

DATE: January 29, 2021
TO: Josh J. Brammer, OMB Desk Officer
FROM: Lisa Wright-Solomon, HRSA Information Collection Clearance Officer

Request: The Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau requests approval for non-substantive changes to the Maternal and Child Health (MCH) Jurisdictional Survey (OMB #0906-0042, expires 04/30/2022). The survey consists of 1) a core MCH Jurisdictional Survey Questionnaire and 2) Jurisdiction-Specific Survey Questionnaires.

Purpose: The proposed non-substantive adjustments as outlined below will increase the sample size, adjust the height and weight data collection method, and add survey questions to capture data related to the COVID-19 pandemic. Updated versions of translated and English surveys for all U.S. Jurisdictions to reflect these changes are included.

Time Sensitivity: The MCH Jurisdictional Survey is planning for the second round of data collection for two Jurisdictions in May 2021. The proposed changes must be incorporated by April 2021, before data collection begins in May 2021, in order to capture the impact of COVID-19 on MCH populations in the jurisdictions, as well as an increase in sample size and updated height and weight data collection method to improve data accuracy.

Burden: The original estimated survey completion time was 45 minutes; however, the average survey completion time in all eight U.S. Jurisdictions was 38 minutes based on an analysis of the average time it took for each survey to be completed across all jurisdictions, during fielding of the survey in 2019 and 2020. The proposed edits to the survey questions add no more than 7 minutes. Therefore, the revisions included herein do not change the estimated reporting burden *per respondent*, since the adjusted survey completion time falls within the originally projected estimate of 45 minutes. Furthermore, the change of height and weight data collection removes the cognitive burden from parents who relied on self-reporting of child height and weight data and puts the burden on the enumerator, who will be collecting height and weight data in real time.

However, increasing the sample size, as well as updating the number of screeners needed based on eligibility rates from the first round of data collection, does mean an increase in the overall burden hours. This is discussed in more detail below.

PROPOSED EDITS TO THE MCH JURISDICTIONAL SURVEY:

1. MCH Jurisdictional Survey – Addition

Currently, the survey does not include questions that capture data related to the COVID-19 pandemic. The newly proposed questions are the COVID-19 survey questions that have been added to the National Survey of Children's Health and are currently being reviewed and cleared by OMB.

Rationale: The addition of COVID-19 related questions to the Core MCH Jurisdictional Survey will assist the Jurisdictional Title V Programs in understanding the impact of the pandemic on all Jurisdictional MCH populations and to provide insight of how the pandemic impacted survey responses for non-COVID-19-related questions.

2. MCH Jurisdictional Survey – Revision

The height and weight data collection method needs to be modified. Currently, the survey respondents are asked to self-report on the child's height and weight. This results in inaccurate reporting of the child's height and weight at the time of survey completion and prevents the Jurisdictions from using the data for national- and local-level reporting and analyses. The Program office recommends that the enumerator collect the height and weight measurement in real time.

Rationale: The improved height and weight data collection method will provide a more accurate representation of height and weight measurements for children, as well as provide usable data for national and local-level analyses.

3. MCH Jurisdictional Survey – Revision

Currently, the number of surveys completed for each Jurisdiction is 200. It is recommended to increase the sample size to 250.

Rationale: An increase in sample size will improve the precision of the data in all Jurisdictions. Many of the estimates for the National Outcome and National Performance Measures in the first round had large confidence intervals, which means the estimates are not precise and should be interpreted with caution. An increase in

sample size would help to remedy the problem. The increased burden of 50 additional responses in each jurisdiction is offset by improving the utility of the data by the jurisdictions to inform program planning and monitoring. More precise estimates make it easier to detect statistically significant improvements over time.

The total number of burden hours would increase by 409.44, from 1604.65 to 2014.09 (Appendix A). This burden estimate reflects the proposed increase in sample size from 200 to 250 respondents in each jurisdiction, as well as adjustments to the number of screened respondents in each jurisdiction based on the eligibility rates from the first round of data collection (Appendix B).

Attachments:

Appendix A_Table 1

Appendix B_Table 2

All updated English and translated surveys.

All proposed non-substantive changes are indicated with tracked changes in the attached documents.

- 01_Updated MCH Survey_AS_English Jan 2021**
- 02_Updated MCH Survey_FSM_English Jan 2021**
- 03_Updated MCH Survey_Guam_English Jan 2021**
- 04_Updated MCH Survey_RMI_English Jan 2021**
- 05_Updated MCH Survey_CNMI_English Jan 2021**
- 06_Updated MCH Survey_Palau_English Jan 2021**
- 07_Updated MCH Survey_PR_English Jan 2021**
- 08_Updated MCH Survey_USVI_English Jan 2021**
- 09_Updated MCH Survey_American Samoa_Samoan Jan 2021**
- 10_Updated MCH Survey_FSM_Chukese Jan 2021**
- 11_Updated MCH Survey_Guam_Chukese Jan 2021**
- 12_Updated MCH Survey_Guam_Tagalog Jan 2021**
- 13_Updated MCH Survey_Palau_Palauan Jan 2021**
- 14_Updated MCH Survey_Palau_Tagalog Jan 2021**
- 15_Updated MCH Survey_PR_Spanish Jan 2021**
- 16_Updated MCH Survey_USVI_Spanish Jan 2021**
- 17_Updated MCH Survey_RMI_Marshallese Jan 2021**