

OMB Supporting Statement – Part A. Justification for Information Collection

Assessing State Programs' Community-Clinical Linkages and Related Technical Assistance Needs

Submitted for approval under CDC's Division for Heart Disease and Stroke Prevention generic approval #0920-0864, *Improving the Quality and Delivery of CDC's Heart Disease and Stroke Prevention Programs*

November 28, 2011

Data Collection Instrument

Assessing State Programs' Community-Clinical Linkages and Related Technical Assistance Needs Survey

Attachments

- Attachment 1. Web Survey Screen Shots
 - Attachment 2. Introductory Email to Potential Respondents
 - Attachment 3. Invitation to Potential Respondents [Includes survey link]
 - Attachment 4. Follow-up Reminder Email to Survey Respondents [Includes survey link]
 - Attachment 5. Thank You Email to Survey Respondents
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Section A: Justification for Information Collection

A.1 Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention's (CDC's) Division for Heart Disease and Stroke Prevention (DHDSPP) provides funding and other support for its National Heart Disease and Stroke Prevention (NHDSPP) Program. DHDSPP provides expertise, technical assistance and other guidance to heart disease and stroke prevention (HDSP) programs in all 50 U. S. States and the District of Columbia. In addition, forty-one state health departments and the District of Columbia receive funding from DHDSPP through the NHDSPP program. Programmatic activities include promoting policy and systems changes that foster control of high blood pressure and cholesterol; the quality of healthcare related to heart disease and stroke; and the elimination of health disparities among population groups.

Additional information about the NHDSPP program is available at:

http://www.cdc.gov/DHDSPP/programs/nhdsp_program/index.htm.

DHDSPP requests OMB approval of a web-based survey of all 50 state-based health department HDSP programs as well as the District of Columbia. Information collected will focus on current program activities for NHDSPP, the usefulness of DHDSPP products and services in supporting such activities, and NHDSPP program needs for additional DHDSPP technical assistance, training, and materials. Of particular interest in this data collection are NHDSPP efforts related to linkages from clinical settings where health

care services are provided to community resources that support lifestyle changes such as physical activity programs or counseling for management of chronic diseases such as diabetes. Collectively, these linkages are known as “community-clinical linkages” and are a key strategy leveraging the impact of clinical treatment by the additional use of community services. DHDSP will use the survey results to better understand NHDSP program efforts in community-clinical linkages, and to guide DHDSP’s provision of technical assistance in this area and its development of training and other resources.

Privacy Impact Assessment

Overview of the Information Collection

Information will be collected in early 2012 by DHDSP’s evaluation contractor, RTI International, using SurveyMonkey™, a web-based platform. Example screen shots for the web survey are in **Attachment 1**. Data collection will be open for approximately three weeks. Links to the survey site and other materials will be distributed by RTI International via e-mail. E-mails will be addressed to the key contact person identified by DHDSP. The key contact will be the NHDSP program manager in each state and the District of Columbia health departments, but program managers can use their discretion to have a delegate, such as the NHDSP program epidemiologist or evaluator, complete the survey in their place.

Information to be Collected in the Survey

The information to be collected in the survey pertains to state efforts related to community-clinical linkages intended to impact DHDSP’s recommended strategies to target aspirin for people at high risk, blood pressure control, cholesterol control, and smoking cessation as important risk factors for heart disease and stroke. Specifically, the survey will ask:

1. How the program is working in these areas
2. How the program is partnering in these areas
3. Training, technical assistance and resources used to date in these areas
4. Training, technical assistance and resource needs in these areas

Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age

The link to the survey site will only be distributed to NHDSP program contacts. There is no website content directed at children under 13 years of age.

A.2 Purpose and Use of Information Collection

The information collected will be used to assess the impact of the DHDSP’s materials, training, technical assistance and other support provided to the NHDSP program. The findings will also be used to (1) facilitate DHDSP’s program improvement efforts; (2) describe NHDSP activities related to community-

clinical linkages; and (3) identify additional needs for technical assistance, training and resources that can be provided by DHDSP.

A.3 Use of Improved Information Technology and Burden Reduction

Information will be collected electronically through a convenient, web-based system (SurveyMonkey™). Respondents have the option of completing the survey in one session, or saving the partially complete survey for completion at a later date or time. This feature also allows the primary contact for each NHDSP program to consult with other NHDSP staff, if needed. The survey questions were programmed to streamline responses by using skip patterns to tailor the questions asked based on previous responses. Questions with skip patterns require a response in order to progress in the survey; however a response of “choose not to answer” is included when the respondent wishes to advance in the survey but does not wish to answer the question. Questions that do not involve skip patterns allow respondents to skip any questions they do not wish to answer.

A.4 Efforts to Identify Duplication and Use of Similar Information

The information requested to be collected is not available from other sources. NHDSP programs that receive DHDSP funding submit progress and annual reports to DHDSP twice per year through the DHDSP Management Information System (MIS) database (OMB No. 0920-0679, exp. 4/30/2014). The data submitted through MIS includes program goals and objectives, and describes activities and partnerships undertaken toward those goals and objectives. MIS is not designed to gather information about the relevance, quality, and impact of DHDSP the guidance, technical assistance, and training; rather it functions as an activity-based reporting system to provide accountability for federal funds.

Only entities that receive DHDSP funding are required to report data through MIS. The proposed survey will also request participation of nine state health department programs that do not receive DHDSP funding and therefore are not required to submit MIS data. These states, however, do have access to DHDSP’s guidance, technical assistance, training and other resources and can provide relevant feedback.

A.5 Impact on Small Business or Other Small Entities

There will be no impact on small businesses or other small entities.

A.6 Consequences of Collecting the Information Less Frequently

Without the proposed information collection, DHDSP will have only limited and anecdotal information to guide program planning and to improve the technical assistance services provided to NHDSP programs.

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

There are no special circumstances.

A.8 Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

Not applicable.

A.9 Explanation of Any Payments or Gift to Respondents

No payments or gifts will be offered to respondents.

A.10 Assurance of Confidentiality Provided to Respondents

Privacy Act Determination

Respondents are acting in their professional capacity as representatives of a state public health department that makes use of DHDSP technical assistance, training and other resources; data collected will be considered opinions of the program versus the individual responding to the survey. The information is not of a personal nature. The Privacy Act does not apply.

Safeguards

The evaluation contractor (RTI International) will collect, store, clean and analyze the data. The SurveyMonkey™ system collects and uses IP addresses for system administration and record-keeping purposes, but IP addresses will not be provided to DHDSP or the contract vendor. Although the SurveyMonkey™ online data collection system provides the option of obtaining respondents' email addresses, this option will not be selected for this survey. All survey data will be stored in secure, password-protected electronic files. Additional information about SurveyMonkey™ is available at <http://www.surveymonkey.com>.

At the end of the survey, respondents will be asked to provide the state name rather than the survey participant's name, and respondents will be assured that opinions rendered will be considered to represent those of the state health department and not the individual completing the survey. Additionally, respondents will be asked if they would be willing to be contacted for follow-up questions. If so, respondents will be asked to supply their e-mail address. This item is voluntary and can be skipped.

Consent

The DHDSP Associate Director for Science has determined that the proposed activities should be classified as program evaluation for program improvement purposes and do not involve human subjects in research. Thus, IRB review and approval are not required for the proposed data collection. However, an Informed Consent Statement is provided at the beginning of the survey instrument.

Nature of Response

Participation in the data collection is voluntary, as noted in the Informed Consent Statement at the beginning of each survey. Additionally, respondents may decline to answer any questions with which they are uncomfortable.

A.11 Justification for Sensitive Questions

Not applicable. No personal or sensitive information will be collected.

A.12 Estimates of Annualized Burden Hours and Costs

We anticipate that the Program Manager (or his/her delegate) from each of the NHDSP programs will complete the web survey. Due to the specific nature of items concerning program activities, program coordinators may consult with other program staff members prior to completing certain items or sections of the survey. The estimated burden per respondent is 25 minutes, based on the pilot survey results. Table A-12a shows estimated burden cost information. The total estimated burden for all responses is 21 hours.

Table A.12a. Estimated Annualized Burden to Respondents

Type of Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Respondent (in hours)	Total Burden (in hours)
HDSP Program Manager	National Heart Disease and Stroke Prevention Program Survey: Assessing State Programs' Community-Clinical Linkages and Related Technical Assistance Needs	51	1	25/60	21

The estimated average hourly wage for state HDSP managers is \$30.65. Table A-12b shows estimated burden and cost information. The total estimated cost of respondents' time is \$644.

Table A.12b. Estimated Annualized Cost Burden to Respondents

Type of Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Total Burden (in hours)	Average Hourly Wage	Total Cost
HDSP Program Manager	National Heart Disease and Stroke Prevention Program Survey: Assessing State Programs' Community-Clinical Linkages and Related Technical Assistance Needs	51	1	21	\$30.65	\$644

A.13 Estimates of Other Annual Cost Burden to Respondents and Record Keepers

There are no capital, start-up, operating, or maintenance costs associated with participating in this information collection.

A.14 Annualized Cost to the Federal Government

The lead staff for this project is a Health Scientist and evaluation specialist. The development of the survey instrument included the assistance of three health scientists in the Applied Research and Evaluation Branch. The lead staff serves as technical expert for the evaluation contract and has advised on the design of the instrument, pilot testing, and consulted on the contract vendor’s plans to collect the data; code, enter, and prepare the data for analysis; and conduct data analyses. CDC staff members will also provide consultation to the contractor regarding preparation of the evaluation report. Hourly rates of \$35.60 for GS-12 (step 2), \$43.70 for GS-13 (step 3), and \$62.93 for GS-14 (step 10) were used to estimate staff costs. The total estimated cost in government staff is \$6,493. Table A-14 describes how this cost estimate was calculated.

Contractor tasks for this project includes design of the survey instrument; developing an electronic version of the survey; coordinating the pilot test; collecting, cleaning and analyzing data; and preparing an evaluation report. These survey activities will cost an estimated \$42,000 (an estimated 415 labor hours) and are part of an existing contract vendor’s evaluation contract.

The total estimated cost to the federal government is **\$48,493**.

Table A.14: Estimated Annualized Cost to the Federal Government

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Cost
GS-14 Step 10 Health Scientist Consult instrument development, preparation of OMB package, data analysis plan, and review of reports.	25 hours	\$62.93	\$1,573
Two GS-13 Step 3 Health Scientist Instrument development, pilot testing, preparation of OMB package, data analysis plan, and report preparation consultation.	80 hours	\$43.70	\$3496
GS-12 Step 2 Health Scientist Instrument development, pilot testing, preparation of OMB package, data analysis plan, and report preparation consultation.	40 hours	\$35.60	\$1424
Contract Vendor			
Survey design, testing, and staging. Data collection, cleaning, analysis, and reporting.	415 labor hours per existing task order contract	\$101.21	\$42,000
Total Estimated Cost to the Government			\$48,493

A.15 Explanation for Program Changes or Adjustments

This is a new, one-time information collection.

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

Information collection will occur in early 2012 (pending OMB approval) and analysis will be completed during the spring of 2012.

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

The expiration date of OMB approval will be displayed on all information collection instruments.

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

No exceptions are requested.