

## **Information Collection Request**

**New**

**Formative Evaluation, Implementation and Rapid Evaluation (FIRE) of  
Diabetes Self-Management in Disproportionately Affected Populations (DAPs)  
Provider Listening Sessions (Phase I)**

**Submitted Under**

**CDC/ATSDR Formative Research and Tool Development**

**0920-1154**

**Supporting Statement B**

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May 1, 2023

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## Section B. Collections of Information Employing Statistical Methods

### B.1 Respondent Universe and Sampling Methods

The objective of the listening sessions is to gain insight into the sociocultural and environmental factors that impact diabetes self-management for DAPs (minority women, and people with learning disabilities, and mental health disorders) and understand the types of services and resources that will be most helpful for DAPs. The qualitative data collected will provide additional information on the capacity and needs of DSMES provider organizations serving DAPs and the unique considerations of DAPs that providers employ in developing culturally appropriate diabetes self-management interventions, messages, and materials. The sample will be a non-probability-based, purposeful sample. Therefore, the results are not generalizable to the general population. Statistical power is not applicable because only qualitative data is being collected. The total estimated sample size is shown in **Table B.1-1**.

<b>Research Activity</b>	<b>Audience Segment</b>	<b># of Sessions</b>	<b># of Participants</b>
<b>Listening Sessions with Providers</b>	DSMES providers that support African American women	2	4-5
	DSMES providers that support Hispanic women	2	4-5
	DSMES providers that support AA/PI women	2	4-5
	DSMES providers that support AI/AN women	2	4-5
	DSMES providers that support people with learning disabilities	2	4-5
	DSMES providers that support people with mental health disorders	2	4-5
	<b>TOTAL</b>	<b>12</b>	<b>60</b> (no more than 60 across all groups)

Listening sessions with DAP consumers will be submitted in a separate OMB package.

**Recruitment for Listening Sessions:** CDC will work with an advisory committee and other partners to identify potential participants for listening sessions. Potential participants will also be identified using the DSMES locator tool linked from the CDC website. Recruitment for the provider listening sessions will include phone, email, and other electronic communication to the DSMES programs around the country. A brief screener will be used with interested potential participants to determine if they are the right fit for the listening session (see Attachment A).

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

***Service provider listening sessions:*** The contractor will conduct 12 listening sessions with 4-5 DSMES service providers per session, for a maximum of 60 participants, representing the six DAP audiences.

The sessions will explore current experiences with implementing DSMES services and providing resources for each DAP and solicit feedback and recommendations for improving service delivery.

During the listening sessions, qualitative methods will be used to provide flexible, in-depth exploration of the participants' professional perceptions and experience, and to ensure that the listening sessions yield descriptions in the participants' own words. The methods also allow the moderator some flexibility to pursue relevant and important issues as they arise during the discussion. The moderator guides include probes to ensure that respondent input on specific items of interest is obtained, while open-ended questions ensure that participants' responses and perceptions are fully addressed and captured. The listening sessions will be recorded, and the team will take notes during all sessions. Recordings will be transcribed, with all personally identifiable information removed before sending to the CDC project team. At the beginning of each listening session before beginning the discussion, participants will be asked for verbal consent to participate in the listening sessions and to be recorded. Participants who do not consent will not continue with the discussion.

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

To maximize response rates in participation, CDC and its contractor will work with an advisory committee to identify DSMES service provider organizations that may be eligible to participate in the listening sessions. Building off existing relationships and using snowball sampling to recruit participants will help keep the recruitment effort efficient.

## **B.4 Test of Procedures or Methods to Be Undertaken**

Advisory committee members were engaged to provide input into the qualitative design and research questions. The moderators' guides are based on CDC's program objectives, and the expertise of CDC staff and the contractor (see Attachments B, C, and D).

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

Jennifer Morgan, MSPH, is the Principal Investigator and Technical Monitor for the study, and has overall responsibility for overseeing the design, conduct, and analysis of the study. She also will approve and receive all contract deliverables (hdv1@cdc.gov or 404-498-0201). The interview guides, respondent selection and data collection procedures, and analysis plans were

designed in collaboration with researchers at FHI 360. Yalonda Lewis is conducting data collection and will perform data analysis, in consultation with the CDC staff. Julie Bromberg has technical responsibility for the data collection. Eileen Hanlon has overall financial responsibility for the study. Yalonda Lewis will manage and conduct data collection, analysis, and reporting in collaboration with the staff listed in **Table B.5-1**.

**Table B.5-1 Staff Responsible for Data Collection and Analyses**

Name	Affiliation	Telephone Number	Email
Yalonda Lewis	FHI 360 (research contractor)	202-884-8185	<a href="mailto:ylewis@fhi360.org">ylewis@fhi360.org</a>
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