Section A

of the

Supporting Statement

for

Evaluation of the *Successful Business Strategies to Prevent Heart Disease and Stroke Toolkit*

(0920-NEW)

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Section A. Justification

A1. Circumstances Making the Collection of Information Necessary

The proposed survey of State Health Departments (SHDs) is necessary in order to (1) collect important information about how SHDs have used the *Successful Business Strategies to Prevent Heart Disease and Stroke Toolkit*, and (2) identify revisions needed in the Toolkit to support states in their work with employers and employer groups to prevent heart disease and stroke.

During the first phase of the project, the *Successful Business Strategies to Prevent Heart Disease and Stroke Toolkit* was developed by the Division for Heart Disease and Stroke Prevention of CDC's National Center for Chronic Disease Prevention and Health Promotion. The Toolkit provides information about which health benefits, services, and worksite interventions can improve employee cardiovascular health, prevent heart disease and stroke, and reduce related costs.

During the second phase of the project, the Division for Heart Disease and Stroke Prevention disseminated the Toolkit to State Health Departments and trained them on how to effectively use it with employer groups. The proposed data collection is necessary to evaluate the usefulness of the Toolkit to SHDs. Findings from the Web-based survey of State Health Departments will be used to develop a revised and improved version of the toolkit, so it may better serve SHDs in their work with employers. The survey findings will also provide important information on state experiences with employers, and how to improve trainings and other support for States to apply the information in the Toolkit.

The proposed data collection is authorized by Section 301 of the Public Health Service Act (Attachment 1).

A2. Purpose and Use of Information Collection

This is a one-time data collection conducted as part of the CDC Evaluating the Toolkit project. The purpose of the CDC's *Successful Business Strategies to Prevent Heart Disease and Stroke Toolkit* is to help employers prevent heart disease and

stroke among their employees so they can lead healthier and more productive lives.

One or more copies of the Toolkit were distributed to the Heart Disease and Stroke Prevention Program in all State Health Departments. States will have had the opportunity to use it for at least a year prior to completing the survey. During that year, CDC will have offered six trainings and three follow-up consultations on how to use the Toolkit in working with employers. State Health Department staff will benefit from the proposed survey because the results will be used to: (1) revise the Toolkit; (2) evaluate the Toolkit; and (3) evaluate the project's training and consultation components to facilitate the use of the Toolkit.

To allow CDC to meet these objectives, the survey collects information on (Attachment 2):

- Activities States are conducting with respect to the promotion of Heart Disease and Stroke Prevention (HDSP) worksite programs
- If and how the SHDs have used the Toolkit when conducting these activities with employers or their representatives, including the development of partnerships
- Barriers and facilitators to using the Toolkit in these activities
- Respondent assessments of the trainings and consultations CDC has conducted in order to encourage SHDs to use the Toolkit in their work

Without collecting this specific and targeted information included in the survey, the Division for Heart Disease and Stroke Prevention, a division of the Centers for Disease Control and Prevention's (CDC's) National Center for Chronic Disease Prevention and Health Promotion would not be able to evaluate States' experiences using the Toolkit. More importantly, they would not be able to best define how to improve the Toolkit by identifying those revisions that would be most beneficial for SHDs. The Division would also lose an important opportunity to have a clearer picture of the activities SHDs are conducting in their HDSP programs, and how best to provide them with the support they need to be more effective in their work.

A3. Use of Improved Information Technology and Burden Reduction

In order to reduce respondent burden, all survey data will be collected online using software called SurveyMonkey, which is designed to develop and implement Web-based surveys. Each potential respondent will receive an email containing a link to the Web site where the survey is located (Attachment 3). If they agree to participate, once they have completed the survey online, they can submit it electronically from the SurveyMonkey Web site. Using this online system rather than a paper-based survey makes completing and submitting the survey less time-consuming for respondents. Any skip patterns included in the survey (that is, questions that are only appropriate for a proportion of respondents) will be automatically programmed into the Web-based form. Respondent burden will also be minimized since only one staff person from the HDSP program in each State would complete the survey, if they agree to participate.

A4. Efforts to Identify Duplication and Use of Similar Information

A review of the literature was carried out and showed that there have not been any similar efforts to train and conduct evaluations with State Health Departments on how to assist employers establish heart disease and stroke prevention programs at the worksite. The *Successful Business Strategies to Prevent Heart Disease and Stroke Toolkit* was developed for State Health Departments for this purpose. Information on the usefulness of the Toolkit and the aspects that need to be revised is not available elsewhere. The Division for Heart Disease and Stroke Prevention of CDC’s National Center for Chronic Disease Prevention and Health Promotion is the first to propose this Web-based survey to collect this type of information.

A5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this survey.

A6. Consequences of Collecting the Information Less Frequently

This request is for a one time survey, so the information cannot be collected less frequently. There are no legal obstacles to reduce the burden.

A7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This request fully complies with all the guidelines of 5 CFR 1320.5.

A8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A8-a.

In order to gather public input on the survey data collection as well as the design of the survey and its content, a 60-day Federal Register Notice was published in the Federal Register on January 31, 2007; in volume 72, number 20, pages 4512 to 4513 (Attachment 4).

There were no public comments submitted in response to the 60-day Federal Register Notice.

A8-b.

In addition to obtaining public comment, CDC consulted with persons inside and outside the agency to obtain their views regarding all aspects of data collection and analysis as shown in the table below. As part of the project to develop, implement and evaluate the Toolkit, CDC also formed a voluntary State Ad-Hoc group to consult them on all aspects related to the project including all data collection from States. The State Ad-Hoc group includes representatives from the HDSP/CVH programs in the following State Health Departments: Alaska, Florida, Mississippi, Missouri, Nebraska, and New York. CDC also consulted with the contractor—the American Institutes for Research (AIR), which is responsible for all aspects of data collection and analysis. Through these consultations, CDC obtained input on how to collect comparable information to assess any potential change associated with use of the Toolkit and to examine the results of the survey with respect to the results of a previous one a the beginning of the project. Only items that would be useful in the evaluation were maintained for the proposed survey and the minimum number of items needed to assess new aspects of Toolkit use and related training efforts were added. It was agreed that a Web-based data

collection would be the most convenient for States who decide to respond and most efficient with respect to data collection and analysis. The names of those consulted and other required information is included in the table below.

Table A.8-1. Contact Information for Consultants

Name	Agency/ Organization	Telephone Number	Email	Role
Dyann Matson Koffman	Division for Heart Disease and Stroke Prevention, CDC	(770) 488-8002	dfm1@cdc.gov	Task Order Officer Survey design, administration and analysis
Jan Jernigan	Division for Heart Disease and Stroke Prevention, CDC	(770) 488-5224	jan.jernigan@cdc.hhs.gov	Project Advisor, Survey design.
Margarita Hurtado	American Institutes for Research	(301) 592-2215	mhurtado@air.org	Project Coordinator Survey design, administration and analysis
Steven Garfinkel	American Institutes for Research	(919) 918-2306	sgarfinkel@air.org	Survey design
Alec Ulasevich	American Institutes for Research	(301) 592-2156	aulasevich@air.org	Survey design and analysis
Susan Allen	Florida Department of Health	(850) 245-4444	susan_allen@doh.state.fl.us	Survey design and administration
Jamie Hahn	Nebraska Health & Human Services System	(402) 471-3493	jamie.hahn@hhss.ne.gov	Survey design and administration
Lisa Britt	Missouri Health & Human Services	(573) 522-2866	Lisa.Britt@dhss.mo.gov	Survey design and administration
Tennille Howard	Mississippi Department of Health	(601) 576-7783	thoward@msdh.state.ms.us	Survey design and administration

Name	Agency/ Organization	Telephone Number	Email	Role
Paige Allen	New York State Department of Health	(518) 474-6683	pxb09@health.state.ny.us	Survey design and administration
Carol White	Alaska Department of Health & Social Services	(907) 465-8670	carol_white@health.state.ak.us	Survey design and administration

A9. Explanation of Any Payment or Gift to Respondents

To encourage SHDs to complete the survey, we are offering an additional copy of the *Successful Business Strategies to Prevent Heart Disease and Stroke Toolkit* to the first 15 States that respond to the survey. This incentive was also offered earlier in the project to encourage SHDs to submit training evaluation forms. We found that it boosted response rates and decreased the time they took in submitting the forms. This type of incentive is appropriate because it is directly related to their work and what is being evaluated.

A10. Assurance of Confidentiality Provided to Respondents

This submission has been reviewed for Privacy Act applicability and it has been determined that the Privacy Act does not apply. Names and business contact information of respondents will be taken from a pre-established records system belonging to the State Chronic Disease Directors (CDD) Cardiovascular Health Council.

The list provided by the CDD will include potential survey respondents' name, email addresses and their State Health Department professional affiliation (state name). This information will only be used to recruit and contact respondents. An AIR staff member will contact those individuals by email to inform them of the study, its purpose, and request their participation. The invitation email will contain a hyperlink to the website where the survey is located. Each respondent's name, e-mail address and State affiliation will be stored on a secure server at AIR. Survey responses will be initially stored on the

Survey Monkey Web site and then downloaded to a secure AIR server.

Identifiable survey responses will be accessible only to members of the AIR project team. The Survey Monkey account where responses are stored is password-protected and only AIR staff will have access. Survey responses will be de-identified using ID numbers corresponding to each respondent. AIR project staff will be instructed that any downloaded or print versions of the survey results are to only be shared within the AIR project team, and are de-identified (using ID numbers instead of names and/or state affiliations). All de-identified data files will be stored on AIR's secure server, which is password-protected and only AIR project staff can access.

The data files containing identifiable information, which will be housed only on the Survey Monkey account, will be destroyed at the end of the project (March 2008). All remaining data files will include de-identified information and will be stored on the AIR server for up to 5 years after the end of the project.

Results will be reported in the aggregate and no information collected by AIR will be shared with persons outside the project. Reports on survey results will not reveal the identity of the respondents unless they provide specific, written permission authorizing its release. Responding organizations will be referred to in the aggregate as representatives of the CDC State Heart Disease and Stroke Prevention Program (SHDSPP) and State Health Departments.

The explanations regarding confidentiality provided to participants are included in the e-mail message sent to potential survey respondents to request their collaboration. They are also included in the introductory page of the survey. These statements assure participants that the information they provide will be "treated in a confidential manner" by AIR researchers and CDC.

Assurance of confidentiality to respondents is addressed in two statements: one on the initial screen of the Web-based survey, which will precede the questionnaire (Attachment 5); and another in the e-mail message to respondents (Attachment 3). The text for both of these statements is very similar and is shown below:

Text on the initial screen for the Web-based survey: *The information you report here will be used by independent researchers at the American Institutes for Research (AIR), who*

are working under contract with the CDC to evaluate the CDC's "Successful Business Strategies to Prevent Heart Disease and Stroke Toolkit." They will treat this data in a confidential manner, unless otherwise compelled by law. All survey results will be reported to the CDC and to you in the aggregate, without identifying individual States or respondents.

Text in the E-mail message to potential respondents requesting their participation in the survey: *The information you provide in the survey will be used by independent researchers working under contract with the CDC to evaluate the CDC's "Successful Business Strategies to Prevent Heart Disease and Stroke Toolkit". They will treat this information in a confidential manner, unless otherwise compelled by law. All survey results will be reported to the CDC and to you in the aggregate, without identifying individual States or respondents.*

The survey data collection was submitted for approval by the contractor's Institutional Review Board (IRB). The American Institutes for Research (AIR, IRB Federal wide Assurance Number 00000436). For this project, CDC approved a waiver of IRB review and deferred to AIR's IRB. Attachment 6 includes a copy of the CDC waiver approval letter dated January, 18, 2007, as well as a copy of the AIR's IRB letter approving the survey data collection dated November 7, 2006.

A11. Justification for Sensitive Questions

This survey does not include any sensitive questions.

A12. Estimates of Annualized Burden Hours and Costs

A12-a. Estimated Annualized Burden Hours

A representative from each of the State Heart Disease and Stroke Prevention Programs in the 50 States and the District of Columbia will be asked to complete the web-based survey on CVH toolkit. We estimate a response rate of 50% resulting in a total of 25 completed surveys. Since the survey will only be conducted once, the total burden and the annualized burden are the same.

As shown in the table below, we estimate the burden to complete the survey to be an average of 30 minutes or 0.5 hour, based on the number and type of items in the survey and experience with a similar survey with the same type of participants. Total burden is estimated at 13 hours.

Table A.12-1. Estimated Burden Costs to Complete Survey

Type of Respondents	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
HDSP programs in State Health Departments	Web-based Survey on CVH Toolkit	25	1	30/60	13
				Total	**13**

A12-b. Estimated Annualized Costs to Respondents

Costs to respondents are based on the mean average hourly wage for a Health Officer responding on behalf of the State Health Department (Occupational Wages in the United States, 2004, U.S. Department of Labor, Bureau of Labor Statistics, 2004).

Table A.12-2. Estimated Annualized Costs to Respondents

Type of Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in Hours)	Average Hourly Wage Rate*	Estimated One-time Cost to the Respondents
HDSP programs in State Health Departments	Web-based Survey on CVH Toolkit	25	1	30/60	$29.58	$370
					Total	**$370**

A13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

This data collection does not include any other cost burdens to respondents and does not include burdens to record keepers.

A14. Annualized Cost to the Government

The CDC is contracting with American Institutes for Research (AIR) to conduct the one-time survey, and to analyze and present its results. AIR costs are estimated at $18,842.17. This includes costs for estimated staff hours ($15,495.17) and the cost for the use of SurveyMonkey during the time of the survey data collection ($200). The Toolkits that will be provided as incentives do not have any additional cost as they have already been produced as part of this project.

A15. Explanation for Program Changes or Adjustments

This is a new data collection.

A16. Plans for Tabulation and Publication and Project Time Schedule

Project Time Schedule. Once OMB approval is received, we estimate that the whole period of survey data collection, analysis and reporting will last a total of 13 weeks (Table A.16-1). Recruitment of survey respondents by electronic e-mail, including reminders, will start 1 week after OMB approval and will last 3 weeks. The survey will be available to respondents on the same day that the initial recruitment e-mails are sent and will remain open on the Web for a period of four weeks. Details on the procedures for data collection are described in section B2. The survey will be closed 5 weeks after OMB approval. Analysis of survey results will last approximately 1 month and will be completed 9 weeks after OMB approval and the report will be prepared within the following 4 weeks, that is, by 13 weeks after OMB approval.

Table A.16-1. Project Time Schedule

Activity	Time Schedule

E-mails sent to respondents and start of data collection	1 week after OMB approval
Web-based survey data collection	2 - 5 weeks after OMB approval
Analyses of survey data	6 - 9 weeks after OMB approval
Prepare and submit report on survey results to CDC	10 - 13 weeks after OMB approval

Data Analysis Plan. As the first step of the analyses, appropriate descriptive statistics will be generated for each survey question. Means and standard deviations will summarize continuous variables and frequency and percentages will summarize categorical variables. Results from this survey will be compared to those for a similar survey conducted previously, which we refer to as the “other survey”. Separate sets of descriptive statistics will be generated for the other survey and this survey, which we refer to as the “current survey”. Simple pre-post correlations among items will also be presented.

For the analyses of the previous and current survey data, we will conduct a complete case analysis comparing the results for the other survey to the ones for this survey. The analytical procedures will depend on the type of variables. Means for results obtained on continuous variables (such as the reported number of full time employees) will be compared using dependent t-tests. Chi squared tests will be used to analyze changes in the frequency of responses to categorical variables such as indications that respondents engaged in particular activities, such as partnership building. The analyses of Likert-type rating scales will depend on the distribution of responses to each response category. If responses are normally distributed among response options, the mean score will be calculated and the t-test will be used to compare responses for the previous survey with those for the current survey. In the case that the data are not normal, we will conduct a non-parametric "rank order" type analysis.

We also anticipate exploring the relationship between certain specific variables for the current survey. Analyses will include perceived confidence in conducting certain activities with employers and type and frequency of activities being conducted. We also anticipate analyses of the relationship between program capacity (reflected in the number of full time employees) with

reported type of frequency activities conducted. In addition, we anticipate looking at the relationships between training intensity and use of the Toolkit, and the relationship between overall rating of the Toolkit and ratings of its components. Specific statistical techniques will depend on the characteristics of the data, namely the distribution of the results and achieved sample size.

Plans for Tabulation and Publication. The contractor, AIR, will prepare an evaluation report for CDC that will include information on all aspects of data collection and analysis, as well as the survey results and any relevant discussion. Survey results will also be summarized in a PowerPoint presentation that will include information regarding the whole evaluation of the CDC CVH Toolkit based on data from the SHD survey, feedback from States during trainings and consultations, and employers. Some of the survey results will be presented using tables showing the results as the number and percentage of respondents marking each of the response options for questions 7, 8, 9, 11, 12, 13, 14 and 17. These questions ask States that implemented worksite wellness activities about macro-marketing activities(Q7), types of partnerships established (Q8) and what those partnerships contributed (Q9). For States that used the Toolkit, it asked about level of use (Q11)and aspects for which it was useful (Q12, Q13). The survey also includes an item (Q14) that asks all respondents about their level of confidence with respect to the knowledge and skills needed to work with employers on HDSP. The tables that will be used to present the results will be similar to the matrices used for data collection for these questions (Attachment 2).

A17. Reason(s) Display of OMB Expiration Date is Inappropriate

The survey will display the expiration date for OMB approval of the survey data collection.

A18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.