

Supporting Statement A for:

# California Health Interview Survey

## Cancer Control Module

### (CHIS-CCM) 2011 (NCI)

OMB No. 0925-0598

Expiry Date 2/28/2011

December, 2010

This submission is a revision from the 2008 submission and the yellow highlights indicate changes.

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A: JUSTIFICATION

**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) to conduct a statewide health survey entitled the California Health Interview Survey Cancer Control Module (CHIS-CCM) beginning in 2011. The CCM will be a component of CHIS, which is a collaborative effort of the UCLA Center for Health Policy Research (UCLA CHPR), the California Department of Public Health (CDPH), and the California Department of Health Care Services (DHCS).

The CHIS-CCM 2011 is the sixth CHIS survey cycle sponsored by the ARP. The first survey was the CHIS-CCM 2000 (CHIS-CCM 2000, OMB No. 0925-0478). Because the majority of the data collection for the CHIS-CCM 2000 actually took place in 2001, the CHIS-CCM 2000 is henceforth referred to as CHIS-CCM 2001. The second survey took place in 2003 (CHIS-CCM 2003, OMB No. 0925-0518), the third in 2005 (CHIS-CCM 2005, OMB No. 0925-0544), the fourth in 2007 (CHIS-CCM 2007, OMB No. 0925-0578), and the fifth in 2008 (CHIS-CCM 2009, OMB No. 0925-0598). This request is for revision to the 2008 submission that will allow continual data collection beginning in 2011. A three year approval period is requested.

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). 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 DCCPS 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 2011 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. The 2011 Questionnaire (Attachment 1) incorporates modules about the human papillomavirus (HPV) among adult respondents, epilepsy, and health-related quality of life (HRQOL) scale items among adolescent respondents (see Section A.2 for an explanation of changes.). Additionally, a module was added around medical home (Module M) and questions were added to the cancer screening module related to Computerized Axial Tomography (CAT) or Computed Tomography (CT) scans. Deleted modules from the previously approved 2008 CHIS-CCM are related to cancer prevention health behaviors, VA topics, and discrimination.

The large CHIS sample size, combined with California's diverse 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.<sup>1</sup>

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.

CHIS provides an opportunity for the NCI to collaborate with other government agencies, the CDPH, the UCLA CHPR, 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.

In addition to collaboration with Federal agencies, CHIS receives funding from a variety of organizations. During the next two-year data collection period there may be multiple funding sources. These various sources of funding may not be available at the beginning of data collection, but interested organizations or agencies may provide support during any time of the data collection period. It is not possible to specify at this time all the funding agencies, but they could include: Kaiser Permanente, the California Department of Public Health, the California Department of Health Care Services, First 5 California, the California Department of Mental Health, The California Endowment, and the California

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<sup>1</sup> National Healthcare Disparities Report, 2009. Full Report. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/qual/nhdr09/nhdr09.pdf> (accessed on August 31, 2010).

Office of the Patient Advocate. In addition, a variety of counties (such as Marin, Humboldt and San Diego) paid for additional sample in the CHIS 2009 cycle. At present we are unable to determine which counties may choose to participate in an oversample and contribute additional funding for the upcoming CHIS data collection period.

The 2008 Questionnaire incorporated questions for a pilot test related to children's height and weight. These questions were included in CHIS-CCM 2008 with the intent of conducting the pilot study. However, this pilot was ultimately not implemented due to the lack of a sponsor.

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

NCI's primary objectives for supporting the CHIS-CCM 2011 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 by CHIS will fill gaps in existing data collection systems. Like the NHIS survey (OMB No. 0920-0214), the CHIS-CCM 2011 will assist NCI in tracking progress for Healthy People objectives and the NCI Cancer



Progress Report. Additionally, CHIS data will enhance work that NCI has already done using CHIS 2001, 2003, 2005, 2007 and 2009 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 2011 and the Demographic Core.

The 2011 Questionnaire (**Attachment 1**) incorporates modules about the human papillomavirus (HPV) among adult respondents, epilepsy and health-related quality of life (HRQOL) scale items among adolescent respondents. A HPV module was included in the 2007 Questionnaire but not in the 2008 Questionnaire to allow sufficient time for analysis of 2007 data. Re-inclusion of the module in CHIS CCM 2011 will provide trend data to analyze HPV vaccine uptake (since it became available in 2006) and HPV awareness in adults 18 years and older. Although HPV data will be available from other studies, for example NHIS 2010, CHIS will be able to provide HPV data on a more granular level.

For the first time, the CHIS CCM will include epilepsy questions for adolescents. The prevalence of epilepsy in teens is not well known. Questions included in the 2011 Questionnaire will provide granular-level prevalence data on epilepsy in the adolescent population.

The addition of HRQOL questions will provide detailed data on the general health of adolescents. A CDC funded study used Chi-squared analysis to assess scale construct validity of the HRQOL scale. In addition, the study used adjusted multiple logistic regression to assess known-group validity of the scale's index for poor physical and mental health. The study provided preliminary evidence for the validity of the HRQOL scale items as well as for its usefulness in adolescent surveillance.<sup>2</sup> By incorporating HRQOL questions, CHIS will provide granular-level data with a larger sample size.

The Indian Health Service (IHS) will collaborate with NCI to oversample approximately 300 adult American Indian and Alaska Natives (AI/ANs) to the base AI/AN sample, including approximately 150 under age 65 and 150 over that age. These data will be used to support a number of research studies on, for example, tobacco use and premature aging among the AI/AN population. An oversample frame will be constructed following a collaborative model, successfully used in 2001, with the California Area Indian Health Service, urban Indian organizations, and socio-cultural/political organizations. An expected benefit to these agencies' membership is access to unique vulnerable AI/AN subpopulations, including California Indians (descendants of tribes indigenous to California) and Indian Health Service users.

The 2011 questionnaire will incorporate a modified version of the CHIS 2009 Medical Home module. The UCLA CHPR will attempt to seek potential funding from the Agency for Healthcare Research and Quality (AHRQ) for the

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<sup>2</sup> Zullig KJ, Valois RF, Huebner ES, Drane JW. Evaluating the performance of the Centers for Disease Control and Prevention core health-related quality of life scale with adolescents. *Public Health Rep* 2004; 119(6): 577–584.

inclusion of these questions in the adult questionnaire. The data gathered on medical home will help determine the prevalence of medical home among insured and chronically ill population, and whether their medical home is continuous, patient-centered, accessible, and care-coordinated.

CHIS data are broadly disseminated via Public Use Files (PUFs), an online data query system called *AskCHIS*, 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 12,000<sup>3</sup> PUFs have been downloaded for CHIS 2001, CHIS 2003, CHIS 2005, and CHIS 2007. More than 26,000 users have accessed CHIS data through *AskCHIS*, making more than 770,000 queries. NCI research studies, as well as more than 213 other projects, are listed in the CHIS Research Clearinghouse at the UCLA CHPR web site for CHIS. The Clearinghouse also lists 177 peer-reviewed publications based on CHIS data. **Attachment 2** provides lists of organizations that have used CHIS data and peer-reviewed peer publications based on CHIS data, as well as descriptions of the types of research conducted. Additionally, the Agency for Health Research and Quality uses CHIS data in drafting its annual Healthcare Disparities Report.<sup>4</sup> **Attachment 3** describes in

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<sup>3</sup> In the last submission, 2008, it was reported that 6,750 PUFs have been downloaded and 16,000 users have accessed CHIS data through *AskCHIS*.

<sup>4</sup> National Healthcare Disparities Report, 2009. Full Report. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/qual/nhdr09/nhdr09.pdf> (accessed on August 31, 2010).

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, which increase the quality of data collected, are also made possible with CATI. 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 (PIA) has been conducted and was published in July 2010. The IT system names are, “NIH NCI California Health Interview Survey (CHIS) Information Technology System,” and “NIH NCI California Health Interview Survey Cancer Control Module (CHIS-CCM) 2009.” (Attachment 4).

### **A.4. Efforts to Identify Duplication and Use of Similar Information**

Five 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, CHIS-CCM 2007, OMB No. 0925-0578, Exp. 06/30/2010 and CHIS-CCM 2009, OMB No. 0925-0598, Exp. 02/28/2011. Information similar to that collected in CHIS is not readily available. Prior to providing support for CHIS, NCI evaluated two CDC-sponsored surveys that also 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]. 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 is for continual data collection beginning in 2011. A three year approval period is requested.

CHIS has previously been conducted in two year cycles. CHIS will shift from a biennial to a continuous survey in 2011, with data collected continuously throughout the year. Rather than fielding a large sample and attempting to complete it in a relatively short, 8 to 10-month period every two years, CHIS will field smaller monthly or quarterly sample replicates that are representative of the state. Over two years, the 24 monthly sample replicates will equal the current biennial CHIS sample of about 48,000 households statewide allocated to produce estimates at the county level. Thus in one year, our sample will be roughly half the size (24,000) of our current biennial sample target. CHIS respondents complete the survey only once per cycle. This shift, from biennial to continuous data collection, does not change the level of burden on the California population. Continuous data collection of 48,000 households over a two-year period provides robust estimates of the health and health care utilization of the California population at reasonable cost without imposing an undue burden on the CHIS sample. This is the minimum frequency of data collection consistent with the objectives and study design. Accurate and current information every two years 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 **November 15, 2010 (Volume 75, p. 69681)**. Comments were solicited on the proposed information collection. No public comments have been received.

**Consultation of outside agencies:**

Outside agencies are consulted extensively on CHIS design and implementation. **More than 190 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 5A-F** contain 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 at its **March 25, 2010** meeting. The Multicultural TAC advises CHIS staff on content and survey methodology issues related to the state's ethnic and racial groups. It met on **May 25, 2010** 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 **May 13, 2010** and provided expert input on questionnaire content, measurement issues, and policy relevance for adults age 18 and over. The Adolescent TAC met on **May 20, 2010** to address questionnaire

content for adolescents age 12–17. The Sampling Design and Survey Methodology TAC met on May 6, 2010 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, and access.

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

CHIS 2011 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 6A**). 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.<sup>5</sup> Their use in CHIS 2005 increased the initial cooperation rate by about three percentage points.

Cell phone respondents will be paid \$5 for completion of the initial screener and \$25 for completion of the extended interview. 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 during the conduct of the survey,

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<sup>5</sup> Singer, E., Van Hoewyk, J. and M.P. Maher. 2000. "Experiments with Incentives on Telephone Surveys." *Public Opinion Quarterly*, 64: 171-188.



and not as an incentive. Assuming cell phone respondents will be billed for peak minutes (at the highest rate of 45 cents per minute), we estimate that they will incur charges of approximately \$.90 for participation in the screener interview, which takes no longer than 2 minutes. If we assume the same rates for the extended interview (which takes about 30 minutes to conduct) we can estimate that respondents will be billed approximately \$16.00. If multiple call backs are needed, if the interview takes longer than average, or if the interview is conducted in a non-English language, the \$25 reimbursement should adequately cover these contingencies.

#### **A.10. Assurance of Confidentiality Provided to Respondents**

The information to be collected by CHIS constitutes a System of Records under the Privacy Act, Systems of Record Notice (SORN) No. 09-25-0200, “Clinical, Basic and Population-based Research Studies of the National Institutes of Health (NIH), HHS/NIH/OD” and is incorporated in NCI’s contract with UCLA CHPR to conduct CHIS, N02-PC—54400 (**Attachment 7**). CHIS data are designated as limited rights data under this same contract.

All CHIS-CCM 2011 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 6B**). The statutory authority is cited in the Advance Letter (see **Attachment 6A**). The CHIS-CCM 2011 complies with 45 CFR 46 (Protection of Human Subjects). **Attachment 8** contains documentation of review and approval by UCLA’s Office for the Protection of Human Subjects and the NCI IRB. CHIS-

CCM 2011 has also applied for a Certificate of Confidentiality from the National Institutes of Health to protect these research data from forced disclosure (**Attachment 9**).

The following measures will be taken to secure the data and protect respondent confidentiality during data collection (**Attachment 10A**). Once data are collected, the CHIS data collection subcontractor will separate the contact data (names, addresses, telephone numbers, email addresses, 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 agree to and are legally bound to abide by the confidentiality policies of the company.

No direct identifiers of survey respondents 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 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: AskCHIS, Public Use Files (PUF) and a Data Access Center. AskCHIS, 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.

Researchers may also apply to access confidential CHIS data by submitting a Data Access Center application. In 2009, new data security policies and procedures were developed in collaboration with the UCLA IRB and the California Committee for the Protection of Human Subjects. Researchers must include a description of the research project and a list of requested variables. Applications are reviewed by a data disclosure review committee, and upon approval by the CHIS Principal Investigator, access to confidential data is permitted in accordance with the attached Data Access Center Policies and Procedures and Data Delivery/File Transfer Protocol (**Attachment 10B and 10C**). The attachments are used by CHIS staff and programmers internally to ensure data confidentiality. They have been approved by the UCLA and California Committee for Protection of Human Subjects.

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

The CHIS-CCM 2011 will collect data on cancer screening, cancer diagnosis, common medications, and family history of cancer. Sensitive questions will be asked about salary and sexual preferences. In addition, personally identifiable information (PII) will be collected in the form of medical history, date of birth, and physical address by the data collection subcontractor. The subcontractor collects the respondent's first name in order to address the person during the interview. In addition, the subcontractor collects a physical address from cell phone sample respondents to send the respondent reimbursement for his/her air time. The vendor also collects date of birth and medical and health history. However, once data collection is completed by the

data collection subcontractor, the data transmitted to and received by the UCLA CHPR does not contain identifiers. The data does not include any names, addresses and birth dates are removed. No PII's are contained in the CHIS confidential data files maintained by, and located in, the Data Access Center at the UCLA CHPR.

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

Table A.12-1 provides estimates of the annual hour burden for the CHIS-CCM 2011 and the federally funded portion of the demographic core. Timed estimates indicate that the CHIS-CCM 2011 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 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 51,468 adults and adolescents will complete either the pilot or the main survey over a 3-year period (17,156 annual respondents and responses). This amounts to a total hour burden estimated at 6531 hours over 3 years. The annualized hour burden is estimated to be 2,177.

Table A.12-2 reports the respondent costs associated with the CHIS-CCM 2011, the federally funded portion of the Demographic Core. The median wage rate for California for adults is estimated at \$17.92 per hour.<sup>6</sup> For adolescents,

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<sup>6</sup> May 2007 State Occupational Employment and Wage Estimates – California. Occupational Employment Statistics. Bureau of Labor Statistics. U.S. Department of Labor.

the California minimum wage of \$8.00 per hour is used.<sup>7</sup> The total estimated cost to respondents is \$115,931 over a 3-year period; the estimated annualized cost is \$38,644.

<b>A.12-1 Estimates of Annualized Hour Burden</b>					
Type of Respondent	Form Type	Number of Respondents	Frequency of Response	Average Time Per Response --Minutes/Hours	Annual Hour Burden
Adults	Adult Pilot	50	1	8/60 (0.133)	6.67
	Adult Survey	16,000	1	8/60 (0.133)	2,133.33
Adolescents	Adolescent Pilot	6	1	2/60 (0.033)	0.20
	Adolescent Survey	1,100	1	2/60 (0.033)	36.67
Total		17,156			2,176.87

<b>A.12-2 Annualized Cost to Respondents</b>				
Type of Respondent	Form Type	Annual Hour Burden	Hourly Wage Rate	Respondent Cost
Adults	Adult Pilot	6.67	\$17.92	119.53
	Adult Survey	2,133.33	\$17.92	38,229.27
Adolescents	Adolescent Pilot	0.20	\$8.00	1.60
	Adolescent Survey	36.67	\$8.00	293.36
Total		2,176.87		\$38,643.76

### **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**

[http://www.bls.gov/oes/current/oes\\_ca.htm](http://www.bls.gov/oes/current/oes_ca.htm) (accessed on September 1, 2010)

<sup>7</sup> Minimum Wage Increase 2007. California Department of Industrial Relations.

<http://www.dir.ca.gov/Wage.htm> (accessed on September 1, 2010)

The NCI staff time allocated to participating in CHIS 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 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.

<b>TABLE A.14-1. ANNUALIZED COSTS TO THE FEDERAL GOVERNMENT</b>			
	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
<b>TOTAL CONTRACTOR COST</b>			<b>\$1,330,160</b>
NCI Staff	1040	\$64.28/hour	\$66,851
<b>TOTAL ANNUAL COST</b>			<b>1,397,011</b>

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

The CHIS-CCM 2011 is being submitted to OMB as a revised collection of information, also known as a program change due to agency discretion. This program change involves both design change and content change in the questionnaire. CHIS will shift from a biennial to a continuous survey design in 2011, with data collected continuously throughout the year. Health-related modules of interest that have been added to this survey include questions relating to human papillomavirus (HPV), epilepsy, medical homes, and health-related quality of life (HRQOL) scale (see Section A.1 for more details about inclusion of these modules). Additionally, questions were added to the cancer

screening module related to Computerized Axial Tomography (CAT) or Computed Tomography (CT) scans. Deleted modules from the 2008 CHIS were related to cancer prevention health behaviors, VA topics, and discrimination.

There is a slight decrease in burden from the 2009 OMB approved submission due to a reduction in the estimated number of adolescents who will complete the survey, and removal of the proposed child weight-height pilot study. The estimated number of adolescents who will complete the survey is smaller due to the proposed program change. During previous biennial sampling cycles, CHIS fielding periods overlapped with summer months. With the continuous survey, surveys will be conducted throughout the year resulting in a more consistent sampling throughout the school year and summer. Fewer adolescents will be available in sampled households during the school year, relative to during the summer months, due to school and extracurricular activities.

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

The CHIS-CCM 2011 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.

<b>Table A.16-1 Project Timeline</b>	
<b>Activity</b>	<b>Start Date</b>
Pre-test	November 2010
Pilot test CHIS for CATI administration	March 2011 or immediately upon OMB approval
Field CHIS questionnaire	April 2011 or one month after OMB approval
Prepare preliminary frequency output file	21 months after OMB approval
Finalize CHIS data files (without identifiers)	24 months after OMB approval
Complete final CHIS report	27 months after OMB approval

Great effort is made to disseminate CHIS data, and CHIS-CCM 2011 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 *AskCHIS*, where county-level data estimates may be obtained. Researchers can obtain estimates generated from the confidential CHIS data 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**

Questionnaires do not display the OMB expiration date because all interviews are conducted via telephone. Respondents thus do not have an opportunity to physically view the questionnaires. However, for the purposes of public comment and OMB review, the questionnaire 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.