

Section A
THREE YEAR GENERIC CLEARANCE PACKAGE (83-I)

State and Local Area Integrated Telephone Survey

OMB # 0920-0406

Three-year generic clearance expires 04/30/2011

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Section A: Justification

1. Circumstances making the collection of information necessary

This revision submission requests approval for a generic three-year clearance to develop, test, and implement periodic surveys or ‘modules’ of the State and Local Area Integrated Telephone Survey (SLAITS) mechanism (Office of Management and Budget (OMB) number 0920-0406, exp. 4/30/2011), as well as ad hoc surveys on emergent issues. OMB will receive a nonsubstantive change clearance request for each module.

Background

SLAITS is an integrated survey mechanism created in 1997. It uses the sampling frame of the Centers for Disease Control and Prevention’s (CDC) National Immunization Survey (NIS), conducted collaboratively by CDC’s National Center for Health Statistics (NCHS) and the National Center for Immunization and Respiratory Diseases (NCIRD). The NIS produces comparable state level estimates of universal vaccination coverage for children 19-35 months to monitor progress toward *Healthy People 2010* objective 14-22¹. It is exempt from OMB/Paperwork Reduction Act (PRA) review under legislative authority².

The SLAITS mechanism uses:

- the NIS sampling frame to increase efficiency and minimize burden;
- standardized questions, survey methodology, and mode of administration to provide comparable data;
- a large flexible sampling frame and various data collection mode(s) when appropriate, including cellular and landline telephones and (when necessary) postal mail and the internet, to target and collect data quickly from policy-relevant population subgroups;
- targeted, customized, and tailored questions and design strategies to meet specific data needs (for example, screening questions that select families with low income, persons with specific health conditions, or children with various demographic characteristics);
- statistical adjustments for households without telephone coverage;
- public use files (PUF) which contain population-specific data for use by both Federal and state users to maximize analysis and application to real world problems; and
- ‘other-language’ interviewers and instruments. Although almost all modules have used Spanish and English-speaking interviewers, some SLAITS modules have been translated into as many as ten additional languages.

Need and circumstances motivating the current request

SLAITS is one of few population-based survey mechanisms within the Department of Health and Human Services (DHHS) designed specifically to produce standardized comparable data across states and over time on general and specific health and health-related topics. It

¹ ‘to achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children’

² Specifically, the National Childhood Vaccination Injury Act of 1986 (PL 99-660), Title III, Part A, Section 311, #7 established data collection systems to monitor immunization and Part B, Section 321 waives the PRA for all activities under the Act.

provides a convenient mechanism to quickly develop and implement surveys of diverse specialized populations that are of special interest to the Department, even rare subgroups. For example, the SLAITS National Survey of Adoptive Parents (NSAP) examined post-adoption financial and non-financial supports and programs for children under the age of 18 years who were adopted from the domestic foster care system, or through a private domestic or international adoption. With SLAITS, the Department and NCHS can respond quickly to requests for highly specialized data.

High quality data at various geographic levels are increasingly important. Some major Federal service programs such as the Childhood Immunization Initiative (CII) and the State Children's Health Insurance Program (CHIP) are administered by the states. In other areas of historic Federal responsibility, states are gaining flexibility to administer, monitor, and evaluate health and healthcare programs through waivers and legislated reforms. While considerable health related data are available at the national level, variable amounts are available at lower geographic levels, and most of these data are not standardized across geographic levels. The need for standardized data at various geographic levels has increased dramatically over time.

How this proposed data collection fits into CDC's broader research agenda

SLAITS has and will continue to provide policy-relevant national and sub-national data that directly address the mission, research agenda, and 21st Century vision for the CDC and NCHS. The mission statement of the CDC is "Healthy People in a Healthy World—Through Prevention"³. The NCHS mission is "to provide statistical information as the Nation's principal health statistics agency that will guide actions and policies to improve the health of the American people"⁴. NCHS is authorized to collect data under Section 306 of the Public Health Service Act (42 USC 242k) (**Attachment 1**).

Privacy Impact Assessment

Required information for the Privacy Impact Assessment (PIA), established by OMB M-03-22, are (i) overview of the data collection system, (ii) items of information to be collected, and (iii) identification of websites and website content directed at children under 13 years of age.

- (i) overview of the data collection system

SLAITS modules use Computer-Assisted Telephone Interview (CATI) systems to collect data via telephone, and if appropriate, other modes such as the internet or mail. Randomly generated sampled telephone numbers will be dialed with either the autodialer (landline) or by hand (cellular) in accordance with the Telephone Consumer Protection Act (TCPA).

- (ii) Items of information to be collected

Some SLAITS modules collect very few items of information in identifiable form (IIF) while others require recontact information sufficient to identify the correct respondent at a later

³ Centers for Disease Control and Prevention (CDC) website, written by CDC's Office of Enterprise Communication. Available at <http://www.cdc.gov/about/mission.htm>. Accessed February 4, 2011.

⁴ Centers for Disease Control and Prevention, National Center for Health Statistics. Available at <http://www.cdc.gov/nchs/about/mission.htm> Accessed February 4, 2011.

time. For example, we might collect a child's date of birth for classification purposes and to ensure that age appropriate questions are administered or we might ask for the age of all the children in the household to assist with the listing and random selection of an interview subject. The contractor maintains lists of randomly-generated telephone numbers and matched addresses which are used to send letters in advance of calling the household to as much of the sample as possible. Any IIF collected by the contractor during administration of the interview is separated from the interview data and kept on a secure server. Interview data are deidentified prior to transmission to CDC via a secure data network. IIF are not kept by the contractor following the end of a survey. NCHS maintains these files for possible recontact. These are not new procedures, and have been approved by OMB previously. Also, SLAITS has Authority to Operate having completed Certification and Accreditation for a moderate system.

Prior to release of SLAITS data as a public use file, NCHS Disclosure Review Board (DRB) reviews the file to ensure disclosure risk is at a minimum. Researchers wishing to gain access to suppressed data must apply to the NCHS Research Data Center by submitting a research proposal. Tabulated data are reviewed to ensure no disclosure risk exists.

No breaches of confidentiality have occurred in the history of SLAITS. Interviewers are constantly monitored and cannot bring any personal items into the interview area. This is done to ensure that information is not removed from the call center. The NIS calls over four million telephone lines across the country so it is very difficult to piece together information to identify individuals. All contractor and NCHS project staff follow strict procedures to collect, monitor, and analyze these data. The contractor staff undergo the same training as NCHS staff training to ensure no identifiable data are accidentally or deliberately released.

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

SLAITS modules do not refer respondents or potential respondents to websites with content directed at children under 13 years of age. The NIS advance letter used for SLAITS modules states "For more information, turn this letter over or go to the study's web site: <http://www.cdc.gov/nis>". SLAITS hosts a website located at www.cdc.gov/nchs/slaits.htm. No content on the NIS or SLAITS websites is directed at children under the age of thirteen years.

Specific items of information and the inclusion of sensitive data (if any) will be detailed in the requests for approval of specific modules.

2. Purpose and use of information collection

Several specific examples of agency use of SLAITS data from recent clearance periods follow:

- Data from several SLAITS modules (such as the National Survey of Children with Special Health Care Needs, National Survey of Children's Health) are used to measure progress toward achieving six core outcomes identified and monitored by the

Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA). These outcomes track implementation of community-based systems of services for children with special health care needs (CSHCN), and serve as performance measures for state programs funded by the Title V block grant. These data also serve as a basis for federal and state maternal and child health program planning efforts, measure progress of how public health organizations serve children and families, and produce state and national estimates for selected health characteristics. Prior to implementing the National Survey of Children with Special Health Care Needs, standardized state-specific core outcome and key indicator data on CSHCN simply were not available using the MCHB definitions.

- The Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the Administration for Children & Families (ACF) supported the SLAITS National Survey of Adoptive Parents (NSAP) and the National Survey of Adoptive Parents of Children with Special Health Care Needs (NSAP-SN). The SLAITS platform provided the first opportunity to conduct a survey of adoptive parents on a national probability sample. These data are being used to examine the use of pre- and post-adoption supports by adoptive families, and the health of children adopted through various means (foster care, international, domestic private, etc.). ASPE has also used the SLAITS mechanism to explore influenza vaccination coverage rates in children. ASPE has funded a module to accompany the 2011 NSCH on uninsured children in low income households for a Congressionally mandated report on CHIP.
- The SLAITS asthma module was featured in two resource guides published by the Department's Agency for Healthcare Research and Quality (AHRQ) to improve the quality of asthma care at the state-level, as well as the Congressionally-mandated National Healthcare Quality and Disparities Reports. Data from the SLAITS NS-CSHCN have also been included in past issues of these annual national reports.
- The SLAITS 2009-2010 NS-CSHCN is being used to identify children with autism, autism spectrum disorder, intellectual disability and behavioral conditions for a follow-up survey sponsored by the National Institute for Mental Health. The Survey of Pathways to Diagnosis and Treatment will examine how children progress through the health care system.

SLAITS data can be used to develop and refine an appropriate methodology that minimizes burden and nonresponse to achieve as representative a sample as possible. Future modules may contain updates and modifications of modules already fielded.

An extensive list of peer-reviewed published journal articles using SLAITS data is available at http://www.cdc.gov/nchs/about/major/slaits/Publications_and_Presentations.htm.

Privacy Impact Assessment Information

All SLAITS data are collected under an Assurance of Confidentiality. When indicated, SLAITS modules will collect, on a confidential basis, data needed to recontact respondents for additional information and for participation in potential followback surveys, and possibly to match respondents to administrative records. The ability to track respondents and match to other records greatly expands the usefulness of these data at very low cost.

Only those NCHS employees and our full research partners who must use the personal information for a specific purpose can access and use such data. Everyone else who uses SLAITS module data can do so only after all identifiable information is removed.

The collection of information in identifiable form requires strong measures to ensure that private information is not disclosed in a breach of confidentiality. All NCHS employees as well as all contract staff receive appropriate training and sign a “Nondisclosure Statement.” Staffs of collaborating agencies are also required to sign this statement and outside agencies are required to enter into a more formal agreement with NCHS. The transmission and storage of confidential data are protected through procedures such as encryption and carefully restricted access. See A10 for more details.

3. *Use of improved information technology and burden reduction*

SLAITS modules are conducted by interviewers using the latest Computer Assisted Telephone Interviewing (CATI) system. This computer program:

- guides the interviewer through the questionnaire, automatically progressing to appropriate questions based on answers to previous questions;
- automatically skips questions that appear on both the NIS and SLAITS (for example, the respondent would only be asked one time about household income);
- determines if the selected response is within an allowable range, checks it for consistency against other data collected during the interview, and saves the responses into a data file;
- aids interviewers when needed with available electronic help screens;
- reduces the time required to transfer, process, and release data; and
- ensures interviewers collect the minimum information necessary to meet project goals.

SLAITS employs an integrated design feature to lower respondent burden and cost to the public below the level of a comparable stand-alone survey. By using the NIS sampling frame, SLAITS avoids the cost of identifying households appropriate for its modules. SLAITS also economizes to develop and test new questions, and provides comparative data by using questions from existing surveys whenever possible. The modules collect only the minimum information necessary for the purposes of that project.

To address current needs and the overall decline in survey participation, it may be necessary during the course of this data collection to expand and/or combine sampling frames to include mail and internet options. However, it is not practicable for the SLAITS methodology to be transferred to an entirely electronic format at this time as a corresponding universe of electronic mail addresses does not exist.

4. *Efforts to identify duplication and use of similar information*

Efforts to identify an existing survey mechanism with the sample and content coverage proposed by SLAITS were unsuccessful. While a handful of individual states may conduct

their own surveys to meet programmatic needs, none offered the range and comparability built into this design.

Mechanisms currently exist at the national level to collect population-based data to monitor the extent and distribution of health insurance coverage in the population, the prevalence and types of barriers to obtaining necessary health care services, and the health status of the population, but comparable extensive data at the state level cannot be obtained from these existing surveys.

Data collection mechanisms exist for collecting health-related data at the state level, such as the CDC's Behavioral Risk Factor Surveillance System (BRFSS) and the NIS; however, neither of these surveys simultaneously monitors the depth of content compared to SLAITS modules. The BRFSS provides health surveillance of adults over the age of 18; it can include child health modules for states that choose to pay to add these questions. However, states are not required to collect child level data, and are free to contract data collection activities with their contractor of choice. In contrast, the NIS has a very limited range of respondents and content (vaccination coverage levels in children ages 19 to 35 months of age and more recently, teens 13 to 17 years of age), although this survey has expanded its scope periodically to track vaccination coverage and uptake in other age groups such as the elderly and adolescents.

SLAITS is the only population-based mechanism identified to date that can rapidly collect data about US residents of any age regarding a variety of health and well-being topics for state and federal government agencies. To our knowledge no similar government or commercial survey system exists that can duplicate the features and advantages of the SLAITS mechanism.

5. *Impact on small businesses or other small entities*

No small businesses or other small entities will be involved in this data collection.

6. *Consequences of collecting the information less frequently*

SLAITS modules are not ongoing, they are periodic or one time surveys. One time surveys cannot be conducted less frequently and periodic surveys are conducted at intervals appropriate to monitor improvements in health, programs, and access to medical care.

There are no legal obstacles to reduce the burden.

7. *Special circumstances related to the guidelines of 5 CFR 1320.5*

None of the special circumstances listed apply to this data collection.

8. Comments in response to the Federal Register notice and efforts to consult outside the agency

Federal Register Notice:

In compliance with 5 CFR 1320.8(d), a 60-day Federal Register notice was published in the *Federal Register* on September 16, 2010, volume 75, number 179, pages 56545-56546 (OMB project number 0920-0406, project name: State/Local Area Integrated Telephone Survey-SLAITS). It is attached to this supporting statement (**Attachment 2**).

Summary of comments received:

One comment was received (listed below).

From: INFO PEWTRUSTS.ORG [<mailto:usacitizen1@live.com>]

Sent: Sunday, September 26, 2010 2:27 PM

To: OMB-Comments (CDC); americanvoices@mail.house.gov; comments@whitehouse.gov; sf.nancy@mail.house.gov; rush.holt@mail.house.gov; info@taxpayer.net; media@cagw.org

Subject: PUBLIC COMMENT ON FEDERAL REGISTER surv itey is not at all accurate - believe it should be sunsetb waste of tax \$

I DO NOT BELIEVE THE RESULTS YOU GET ARE ACCURATE. I DONT THINK YOU KNOW HOW TO WRITE A SURVEY TO GET UNBIASED INFORMATION WHICH IS A SKILL IN AND OF ITSELF. I THINK THE I NFORMATION YOU GET IS ENTIRELY INACCURATE. I THINK THIS SPENDING OF TAX DOLLARS IS ENTIRELY UNJUSTIFIED AND WASTEFUL. I THINK THIS IS SIMPLY MAKE WORK TO GET MORE TAX DOLLARS TO WASTE. THIS SHOULD BE SHUT DOWN.
JEAN PUBLIC 15 ELM ST FLORHAM PARK NJ07932

Consultation with persons outside the agency:

SLAITS module sponsors guide format and content decisions in collaboration with NCHS and contractor staff. Generally subject-matter experts from the federal and academic arenas are convened for each module to offer expert guidance on availability of similar data, reporting format and data elements, methodology, instrument construction, clarity and completeness of content, and analysis plans. These experts are also consulted regarding methodological, programming, pre-testing, sampling, weighting, or post-stratification issues when necessary.

We plan to update the DHHS Data Council periodically on our activities. Experts are listed below who are knowledgeable about the SLAITS mechanism, and with whom we consult throughout the entire three year clearance period.

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Other public contacts & opportunities for public comment:

SLAITS staff members often receive formal and informal input about the utility of various items and subjects that were and were not covered in previous SLAITS modules. SLAITS staff members find it useful to structure input by using its Internet listserv (an ‘opt-in’ opportunity for data users and interested parties who subscribe to our listserv) to offer cogent constructive feedback, and included an appropriate level of burden in the “pilot testing” line of the burden table for this request. Listserv subscription information is publicly available on the SLAITS informational website (www.cdc.gov/nchs/slait.htm) at all times as an option for data users and interested parties to elect to be kept up to date on SLAITS surveys, activities, and product releases. Survey participants are provided multiple ways to contact NCHS on topics of interest or concern.

At other times, SLAITS sponsors have requested input from their user community such as state health departments, directors of state programs for CSHCN, and members of the Association of Maternal and Child Health Programs (AMCHP) which represents state level programs. Suggestions are given careful consideration during the planning process to ensure maximum data utility. Ad hoc work groups of subject matter experts have been convened to advise on the content of most SLAITS modules.

Additionally, in 2008 the National Center for Health Statistics Board of Scientific Counselors Review Committee released a final evaluation of the overall SLAITS program, which emphasized the program's efficiency, effectiveness, value, flexibility, and uniqueness.

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

Like all telephone surveys, there has been a consistent need to improve the interview completion and screener completion rates for SLAITS modules. Our experience has repeatedly demonstrated that of all survey modifications, providing small monetary incentives had the most dramatic effect on improving response rates. We plan to request incentive use for future modules based on previously-approved and tested procedures. This topic will be addressed in each survey-specific ICR.

10. *Assurance of confidentiality provided to respondents*

IRB Approval

In addition to OMB approval, we obtain the following clearances prior to implementing *each* proposed module:

- NCHS Research Ethics Review Board (ERB),
- the contractor's Institutional Review Board (IRB),
- the NCHS Associate Director for Science and Human Subjects Officer,
- the NCHS Confidentiality Officer, and
- the sponsor's IRB (if necessary).

Privacy Impact Assessment Information

Privacy Impact Assessment Information:

- a. It has been determined that the Privacy Act does apply to this request by the NCHS Privacy Act Coordinator. The applicable System of Records Notice (SORN) number is 09-20-0164, "Health and Demographics Surveys Conducted in Probability Samples of the United States Population."
- b. Information security, Assurance of Confidentiality:

Data will be treated in a confidential manner. The process of informing respondents of the procedures used to keep information confidential begins with material mailed in advance (**Attachments 3, 4**), and carries through to interviewer training and all communications with potential respondents. All elements of informed consent, including the purpose of the data collection, the voluntary nature of the survey, with whom the information will be shared, and the effect upon the respondent for not participating are provided in the introductory statements read to respondents prior to the interview.

Confidentiality will be provided to respondents as assured by Section 308(d) of the Public Health Service Act (42 USC 242m) as follows:

“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, 306, or 307 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 or 306, 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.”

In addition, legislation covering confidentiality is provided according to section 513 of the Confidential Information Protection and Statistical Efficiency Act (PL 107-347) which states:

“Whoever, being an officer, employee, or 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.”

Standards for Federal government surveys highlight the importance of the interviewers' responsibilities under the Privacy Act of 1974 (5 U.S.C. 552a), the Privacy Act Regulations (34 CFR Part 5b), Section 308(d) of the Public Health Service Act (42 U.S.C. 242m), the Confidential Information Protection and Statistical Efficiency Act (CIPSEA, Section 513 of PL 107-347), HIPAA (for the NIS), and other regulations.

b. In addition to the statutes cited above, NCHS and SLAITS contractor and subcontractor staff routinely employ technical, physical, and administrative measures to secure information and safeguard privacy and confidentiality. These include:

- when confidential materials are moved between locations, records are maintained to insure that there is no loss in transit,
- hard copies of confidential information are stored in secure areas when not in use,
- access to the data processing and storage areas is controlled, with only authorized personnel allowed in the computer rooms and computer tape libraries,
- individual data banks and files are protected by passwords and other techniques, which prohibit access by non-approved project staff ,
- building security forces are on duty 24 hours, seven days per week at all sites,
- public use data releases are reviewed and approved by the NCHS Disclosure Review Board (DRB),

- potential respondents are invited to view our SLAITS website (www.cdc.gov/nchs/slaits.htm) to explore the legitimacy of the survey in the advance letter, and
- access to nonpublic data is restricted to those who must have such access.

Interviewers, supervisors, and staff receive thorough training on legal and ethical obligations. All employees and contract staff sign an Affidavit of Nondisclosure as a condition of employment. This data collection is under the Privacy Act of 1974 (5 U.S.C. 552a), the Privacy Act Regulations (34 CFR Part 5b), Section 308(d) of the Public Health Service Act (42 U.S.C. 242m), the Confidential Information Protection and Statistical Efficiency Act (CIPSEA, Section 513 of PL 107-347), HIPAA (for the NIS), and other regulations.

C, D. Prior to data collection, all respondents are assured of the confidentiality of their responses and the voluntary nature of the survey in an advance letter and upon initial telephone contact with the household respondent. The following statement will be provided to respondents:

“Before we continue, I’d like you to know that taking part in this research is voluntary. You may choose not to answer any questions you don’t wish to answer, or end the interview at any time with no impact on the benefits you may receive. We are required by Federal law to develop and follow strict procedures to protect your information and use your answers only for statistical research. I can describe these laws if you wish. In order to review my work, my supervisor may record and listen as I ask the questions. I’d like to continue now unless you have any questions”.

After this statement is read, the interview will begin. If the respondent asks for the legal citation, the following statement will be recited:

“The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. The confidentiality of your responses is assured by Section 308d of this Act, and the Confidential Information Protection and Statistical Efficiency Act. Would you like me to read the Confidential Information Protection provisions to you?”

If the respondent says ‘yes’, the following statement will be read:

“The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. By law, every employee of the National Center for Health Statistics, the National Center for Immunization and Respiratory Disease, and its agent, the National Opinion Research Center who works on this survey has taken an oath and is subject to a jail term of up to 5 years, a fine of up to \$250,000, or both, if he or she willingly discloses ANY identifiable information about you or your household members.”

All NCHS collaborators, contractors, and subcontractors will be required to sign confidentiality statements as required prior to using any data, and thus become ‘designated agents’ of NCHS. The NCHS Confidentiality Officer reviews SLAITS materials submitted for institutional review and for release in file format.

Finally, the following statement appears on a PDF copy of instruments posted on the SLAITS website and in the CATI program for reference.

According to the Paperwork Reduction Act (PRA) of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 0920-0406. The time required to complete this information collection is estimated to average XX minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments about the accuracy of the time estimate(s) or suggestions for improving this form please write to: CDC Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333; call 404-639-4794; or send an email to omb@cdc.gov.

Data collection conducted under contract to the CDC by XXX.

Assurance of Confidentiality: All information which would permit identification of any individual, a practice, or an establishment will be held confidential, will be used for statistical purposes 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 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).

Form approved
OMB No. 0920-0406
Exp date 04/30/11

11. Justification for sensitive questions

Sensitive questions are generally not included on SLAITS module questionnaires. If we propose to include them, however, they would be discussed in each survey specific ICR.

12. Estimates of annualized burden hours and costs

A. Respondent Burden

The calculation of average respondent burden is based on previous modules and time estimates from comparable sections of established questionnaires. On average, SLAITS modules take approximately 25 to 30 minutes to administer.

SLAITS comprises developmental work such as dress rehearsals and/or pretests to test individual questions, the entire instrument or sections of the instrument, or adapt survey procedures as needed. This is usually followed by main implementation of the module. The instruments used in the pretest or dress rehearsal and final main implementation usually include a short screener as many households must be contacted to identify those with characteristics needed for a particular SLAITS module.

Table 1 below indicates the average burden hour estimate. The ‘type of respondents’ column is not included because we can be asked to target many different types of population subgroups or respondents over the three year period, and this is impossible to predict. The estimates are based on previous modules. As this is a generic approval request, the burden shown in this table is the sum of three years of data collection. A burden table will be included with each module.

Table 1. Average non-annualized burden hours, 2011-2013.

Respondents	Number of respondents	Number of responses per respondent	Average Burden per Response (in hours)	Total Burden Hours
Household screening	1,800,000	1	2/60	60,000
Household interview	306,000	1	25/60	127,500
Pilot work, Pre-testing, and planning activities	12,300	1	35/60	7,175
Total				194,675

B. Annualized Cost to Respondents

The latest publicly available data (May 2009) are from the Occupational Employment Statistics Survey (OES), a mail survey that measures occupational employment for wage and salary workers in non-farm establishments in the US. The OES collects data from over 1.2 million business establishments through six semiannual panels over a three year period. It is sponsored by the Department of Labor, Bureau of Labor Statistics, and uses the OMB-required occupational classification system (the Standard Occupational System (SOC)).

Per the OES the mean hourly wage rate is \$20.90/hour across all occupations. At an average wage rate of \$20.90/hour and an average burden of 5.6 minutes for 1,800,000 respondents (including those who screen out of the survey), the average cost per respondent is \$1.95 for a total average estimated cost of just over \$3.5 million dollars per year (Table 2, below). This estimated cost does not represent any out-of-pocket expense, but represents a monetary value attributed to the time spent screening for and/or completing the interview. SLAITS modules are generally population-based surveys; therefore, it is not possible to break out the respondent cost by major occupational groups.

Table 2. Annualized cost to respondents.

Number of respondents	Frequency of response	Average estimated cost per respondent	Total average estimated cost per year
1,800,000	1	\$1.95	\$3,510,000

13. *Estimates of other total annual cost burden to respondents or recordkeepers*

No capital, start-up, or maintenance costs are involved.

14. *Annualized cost to the Federal government*

An estimate of the average annual cost to the government for a SLAITS module depends on the size of the survey (for example, the desired number of completed interviews), the length and complexity of the interview, characteristics of the target population, and prevalence of the key health characteristic of interest. Costs for SLAITS modules are paid through either a contractual or Interagency Agreement (IAA) mechanism.

We estimate the typical annual cost of a general child health survey for parents or guardians of youth ages 0 to 17 years of age that can produce state and national estimates, such as the NSCH, at approximately \$6 million per module for a one year survey as summarized below.

Survey support from NCHS staff	less than \$1 million dollars
Additional CDC-related costs	less than \$500,000
Data collection	~ \$3 million
Other costs	~\$1.5 million

The Interagency Agreement (IAA) typically includes all costs for contractor and Federal staff salaries; survey planning, design, and development; training; field pretesting; coding; data collection, weighting and preliminary estimation; printing of survey materials; file release, possible incentives used to address non-response; and staff observation (travel and per diem).

15. *Explanation for program changes or adjustments*

The hour burden has increased substantially due to the method of count burden in generic clearances. The last approval for 55,190 hours was the annual average, but actually represented 165,570 hours. The current requested burden, 194,675 hours, is for a total of 3 years, an actual increase of 29,105 hours but a paper/computational increase of 139,485 hours.

16. *Plans for tabulation and publication and project time schedule*

SLAITS data are released in a variety of ways - public release data files on the Internet, journal articles, chart books, presentations at professional meetings, etc. Analyses and presentations are often collaborations by NCHS staff, consultants, and staff from other Federal and state agencies. An analysis plan will be submitted in each specific module clearance package.

For modules where information is collected for all household members, analyses can be performed at both the person level and at the household and/or family level. Analysis of SLAITS data will begin with initial baseline descriptive analysis. The baseline measures can be compared among the states surveyed and compared to national estimates. In addition, individual state estimates can be compared with estimates from the National Health Interview Survey and other national surveys.

Per NCHS policy, the data file and supporting documentation must be released to the public as soon as possible after all clearances have been obtained. After the final internal review and approval process involving program staff, the NCHS Public Affairs Offices; the NCHS Disclosure Review Board, Confidentiality Officer, and Associate Director for Science; and the DHHS clearance processes, we anticipate data will be released approximately 6 to 9 months following the end of data collection. Anyone with Internet access can download the public use data files and documentation on the SLAITS website (www.cdc.gov/nchs/slaits.htm). Paper copies of documentation are available from NCHS. An announcement that details each data release is developed by SLAITS staff and disseminated through the NCHS Office of Public Affairs and Departmental listservs for rapid dissemination.

17. *Reason(s) display of OMB expiration date is inappropriate*

N/A. Not requesting exemption.

18. *Exceptions of certification for Paperwork Reduction Act submissions*

There are no exceptions to the certification.