

Revision Request  
(0920-0650)

**Prevention Research Centers Program  
Evaluation**

**Supporting Statement  
Part B: Collection of Information Employing Statistical Methods**

**December 16, 2015**

**Submitted by:**

Prevention Research Centers Program  
Applied Research and Translation Branch  
Division of Population Health  
National Center for Chronic Disease Prevention and Health Promotion  
Centers for Disease Control and Prevention  
Department of Health and Human Services

**Project Officer:**

Merriah A. Croston, MPH  
Health Scientist  
Telephone: 770-488-4282  
Facsimile: 770-488-5486  
Email: [mcroston@cdc.gov](mailto:mcroston@cdc.gov)

# Table of Contents

## Part B. Collections of Information Employing Statistical Methods

B.1 Respondent Universe and Sampling Methods.....	1
B.2 Procedures for the Collection of Information.....	1
B.3 Methods to Maximize Response Rates and Deal With Nonresponse.....	2
B.4 Tests of Procedures or Methods to be Undertaken.....	2
B.5 Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data.....	2
B.5.1 Data collection design.....	2
B.5.2 Data collection.....	3
B.5.3 Data analysis.....	3

## Attachments

- 1: Authorizing Legislation: Public Law 98-551
- 2: List of Prevention Research Centers Program Awardees
- 3: PRC Program Evaluation Indicators
- 4: PRC Program Web-Based Data Collection System Screenshots
- 5: Key Informant Interview Guide: PRC Network
- 6: Federal Register Notice

## **Supporting Statement B. Collections of Information Employing Statistical Methods**

### **B.1 Respondent Universe and Sampling Methods**

The respondent universe is all 26 currently funded PRCs (see Attachment 2). Staff at all PRCs will annually provide data, rendering sampling methodologies unnecessary.

### **B.2 Procedures for the Collection of Information**

The PRC Program will continue to use a web-based data collection system (see Attachment 4) for quantitative data collection; however, the new system is hosted on CDC servers, minimizing security risks. The revised web-based data collection system was developed as a CDC SharePoint site and will enable the PRC Program to capture information about the PRCs' partnerships, in-kind, institutional resources, students mentored, center projects, formal training programs, other-funded research projects, number of people reached by projects, effective projects, projects adopted outside of the original study population, policy, systems, and environmental changes, practice and research tools, academic products, additional impacts, and core research project costs. Starting in the second year of the current funding cycle (September 30, 2014 – September 29, 2019), the PRCs will be able to enter data into the new, web-based data collection system year-round.

Qualitative data will be abstracted from key informant interview (KII) transcripts. Qualitative analyses will complement data collected for quantitative evaluation.

KIIs (see Attachment 5) will be conducted in 2016 and 2018. KIIs will be structured to gather information about the motivators, barriers, facilitators, and lessons learned related to the PRCs' collaboration as a network of academic research centers.

Invitations to participate in the PRC Network KIIs will be sent to PRC Principal Investigators/Directors, and the PRCs can self-select the staff member who participates in the KIIs. The KIIs will take place via conference call. Discussions will be audio-recorded and transcribed verbatim by an external transcription company. All personally identifiable information will be removed from the transcripts.

All quantitative data will be stored on-site at the CDC in a Microsoft Access database. Although qualitative data will be organized using NVivo, they will be jointly stored with quantitative data. Each PRC will be assigned a unique ID that allows data from different sources to be linked and facilitate development of merged and longitudinal datasets for analyses. Data will be maintained for a minimum of ten years to allow for continued analysis and publication of reports and peer-reviewed manuscripts.

The information collected from respondents will be supplemented by information abstracted by PRC Program staff. Program staff will organize information about the PRCs that is available

from other data sources, such as funding applications, progress reports, literature searches, and publicly available information about each PRC's catchment area. Burden to respondents will be reduced by abstracting information related to the PRCs' core research projects, special interest projects, and faculty and staff from existing documentation. PRC staff will validate these data, whereby respondents will have an opportunity to correct the information abstracted by PRC Program staff.

PRC Program staff will be available to provide technical assistance on an ongoing basis. Staff at each PRC will enter data for each funding year. Respondents will not be routinely re-contacted to validate data collected through the web-based data collection system or KIIs; although, an unusual or unclear response or a significant outlier could prompt contact for verification or clarification.

Advanced data integration features and data quality rules were implemented in the new, web-based data collection system to minimize data entry errors, reduce the burden of data entry, and avoid redundancy. Version control features have been added to complement data validation and management activities. Depending on the end users' roles and needs, system access will vary.

### **B.3 Methods to Maximize Response Rates and Deal With Nonresponse**

As a condition of the award, all 26 (100%) PRCs are required to provide data related to the PRC Program evaluation indicators – collected using the web-based data collection system and KIIs.

### **B.4 Tests of Procedures or Methods to be Undertaken**

The web-based data collection system was piloted by a small sample of respondents (n=9) to test the system's function, content, and associated response burden. A paper version of the KII instrument was piloted by a smaller sample of respondents (n=4) to estimate response burden.

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

The PRC Program does not use any statistical methods to select respondents. All PRCs are required to provide data; thus, no individuals were consulted on statistical sampling.

#### **B.5.1 Data collection design**

PRC Program staff designed and developed the web-based data collection system. Design of survey questions was a collective effort. The person at the CDC responsible for development of the web-based data collection system is:

Gyan Chandra, MBA, MS

Telephone: 770-488-0145  
Email: [gchandra@cdc.gov](mailto:gchandra@cdc.gov)

The person at the CDC responsible for development of the qualitative data collection tools is:

Kimberly Leeks, PhD, MPH  
Telephone: 770-488- 6562  
Email: [kleeks@cdc.gov](mailto:kleeks@cdc.gov)

### B.5.2 Data collection

PRC staff will be responsible for entering respective data into the web-based data collection system and participating in KIIs.

### B.5.3 Data analysis

The PRC Program will conduct all data analyses. While PRC Program staff on the Evaluation and Translation Team will have access to data for research purposes, the persons primarily responsible for data analyses associated with standard annual reporting are:

Connie Bish, PhD, MPH  
Telephone: 770-488-5542  
Email: [cbish@cdc.gov](mailto:cbish@cdc.gov)

Merriah Croston, MPH  
Telephone: 770-488-4282  
Email: [mcroston@cdc.gov](mailto:mcroston@cdc.gov)

Kimberly Leeks, PhD, MPH  
Telephone: 770-488- 6562  
Email: [kleeks@cdc.gov](mailto:kleeks@cdc.gov)