

Supporting Statement A. for Request for Extension:

**NCHS Vital Statistics Training Application**

**OMB No. 0920-0217**

**(Expiration date: 7/31/10)**

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## **SUPPORTING STATEMENT**

### **NCHS VITAL STATISTICS TRAINING APPLICATION**

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 also includes the 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 Making the Collection of Information Necessary**

The compilation of national vital statistics by the federal government dates back to the beginning of the 20<sup>th</sup> 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, Section 306 (h) (1) of the Public Health Services Act 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 Section 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.

#### Privacy Impact Assessment

The information required for the Privacy Impact Assessment is presented in the sections below.

## Overview of the Data Collection System

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.

### Items of Information to be Collected

From the Vital Statistics Administrator:

1. Number of staff who might need specific training

From those seeking training:

1. Course Names
2. Name and Signature
3. Organization Name and Address
4. Office Phone Number
5. E-mail Address
6. Occupation
7. Brief Description of Present Job
8. Number of Years in Position

Information in Identifiable Form (IIF)

The list of requested items considered to be sensitive includes the following on the application for training:

1. Name and Signature
2. Organization Name and Address
3. Office Phone Number
4. E-mail Address

5. Occupation
6. Brief Description of Present Job

### Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age

There is no website directed at children under 13 years of age.

This is the same information previously approved.

## **2. Purpose and Use of Information Collection**

### Privacy Impact Assessment 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.

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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.

### **3. Use of Improved Information Technology and Burden Reduction**

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 and Use of Similar Information**

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. Impact on Small Businesses or Other Small Entities**

Small businesses are not respondents to this collection of information.

### **6. Consequences of Collecting the Information 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 Relating to the Guidelines of 5 CFR 1320.5**

In the event that a respondent desired to attend more than one course, it would be necessary to complete a second training application.

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

A. A 60-day notice (Attachment E) was published in the Federal Register on January 13, 2010:Volume 75, Number 8), page 1790. 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. Explanation of Any Payment or Gift 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 Provided to Respondents**

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 which would permit identification of any individual, a practice, or an establishment will be held confidential, will be used only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347). 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.*

#### Privacy Impact Assessment Information

- A. The Privacy Act System of Records for this project is 09-20-0163 - Applicants for NCHS Technical Assistance.
- B. 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. Project is subject to the NCHS assurance of confidentiality (Section 308(d) of the Public Health Service Act).
- C. The NCHS Ethics Review Board (ERB) has found that the project described in these documents does not meet the regulatory definition of research. Therefore, ERB approval is not required. (See Attachment F)
- D. The Application for Training (Attachment C) indicates that “this information may be disclosed in confidence to instructors. Provision of the requested information is voluntary; however, failure to supply all information may delay or prevent action on your application.”

#### **11. Justification for Sensitive Questions**

There are no sensitive questions on these documents.

#### **12. Estimates of Annualized Burden Hours and Costs**



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

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

**13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers**

There are no additional costs to respondents resulting from completing the application for training form.

**14. Annualized Cost to the Government**

The annualized Federal costs for duplicating, mailing, and reviewing these documents is estimated to be approximately \$1,000 per year. This is based on previous experience.

**15. Explanation for Program Changes or Adjustments**

There is no change in burden hours.

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

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 on an annual basis. Upon receipt of responses, a schedule will be developed and provided to state governments. Sessions will be given as interest and needs dictate. Applications from individual applicants will be accepted until approximately 2 weeks before each session.

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

Not applicable.

**18. Exceptions to Certificate for Paperwork Reduction Act Submissions**

Not applicable.