

Supporting Statement A

Title V Maternal and Child Health (MCH) Block Grant Jurisdictional MCH Survey Instrument

OMB Control No. 0915-0379

Terms of Clearance: None

A. Justification

1. Circumstances Making the Collection of Information Necessary

The mission of the Maternal and Child Health (MCH) Block Grant Program, as authorized under Title V of the Social Security Act, is to improve the health of all mothers, children, and their families. Through the MCH Block Grant, the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA) distributes funding to 59 states and jurisdictions and provides oversight by requiring states and jurisdictions to report progress annually on key MCH performance and outcome measures in the MCH Block Grant Application/Annual Report. In addition, technical assistance is offered to states and jurisdictions to improve performance. Each state and jurisdiction is responsible for determining its MCH priorities, based on the findings of a comprehensive Needs Assessment every five years, targeting funds to address the identified priorities and reporting annually on its progress in the MCH Block Grant Application/Annual Report. The MCH Block Grant emphasizes accountability in ensuring that States and Jurisdictions meet the legislative and programmatic requirements while providing appropriate flexibility for each State and Jurisdiction to address the unique needs of its MCH population.

MCHB established a three-tiered performance measure framework in 2015 to enable states and jurisdictions to demonstrate the impacts of Title V funding on selected health outcomes within a state or jurisdiction. Each state or jurisdiction uses this framework in supporting the development of a five-year Action Plan that addresses its MCH priority needs.

- National Outcome Measures (NOMs) are intended to represent the desired result of Title V program activities and interventions. These measures for improved health are longer-term than National Performance Measures.
- National Performance Measures (NPMs) are intended to drive improved outcomes relative to one or more indicators of health status (i.e., NOMs) for the MCH population.
- Evidence-based Strategy Measures (ESMs) are intended to hold states and jurisdictions accountable for improving quality and performance through implementation of evidence-based or -informed strategies that are meaningfully related to an NPM. ESMs will assist state and jurisdictional efforts to more directly measure the impact of specific strategies on the NPMs.

Each measure, tied to a national data source, allows for more timely, reliable, and valid data reporting. In an effort to reduce burden, MCHB gathers and makes available to states and jurisdictions Federally Available Data (FAD) that derives from national data sources. Such national sources include only limited data from the eight jurisdictions. In the absence of FAD, jurisdictions are required to report proxy data from an alternate data source within the jurisdiction. This data reporting imposes time and cost burden on jurisdictional grantees, in addition to reducing the standardization and quality of performance measure data across the 59 state/jurisdictional MCH Block Grantees. The lack of data makes it difficult for the jurisdictions to assess the impact of their Title V Programs, and the Federal program office to report to Congress on the jurisdictions' Title V program accomplishments.

The Title V MCH Block Grant Jurisdictional MCH Survey is designed to create a mechanism for jurisdictions to begin collecting, reporting and monitoring key MCH indicators over time. This data collection will enable the eight jurisdictions (i.e., American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Northern Mariana

Islands, Palau, Puerto Rico, and U.S. Virgin Islands) to meet Federal performance reporting requirements and to demonstrate the impact of Title V funding relative to MCH outcomes for the U.S. jurisdictions in reporting on their unique MCH priority needs. Having these data will allow for better annual reporting by the Federal program office in reporting to Congress on the jurisdictions' Title V program accomplishments.

Recognizing the need to support the eight MCH Block Grant jurisdictional grantees in creating and sustaining a mechanism for collecting and reporting annually on MCH performance measures, the MCHB awarded a contract in September 2017 to plan, develop, and pre-test a MCH jurisdictional survey. To identify jurisdictional priorities and gather recommendations for designing and fielding such a survey, members of the contractor team met with Title V leadership and program staff in the jurisdictions at an in-person meeting; reviewed Title V program documents for each of the eight jurisdictions; reached out to experts at the Centers for Disease Control and Prevention (CDC) and other organizations with relevant data collection experience; and held individual meetings with each jurisdiction by phone, Skype, or Adobe Connect. The Title V MCH Block Grant Jurisdictional MCH Survey was designed based on these information-gathering activities as well as the National Survey of Children's Health (NSCH); the Behavioral Risk Factor Surveillance System (BRFSS); the Youth Behavior Surveillance System (YRBSS); and selected other federal studies.

This submission requests approval for the following activity: limited pre-testing of the Title V MCH Block Grant Jurisdictional MCH Survey to evaluate the completeness, navigability, and accurate questionnaire wording of the survey.

2. Purpose and Use of Information Collection

Data from the Title V MCH Block Grant Jurisdictional Survey will be used to measure progress on national performance and outcome measures under the Title V MCH Services Block Grant. This survey instrument will be critical to collect information on factors related to the well-being of all mothers, children, and their families in the jurisdictional Title V programs, which address their unique MCH needs.

In the absence of these preliminary research activities, HRSA would pursue research activities without pretesting, which could lead to increased burden time for respondents, decreased data quality, and less efficient data collection procedures.

3. Use of Improved Information Technology and Burden Reduction

In order to minimize respondent burden, telephone data collection will be conducted via a combination of Computer Assisted Telephone Interview (CATI) software and Paper and Pencil Interviews (PAPI) in Guam, Puerto Rico, and the U.S. Virgin Islands. The Voxco system will be used for dialing and administration of the screener. Voxco is a modern, standards-compliant data collection platform for use in administering questionnaires, which has been used for a myriad of web and telephone surveys, including the NSCH Redesign. Once the screener is completed for an eligible household, the interviewer will administer the main questionnaire using PAPI. If respondent concern regarding using cell-phone minutes in Guam, where pre-paid cell-phones are more common than in Puerto Rico or the U.S. Virgin Islands, results in difficulty completing 25 interviews, then data collection in Guam will be converted to in-person mode.

In-person interviewers will be used in American Samoa, Federated States of Micronesia, Marshall Islands, Northern Mariana Islands, and Palau to minimize burden on respondents. Due to the remote locations of these areas, which may mean difficulty accessing electricity or internet connections, and the low number of anticipated interviews to be completed, all in-person screeners and interviews will be

PAPI.

4. Efforts to Identify Duplication and Use of Similar Information

Efforts to identify published information on a comparable survey in these jurisdictions on similar content areas were unsuccessful. It is unlikely that an entity external to HRSA would undergo research on the extension of data collection overseen by the MCHB.

5. Impact on Small Businesses or Other Small Entities

This data collection will not impact small business or other small entities.

6. Consequences of Collecting the Information Less Frequently

This data collection is a one-time activity. One-time activities cannot be conducted less frequently.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

The proposed data collection is consistent with guidelines set forth in 5 CFR 1320.5(d) (2).

8. Comments in Response to the Federal Register Notice/Outside Consultation

Section 8A:

As required under 5 CFR 1320.8(d), a 60-day Federal Register Notice was published in the *Federal Register* on February 21, 2017, vol. 82, No. 33: pp. 11230. No comments were received.

Section 8B:

In order to design the survey for these eight jurisdictions, a comprehensive assessment to identify the priority needs for each jurisdiction was conducted. Members of the contractor team met with Title V leadership and program staff in the jurisdictions at an in-person meeting; reviewed Title V program documents for each of the eight jurisdictions; reached out to experts at the Centers for Disease Control and Prevention (CDC) and other organizations with relevant data collection experience; and held individual meetings with each jurisdiction by phone or web. Title V leadership and program staff in the jurisdictions have all had the opportunity to review and provide feedback on the survey questions. In addition, Title V leadership and program staff in the jurisdictions have provided input on the plans for mode of data collection, and languages in which to complete the survey.

9. Explanation of any Payment/Gift to Respondents

No incentives will be used.

10. Assurance of Confidentiality Provided to Respondents

Data will be kept private to the extent allowed by law. Individuals and organizations will be assured of the confidentiality of their replies under Section 934(c) of the Public Health Service Act, 42 USC 299c-3(c). They will be told the purposes for which the information is collected and that, in accordance with this statute, any identifiable information about them will not be used or disclosed for any other purpose.

11. Justification for Sensitive Questions

The Title V MCH Block Grant Jurisdictional MCH Survey is based on the NSCH and other governmental surveys approved by Office of Management and Budget. Items have been included related to race and ethnicity. The U.S. Department of Health & Human Services (HHS) requires that race and ethnicity be collected on all HHS data collection instruments. The proposed questions are included below. These questions have been revised to conform with existing OMB standards and largely align with those used in the 2010 Census

1. Is this child of Hispanic, Latino, or Spanish origin?

- 1 No, not of Hispanic, Latino, or Spanish origin
- 2 Yes, Mexican, Mexican American, Chicano
- 3 Yes, Puerto Rican
- 4 Yes, Cuban
- 5 Yes, another Hispanic, Latino, or Spanish origin.
Please specify _____

2. What is this child's race? Select one or more

- | | |
|--|---|
| 1 White | 9 Vietnamese |
| 2 Black or African American | 10 Other Asian
Please specify _____ |
| 3 American Indian or Alaska Native
Please specify _____ | 11 Native Hawaiian |
| 4 Asian Indian | 12 Guamanian or Chamorro |
| 5 Chinese | 13 Samoan |
| 6 Filipino | 23 Other Pacific Islander
Please specify _____ |
| 7 Japanese | |
| 8 Korean | |

In addition, based on requests from Title V leadership and program staff in the jurisdictions, questions on substance use and mental health care have been included. These are viewed as questions domains that will provide a more complete understanding of maternal health in each jurisdiction. During the consent process, respondents will be told that their decision to be in this research is voluntary, they can stop at any time, they do not have to answer any questions they do not want to answer, and refusal to take part in or withdrawing from this study will involve no penalty or loss of benefits they would receive otherwise.

12. Estimates of Annualized Hour and Cost Burden

Estimates of annualized hour burden and annualized cost to respondents are laid out in Tables 2 and 3, respectively. The total number of estimated respondents is 1,757. The total number of burden hours is 220. The estimated total respondent cost is \$2,200.

For the pretest, 1,557 respondents are expected to complete the screener; 200 respondents are expected to complete the Core Instrument, comprised of 25 respondents from each jurisdiction. A full description of the assumptions for active personal cell phone, eligibility, and completion rates used to calculate the number of respondents is provided in the 'sampling methods' section of Supporting Statement B. As described in Supporting Statement B, these assumptions are based on previous experience with a large, telephone-based, federal survey in Guam, Puerto Rico, and the U.S. Virgin Islands as well as with a mode effects experiment of a similar children's health survey. In addition to the Core Instrument, Jurisdiction-Specific Modules, designed to reflect jurisdictional priorities, will be completed with the 25 respondents in each jurisdiction.

The survey requires one response per respondent.

The average burden per response was determined by timing administration with 9 or fewer respondents.

Estimates of the total annual respondent cost for the collection of information were determined using the following sources:

- For Guam, Puerto Rico and the U.S. Virgin Islands, the average hourly wage for all occupations was used based on the May 2017 Bureau of Labor statistics-
<https://www.bls.gov/oes/current/oessrcst.htm>
- For American Samoa, Federated States of Micronesia, Palau, Marshall Islands, and the Northern Mariana Islands, the hourly minimum wage was used based on the websites below. An average hourly wage rate for all occupations is not available in these jurisdictions, and the minimum wage is expected to be the standard wage for respondents.
 - America Samoa: <https://www.dol.gov/whd/minwage/americanSamoa/ASminwagePoster.pdf>
 - Federated States of Micronesia: <https://www.state.gov/documents/organization/160093.pdf>
 - Northern Mariana Islands: <https://www.saipantribune.com/index.php/minimum-wage-7-05/>
 - Palau: <https://www.state.gov/j/drl/rls/hrrpt/1999/301.htm>
 - Marshall Islands: <http://rmicourts.org/wp-content/uploads/P.L.2016-12-Minimum-Wage-Amendment-Act-2016.pdf>

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Burden Hours per Form	Total Burden Hours
Adult Parents- Puerto Rico	Screeener	263	1	0.07	18	33
	Core	25	1	0.52	13	
	Jurisdiction Module	25	1	0.07	2	
Adult Parents- U.S. Virgin Islands	Screeener	309	1	0.07	22	37
	Core	25	1	0.52	13	
	Jurisdiction Module	25	1	0.07	2	
Adult Parents- Guam	Screeener	192	1	0.07	13	28
	Core	25	1	0.52	13	
	Jurisdiction Module	25	1	0.07	2	
Adult Parents- American Samoa	Screeener	156	1	0.07	11	25
	Core	25	1	0.52	13	
	Jurisdiction Module	25	1	0.05	1	
Adult Parents- Federated States of Micronesia	Screeener	156	1	0.07	11	25
	Core	25	1	0.52	13	

	Jurisdiction Module	25	1	0.05	1	
	 Screener	156	1	0.07	11	
	 Core	25	1	0.52	13	
	Jurisdiction Module	25	1	0.08	2	
	 Screener	169	1	0.07	12	
	 Core	25	1	0.52	13	
	Jurisdiction Module	25	1	0.08	2	
	 Screener	156	1	0.07	11	
	 Core	25	1	0.52	13	
	Jurisdiction Module	25	1	0.03	1	
Total		1757				226

Table 3: Estimated Annualized Burden Costs

13. Estimates of other Total Annual Cost Burden to Respondents

There are no direct costs to respondents other than their time to participate in the study.

14. Annualized Cost to the Federal Government

This data collection will be carried out under a contract awarded to NORC in the amount of \$481,965. This contract spans a seventeen month project period, and represents an annual cost of \$340,211.

Additionally, the cost to the government consists mainly of the salaries of the HRSA staff who (1) determine the content of the data collection instruments, (2) oversee the scope of work conducted under the aforementioned contract, and (3) assist in the analysis of the results and recommend changes in questionnaire wording:

Table 4: Estimated Government Staff Costs

The following wage rates are for staff in the Washington, DC area.

Type of Federal Program Staff	Average Total Annual Burden Hours*	Hourly Wage Rate	Total Respondent Costs
Supervisory Public Health Analyst (GS-015)	208 (0.1 FTE)	Step 8 \$78.68	\$16,365
Supervisory Public Health Analyst (GS-015)	104 (0.05 FTE)	Step 8 \$78.68	\$8,183
Supervisory Public Health Analyst (GS-015)	104 (0.05 FTE)	Step 8 \$78.68	\$8,183
Management and Program Analyst (GS-014)	520 (0.25 FTE)	Step 4 \$71.38	\$37,117
Public Health Analyst (GS-013)	520 (0.25 FTE)	Step 3 \$49.56	\$25,771
Total	1,456		\$95, 443

Annual Total (contracts and staff) \$435,024

15. Explanation for Program Changes or Adjustments

This is a new information collection.

16. Plans for Tabulation, Publication, and Project Time Schedule

The pretest will result in a Survey Instrument Test Results Report submitted to MCHB on August 31, 2018. The report will summarize the results of the preliminary testing and the contractor's

recommendations for development of the final survey instrument. The pretest findings presented in the report and any additional feedback from MCHB will be used to prepare a finalized version of the Jurisdictional MCH survey instrument.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

Not applicable. Not requesting exemption.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

Not applicable. No exception requested.