

**Request for Clearance:
Survey to Inform the Children's Health Insurance Program (CHIP)
National Outreach & Education Campaign**

Submitted by:

Christopher Koepke, Ph.D
Director of the Strategic Research and Campaign
Management Group
Centers for Medicare & Medicaid Services (CMS)
Office of External Affairs

April 15, 2010

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Statement A: Justification

Circumstances That make the Collection of Information Necessary

This Information Collection Request (ICR) is for a new data collection entitled Children's Health Insurance Program (CHIP) National Outreach & Education Campaign. The request is for three years starting from the date of OMB approval.

Background.

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA or Public Law 111-3) reauthorized the Children's Health Insurance Program (CHIP) through FY 2013. It will preserve coverage for the millions of children who rely on CHIP today and provide the resources for States to reach millions of additional uninsured children. This legislation will help ensure the health and well-being of our nation's children. To support this legislation and to help people who would benefit from CHIP make more informed decisions, CMS will be conducting outreach. The outreach will employ numerous communications channels to educate people who would benefit from CHIP concerning the program benefits, eligibility and enrollment requirements, utilization, and retention. As part of the outreach, CMS will seek to increase awareness, enrollment and retention in CHIP for the eligible audiences. The primary target audience for the outreach includes parents and guardians of potentially eligible children as well as pregnant women. Secondary audiences are information intermediaries including State, local, and tribal governments, educators (including non-parental caregivers) health care providers /social workers, national and local partners. The challenge is reaching the population segments that have access barriers to information including language, literacy, location, and culture to understand health insurance. To support the outreach and education, CMS needs to conduct survey research to be able to effectively reach the target audiences.

Nature of the Data Collection.

As part of the effort to determine how to serve most effectively the primary CHIP audience, we are requesting approval from OMB for a survey that will accomplish several critical tasks:

- Accurately assess the needs of the primary CHIP audience;
- Examine awareness and knowledge of CHIP;
- Explore motivations for and barriers to enrolling in CHIP;
- Monitor awareness of outreach activities;
- Gather information on health behaviors, health care utilization and quality of health care; and
- Help identify key sources of health information for families eligible for a children's health insurance program.

Since significant changes in the national economy occurred more than a year ago, little data has been collected on these topics related to children's health insurance. The result of this research will help guide outreach strategies, messages and materials development throughout the course of the CHIP National Outreach and Education Campaign.

We propose to survey 1,850 parents or guardians in low-income households (at or below 250 percent of Federal Poverty Level), of which 600 will be parents or guardians in the Latino-eligible population. The sample will include households with children who are currently uninsured as well as households with children who are currently insured. We defined our sample by Federal Poverty Level (FPL) rather than insurance status for several reasons. Children currently insured in Medicaid or CHIP may become uninsured for a period of time and then need to re-enroll due to the high level of churn associated with these programs. While they may not have a child currently enrolled, parents in the re-enrollment process would still offer beneficial insights. Similarly, insights on enrollment from parents with children currently in CHIP or Medicaid will also prove helpful. Finally, large proportions of this population have had a household member lose a job (or are at risk for job loss), putting their child’s private insurance coverage at risk. By conducting a survey among households that represent only currently uninsured children we would ignore a large target audience segment.

Our sample of 1,850 will consist of the following subsamples:

- N=600 current/recently uninsured
- N=600 Medicaid/CHIP
- N=600 employer coverage
- N=50 other

The subsample sizes of n=600 across insurance categories will allow for segmentation and regression analyses within each of these subsamples, and for general consistency on reporting data. The subsamples will be appropriately weighted to reflect the natural distribution by insurance status, as shown in Table 1:

Table 1. Natural Distribution Estimates by Insurance Status

Insurance Status of Child	Natural Distribution (rounded)
Currently uninsured	n=160 (10%)
Uninsured at any time in past year (includes currently uninsured)	n=240 (15%)
Medicaid/CHIP	n=720 (45%)
Employer	n=560 (35%)
Individual insurance	n=64 (4%)
Other public (e.g., military)	n=32 (2%)

The natural distribution is based on 2008 and 2009 Child Protective Services (CPS) and Congressional Budget Office (CBO) estimates.

Of the 1,850 interviews, n=600 interviews will be conducted among a representative sample of the Latino-eligible population. About 45 percent of Latino respondents prefer to take surveys in Spanish, according to preferences they indicated as members of our fielding vendor’s panel. The fielding vendor is Knowledge Networks (KN), and more details about this firm and its methodologies are provided in subsequent sections of this information collection request (ICR). Based on this percentage, n=330 interviews will be conducted in English, and n=270 in Spanish.

Our research plan will allow us to make estimates on the Latino-eligible population generally as well as analyze data by language preference.

The campaign is targeted at adults 18 years and older. Participants in the survey will be adults 18 years of age or older.

We are requesting a three-year clearance, so that the feedback received through the survey may be used continually to update and improve research efforts and outreach. The purpose of this submission is to request OMB authorization to collect information from CHIP's audience via survey methodology.

Legal Basis.

CMS is authorized to collect information under the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA or Public Law 111-3), which reauthorized the Children's Health Insurance Program (CHIP) through FY 2013. See Attachment 1.

Purpose and Use of Information Collection

The information collection will survey the primary target audience of the outreach – parents and guardians of potentially eligible children. The survey sample will include hard-to-reach people within the primary target audience. Specifically, the survey will assess the information needs, knowledge, understanding and experiences of the primary target audience.

CMS is seeking understanding about what types of information the primary CHIP audience needs. Included in the surveys are questions regarding how well informed the target audience is about CHIP. The results of this survey will be compiled and studied so that communication may be amended to benefit the CHIP audience.

Use of Improved Information Technology and Burden Reduction

We intend to work with the fielding vendor, Knowledge Networks (KN), to employ a web-enabled survey methodology as the predominant means of collecting data. Unlike any other web-based survey company, KN's panel is created from probability sampling, using both random digit dial (RDD) and addressed-based sampling (ABS). Because KN uses ABS, wireless-only households have an equal chance of being selected for panel recruitment. Additionally, for households without Internet access or a computer, KN provides both at no cost to ensure representativeness.

The web-enabled survey methodology reduces burden in several ways. With telephone interviews, respondents tend to be interrupted by the phone call and typically make repeated attempts to end the interview. With the KN online approach, however, respondents can choose to take the survey at their own convenience and pause and return to the survey if interrupted. In addition, response data are entered automatically and directly into a database, eliminating the need for time-consuming coding and data entering.

The KN web-enabled methodology was chosen because of its success in reaching low-incidence populations. A primary goal of this project is to meet a targeted number of interviews for the vulnerable group of parents with children who either do not currently have health insurance or recently have not had health insurance. Each of the population subgroups described above is of low incidence in the general population. This fact makes the KN web-enabled methodology ideal for completing survey interviews.

To comply with the Government Paperwork Elimination Act (GPEA), the data collection is currently available for completion electronically, as described above. The data collection does not require a signature from respondents.

Efforts to Identify Duplication

This information collection does not duplicate any other effort and the information cannot be obtained from any other source. The research firm, Lake Research Partners, has conducted numerous studies in the area of children's health insurance for more than a decade, and the data collection for which we seek clearance builds on but does not duplicate these previous efforts.

Previous studies conducted by Lake Research include: a 2000 survey for the Kaiser Family Foundation of low-income adults with children either enrolled in CHIP or Medicaid programs or those who were eligible but not enrolled; a scan for Kaiser Family Foundation of all State marketing and outreach materials for SCHIP in 2000, which resulted in the report *Marketing Medicaid and CHIP: A Study of State Advertising Campaigns*; a series of projects around barriers to enrollment in CHIP for the Robert Wood Johnson Foundation's *Covering Kids & Families* initiative; and, a seven-State survey and a series of focus groups for the National Academy for State Health Policy (NASHP) to understand why eligible children were not renewing enrollment in CHIP and Medicaid.

Impact on Small Business or Other Small Entities

The information collection request does not involve any small businesses.

Consequences of Collecting Information Less Frequently

Because one of the objectives of the data collection is to monitor awareness of outreach activities, we intend to implement three waves of the survey over the three-year period of the authorization. Less frequent information collection will not support the analysis of changes in target audience knowledge and awareness of CHIP. This will have an impact on the effectiveness of outreach and communications with the target audience.

Special Circumstances Relating to Guidelines of 5 CFR 1320

There are no special circumstances with this ICR.

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

A 60-day Federal Register notice will be published on May 18, 2010, and it is attached as Attachment 2.

The Agency has consulted with the following people regarding this information collection:

Michael Perry
Partner
Lake Research Partners
1726 M St., NW, Suite 1100
Washington, DC 20036
Email: mperry@lakeresearch.com
Telephone: 202-776-9066

J. Michael Dennis
Executive Vice President, Government and Academic Research
Knowledge Networks, Inc
1350 Willow Road, Suite 102
Menlo Park, CA 94025
Email: mdennis@knowledgenetworks.com
Telephone: 650-289-2160

Explanation of Any Payments or Gifts to Respondents

Participants in the KN panel receive points for taking surveys, and receive payment after accumulating a certain number of points. The payment for completing any given survey is approximately \$1.

Assurance of Confidentiality Provided to Respondents

All information obtained through the surveys will be reported in aggregate. No individual respondent's information will be reported independently or with identifying information. We will request home address zip codes so we can match respondents to the geographic areas in which the communication activities are being concentrated. No personal identifiers will be linked to data or provided to CMS. All data collection instruments will be located in locked file cabinets or on password protected computers, and accessible only by contractor project staff. All identifying information will be removed from analytic files and will be destroyed after the aggregated information is assembled.

In addition, all contract staff members working on the project and having access to the data are required to sign a confidentiality agreement. See Attachment 3.

Justification for Sensitive Questions

There are no questions of a sensitive nature on the survey. In addition, participation in the research is voluntary, no persons are required to respond to the requests for participation, and respondents may decline to answer any question in the studies.

Estimates of Annualized Burden Hours and Costs

Hours

Estimated response burden hours for respondents for each of the three data collections are shown in Table 2. The total burden hours requested is 3,700 over a three-year period.

Table 2. Survey Estimates of Burden Hours

	Number of respondents	Average # of responses per respondent	Average burden per response	Total burden hours
Screening	3,700	1	5/60	308.33
Main interviews	1,850	1	30/60	925
Total				1,233.33

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

There is no capital cost associated with this information collection request.

Estimates of Annualized Costs to the Federal Government

The total annual cost to the Federal Government is estimated at \$406,093.16 for each of the three years of the term of the clearance. This estimate includes data collection, analysis and reporting costs, and the cost of federal employees involved in project oversight.

CMS estimates the following costs annually in setting up testing environments and collecting, analyzing and summarizing data:

- OMB preparation: \$13,968.83
- Work plan: \$9,215.08
- Conference calls for team discussions: \$19,526.92
- Sampling plan: \$8,367.25
- Draft survey: \$9,732.09
- Final survey: \$3,453.80
- Translation: \$4,744.60
- Data collection: \$246,804.27
- Banner plan: \$10,093.57
- Topline report: \$14,900.95

- Summary report: \$29,670.95
- Briefings: \$9,614.84
- Government employee oversight: \$26,000

Estimated Annualized Cost to Government: \$406,093.16

Explanation for Program Changes or Adjustments

This is a new collection of information.

Plans for Tabulation and Publication and Project Times Schedule

For this period of data collection, the survey will be fielded once a year for three years and will focus on changes between previous survey waves in awareness, knowledge and satisfaction of CHIP, awareness of outreach activities, information on health behaviors, health care utilization and quality of health care, and sources of information for the CHIP audience. After each wave of the survey, the CHIP survey will be analyzed to assess whether there has been an increase in knowledge and awareness. Survey results will be fully reported to CMS, to guide communications materials. It is possible that some survey results will be shared through conferences or other publications.

The schedule for information collection and dissemination of the data is from date of OMB approval. The data collection will be completed within nine weeks of OMB approval, and the final report will be completed within six weeks of the completion of the data collection.

Reason Display of OMB Expiration Date is Inappropriate

This research will display the expiration date for OMB approval of the information collection and does not seek a waiver.

Exceptions to Certification for Paperwork Reduction Act Submissions

The proposed data collection does not involve any exceptions to the certification statement identified in line 19 of OMB form 83-I.

Statement B: Collections of Information Employing Statistical Methods

Respondent Universe and Sampling

An estimated 38 percent of families in the U.S. are at or below 250 percent of the federal poverty level (FPL), based on data from the Bureau of Census (http://www.census.gov/hhes/www/cpstables/032009/pov/new01_250_01.htm). As described on page 4 of this ICR, the estimated natural distribution of completed interviews by insurance status in this population is based on 2008 and 2009 CPS and CBO estimates, and is summarized in Table 1. As previously described, we will have subsample sizes of n=600 across insurance categories to allow for segmentation and regression analyses within each of these subsamples, and for general consistency on reporting data. Among the 1,850 respondents, n=600 interviews will be conducted among a representative sample of the Latino-eligible population. The population we are sampling is low-income and somewhat difficult to reach so we are anticipating a relatively low incidence rate of about twenty-five percent.

The data collection will be fielded using the KN panel. KN panel members are randomly recruited by telephone and mail surveys, and households are provided with access to the Internet and hardware if needed. Unlike other Internet research panels that sample only individuals with Internet access, the KN panel is based on a sampling frame that includes both listed and unlisted telephone numbers, as well as those without a landline telephone. The panel is not limited to current Internet users or computer owners. In addition, the panel does not accept self-selected volunteers.

KN panel recruitment methodology uses the same or similar quality standards established by selected RDD surveys and area probability surveys conducted for the Federal Government (such as the CDC-sponsored National Immunization Survey).

In 2009, KN added address-based sample (ABS) frame to supplement the RDD frame in response to the growing number of cell-phone only households. ABS involves probability-based sampling of addresses from the U.S. Postal Service's Delivery Sequence File. Randomly sampled addresses are invited to join the KN panel through a series of mailings and in some cases telephone refusal conversion calls when a telephone number can be matched to the sampled address. Invited households can join the panel by one of several means: by completing and mailing back a paper form in a postage-paid envelope; by calling a toll-free hotline maintained by Knowledge Networks; or by going to a designated KN Web site and completing the recruitment form at the website. After initially accepting the invitation to join the panel, respondents are then profiled for demographics and maintained on the panel using the same procedures established for the RDD-recruited research subjects. Respondents sampled from the RDD and ABS frames are provided the same privacy terms and confidentiality protections.

For the RDD-based sampling, KN utilizes list-assisted RDD sampling techniques on the sample frame consisting of the entire U.S. residential telephone population. KN excludes only those banks of telephone numbers (each consisting of 100 telephone numbers) that have zero or one directory-listed phone numbers. Two strata are defined using 2000 Census Decennial Census

data that has been appended to all telephone exchanges. The first stratum has a higher concentration of Black and Hispanic households and the second stratum has a lower concentration of these groups relative to the national estimates. KN telephone numbers are selected with equal probability of selection for each number within each of the two strata, with the higher concentration Black and Hispanic stratum being sampled at approximately twice the rate of the other stratum. The sampling is done without replacement to ensure that numbers already fielded by Knowledge Networks do not get fielded again.

In addition to the above-documented English-based panel recruitment, the KN Latino panel provides a representative sample of the U.S. Hispanic community. The sample for the Latino panel is recruited by a hybrid telephone recruitment design, based on a random-digit dialing sample of U.S. Latinos and Hispanic-surname sample. It is a geographically balanced sample that covers areas that when aggregated encompass approximately 93 percent of the nation's 45.5 million Latinos.

Procedures for Data Collection

As previously mentioned, we will survey 1,850 parents or guardians in low-income households (at or below 250 percent of Federal Poverty Level), of which 600 will be parents or guardians in the Latino-eligible population. This population will be recruited through the KN panel, as described above. KN will determine eligibility for the survey based on demographic characteristics already collected in its database, as well as a brief screening survey.

We will use a questionnaire that has been developed specifically for the target audience. The questionnaire will be approximately 20 minutes in length.

Data cleaning will take place throughout the data collection period with a final round of data cleaning to occur after the last interviews have been completed. The final clean data will be weighted to account for sample selection and non-response.

Maximizing Response Rates

The KN in-panel survey completion rates for projects of this type range from 60-80 percent, depending to some extent on the particular subpopulation groups being included in the survey as well as the incentive structure and reminder mechanisms.

The KN panel is a large statistically representative panel of people for whom various demographic and socio-economic data have already been gathered. These data are particularly useful for pre-identifying population subgroups for use in research projects on low-incidence populations such as this one. It also should be noted that this project is not designed to influence policy. Rather, this is a research project designed to assess how certain messages resonate with separate and distinct low-incidence population subgroups.

This study focuses on four very unique sample groups. These groups (with their associated number of planned completed interviews) are the following:

- Parents with minors on CHIP or Medicaid insurance (n=600 completed interviews)
- Parents with minors not currently insured or else had an interruption in health insurance in past 12 months (n=600 completed interviews)
- Parents with minors on employer-sponsored insurance (n=600 completed interviews)
- Parents with minors who have other forms of insurance such as individual insurance or other types of public insurance (n=50 completed interviews)

Of these 1,850 interviews, approximately 600 interviews will be conducted with households that are Latino.

A primary goal of this project is to meet the targeted number of interviews for the vulnerable group of parents having minors who either do not have health insurance or else have not had health insurance recently. Each of the population subgroups described above is of low incidence in the general population. This fact, coupled with the survey content focusing on testing various CMS messages involving choice/trade-off exercises, makes the KN web-enabled methodology ideal for completing survey interviews. The vulnerable, hard-to-reach population for this study is defined as either being currently uninsured or insured in the past year.

After data collection is complete, the data will be weighted to adjust for sampling probability and the effects of non-response.

Test of Procedures

KN's pre-test will involve nine cases selected from the population segments involved in this study. The pre-test will accomplish at least three purposes. First, the pre-test will assess the operational feasibility of the programmed survey instrument for this project using cases eligible for this study. Second, the pre-test will also assess the length of the survey interview to see if it concurs with the budgeted length. Finally, the pre-test will seek to identify any cognitive issues pertaining to specific questions in the survey instrument prior to fielding the full survey. Pre-test results will be shared and discussed with the client before fielding the full survey.

Contacts on Statistical Methods

Frank Funderburk
Center for Medicare & Medicaid Services
CMS/OEA/SRCMG/DR
7500 Security Blvd.
Baltimore, MD 21244
410-786-1820
Frank.Funderburk@cms.hhs.gov

J. Michael Dennis
Executive Vice President, Government and Academic Research
Knowledge Networks, Inc
mdennis@knowledgenetworks.com
650-289-2160

Contact:
Christopher Koepke, Ph.D
Director of the Strategic Research and Campaign Management Group, Office of External Affairs
Christopher.Koepke@cms.hhs.gov
410-786-5877