 28 states/jurisdictions that currently use the 2003 Revised U.S. Standard Certificate of Live Birth are: California, Colorado, Delaware, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Michigan, Montana, Nebraska, New Hampshire, New Mexico, New York City, New York State, North Dakota, Ohio, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Vermont, Washington, and Wyoming.

Focus groups and cognitive interviews will be conducted by QDRL staff members in a private room of the hospital facility or a community facility and recorded on audio tape. With the consent of the participants, focus groups and the cognitive interviews will be recorded on audiotape. Participants will be informed of taping procedures (including

observation if applicable) in the process of reviewing the consent forms, and the equipment will be turned on once it is clear that the procedures are understood and agreed upon. At the end of the interviews, participants will be paid and provided with copies of all papers they signed.

We propose paying individuals participating in either the 90-minute focus group or the 60-minute cognitive interview \$75.00 for their participation. Since birth clerks are extremely busy, and there is sometimes or often only one birth clerk per hospital, and hospitals are geographically spread out within a state, the incentive has been increased over and above our normal \$40 incentive to increase participation, reduce the number of cancelations, and maximize time and travel in a particular state. In total, for this project, the maximum respondent burden will be 440 hours of interviewing in addition to travel time. An updated burden table for this project is shown below:

Projects	Number of Participants	Number of Responses/ Participant	Average hours per response	Response Burden
QDRL Interviews				
2) Other questionnaire testing	440	1	1	440

Attachments (2)

cc:

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