April 3, 2013
Biomonitoring of the Great Lakes Populations Program:

Circumstances of Change Request for OMB #0923-0044

This is a nonmaterial/non-substantive change request for OMB protocol #0923-0044 which in October 2012 received a three-year approval through October 31, 2015. OMB approval was granted for data collection for a cooperative agreement program involving three state health departments (Michigan Department of Community Health, New York State Department of Health and Minnesota Department of Health).

We are requesting to change from survey instruments developed using the Rapid Data Collector (RDC) to Microsoft Access™ based CAPI survey instruments for the Michigan Department of Health and the New York State Department of Health. In the interim paper and pencil will be used to administer questionnaires.

Michigan Department of Community Health (MDCH) and New York State Department of Health (NYSDOH) are not currently able to use the RDC as their CAPI tool for the biomonitoring interviews. While the program package was undergoing OMB clearance, the MDCH and NYSDOH programs developed CAPI interviews using the RDC version 1.37 which resides within the CDC network. Remote users were provided a Secure Data Network certificate for access. In the meantime, the RDC 1.37 was migrated to a new version (RDC 2.0). The web-based version of the RDC 2.0 is still not available to remote the end users. The state programs attempted to migrate with the help of RDC staff to using an offline version of RDC 2.0 that is not operating as efficient as RDC 1.37. This has caused significant delays in program implementation and use of staff time. The state partners still have several issues with RDC 2.0 such as inability to load the program and get it operational on their state-issued laptop computers. Unlike RDC 1.37, each RDC 2.0 offline program seems to require a laptop with at least 12 GB RAM and a Windows 7™ operating system. These high end requirements are out of the scope of program budgets and technical support. After several months of migration, the state partners find that the RDC 2.0 CAPI forms take a long time to save, reload, and have significant delays with the skip logic.

As part of the OMB package for the program, Minnesota Department of Health was originally approved to use a Microsoft Access™ based CAPI survey instrument, therefore this is a nonmaterial/non-substantive change request for MDCH and for NYSDOH.

The requested change will have no effect on the currently approved burden and/or respondents.