Birth Certificate and Hospital Discharge Linkage— State Survey

OSTLTS Generic Information Collection Request OMB No. 0920-0879

Supporting Statement – Section B

Submitted: August 24, 2012

Program Official/Project Officer

Shin Kim, MPH Epidemiologist Centers for Disease Control and Prevention Division of Reproductive Health 4770 Buford Hwy NE, MS K-23, Atlanta, GA 30341 Phone: (770) 488-6281 Fax: (770) 488-6283 Email: skim1@cdc.gov

Section B – Data Collection Procedures

1. Respondent Universe and Sampling Methods

The respondent population consists of representatives from the state health department in all 52 vital records jurisdictions, which includes all 50 states, the District of Columbia, and New York City. Eligible representatives include the state vital registrars and State Systems Development Initiative (SSDI) Coordinators. One to two potential respondents in the potential respondent universe will be surveyed. Due to the significant contextual differences between states and the limited size of the potential respondent universe, it is preferable to survey the entire universe. This is the first time this data collection has been performed, so there are no data on response rate from a previous data collection. We anticipate a response rate of 85% or higher in this data collection.

Table B-1: Potential Respondent Universe

Entity	Potential Respondent	N
Health Department	Vital Registrars	52
Health Department	State Systems Development Initiative Coordinators	52
Total Universe of Potential Respondents		104

2. Procedures for the Collection of Information

Data will be collected through a one-time web-based survey administered to the entire potential respondent universe. Eligible respondents include the state vital registrars and SSDI Coordinators (N=104). One survey responses per state/district will be allowed. An advance email notification (see **Attachment D**) will be sent to all potential respondents informing them of the planned survey and announcing the dates the survey will be administered. A second email will be sent including a link to the online survey along with additional information and survey instructions (see **Attachment E**). The survey will remain open for 60 business days to allow ample time for respondents to complete the survey. Respondents have to complete the survey in a single session. Reminders will be emailed on day 20 and day 40 of the survey. Reminder phone calls will begin on day 30. Reminders will only be used for non-respondents (see **Attachment F**).

The survey will be administered one time as an evaluation of administrative data linkages within states. Data will be collected and stored in survey software maintained by the

national associations collecting the data and will be cleaned and sent to CDC for analysis. Data will be analyzed using SAS and descriptive tables will be created.

3. Methods to Maximize Response Rates and Deal with Nonresponse

Advance notification and reminder emails will be utilized to maximize response rates. The notification and emails will be sent by the national organizations that have direct relationships with the states, the National Association for Public Health Statistics and Information System (NAPHSIS) and the Association of Maternal and Child Health Programs (AMCHP) to potential respondents. The national organizations will also make phone calls to non-respondents to encourage participation.

The purpose of this survey is to determine whether a state has a birth certificate and hospital discharge linkage, the process and quality of the linkage, the resources related to linking, and barriers and limitations to linkages. Recommendations for future collaboration will also be obtained. Higher response rates will yield more reliable information; however, no scientific inferences will be made.

4. Tests of Procedures or Methods to be Undertaken

The web-based version of the questionnaire was cognitively tested and pilot tested by nine public health professionals. Feedback from this group was used to refine questions as needed, ensure accurate programming and skip patterns and establish the estimated time required to complete the survey. The pilot test ranged from 15 to 25 minutes with an average of 20 minutes to complete. We decided to use the upper range of 25 minutes for the total burden hours.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

The data collection was designed by the project lead who will also analyze the data. Statistical consultation with be provided by a Senior Epidemiologist. Partner organizations provided feedback on the data collection tool, created the data entry system, and will provide consultation on the statistical analyses.

Shin Y. Kim, MPH Epidemiologist CDC/NCCDPHP/DRH/MIHB Phone:770-488-6281 Email: <u>dgx5@cdc.gov</u> Dhelia Williamson, PhD Epidemiologist CDC/NCCDPHP/DRH/MIHB Phone: 770-488-2440 Email: <u>djw8@cdc.gov</u> Patricia Potrzebowski, PhD Executive Director NAPHSIS Phone: 301-563-6001 Email: ppotrzebowski@naphsis.org Caroline Stampfel, MPH Senior Epidemiologist AMCHP Phone: 202-775-0436 Email: cstampfel@amchp.org

Sukhjeet Ahuja, MD Director, Health Statistics and Research NAPHSIS Phone: 301-563-6001 Email: <u>sahuja@naphsis.org</u>

LIST OF ATTACHMENTS - Section B

Note: Attachments are included as separate files as instructed.

- D. Advance Survey Notification Email
- E. Survey Notification Email
- F. Reminders (Email and Telephone)