

## Supporting Statement A

### Maternal and Child Health (MCH) Jurisdictional Survey Instrument for the Title V MCH Block Grant Program, OMB No. 0906-0042 – Revision

Terms of Clearance: None

#### A. Justification

##### 1. Circumstances Making the Collection of Information Necessary

HRSA is requesting OMB approval to revise and continue 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. Continuing 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 eight jurisdictions (i.e., American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, Puerto Rico, the Republic of the Marshall Islands, the Federated States of Micronesia, and U.S. Virgin Islands) 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 performance measure framework in 2015 to enable states and jurisdictions to demonstrate the impacts of MCH Block Grant funding on selected health outcomes within a state or jurisdiction. Each state or jurisdiction uses this framework in supporting the development of a 5-year Action Plan that addresses its MCH priority needs. Each measure, tied to a national data source, allows for more timely, reliable, and valid data reporting. 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 previously included 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 were required to report proxy data from an alternate data source within the jurisdiction. This data reporting imposed 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 made it difficult for the jurisdictions to assess the impact of their MCH Block Grant, and the Federal program office to report to Congress on the jurisdictions' MCH Block Grant 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 through the MCH Jurisdictional Survey. The data from the survey is prepopulated in the Title V Information System, which reduces the reporting burden on the jurisdictions and mimics what is done for the states. Specifically, the survey captures data for the following measures:

National Outcome Measures (NOMs)

- Percent of low birth weight deliveries (<2,500 grams)

- Percent of early term births (37,38 weeks gestation)
- Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year
- Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system
- Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling
- Percent of children, ages 0 through 17, in excellent or very good health
- Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)
- Percent of women who experience postpartum depressive symptoms following a recent live birth
- 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
- Percent of women, ages 18 through 44, in excellent or very good health\*
- Percent of children, ages 6 through 11, who have a behavioral or conduct disorder\*
- Percent of adolescents, ages 12 through 17, who have depression or anxiety\*

#### National Performance Measures (NPMs)

- Percent of infants who are ever breastfed
- Percent of infants placed to sleep on their backs
- Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year
- Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day
- Percent of adolescents with and without special health care needs, ages 12 through 17, who are bullied or who bully others
- Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year
- Percent of children with and without special health care needs, ages 0 through 17, who have a medical home
- 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
- Percent of women who had a dental visit during pregnancy
- Percent of children, ages 1 through 17, who had a preventive dental visit in the past year
- Percent of women who attended a postpartum checkup within 12 weeks after giving birth\*
- Percent of children, ages 0 through 11, whose households were food sufficient in the past year\*
- Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling\*
- Percent of children with and without special health care needs, ages 0 through 17, who have a personal doctor or nurse\*
- Percent of children with and without special health care needs, ages 0 through 17, who have a usual source of sick care\*
- Percent of children with and without special health care needs, ages 0 through 17, who have family centered care\*
- Percent of children with and without special health care needs, ages 0 through 17, who receive needed referrals\*
- Percent of children with and without special health care needs, ages 0 through 17, who receive needed care coordination\*

#### Standard Measures

- Percent of pregnant women who receive prenatal care in the first trimester
- Percent of children, ages 0 through 17, without health insurance
- Percent of children, ages 0 through 17, who were not able to obtain needed health care in the last year
- Percent of women, ages 18 through 44, with a preventive medical visit in the past year
- Percent of adolescents, ages 12 through 17, who are physically active at least 60 minutes per day
- Percent of women who smoke during pregnancy
- Percent of children, ages 0 through 17, who live in households where someone smokes
- Percent of children, ages 0 through 17, who are continuously and adequately insured.

#### Additional Measures (i.e., “Form 11” Measures)

- Percent of children with special health care needs (CSHCN), ages 0 through 17
- Percent of children, ages 3 through 17, diagnosed with an autism spectrum disorder
- Percent of children, ages 3 through 17, diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)

Please see **Attachment A** for a Crosswalk of survey questions to these measures.

The measure list above reflects updates made since 2018 to address the current needs of the jurisdictions and align with updated reporting methods used across surveys. These changes are as follows:

- NOMs and NPMs are no longer numbered.
- The measures formerly known as NOM 1, NOM 21, NOM 25, NPM 1, NPM 14, and NPM 15 are all now categorized as Standard Measures.
- The measure formerly known as NPM 8 has been divided into two measures; the measure including 6- to 11-year-olds remains an NPM; the measure including 12 to 17 year olds is now a Standard Measure.
- The measures formerly known as NOM 17.1, NOM 17.3, and NOM 17.4 are now categorized as Form 11 Measures; the former NOM 17.2 remains a NOM.
- The measure formerly known as NPM 7 is now categorized as a NOM.
- New measures are denoted by an asterisk (\*).

*The Current Revision.* The MCH Jurisdictional Survey has been conducted annually since 2019, with several modifications to address emerging issues and challenges related to survey questions and methods. HRSA is requesting OMB approval to revise information collection activity for the survey. This revision supports the continued collection of data for federal reporting and demonstration of the impact of MCH Block Grant funding. The current request proposes updates to survey questions to align with new federal data standards, including updated guidance from the Office of Management and Budget on collecting information on race and ethnicity (Office of Management and Budget, 2024). Updates also reflect discussions with MCH Block Grant leadership and program staff in jurisdictions, addressing underperforming or outdated questions while introducing new questions that are crucial for MCH Block Grant monitoring. HRSA also seeks to increase the sample size to continue to improve the precision of the data in all jurisdictions.

## **2. Purpose and Use of Information Collection**

This data collection will make key MCH indicator data (as listed above in Section 1) available for the jurisdictions to track progress on each jurisdiction’s MCH priorities under the MCH Block Grant. This will enable MCHB and the jurisdictions to assess the impact of their MCH Block Grant and the Federal program office to report to Congress on the jurisdictions’ MCH Block Grant accomplishments.

## **3. Use of Improved Information Technology and Burden Reduction**

To minimize respondent burden, data will be collected using tablets, providing an efficient and secure method for survey administration. The tablets will be preloaded with a survey that can be administered offline, enabling interviewers to collect data anywhere. Additionally, the tablets will be programmed with a selection method, based on established criteria, to identify which child in a multi-child household should be the focus of the survey.

## **4. Efforts to Identify Duplication and Use of Similar Information**

Efforts to identify published information from similar surveys conducted in these jurisdictions were unsuccessful. MCHB is not aware of any federal or other data collection efforts that systematically capture the data needed for the measures listed in Section 1. While some data collection initiatives,

such as the Pregnancy Risk Assessment Monitoring System (PRAMS) conducted by the Centers for Disease Control and state health departments, gather MCH data, they are neither consistently available across all jurisdictions nor tailored to meet the specific reporting needs outlined in Section 1.

#### **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* on October 31, 2024, vol. 89, No. 211: pp. 86822 - 86823. No comments were received.

A 30-day Federal Register Notice was published in the *Federal Register* on January 17, 2025, vol. 90, No. 11: pp. 5913 - 5914.

##### **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 MCH Block Grant leadership and program staff in the jurisdictions at an in-person meeting; reviewed MCH Block Grant 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. MCH Block Grant 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. A pretest of the survey instrument was conducted across all eight jurisdictions in the summer of 2018, under OMB Control Number 0915-0379. Debriefing interviews were held with all interviewers, and their feedback was incorporated into the current survey.

Following the first round of data collection in 2019 and 2020, program staff in the jurisdictions were consulted to gather feedback on the collected data and methodology, as well as suggestions for future improvements. In response to the feedback from the jurisdictions, the sample size was increased, data collection methods were improved to obtain more accurate height and weight measurements, additional survey translations were provided, and survey questions were revised to better reflect jurisdiction priorities.

In 2024, MCHB again engaged with MCH Block Grant leadership and program staff. In response to that

discussion, underperforming or outdated questions were identified, questions essential for MCH Block Grant monitoring were introduced, and the sample size was further increased.

## 9. Explanation of any Payment/Gift to Respondents

Respondents will receive an incentive to encourage their participation in every jurisdiction except Palau that has specifically asked that no incentives be given in its jurisdiction. 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 does 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 its jurisdiction. This incentive structure was well-received by participants in all jurisdictions when fielding the survey from 2019 to 2024.

The form of incentive to be used in each jurisdiction was determined through discussion with the local MCH Block Grant 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.

**Table 1: Incentives**

Jurisdiction	Incentive	Number of Respondents	Incentive Amount
Puerto Rico	Cash incentive	1,250	\$10
U.S. Virgin Islands	Cash incentive	350	\$10
Guam	Cash incentive	450	\$10
American Samoa	Gift cards from the energy authority to pay for electricity	450	\$10
Federated States of Micronesia	Phone credit/phone cards or electricity	450	\$10

Jurisdiction	Incentive	Number of Respondents	Incentive Amount
	cards		
Marshall Islands	Grocery store and gas gift cards	300	\$10
Northern Mariana Islands	Grocery store and gas gift cards	500	\$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. Data is not retrieved through a personal identifier.

## 11. Justification for Sensitive Questions

The MCH Jurisdictional Survey is based on the National Survey of Children’s Health (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 (HHS, 2024). The proposed question is included below. The current request proposes updates to survey questions based on new federal data standards, including updated guidance from the Office of Management and Budget on collecting information on race and ethnicity (Office of Management and Budget, 2024). The proposed question includes additional Pacific Basin race/ethnicity response options requested for inclusion by the jurisdictions and informed by responses to “other Pacific Islander, please specify” in previous rounds of data collection (specifically: Tongan, Saipanese, Mortlockese, Kosraen, Carolinian, Palauan, Pohnpeian, Yapese, Chuukese, and Marshallese). These detailed response options, approved in the 2022 extension (ICR 202203-0906-002), allow for jurisdictional MCH Block Grant leadership to properly analyze their data and apply results to MCHB Block Grant programming. Finally, in order to facilitate respondents’ easily answering this question about race and ethnicity, Guamanian and Chamorro are now displayed separately, rather than in one row, and Saipanese will not be shown in the Northern Mariana Islands, as Saipanese is not a term used in the Northern Mariana Islands to identify ethnicity.

1. What is this child’s race and/or ethnicity? **SELECT ALL THAT APPLY.** Is this child...

### Hispanic or Latino?

- Yes
- No

**[IF YES]** Please describe this child’s Hispanic or Latino background. Is this child...?

- Mexican
- Puerto Rican
- Salvadoran
- Cuban
- Dominican
- Guatemalan

Other Hispanic or Latino. *Please describe this child's other Hispanic or Latino background. For example, Colombian, Honduran, Spaniard, etc.*

**Native Hawaiian or Pacific Islander?**

- Yes
- No

**[IF YES]** Please describe this child's Native Hawaiian or Pacific Islander background. Is this child...?

- Native Hawaiian
- Tongan
- Samoan
- Fijian
- Guamanian
- Chamorro
- Marshallese
- [DO NOT DISPLAY IN MP] Saipanese
- Mortlockese
- Kosraen
- Carolinian
- Palauan
- Pohnpeian
- Yapese
- Chuukese
- Other Native Hawaiian or Pacific Islander background. *Please describe this child's other Native Hawaiian or Pacific Islander background. For example, Tahitian, etc.*

**American Indian or Alaska Native?**

- Yes
- No

**[IF YES]** Please describe this child's American Indian or Alaska Native background. *For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.*

**Asian?**

- Yes
- No

**[IF YES]** Please describe this child's Asian background. *Is this child...?*

- Chinese
- Asian Indian
- Filipino
- Vietnamese

- Korean
- Japanese
- Other Asian. *Please describe this child's other Asian background. For example, Pakistani, Hmong, Aghan, etc.*

**Black or African American?**

- Yes
- No

**[IF YES]** Please describe this child's Black or African American background. Is this child...?

- African American
- Jamaican
- Haitian
- Nigerian
- Ethiopian
- Somali
- Other Black or African American. *Please describe this child's other Black or African American background. For example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.*

**Middle Eastern or North African?**

- Yes
- No

**[IF YES]** Please describe this child's Middle Eastern or North African background. Is this child...?

- Lebanese
- Iranian
- Egyptian
- Syrian
- Iraqi
- Israeli
- Other Middle Eastern or North African. *Please describe this child's Middle Eastern or North African background. For example, Moroccan, Yemeni, Kurdish, etc.*

**White?**

- Yes
- No

**[IF YES]** Please describe this child's White background. Is this child...?

- English
- German
- Irish
- Italian



- Polish
- Scottish
- Other White. *Please describe this child's other White background. For example, French, Swedish, Norwegian, etc.*

In addition, based on requests from MCHB Block Grant 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**

### **12A**

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 10,500. The total number of burden hours is 3,155. The estimated total respondent cost is \$39,313.55.

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 between 2018 and 2024.

**Table 2: Estimated Annualized Burden Hours**

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Burden Hours per Form	Total Burden Hours
Adults- Puerto Rico	Screener	5,205	1	5,205	0.03	156.15	1,093.65
	Core	1,250	1	1,250	0.75	937.50	
Adults- U.S. Virgin Islands	Screener	1,457	1	1,457	0.03	43.71	288.71
	Core	350	1	350	0.70	245	
Adults- Guam	Screener	1,334	1	1,334	0.03	40.02	337.02
	Core	450	1	450	0.66	297	
Adults- American Samoa	Screener	564	1	564	0.03	16.92	345.42
	Core	450	1	450	0.73	328.50	
Adults- Federated States of Micronesia	Screener	625	1	625	0.03	18.75	324.75
	Core	450	1	450	0.68	306.00	
Adults- Republic of the Marshall Islands	Screener	360	1	360	0.03	10.80	205.80
	Core	300	1	300	0.65	195.00	
Adults- Commonwealth of the Northern Mariana Islands	Screener	670	1	670	0.03	20.10	395.10
	Core	500	1	500	0.75	375	
Adults- Republic of Palau	Screener	285	1	285	0.03	8.55	183.55
	Core	250	1	250	0.70	175	
Total	Screener	10,500	1	14,500	0.03	315.00	3,155*
	Core	4,000	1		0.71	2,840.00	

\*Note: For the purposes of this table, we have rounded to the nearest hundredth decimal place, which may result in slight discrepancies in the total burden hours.

## 12B

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 2023 Bureau of Labor statistics- <https://www.bls.gov/oes/current/oesrcst.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 median 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.
  - o American Samoa: <https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/ASminwagePoster.pdf>
  - o Federated States of Micronesia: <https://www.state.gov/reports/2022-investment-climate-statements/micronesia/>
  - o Northern Mariana Islands: [State Minimum Wage Laws | U.S. Department of Labor \(dol.gov\)](https://www.dol.gov/state-minimum-wage-laws)
  - o Palau: <https://www.mbjguam.com/palau%E2%80%99s-minimum-wage-increase-5-hour-2025>
  - o Marshall Islands: <https://www.mbjguam.com/incoming-marshalls-government-announces-wages-and-taxes-changes-2024>
- Hourly wage rates were adjusted by a factor of 2 to estimate the total cost of labor by accounting for employee benefits and overhead costs in addition to the base hourly wage.

**Table 3: Estimated Annualized Burden Costs**

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Jurisdiction-Specific Puerto Rico	1,093.65	\$32.80	\$35,871.72
Jurisdiction-Specific U.S. Virgin Islands	288.71	\$48.68	\$14,054.40
Jurisdiction-Specific Guam	337.02	\$40.58	\$13,676.27
Jurisdiction-Specific American Samoa	345.42	\$13.04	\$4,504.28
Jurisdiction-Specific Federated States of Micronesia	324.75	\$5.30	\$1,721.18
Jurisdiction-Specific Marshall Islands	205.8	\$6.00	\$1,234.80
Jurisdiction-Specific Northern Mariana Islands	395.1	\$14.50	\$5,728.95

<b>Jurisdiction-Specific Palau</b>	183.55	\$10.00	\$1,835.50
<b>Total</b>	3155		\$78,627.10

### 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 total amount of \$5,342,452, representing an annual cost of \$1,068,490.40. This contract includes a 12-month base period plus four 12-month option periods.

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.**

<b>Type of Federal Program Staff</b>	<b>Average Total Annual Burden Hours</b>	<b>Hourly Wage Rate*</b>	<b>Total Respondent Costs</b>
Supervisory Public Health Analyst (GS-015)	25 (0.012 FTE)	\$132.51	\$3,312.75
Supervisory Public Health Analyst (GS-015)	40 (0.019 FTE)	\$140.30	\$5,612.00
Supervisory Program and Management Analyst (GS-015)	120 (0.057 FTE)	\$140.30	\$16,836.00
Lead Public Health Analyst (GS-014)	520 (0.25 FTE)	\$109.25	\$56,810.00
Health Scientist (GS-014)	120 (0.057 FTE)	\$119.48	\$14,337.60
Health Statistician (GS-014)	120 (0.057 FTE)	\$133.14	\$15,976.80
Health Scientist (GS-014)	60 (0.028 FTE)	\$133.14	\$7,988.40
<b>Total</b>			<b>\$120,873.55</b>

\*Wage rates are for staff in the Washington, DC area and have been multiplied by 1.5 to account for overhead costs.

The annual total covering contracts and HRSA staff is \$1,189,363.95 (rounds up to \$1,189,364).

### 15. Explanation for Program Changes or Adjustments

The MCH Jurisdictional Survey has been conducted annually since 2019, with several modifications to address emerging issues and challenges related to survey questions and methods. The 2022 extension (ICR 202203-0906-002) enhanced the detail in collecting demographic data through race and ethnicity survey questions in response to jurisdictional feedback. Since the 2022 extension, two non-substantive change requests (ICRs: 202211-0906-001, and 202404-0906-002) allowed for adjustments, such as refining hurricane-related questions to make them more general and increasing sample sizes.

**Burden Table.** To continue to improve the precision of the data in all jurisdictions, HRSA also seeks to increase the sample size. Given the varying populations of children in each jurisdiction, the increased

sample size varies for each jurisdiction. While the target number of interviews for each jurisdiction may be limited by funding, the maximum number of completed interviews possible for each jurisdiction is as follows: American Samoa, 450 (increase from 250); Guam, 450; Commonwealth of the Northern Mariana Islands, 500 (increase from 250); Republic of Palau, 250; Puerto Rico, 1,250; Republic of the Marshall Islands, 300; Federated States of Micronesia, 450 (increase from 250); and U.S. Virgin Islands, 350.

The Estimated Annualized Burden Hours table in Section 12 shows a total annual burden of 3,155 hours, a decrease from the previously estimated 3,480.52 hours in ICR 202404-0906-002. Although the total number of interviews has increased, the burden hours have declined due to two factors: (1) survey timings have been adjusted to reflect actual survey times from the three completed rounds of data collection, rather than prior estimates, and (2) eligibility assumptions and response rates have been updated based on actual results from the same three rounds of data collection experience.

**Questionnaire.** In 2024, MCHB engaged with MCH Block Grant leadership and program staff to address underperforming or outdated questions and to introduce new questions essential for MCH Block Grant monitoring. In response to the feedback from the jurisdictions, we have revised survey questions to better reflect jurisdiction priorities. Please see **Attachment B** for an accounting of revised, added, and deleted survey questions.

## **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 measures, 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 jurisdiction use. Confidentiality can be breached if the 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	August – October 2025
Finalize Sampling and Survey Implementation Plans	September – October 2025
Train Interviewers	October 2025 – February 2026
Data collection in four jurisdictions	October 2025 – February 2026
Data cleaning and weighting	November 2025 – March 2026
Univariate and Bivariate Frequencies of Data	November 2025 – April 2026
Draft Jurisdiction Data File	April 2026
Final Jurisdiction Data File	April 2026

**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**

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