

**Case Studies of Selected Communities and States Funded under Community Activities
under the Communities Putting Prevention to Work (CPPW) Initiative**

Information Collection Request

Supporting Statement

Part B—Statistical Methods

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B. STATISTICAL METHODS

B.1 Respondent Universe and Sampling Methods

In March 2010, CDC awarded \$373 million to 44 communities (see **Attachment 3**). Over a 24-month period, these communities are implementing evidence-based policy, systems, and environmental change approaches to the prevention and control of obesity and tobacco use. In September 2010, the CPPW process was expanded to include additional communities funded through a \$34 million allotment from the Affordable Care Act. The awardees include four previously funded CPPW communities (Chicago, Illinois; Santa Clara, California; Southern Nevada; and DeKalb County, Georgia) to work in the obesity arena and four newly funded communities: three for obesity and one for tobacco. (Note: throughout this document we will refer to the conceptual approach as CPPW, but when we are referring to specific communities and counts, we will describe communities as CPPW communities or Affordable Care Act communities and give the specific numbers under consideration.) A complete list of Affordable Care Act Communities is provided in **Attachment 4**.

The CPPW initiative also includes three components for states, territories, and the District of Columbia. Through Component I, approximately \$119 million was awarded to states, Washington, D.C., Puerto Rico, and six Pacific Island Territories to carry out similar MAPPS strategies for changing policies, systems, and environments at the state level. Each state selected one MAPPS strategy in tobacco, nutrition, and physical activity. Component II provided an opportunity for states to compete for additional funds to implement additional MAPPS strategies in any of the three areas. Thirteen states received these additional competitive awards. Component III provided supplemental funding to enhance state-based tobacco cessation quitlines and to support related media efforts for tobacco control (see **Attachment 6** for a summary of CPPW awards for states, territories, and the District of Columbia).

These sites constitute the respondent universe. Data collection will take place in a subset of these sites: including fifteen CPPW communities, three Affordable Care Act communities and six CPPW states. The unit of analysis is the awardee (state or community) and not individuals within these sites.

In order to avoid the collection of redundant information, and to minimize overall burden to CPPW awardees, we will not ask all sites to participate in the intensive case study component of the comprehensive CPPW monitoring and evaluation plan. However, because the universe of states and communities is small, a random sample of awardees would not ensure that the case study pool includes the appropriate mix of states and communities, and would not support meaningful examination of the range of approaches to implementation of the MAPPS strategies (**Attachments 5 and 5a**) that may vary by the type of awardee. We therefore propose to collect case study information from a purposively selected sample of CPPW awardees, as outlined below.

State case study participants were chosen from the pool of states that received competitive funding awards as well as non-competitive funding awards. From these 58 states, six were selected, some of which focus on the MAPPs strategies from the obesity ‘track’ and some of which focus on MAPPs strategies from the physical activity and nutrition ‘tracks.’ State selection occurred between representatives from CDC’s Office of Smoking and Health and CDC’s Division of Nutrition, Physical Activity and Obesity who recommended 6 states for case study inclusion.

Community site selection began with clustering communities first by the area of emphasis or ‘tracks’ they are pursuing: obesity, tobacco or both. Within both the obesity and tobacco tracks, we aimed for a mix of sites that included variability in history or experience in these public health areas, population of interest, type of award (large city, urban area, small city/rural, tribe) and geographic region, using the four primary Census Tract regions. Additional detail on these criteria are provided below.

- Program focus – Each CPPW Community was awarded funds to conduct work in the following areas: Tobacco, Obesity, and Tobacco and Obesity (dual funding). These program areas made up the first tier of site selection and efforts were taken to select sites in a ratio that is consistent with the ratio of communities funded in each focus area.
- Experience with similar policy, systems, and environmental change efforts – A community’s experience and history working on these public health issues, and specifically those they will focus on for their CPPW effort, will have an influence on the CPPW effort in a variety of ways, including their capacity to conduct CPPW activities, the complexity of efforts undertaken, and the approach to the implementation process. For this reason, sites were examined to determine their level of experience in the CPPW public health focus areas. RTI reviewed community experience with other related CDC efforts, including Steps to a HealthierUS, Strategic Alliance for Health, REACH, Healthier Communities, ARCHIVE and Pioneering Healthy Communities and sought select awardees with low, medium, and high levels of related experience.
- Award type – Each CPPW award was designated by an award type. These types are Large City, Urban Area, Small City/Rural and Tribe. Efforts were made to select communities across each of these four award types.
- Geographic region - CPPW sites are located across the country and in a variety of city, urban, and rural, and tribal settings. Site selection included a review of the geographic location nationally (using the 4 Census Tract regions that are already being utilized by the CPPW Modeling study) to ensure that sites are selected from across all four regions.
- Participation in the Biometric Supplement - The CPPW Initiative includes a variety of program and evaluation components. In an effort to obtain a full spectrum of information available from these various components, a small number of sites were selected because they are engaged in multiple pieces of the CPPW effort. Within the obesity area of emphasis, efforts were made to select a small number of sites that are also involved in the CPPW Biometric Study (N=6).

In addition to the review of site specific characteristics and information, a conference call was held with the CPPW Project Officers to discuss the selected sites. This discussion was held to gain input from the Project Officers who know the communities the best to ensure that the sites selected are adequately prepared for and in a position to participate in the case study without being overburdened given other project responsibilities, turnover of staff, and other unforeseen issues.

Communities funded for both obesity and tobacco were considered one site for selection purposes. In addition, communities funded through a state entity (such as Iowa, where counties are funded through the state health department) were also considered one site for selection purposes. We made an effort to ensure that some of each were selected.

Affordable Care Act community case study participant selection was considered within the above model. Four Affordable Care Act communities result in “dual” funded communities – that is, communities funded to address both tobacco and obesity using the CPPW framework. The Affordable Care Act community pool included those Affordable Care Act communities not selected as part of the CPPW community selection process. In the case of Affordable Care Act community selection, state-level selection was also considered.

Finally, the input provided by CDC Project Officers, who are most familiar with each of the sites, was included in the decision making process. The list of candidate sites for participation is included as **Attachment 14**.

Upon receiving OMB approval, RTI will notify each site of their selection for the case study and provide the site contact with a list of potential respondent roles, including project management, project staff, policymakers/legislators, community partners, leadership team members, and implementers (see **Attachment 7a**). Sites will then self-select interview participants who act in each of these roles. Sites will also assist in coordinating the interviews (see **Attachment 11**).

B.2 Procedures for the Collection of Information

Information will be collected twice from each selected CPPW community, once early in implementation, and again approximately 18 months post-award (i.e., one annualized data collection per year over the requested two-year clearance period). Two data collection periods are necessary in order to describe changes in policies, partnerships, and systems over time, as well as challenges to implementing the interventions selected for implementation in each community. Information will be collected by conducting personal interviews of approximately 20 key informants at each site. Respondents at each site will include project management (2), project staff (4), community partners (7), and policy makers/community decision makers (7). Three versions of the Interview Guide have been developed so that questions are targeted to specific respondent groups (see **Attachments 8, 9 and 10**). Site visits will be conducted

by teams of 3-4 contractor staff, including at least one senior staff member and two supporting staff. In the case of dual communities (receiving both tobacco and obesity awards) and communities funded through states (for example, two counties in Iowa), information will be collected from a total of 20 key informants, with the goal of interviewing 10 people from each entity, though the specifics will be based on the program structure and worked out with the Principal Investigators. All case study staff will be well trained and experienced in case study methodology, including in-depth interviewing. Each site visit team will also have experience with tobacco control, obesity or both to ensure thorough understanding of the grantees' areas of focus.

Respondents will be asked to grant permission for the interview team to audio record the interview for note taking and clarification purposes only. The audio tapes will be destroyed once they have been used to fill in any gaps in the notes taken by the note taker.

Prior to conducting interviews at each site, we will use existing data resources, such as the site's CPPW funding application and progress reports, to compile a site-specific summary report. The summary will be used to verify that the information previously requested by CDC is complete, and to prepare the interviewer(s) to conduct the interviews in a focused and efficient manner.

Once the data are collected, they will be logged into the NVivo qualitative analysis software and archived. Data will be separated by question and subjected to the appropriate quantitative or qualitative analysis. A multi-method analytical approach will be utilized that triangulates data from a variety of the primary and secondary data sources to answer the evaluation questions. In addition to standard thematic analysis, the evaluation contractor will conduct qualitative comparative analysis (QCA) techniques to provide an assessment of the influences of certain program features on the implementation process.

CPPW communities received ARRA funding in March 2010, and Affordable Care Act funded community awards were issued in September 2010. Interviews will be conducted as soon as possible after receiving OMB approval to capture community experiences and implementation stories early in the CPPW/Affordable Care Act funding period. Because the CPPW funding period is short, follow-up interviews will be conducted in the final two quarters of the funding period (approximately November 2011-March 2012 for CPPW communities and July 2012-September 2012 for Affordable Care Act Communities. The data collected through these site visits will be retained for five years.

B.3 Methods to Maximize Response Rates and Deal with Nonresponse

CDC expects that six CPPW states and 15 CPPW communities and three Affordable Care Act communities will participate in this study. All recipients agreed to participation in all components of the CPPW evaluation, including participation in the case studies, as a condition of award. Therefore, once selected there should be no

nonresponse at the community level. However, individuals selected for participation at each site are not required to participate and can decline participation in all or part of the personal interviews.

B.4 Test of Procedures or Methods to be Undertaken

As noted earlier, representatives from selected states/communities (six total) were engaged to review the content of the case study interview guide to ensure programs understand the intent of the questions and to minimize redundancy, enhance the opportunity to collect the information from other sources, and finalize time burden estimates.

Representatives from three CPPW Communities and two CPPW states reviewed and provided feedback on the prototype instrument for the Case Study Interviews. The names of these individuals are listed in Table A.8-C.

Table B.4-A. CPPW Community Staff Reviewing Case Study Design and Instruments

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The feedback obtained from this engagement with selected states and communities was used to finalize the CPPW Case Study Interview Guides (see **Attachment 8, 9 and 10**).

B.5 Individuals Consulted on Statistical Aspects and Individuals and/or Analyzing Data

Robin Soler, of the Centers for Disease Control and Prevention, is the Principal Investigator and Technical Monitor for the study. She has overall responsibility for overseeing the design and administration of the project and reporting of the case study information.

The protocol was designed in collaboration with researchers at HHS. RTI International will administer the data collection protocol under contract with CDC.

Other personnel involved in design of the data collection plan and instruments are listed in Table B.5-A.

Table B.5-A. Staff within the Agency and Experts Outside of the Agency Consulting on Case Study Design and Instruments

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