

**Evaluation of State Nutrition and Physical Activity
Programs to Prevent Obesity and Other Chronic
Diseases**

(OMB #0920-0669)
Reinstatement with Change

**Supporting Statement
Part A and Part B**

**Submitted by:
Casey Hannan
Project Officer
Program Development and Evaluation Branch
Division of Nutrition and Physical Activity
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
(770) 488-6211
Fax: (770) 488-6500
E-mail: Casey.Hannan@cdc.hhs.gov**

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List of Attachments

- A. Authorizing Legislation
- B. 60-day Federal Register Notice
- C1. PMR Data Collection Instrument (hard copy of questions in the electronic database)
- C2. Table of Proposed Revisions to the PMR Data Collection Instrument
- D. Evaluation Plan

This information collection request is for Reinstatement with Change of OMB #0920-0669, "Evaluation of Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases" (expiration date January 31, 2008), sponsored by the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS). Minor changes to the data collection instrument are proposed in response to recommendations by the funded state respondents, CDC program staff, and the evaluation contractor. The majority of changes involve removing items, sub-items, or response options. A few changes involve new items, or further clarification of existing items. All changes are summarized in Attachment C2 and are intended to streamline and clarify the data collection instrument. The number of respondents and the burden estimate remain unchanged.

A. JUSTIFICATION

1. Circumstances of Information Collection

This information collection request is for Reinstatement with Change to OMB #0920-0669, "Evaluation of Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases" (expiration date January 31, 2008). This activity is sponsored by the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS).

In October 2000, the Division of Nutrition, Physical Activity, and Obesity (DNPAO) at the Centers for Disease Control and Prevention (CDC) initiated the *State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases (NPAO)*. This program was established to prevent and control obesity and other chronic diseases by supporting states in the development and implementation of nutrition and physical activity interventions, particularly through population-based strategies such as policy-level changes, environmental supports, and the social marketing process.

The goal of the program is to attain population-based behavior change in increased physical activity and better dietary habits; this leads to a reduction in the prevalence of obesity, and ultimately in a reduction in the prevalence of obesity-related chronic diseases. Since October 2000, the program has increased from 6 funded states to 28 states.

The *State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases* is a cooperative agreement between CDC's DNPAO and state health departments. The Program is well aligned with the mission of the National Center for Chronic Disease Prevention and Health Promotion at CDC, which aims to promote healthy personal behaviors, prevent death and disability from chronic diseases, and accomplish these goals in partnership with health and other agencies. One of the HHS Department-wide Management Objectives is to "Conduct Program Evaluations and Implement Corrective Strategies for any Deficiencies Identified."

In response, CDC has an ongoing evaluation plan for NPAO. The data collected to date in this evaluation has been used to monitor the processes and outcomes of the activities performed. For example, it has been used to develop the Performance Measures Report which highlights the progress of funded states in meeting the performance measures of the cooperative agreement. The program has secured funding through 2008 and the program plans to seek continuation funds. The program has just submitted a new cooperative agreement for funding state programs from FY 2008 thru FY2012.

This program is authorized under section 301 (a), 317 (k) (1) and 317 (k) (2) of the Public Health Service Act, [42 U.S.C. section 241 (a) and 247b (k) (2), as amended]. The Catalog of Federal Domestic Assistance number is 93.283. Section 301 of the Public Health Service Act (42 USC 241) states that the Secretary is authorized to collect and make available information as to, and the practical application of research related to, the prevention and treatment of diseases (see Attachment A).

2. Purpose and Use of Information Collection

The proposed information collection is designed to answer key questions about (1) state plan development to prevent obesity, (2) intervention activities to prevent and/or treat obesity, (3) impacts of state obesity prevention programs, and (4) evaluation of state obesity prevention programs. The answers to these questions will be used to guide program management and improvement among funded state health departments. The information may also be helpful to other programs and organizations wishing to learn about how to address the obesity epidemic in this country most effectively. Finally, the information collection will support the CDC in program management, monitoring, and oversight. As with all program evaluation, one of its primary purposes is to improve the program (share and use lessons learned).

In past years, DNPAO has used data collected under OMB #0920-0669 to identify training needs for the funded state and to provide better technical assistance on intervention. Based on the data collected, it has refined the program definition of the intervention. Project officers have used the information to monitor program efforts in the state and influence the type of interventions developed.

The data collected to date has been used to address inquiries from DNPAO, the National Center for Chronic Disease Prevention and Health Promotion, Congress, and national partners. It has also been used to generate the Annual Performance Report which highlights the progress of funded states in meeting the performance measures. In addition, this information will be the main source of data for the national evaluation plan in FY 2008.

Without this data collection, NPAO would be unable to assess if the funds that states have received have produced anything. This is the primary source of accounting for the use of funds.

The plan for evaluating the *State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases* displays each question to be assessed (see Attachment D, Evaluation Plan). For each evaluation question, one or more indicators have been identified that will be used to answer the question. The plan also provides details of data sources – that is, the item numbers in the current proposed information collection that will be used to answer the question.

The information collected for the past four years is the data base for addressing the national evaluation plan. NPAO needed to collect enough data to measure outcomes. The program has committed to the analysis of the national program in 2008 based on the data collected to date by the system.

States will submit the data electronically (see Attachment C1, data collection instrument). Data will be collected twice annually (6-month progress report and year-end performance report).

3. Use of Improved Information Technology and Burden Reduction

Cooperative agreements such as this require 6-month and annual reports. Typically, these are written documents, filled with text. The evaluation uses a web-based system that serves both evaluation and program monitoring functions (thereby reducing burden on state programs).

The web-based data collection is designed to take advantage of improved information technology to reduce the burden of reporting. Under the web-based system, many questions are answered with a simple check box; others require only brief answers. Users may import their responses from previous reporting periods through a simple mechanism that further reduces burden. The basis for adopting this data collection technique was to reduce the burden on the respondent and facilitate tracking over time.

To date, 100% of the 28 the funded states have reported their program efforts in the web-based system. This web-based system has been used for data collection and for corrections suggested by their project officers.

4. Efforts to Identify Duplication and Use of Similar Information

A CDC Evaluation Working Group assessed this information collection for comparability to information collected for other programs such as WISEWOMAN (OMB control #0920-0612, expiration date 1/31/2010), STEPS to a Healthier U.S. Initiative (OMB control # 0920-0222, expiration date 2/28/2010), and the automated MIS for the CDC Division of Heart Disease and Stroke Prevention (OMB #0923-0679, expiration date 5/31/2008, Revision in process). There was no overlap. Aside from this data collection, there is no information available with regard to state plans

to prevent obesity or interventions to prevent obesity at the state level. This information is not available from any other source.

DNPAO also used a recent literature review on worksite strategies to improve the way worksite interventions are categorized.

5. Impact on Small Business or Other Small Entities

No small businesses will be involved in this study.

6. Consequences of Collection of the Information Less Frequently

The information is to be collected as frequently as the regular reports are due to CDC as specified in the cooperative agreements (i.e., 6-month progress report, and year-end performance report as stated in the Program Announcement under Technical Reporting Requirements). If information were collected less frequently, it could have a negative impact on program management and direction.

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

This information collection is consistent with the guidelines in 5 CFR 1320.5, and fully complies. There are no special circumstances.

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

- a. The proposed data collection was announced in the Federal Register (Volume 72, No. 241, Page 71415) on December 17, 2007 (see Attachment B). No comments were received in response to the Notice.
- b. Outside the agency, we have hired RTI International to work on this program evaluation; they have provided advice and counsel based on their experience with similar data collection efforts.
 - James Hersey, Ph.D., Project Director – (202) 728-2486, hersey@rti.org,
 - Amy Roussel, Ph.D., Associate Project Director – (919) 990-8324, roussel@rti.org
 - Pam Williams-Piehot, Ph.D., Reporting Task Leader – (919) 316-3936, ppiehot@rti.org
 - Eileen Franco MPH, On-site Evaluation Specialist – (770) 488-5866, EBF1@cdc.gov

The mailing addresses for the RTI staff are as follows:

- James Hersey: 701 13th Street NW, Suite 750, Washington, DC 20005-3967
- Amy Roussel and Pam Williams-Piehot: 3040 Cornwallis Road, Research Triangle Park, NC 27709-2194
- Eileen Franco: c/o DNPA (mailing address below)

We have also solicited the review and comments from the following CDC personnel in the Division of Nutrition and Physical Activity:

- Sarah Kuester, (770) 488 6019, Sarah.Kuester@cdc.gov
- Robin Hamre, (770) 488 6050, RWH9@cdc.gov
- Casey Hannan, (770) 488 6211, CLH8@cdc.gov
- Claire Heiser, (770) 488 5282, BEQ9@cdc.gov
- Tina Lankford, (770) 488-5171, TFL4@cdc.gov
- Jenny Kohr, (770) 488-5253, ENJ5@cdc.gov
- Chris Reinold, (770) 488 5407, COR4@cdc.gov
- Diane Thompson, (770) 488-6049, LDC2@cdc.gov

The mailing address for all DNPA personnel is 4770 Buford Highway, NE, MS K-24, Atlanta, GA 30341.

9. Explanation of Any Payment or Gift to Respondents

Respondents will not be paid for completion of the data collection instrument. The reporting is required as part of the cooperative agreement.

10. Assurance of Confidentiality Provided to Respondents

Staff in the CDC Information Collection Review Office have reviewed this information collection request and determined that the Privacy Act is not applicable. No sensitive information will be collected. Although the name of a state-based contact person is maintained for each responding organization, the contact person provides information about the state program, not personal information pertaining to himself or herself. The contact person's name will be maintained until the end of the data collection, and then destroyed. The progress monitoring information is collected and reported at the state level. CDC's data collection contractor, RTI, will maintain information in secure electronic files that will only be accessible to authorized members of the team. Electronic files will be stored on secure network servers, and access will be restricted to approved team member identified by user ID and password. Where individual-level data has been collected at the state level, identifiers will be removed and the data will be aggregated before sharing with the CDC. Individually identifiable information will not be transmitted to CDC.

11. Justification for Sensitive Questions

The questions in the evaluation plan, including the electronic database, contain no questions of a sensitive or personal nature.

12. Estimates of Annualized Burden Hours and Costs

- a. Information is collected from each respondent twice per year (at 6-month and 12-month intervals) through the Progress Monitoring Report. In 2005, the number of respondents increased from 20 to 28, thus increasing the number of annual responses from 40 to 56. The total estimated burden for this reinstatement request, 672 hours, is based on the 28 current grantees as previously approved. The average burden estimate for preparation of each PMR is estimated at 12 hours per respondent, based on the previously fielded version of the instrument (Attachment C1). The basis for the estimate is the entry time calculated by subtracting first entry timestamp from last entry timestamp for each day data was entered for each of the states. Although minor revisions to the PMR are proposed in this extension request (see Attachment C2), we do not anticipate that they will change the overall burden estimate for the instrument.

Table A.12.a Estimated Annualized Burden Hours

Type of respondents	Number of respondents	Number of responses per respondent	Average Burden per response (in hours)	Total Burden (in hours)
States participating in NPAO	28	2	12	672
Total				672

- b. Each state will likely have two individuals collaborating to prepare the Progress Monitoring Report. We assume that the state project coordinator will devote 8 hours and the assistant will devote 4 hours, and we have used the weighted average of their wage rates to calculate the estimated costs to respondents. The estimated cost to respondents for the burden of reporting the information is calculated by multiplying the respondent burden hours by the average hourly wage for the project coordinator and the assistant. The costs to the respondent associated with answering the questions include the staff time that would be devoted to completing the 6-month and annual reports regardless of its format. Respondents are compensated for the costs of data collection through the CDC-funded cooperative agreement State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases

Table A.12.b. Estimated Annualized Costs to Respondents

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response	Average hourly wage	Respondent cost
States participating in NPAO	28	2	12	\$21.67	\$14,562
Total					\$14,562

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

None.

14. Annualized Cost to the Government

Contractors will conduct the majority of the work associated with this research. CDC time and effort for overseeing the contract and answering questions posed by the contractor are estimated, based on prior experience with an evaluation contractor for this national program (2001-2002), to be approximately 40% FTE (20% time for two individuals at the GS-13 level). Using an estimated average of \$85,000 per annum rate, the annualized cost for CDC personnel is \$34,000 per year ($\$85,000 \times 0.20 \times 2$).

Cost category	Annualized cost
Tasks performed by contractor, RTI	
Planning	27,549
Web-based data collection	77,467
Analysis and reporting	81,236
Contractor total	186,252
CDC Personnel	34,000
Total	220,252

15. Explanation for Program Changes or Adjustments

The revisions associated with this extension relate to revising, adding, and deleting questions for data collection based on recommendations by the funded state respondents, DNPAO program staff, and the RTI evaluation team. The majority of changes involve removing items, sub-items, or response options. The number of items, sub-items, and response options added is less than the number of those to be removed. The remaining changes involve revising the items or sub-items to provide clarification. The burden estimate based on these changes remains the same because even though we have used technology to reduce the reporting time, the state programs have produced more interventions and activities to report as the program matures.

Attachment C2 shows how the original items, sub-items, and response options will be changed. Attachment C1 reflects the complete questionnaire after incorporating the proposed revisions, additions, and removals.

16. Plans for Tabulation and Publication and Project Time Schedule

A 3-year OMB clearance is requested for this recurring bi-annual data collection requirement. Clearance will allow continued bi-annual data collection from 2008 to 2011. Currently, 28 states are funded.

Information collected through the NPAO evaluation program will be summarized in descriptive terms. Please refer to the Evaluation Plan described in Attachment D for the type of questions that will be addressed by this data collection. The following table provides a tentative schedule for the major products of the data collection analysis.

Projected Time Table	Purpose	Timeframe
Re-instate the PMR	Implement proposed changes into the web-based system	October 2008
Program Improvement	To review the responses across the states to improve the program and provide better technical assistance to the funded states	July 2009
Program Improvement	To review the responses across the states to improve the program and provide better technical assistance to the funded states	January 2010
Annual Performance Report	To monitor the funded states' progress with the performance measures	July 2010
Program Improvement	To review the responses across the states to improve the program and provide better technical assistance to the funded states	January 2011
Annual Performance Report	To monitor the funded states' progress with the performance measures	July 2011

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

There is no request for an exemption from displaying the expiration date for OMB approval.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

These data will be collected in a manner consistent with the certification statement identified in Item 19 “Certification for Paperwork Reduction Act Submissions” of OMB Form 83-I. No exceptions are requested.

B. Collections of Information Employing Statistical Methods

1. Respondent Universe and Sampling Methods

No statistical sampling method will be used. The respondent universe is every state health department that is funded by the CDC’s Division of Nutrition and Physical Activity in order to prevent obesity through the *State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases*.

19. Procedures for the Collection of Information

Data will be collected electronically from the funded state health departments bi-annually (in June and December) via a web-based reporting system.

20. Methods to Maximize Response Rates and Deal with Non-response

The 6-month and annual reports are requirements of the cooperative agreement; hence response rates will be 100%.

21. Test of Procedures or Methods to be Undertaken

An electronic database (Access software) was pre-tested among six state health departments funded by a prior initiative in 2002. Based on the pre-test, slight modifications were made to reduce redundancy and improve accuracy. In 2005, web-based data collection was available. Beginning in 2008, a number of revisions are proposed to provide clarification on items. Other revisions involve deleting or replacing items/sub items that are no longer of interest for the evaluation. As a whole, these revisions will not change the burden estimate for states, since states are conducting an increased number of programs that need to be reported. The revised data collection instrument including proposed changes is provided in Attachment C1. A summary of changes is provided in Attachment C2.

22. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

The CDC DNPAO has an evaluation team that works together to come to consensus on aspects related to collecting and analyzing the data. In addition, a contractor (RTI) was hired and consulted with in regard to these issues. Casey Hannan, the CDC Technical Monitor, is responsible for receiving and approving contract deliverables.

Persons responsible for designing the data collection:

CDC (see Section A.8.b for additional contact information):

Robin Hamre, DNPAO – (770) 488 5050
Casey Hannan, DNPAO – (770) 488 6211
Sarah Kuester, DNPAO – (770) 488 6019
Claire Heiser, DNPAO – (770) 488 5284
Tina Lankford, DNPAO – (770) 488-5171
Jenny Kohr, DNPAO – (770) 488-5253
Chris Reinold, DNPAO – (770) 488 5407
Diane Thompson, DNPAO – (770) 488-6049

RTI:

James Hersey, Ph.D., Project Director – (202) 728-2486
Amy Roussel, Ph.D., Associate Project Director – (919) 990-8324
Pam Williams-Piehot, Ph.D., Reporting Task Leader – (919) 316-3936

Persons responsible for collecting the data:

James Hersey, Ph.D., Project Director – (202) 728-2486
Eric Peele, RTI Web Programming Task Leader – (919) 316-3898
Amy Roussel, Ph.D., Associate Project Director – (919) 990-8324
Pam Williams-Piehot, Ph.D., Reporting Task Leader – (919) 316-3936

Persons responsible for analyzing the data:

James Hersey, Ph.D., Project Director – (202) 728-2486
Amy Roussel, Ph.D., Associate Project Director – (919) 990-8324
Pam Williams-Piehot, Ph.D., Reporting Task Leader – (919) 316-3936
Claire Heiser, DNPAO – (770) 488-5284
Sarah Kuester, DNPAO – (770) 488-6019