Supporting Statement A

Maternal and Child Health Jurisdictional Survey

OMB Control No. 0906-0042

Extension

Terms of Clearance: None

A. Justification

1. Circumstances Making the Collection of Information Necessary

HRSA is requesting OMB approval to extend information collection activity for the Maternal and Child Health (MCH) Jurisdictional Survey for an additional three (3) years beyond the period approved under control number 0906-0042. Extending the survey will improve the collecting, monitoring, and reporting of key MCH indicators over time. 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 outcome and performance 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. For example, the National Survey of Children's Health is only fielded in the United States, and does not collect data on maternal and child health in the 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. When establishing the performance measure framework, MCHB made a commitment to establish and support data collection on key indicators of maternal and child health in the jurisdictions. As a result, MCHB has awarded a five-year contract to administer the MCH Jurisdictional Survey. MCHB intends to continue the data collection in the upcoming years by renewing the contract when required in order to ensure the survey is administered multiple times in each jurisdictions. The data from the survey will be prepopulated in the Title V Information System, which reduces the reporting burden on the jurisdictions and mimics what is done for the states.

The MCH Jurisdictional Survey is designed to create a mechanism for jurisdictions to begin collecting, reporting and monitoring key MCH indicators (i.e., National Outcome and Performance Measures). Specifically, the survey will provide data for the following measures:

National Outcome Measures

- NOM 1 - Percent of pregnant women who receive prenatal care beginning in the first trimester
- NOM 4 - Percent of low birth weight deliveries (<2,500 grams)
- NOM 6 - Percent of early term births (37,38 weeks gestation)
- NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000
- NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)
- NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year
- NOM 17.1 - Percent of children with special health care needs (CSHCN), ages 0 through 17
- NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system
- NOM 17.3 - Percent of children, ages 3 through 17, diagnosed with an autism spectrum disorder
- NOM 17.4 - Percent of children, ages 3 through 17, diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)
- NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling
- NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health
- NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)
- NOM 21 - Percent of children, ages 0 through 17, without health insurance
- NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth
- NOM 25 - Percent of children, ages 0 through 17, who were not able to obtain needed health care in the last year

National Performance Measures

- NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year
- NPM 4 - A)Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months
- NPM 5 - A) Percent of infants placed to sleep on their backs
- NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year
- NPM 7 - Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9; and rate of hospitalization for non-fatal injury per 100,000 children, ages 10 through 19
- NPM 8 - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day; and percent of adolescents, ages 12 through 17, who are physically active at least 60 minutes per day
- NPM 9 - Percent of adolescents, ages 12 through 17, who are bullied or who bully others
- NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year
- NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

- NPM 12 - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care
- NPM 13.1 - Percent of women who had a dental visit during pregnancy
- NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year
- NPM 14.1 - Percent of women who smoke during pregnancy
- NPM 14.2 - Percent of children, ages 0 through 17, who live in households where someone smokes
- NPM 15 - Percent of children, ages 0 through 17, who are continuously and adequately insured.

Please see Appendix A for a Crosswalk of survey questions to the National Outcome and Performance Measures.

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 as it reports to Congress on the jurisdictions' Title V program accomplishments.

This submission requests approval for the following activity: extended administration of the MCH Jurisdictional Survey in American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Northern Mariana Islands, Palau, Puerto Rico, and U.S. Virgin Islands.

The pretest of the MCH Jurisdictional Survey was previously reviewed and approved by OMB (Control No. 0915-0379). The primary goal of this pretest was to develop and evaluate the instrument for comprehension, skip patterns, and accurate wording. While the instrument is almost entirely comprised of questions that have been used in previous surveys (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), pretesting was needed to ensure that items that worked well in the mainland United States could also be successfully used in the jurisdictions, or if any changes would be needed. Information regarding the potential implementation of full data collection operations within each jurisdiction was also captured.

Following OMB and Institutional Review Board (IRB) approval, NORC conducted in-person data collection in the Pacific Basin (excluding Guam): American Samoa, Marshall Islands, Mariana Islands, Palau, and the Federated States of Micronesia. In-person questionnaire data were collected via Pencil and Paper Interview (PAPI). NORC conducted telephone-based data collection in Guam, Puerto Rico, and U.S. Virgin Islands. Telephone data collection was conducted using Computer Assisted Telephone Interview (CATI) software. NORC held a series of debriefing telephone calls with the interviewers to gain additional information regarding the interviewers' experience administering the instrument in the field. In addition to the debriefing, NORC analyzed questionnaire data to determine areas where respondents had problems. For instance, NORC assessed whether patterns existed in the data that suggested certain questions or sections of the survey led to nonresponse or discontinuance of the interview.

Overall, the instrument performed well with some revisions needed to ensure that the questions are clear, straightforward to answer, and culturally sensitive. These revisions included revisions to some question text and/or response options, the addition of instructions to help the enumerator better probe a respondent for the answer for some questions, and the removal of one question.

The pretest experience also allowed for lessons to be learned regarding fielding of the instrument in the jurisdictions that have informed the plan for fielding the main survey. These include switching the mode for Guam, Puerto Rico and U.S. Virgin Islands to in-person; offering an incentive in all jurisdictions except Palau; revising the consent statement to be more straightforward; and refinements to our enumerator training on best practices for gaining cooperation in these locations. Local experts in Palau asked that incentives not be used so not to create an expectation in the community of receiving any sort of favor for participation.

Following the pretest, the MCH Jurisdictional Survey was reviewed and approved by OMB (Control No. 0906-0042; expiration 04/30/2022). The survey was successfully fielded twice in five of the jurisdictions between April 2019 and January 2022; a second round of data collection is wrapping up in Guam by early April 2022, and Puerto Rico and the US Virgin Islands are planned for late 2022. Below is a chart detailing the completed and upcoming planned survey dates.

Survey Dates	Jurisdiction Surveyed
July – September 2019	1. Guam 2. USVI 3. American Samoa 4. Palau
December 2019 – February 2020	5. Federated States of Micronesia 6. Commonwealth of the Mariana Islands 7. Marshall Islands 8. Puerto Rico
May – June 2021	1. American Samoa 2. Palau
November 2021 – April 2022	3. Federated States of Micronesia 4. Northern Mariana Islands 5. Marshall Islands 6. Guam (**fielding about to complete**)
Anticipated: *November 2022 – February 2023*	*7. USVI* *8. Puerto Rico*

MCHB just finished preparing the attached MCH Jurisdictional Survey Data Brief that provides the results from the first fielding of the survey as well as background information.

As we fielded the survey from 2019 to 2022, we recognized issues and challenges with some of the survey questions and methods and made adjustments thru change memos. Specifically, two non-substantive change requests (ICR 201910-0906-004 and 202102-0906-001) were reviewed and approved over this period to enable select survey questions to better align the data collected for National Performance Measures (NPM) 7 and 9 with other federally available data sources; add translations in the Marshall Islands and Federated States of Micronesia; adjust the height and weight data collection method; add COVID-19 related questions; and increase sample size to 250 respondents in each jurisdiction. In addition to the two previously submitted and approved non-substantive change requests, this extension includes adding additional detail to the race/ethnicity questions in response to feedback received by the Jurisdictions. The additional detail will enable the Jurisdictional Title V Programs to properly analyze data and apply results to Title V programming.

2. Purpose and Use of Information Collection

This data collection will make key MCH indicator data available for the jurisdictions to measure progress on National Outcome and Performance Measures (as listed above in Section 1. Circumstances Making the Collection of Information Necessary) under the Title V MCH Services Block Grant. MCHB has awarded a five-year contract to administer the MCH Jurisdictional Survey. MCHB intends to continue the data collection in the upcoming years by renewing the contract when required in order to ensure continued administration of the survey in each jurisdiction. This will enable MCHB and the jurisdictions to chart progress over time.

There is an ongoing need for future data collections as this survey provides key data needed by the Jurisdictions to assess progress on maternal and child health issues in the jurisdictions as well as guide their Title V programs activities. These data collected from the survey also support accountability for the Jurisdictions' annual reporting on National Outcome and Performance Measures for the Title V MCH Services Block Grant.

3. Use of Improved Information Technology and Burden Reduction

In order to minimize respondent burden, data will be collected using tablets, such as iPads, to capture survey data. The use of tablets presents an efficient and secure way to collect data. It is not likely that there will be reliable internet availability in many of the data collection locations; therefore, the tablets will be loaded with a survey that can be administered offline, allowing the interviewers to launch and collect data anywhere. A further advantage to the use of tablets is the ability to preprogram a selection method based on criteria MCHB deems appropriate for choosing which child, in a multi-child household, should be the focus of the survey's questions.

4. Efforts to Identify Duplication and Use of Similar Information

Efforts to identify published information of similar content from any current survey in these jurisdictions was 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

MCHB's intent is for data collection to occur every two years in each jurisdiction. Collecting the information less frequently would prevent the jurisdictions from measuring progress against national performance and outcome measures and demonstrate impact of Title V funding.

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*, 86 Fed. Reg. 50365 (September 8, 2021). 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 data sampling/collection, and languages in which to complete the survey. The contractor, NORC, conducted a pretest of the survey instrument in all eight jurisdictions in summer 2018. Debriefing interviews were held with all interviewers and their feedback was incorporated into the current survey. After completion of the first round of data collection in 2019 and 2020, NORC and MCHB consulted program staff in the Jurisdictions to elicit feedback on the collected data and methodology, as well as receive suggestions for improvement for future rounds of data collection. MCHB and NORC have responded to the feedback provided by the jurisdictions by increasing the sample size from 200 to 250, improving data collection methods to obtain more accurate height and weight data, providing additional surveys translations in Pohnpeian and Marshallese, and updating the "What is this child's race?" question and response options to include ethnicity and better represent survey respondents.

9. Explanation of any Payment/Gift to Respondents

Respondents will receive an incentive to encourage their participation in every jurisdiction except Palau. Specifically, respondents who participate in the interview will each receive $10 in either cash, phone cards, electricity cards, or gas cards. The form of incentive to be used in each jurisdiction was determined through discussion with the local Title V staff, who provided their input about what is considered the most appropriate forms of incentive for their populations. An overview of the type of incentive to be offered by jurisdiction is listed in Table 1 below. If any non-cash incentive type is not available at the time of data collection, a similar non-cash incentive type of equal value will be chosen. All participants who begin the interview will be eligible to receive the incentive. Respondents will receive the token of appreciation regardless of whether they skip any questions.

No incentive was offered during the Pretest. Interviewers conducting the Pretest noted that, in all but one jurisdiction, multiple potential respondents refused to participate in a survey of this length when they learned there would be no incentive. Due to these refusals, additional time and cost were required to reach the target number of completed interviews. The sole exception is in Palau, where the Pretest confirmed that respondents in that location do not require an incentive to participate in a survey. The Pretest experience in Palau supported the concern expressed by local experts that the survey not create an expectation in the community of receiving any sort of favor for participation.

As Singer and Ye (2013) explain, there is no good rule of thumb in terms of how large a monetary incentive should be. Larger incentives garner higher response rates, but they do so at a non-linear rate. That is, research indicates that offering $10 pre-paid significantly increases response over a control condition of $5, but the effect of doubling the value from $1 to $2 or $2 to $4 is less profound. (e.g., James & Bolstein, 1992; Messer & Dillman, 2011). The particulars of this work support using a minimum of a $10 incentive. The MCH Jurisdictional Survey is a comprehensive survey asking for sensitive information about one's family—burden and concerns about discussing family strains or personal familial issues are indicators that a good token of appreciation should be provided for participation.

HRSA recommends providing a monetary token of appreciation in the amount $10. This proposed incentive, to be offered in all jurisdictions except Palau, is within the bounds of what OMB has approved previously and as described above, is in keeping with the practice of other federal surveys as well as local convention. Palau has asked that no incentives be given in their jurisdiction. This incentive structure was well-received by participants in all jurisdictions when fielding the survey from 2019 to 2022.

Table 1: Incentives

Jurisdiction	Incentive	Number of Respondents	Incentive Amount
Puerto Rico	Cash incentive	250	$10
U.S. Virgin Islands	Cash incentive	250	$10
Guam	Cash incentive	250	$10
American Samoa	Gift cards from the energy authority to pay for electricity	250	$10
Federated States of Micronesia	Phone credit/phone cards or electricity cards	250	$10
Marshall Islands	Grocery store and gas gift cards	250	$10
Northern Mariana Islands	Grocery store and gas gift cards	250	$10
Palau	No incentive	250	None

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 MCH Jurisdictional 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.

HRSA is asking to update the previously approved question and response options for, "What is this child's race?" The updated question would ask, "What is this child's race and ethnicity?" Updated response options would include an expanded list of races and ethnicities prevalent in the Pacific Basin (specifically: Tongan, Saipanese, Mortlockese, Kosraen, Carolinian, Palauan, Pohnpeian, Yapese, Chuukese, and Marshallese). These changes are based on feedback from the program staff in the Jurisdictions and interviewers who indicated that some respondents were unsure about how to answer since they did not identify with any of the races and ethnicities listed, as well as the review of the data from 2019-2022. Participants in the Pacific Basin often struggled to choose a response from the available list and would default to selecting "other Pacific Islander, please specify." Furthermore, the lack of additional race detail made it difficult for Jurisdictional Title V Programs to properly analyze data and apply results to Title V programming. The additional response options represent the most frequent responses received from participants to the "other Pacific Islander, please specify" item.

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 or ethnicity? Select one or more

1 White
2 Black or African American
3 American Indian or Alaska Native
Please specify_____
4 Asian Indian
5 Chinese
6 Filipino
7 Japanese
8 Korean
9 Vietnamese
10 Other Asian
Please specify_____
11 Native Hawaiian
12 Guamanian or Chamorro
13 Samoan
14 Tongan
15 Saipanese
16 Mortlockese
17 Kosraen
18 Carolinian
19 Palauan
20 Pohnpeian
21 Yapese
22 Chuukese
23 Marshallese
24 Other Pacific Islander
Please specify_____

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 question 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 withdraw 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 7,303. The total number of burden hours is 2001.59. The estimated total respondent cost is $21,010.68.

The survey requires one response (i.e., one single interview) per respondent.

The average burden per response was determined based on an analysis of the average time it took for each survey to be completed across all jurisdictions in the first round of data collection.

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 2020 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.

- American Samoa: https://www.dol.gov/whd/minwage/americanSamoa/ASminwagePoster.pdf
- Federated States of Micronesia: https://www.pacificislandtimes.com/post/panuelo-endorses-pay-raises-for-public-private-sector-employees
- Northern Mariana Islands: https://www.dol.gov/agencies/whd/minimum-wage/state#cnmi
- Palau: https://www.state.gov/j/drl/rls/hrrpt/1999/301.htm
- Marshall Islands: https://rmiparliament.org/cms/images/LEGISLATION/BILLS/20/2016-16/MinimumWageAmendmentAct2016.pdf

Table 2: Estimated Annualized Burden Hours

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	**Screener**	2,480	1	0.03	74.4	299.4
	Core	250	1	0.83	207.5	
	Jurisdiction Module	250	1	0.07	17.5	
Adult Parents- U.S. Virgin Islands	**Screener**	2,153	1	0.03	64.59	289.59
	Core	250	1	0.83	207.5	
	Jurisdiction Module	250	1	0.07	17.5	
Adult Parents- Guam	**Screener**	684	1	0.03	20.52	245.52
	Core	250	1	0.83	207.5	
	Jurisdiction Module	250	1	0.07	17.5	
Adult Parents- American Samoa	**Screener**	426	1	0.03	12.78	232.78
	Core	250	1	0.83	207.5	
	Jurisdiction Module	250	1	0.05	12.5	
Adult Parents- Federated States of Micronesia	**Screener**	339	1	0.03	10.17	230.17
	Core	250	1	0.83	207.5	
	Jurisdiction Module	250	1	0.05	12.5	
Adult Parents- Marshall Islands	**Screener**	284	1	0.03	8.52	236.02
	Core	250	1	0.83	207.5	
	Jurisdiction Module	250	1	0.08	20	
Adult Parents- Northern Mariana Islands	**Screener**	470	1	0.03	14.1	241.6
	Core	250	1	0.83	207.5	
	Jurisdiction Module	250	1	0.08	20	
Adult Parents- Palau	**Screener**	467	1	0.03	14.01	226.51
	Core	250	1	0.83	207.5	
	Jurisdiction Module	250	1	0.02	5	

Total		**7,303**				**2001.59**

Table 3: Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Jurisdiction-Specific Module Puerto Rico	299.4	$14.78	$4,425.13
Jurisdiction-Specific U.S. Virgin Islands	289.59	$23.06	$6,677.94
Jurisdiction-Specific Guam	245.52	$18.01	$4,421.81
Jurisdiction-Specific American Samoa	232.78	$5.96	$1387.37
Jurisdiction-Specific Federated States of Micronesia	230.17	$2.65	$609.95
Jurisdiction-Specific Marshall Islands	236.02	$4.00	$944.08
Jurisdiction-Specific Northern Mariana Islands	241.6	$7.25	$1,751.60
Jurisdiction-Specific Palau	226.51	$3.50	$792.79
Total	**2001.59**		**$21,010.68**

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 $1,196,118.00. This contract spans a twelve-month project period, and represents an annual cost of $1,196,118.00.

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.

Type of Federal Program Staff	Average Total Annual Burden Hours	Hourly Wage Rate*	Total Respondent Costs
Supervisory Public Health Analyst (GS-015)	75 (0.036 FTE)	$84.48	$6,336.00
Supervisory Public Health Analyst (GS-015)	75 (0.036 FTE)	$84.48	$6,336.00
Supervisory Public Health Analyst (GS-015)	75 (0.036 FTE)	$84.48	$6,336.00
Supervisory Program and Management Analyst (GS-015)	208 (0.1 FTE)	$84.48	$17,571.84
Health Scientist (GS-014)	75 (0.036 FTE)	$62.50	$4,687.50
Health Statistician (GS-014)	104 (0.05 FTE)	$78.63	$8,177.52
Public Health Analyst (GS-013)	520 (0.25 FTE)	$54.60	$28,392.00
Total			$77,836.86

*Wage rates are for staff in the Washington, DC area

Annual Total (contracts and staff) $1,273,954.80

15. Explanation for Program Changes or Adjustments

The latest burden worksheet was included in the 60-day Federal Register Notice in September, 2021. There have been no changes to the burden worksheet included in this request other than to update the Hourly Wage Rate in Table 3 of Section 12 to reflect the most recent rates available in 2022, as well as the number of Federal staff with adjusted hours in Table 4 in Section 14.

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

Following the cleaning, imputation, and weighting of the data, NORC will analyze the data for each jurisdiction. NORC will provide survey estimates for all National Outcome Measures (NOMs) and National Performance Measures (NPMs), including univariate and bivariate frequencies as specified by MCHB and the jurisdictions. All estimates will use the final survey weight and include measures of precision such as standard errors or 95% confidence intervals. The measures of precision will account for design and weighting effects due to the complex sample design and weighting adjustments. All estimates, including the stratification for the bivariate analyses, will be produced in consultation with MCHB.

NORC will prepare a dataset for public release. Confidentiality can be breached if the public use file allows respondents to be identified, either directly or indirectly. NORC will remove all personally identifiable information (PII) from the file and create unweighted and weighted cross-tabulations of variables containing observable characteristics to identify small cells that present disclosure risk. With the assistance of MCHB, we will remove, edit, or re-code such variables prior to release.

Table 5: Project Schedule

Finalize Questionnaire and Study Materials	October-November 2022
Finalize Sampling and Survey Implementation Plans	October-November 2022

Train Interviewers	October 2022 – April 2023
Data collection in four jurisdictions	October 2022 – April 2023
Data cleaning and weighting	November 2022 – May 2023
Univariate and Bivariate Frequencies of Data	January – June 2023
Draft Public Data File	February – July 2023
Final Public Data File	March – August 2023

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.

References

James, J. M., & Bolstein, R. (1992). Large monetary incentives and their effect on mail survey response rates. *Public Opinion Quarterly*, *56*(4), 442-453.

Messer, B. L., & Dillman, D. A. (2011). Surveying the general public over the internet using address-based sampling and mail contact procedures. *Public opinion quarterly*, *75*(3), 429-457.

Singer, E., & Ye, C. (2013). The use and effects of incentives in surveys. *The ANNALS of the American Academy of Political and Social Science*, *645*(1), 112-141.