

**Health Resources and Services Administration
Maternal and Child Health Bureau**

**Estimating the Gap Between the Needs of Children and Health Coverage and
Benefits Through Implementation of the Affordable Care Act**

**Supporting Statement B: Collections of Information Employing Statistical
Methods**

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1. RESPONDENT UNIVERSE AND RESPONDENT SELECTION METHOD

There are 52 potential respondents to the Title V Maternal and Child Health (MCH) State Formula Block Grant Services Survey (hereafter known as the Title V Block Grant Survey). The respondents will include the Title V program directors in all 50 states, the District of Columbia, and Puerto Rico. Although Title V program participation in completing this survey is voluntary, we expect that all states will respond. At the February 2013 meeting of the Association of Maternal and Child Health Program, Title V programs were made aware through informal conversations of the Health Resources and Services Administration's (HRSA's) motivation in requesting this information for purposes of planning and budgeting at the Maternal and Child Health Bureau (MCHB) after the implementation of the Affordable Care Act, and Title V programs have acknowledged a vested interest in contributing to that planning process.

HRSA is surveying the entire universe of respondents because we need a national assessment of how states are using federal Title V MCH Formula Block Grant funds to reimburse services to infants and children, children with special health care needs, and pregnant women. Because states vary widely in how they use these funds, sampling only a subset of Title V programs may lead to a biased assessment of how these funds are used.

2. PROCEDURES FOR THE COLLECTION OF INFORMATION

2.1 Statistical Methodology for Sample Selection

Because we will field the survey among Title V directors in all 50 states, the District of Columbia, and Puerto Rico, a statistical methodology for sample selection is not needed.

2.2 Unusual Problems

None anticipated.

2.3 Periodic Data Collection Cycles

The Title V Block Grant Survey will be conducted one time only.

3. RESPONSE RATES AND NONRESPONSE

We will employ a multiple-contact approach to maximize survey response. Table 1 summarizes the steps in our approach.

Table 1. Overview of Data Collection Steps

Step	Schedule
Ask the state’s MCHB project officer to send a prenotification e-mail	To be determined
E-mail the survey and frequently asked questions document to the state Title V directors	Approximately 2 days after the e-mail from the state’s project officer
Hold a 30-minute call to orient the states to the survey and answer any initial questions	Approximately 3 days after the survey is e-mailed
Send reminder e-mail 1 week before the survey is due	Approximately 2 weeks after the survey is e-mailed
Follow up via telephone with Title V programs that have not returned the survey	Approximately 1 week after the survey is due

A telephone number, e-mail address, and contact name will be listed on the survey instrument and in all correspondence with respondents. Respondents will be instructed to call or e-mail if they have questions. All calls to the telephone number and questions sent via e-mail will be responded to within 1 business day.

The accuracy and reliability of the collected data depend on respondents’ understanding of the data requested via the survey and the accuracy of state-level data used to respond to the survey. To increase the accuracy of submissions, a HRSA contractor will hold an orientation call after the survey is sent out to answer any questions that respondents may have. The contractor will also be available to answer any questions that respondents may have as they complete the survey. Furthermore, a frequently asked questions document will be sent with the survey; respondents will be able to consult this document for possible answers to their questions.

4. TESTS OF PROCEDURES OR METHODS

We conducted one round of pretesting of the draft survey instrument with six respondents from six states. The purpose of the pretesting was to assess respondents’ understanding of (1) the questions and directions (i.e., do they make sense? is there anything unclear or confusing?) and (2) the data collection process (i.e., can the data be provided? how long does it take to collect the requested data and complete the survey?). We revised the survey on the basis of findings from feedback received through the pretesting. Only minor changes were made.

Depending on states’ policies regarding the reimbursement of services provided to children and pregnant women, some states will not have to complete the entire survey, and their estimated burden to provide the requested information will be minimal. In the pretest, completion of the survey took anywhere from less than 1 hour to an estimated 61 hours, depending on states’ policies regarding the use of federal MCH Formula Block Grant funds to reimburse for services, the financial data systems in place, and the ease with which the necessary data can be accessed from these systems to complete the survey. Considering the experience of the pretest states, we estimated that 25% of states would not have to report any data, so their estimated burden is 1 hour. We then averaged the time to completion for the two states that completed the entire survey and reported an estimated burden, and this average, 47 hours, was applied to the remaining states. The resulting average across all states was 36 hours per respondent.

Quantitative information gathered through this data collection tool will be entered from MS Word into MS Excel by one analyst. A second analyst will review the subsequent Excel file to ensure the data were entered accurately. The quantitative data will then be aggregated and analyzed in MS Excel using summary statistics (e.g., summation, averages, medians, and percentages). The qualitative information gathered through this data collection tool will be entered into NVIVO (qualitative research software). One analyst will review the states’ responses for themes and code the data accordingly. A second analyst will review the first analyst’s coding to ensure accuracy. The qualitative data will then be summarized across emerging themes.

5. INDIVIDUALS CONSULTED ON STATISTICAL ASPECTS OF DESIGN

Tables 2 and 3 provide the names, affiliations, and contact information for those consulted on the statistical aspects of the design and who will actually collect or analyze the information.

Table 2. Individuals Consulted on Statistical Aspects of Data Collection and Analysis

Name	Affiliation	Contact Information
Melissa Romaine, PhD	RTI International	919-541-6894
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Table 3. HRSA Staff Who Advised on Design

Name	HRSA	Contact Information
James Resnick, MHS	Office of Policy Coordination, MCHB	301-443-3222
Cassie Lauver, ACSW	Division of State and Community Health, MCHB	301-443-2204