

**Current Title:
“Evaluation of State Nutrition and Physical Activity
Programs to Prevent Obesity and Other Chronic
Diseases”**

**Proposed New Title:
“Monitoring State Nutrition, Physical Activity and Obesity
Programs”**

**(OMB #0920-0669)
Revision**

**Supporting Statement
Part A and Part B**

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Abstract

The Centers for Disease Control and Prevention (CDC) requests OMB approval of revisions to a currently approved collection entitled "Evaluation of Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases" (approved 06/12/2008; expiration date 6/30/2011). The proposed changes are a result of the CDC program reissuing its cooperative agreement with state health departments in June 2008 and changing the title of the program to "Nutrition, Physical Activity and Obesity Programs." The revised cooperative agreement included minor adjustments to the program's focus and national program requirements, necessitating further changes to the data collection system which is being updated and renamed the "State Program Interim Reporting System" (SPIRS). Specific changes include a reduction in the number of questions (improved focus on key program actions and outcomes), and a reduction in the frequency of data collection (from semi-annual to annual data collection). These changes will result in a decrease in burden to respondents. Finally, CDC is assuming responsibility for data collection due to expiration of the contract with the previous data collection contractor.

The overarching purpose of the information collection has not changed. The information collection will continue to support the CDC in managing, monitoring, and overseeing cooperative agreements with state-based programs. No sensitive information is collected. The information provided documents state program efforts, not individual efforts.

A. JUSTIFICATION

1. Circumstances of Information Collection

This information collection request is for a Revision to OMB #0920-0669, "Evaluation of Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases" (approved 06/12/2008; expiration date 6/30/2011). This activity is sponsored by the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS), and 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).

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, leading to a reduction in the prevalence of obesity, and ultimately to a reduction in the prevalence of obesity-related chronic diseases.

Funding for the Nutrition, Physical Activity and Obesity Program is issued through cooperative agreements between CDC's DNPAO and participating state health departments. From October 2000 to 2008, the program increased from 6 to 28 states. In June 2008 the program was retitled "Nutrition, Physical Activity and Obesity Programs" and awarded a new set of competitively selected states. The current cooperative agreement involves 25 funded states and is in effect from FY 2008 thru FY2012. DNPAO has secured funding through 2009 and plans to seek continuation funds.

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." The information collection allows CDC to monitor the processes and outcomes of the activities performed.

In this Revision request, CDC requests OMB approval to implement changes to the following:

1. Title of the OMB clearance

- *From Evaluation of "State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases"*
- *To Monitoring State Nutrition, Physical Activity and Obesity Programs*

2. Information collection instrument and process

a. Addition of data elements relating to new behavioral target areas and success stories

Respondents were previously required to monitor four target behavior areas: fruit and vegetable consumption, physical activity, television viewing, and breastfeeding. The new cooperative agreement covers two additional behavior target areas: consumption of sugar-sweetened beverages, and consumption of high energy-dense foods. As a result, the response categories to some questions are being modified to incorporate the new behavior target areas. In addition, one of the requirements of the new cooperative agreement is for state programs to annually submit their program successes to the CDC program. The proposed revisions to the data collection system incorporate a small set of new questions to collect this information.

b. Deletion of selected data elements

The data collected using the previously approved instrument have been used to evaluate the outcomes of the state programs participating in the prior

cooperative agreement. Positive results came from that evaluation, and CDC has since determined that it will not be necessary to continue collecting the same detailed information in the future since we have established these conclusions based upon the multi-year evaluation study. The revised information collection instrument contains fewer questions than the previously approved version. Therefore, the burden estimate is being reduced from 12 hours to 10 hours, based on the pretest of the new questionnaire.

- c. Modification of selected questions and data elements
The wording of some questions and the response options is being revised to improve clarity and usability.
- d. Modification of the name of the information collection instrument
 - *From **Progress Monitoring Report***
 - *To **State Program Interim Reporting System (SPIRS)***
- e. Reassignment of information collection responsibilities from a data collection contractor to CDC
Information was previously collected by a contractor. The contract ended and CDC is assuming responsibility for conducting future data collections through a web-based interface.

2. Purpose and Use of Information Collection

The information collection is designed to answer key questions about (1) state plan development to prevent obesity, (2) program activities to prevent and/or treat obesity, (3) impacts of state NPAO programs, and (4) evaluation of state NPAO programs. The answers to these questions will be used to guide program management and improvement among funded state health departments. 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).

The data collected to date have 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 was the main source of data for evaluating the five year performance of the national program in 2009.

The DNPAO needs to collect enough data to measure outcomes. Without this data collection, DNPAO would be unable to assess if the funds that states received have produced anything. This is the primary source of accounting for the use of funds. This information collection thus serves both evaluation and program monitoring functions (thereby reducing burden on state programs).

3. Use of Improved Information Technology and Burden Reduction

Cooperative agreements such as this require at minimum annual reports. Typically, these are written documents, filled with text. The web-based SPIRS data collection system 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. In the previous award cycle, 100% of the 28 the funded states reported their program efforts electronically.

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. 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.

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., 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 fully complies with the guidelines in 5 CFR 1320.5. There are no special circumstances.

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

- a. A Notice was published in the Federal Register on December 17, 2007; Vol. 72, No. 241, pp. 71415-71416 (see Attachment B). No comments were received in response to the Notice.
- b. The information collection was designed by CDC and incorporates feedback from CDC staff and respondents who participated in previous cycles of data collection and analysis.
 - Specifically, we solicited review and comments from the following CDC personnel in the Division of Nutrition, Physical Activity and Obesity:
 - o Claire Heiser, (770) 488 5282, BEQ9@cdc.gov
 - o Sarah Kuester, (770) 488 6019, SAK2@cdc.gov
 - o Laura Lessard, (770) 488 5239, HWU5@cdc.gov
 - o Don Compton, (770) 488 5258, BFN5@cdc.gov
 - o Rosanne Farris, (770) 488 5007, RIF6@cdc.gov
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 - o Kate Thomas, (770) 488 5435, IET3@cdc.gov
 - o Joi Hudson, (770) 488 5239, ICH4@cdc.gov
 - o Raegan Tuff, (770) 488 5413, RRT6@cdc.gov

The mailing address for all DNPAO personnel is 4770 Buford Highway, NE, MS K-03, Atlanta, GA 30341.

9. Explanation of Any Payment or Gift to Respondents

Respondents will not be paid for completing the data collection instrument. 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 progress monitoring information is collected and reported at the state level. IRB approval is not required. The respondents submit information about their organization's program and not about individuals. The survey does not ask questions about knowledge, attitudes, behaviors, or beliefs of individuals. Information will be collected electronically through a web-based interface (SurveyMonkey account) and maintained in CDC computer files that are only available to the federal program staff. Responses will be stored on secure network servers, subject to the agency's computer security measures.

11. Justification for Sensitive Questions

The questions in the data collection instrument, including the electronic database, contain no questions of a sensitive or personal nature.

12. Estimates of Annualized Burden Hours and Costs

- a. Respondents are the current 25 state-based NPAO awardees (see Attachment C). Information collection has been streamlined in this Revision request and will be conducted electronically once per year using the SPIRS (Attachment D). Although a few new questions were added, there is an overall reduction in the number of questions (see Attachment E, Table of Data Revisions). In addition, redundancy has been eliminated by reducing the frequency of data collection from a semi-annual reporting schedule to an annual reporting schedule. Based on pre-testing of the revised instrument, the burden is estimated at 10 hours per response. The total estimated annualized burden to respondents is 250 hours.

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)
State Awardees	25	1	10	250

- b. Each state is expected to assign one project coordinator to the data collection and reporting tasks. The average hourly cost per response is being increased from \$21.67 per hour to \$34.90 per hour (including fringe benefits) as shown in currently budgeted personnel costs compared to previous funding cycles. Respondents will be compensated for the costs of data collection through the CDC-funded cooperative agreements. The total estimated annualized cost to respondents is \$8,725. Although the estimated hourly wage for project coordinators has increased, there is a net decrease in the total estimated cost to respondents due to decreases in the number of respondents and decreases in the burden per response and the frequency of data collection.

Table A.12-b. Estimated Annualized Cost to Respondents

Type of Respondents	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Average Hourly Cost per Response	Total Cost)
State Awardees	25	1	10	\$34.90	\$8,725

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

None. There are no additional costs to respondents.

14. Annualized Cost to the Government

The contract with the previous data collection contractor ended and CDC is assuming responsibility for data collection and management. Two CDC personnel will be involved in data collection, analysis, and technical support to awardees. CDC personnel cost is estimated to be approximately 20% FTE (10% time for one mid-range GS-13 level at \$96,272 and 10% time for one mid-range masters level ORISE fellow at \$55,827). The internal CDC computer system processing time to analyze data is not a charge that can be separated. The total estimated annualized cost to the government is \$15,210.

Information was previously collected by a contractor at an average annualized cost of \$186,252. The completion of the contract and the reassignment of data collection responsibilities to CDC results in cost savings to the government.

Cost category	Annualized cost
10% FTE for one GS-13 @ \$96,272	9,627
10% FTE for one ORISE fellow @ \$55,827	5,583
Total	15,210

15. Explanation for Program Changes or Adjustments

In the previous OMB approval period, the total annualized burden was estimated at 672 hours (28 respondents x 2 responses per respondent x 12 hours per response = 672 hours).

With this Revision, the annual burden estimate will decrease by 422 hours due to reductions in all factors (reporting frequency, # hours per response, and # respondents).

- a. Reduction in frequency of information collection. Based on prior years of experience collecting information from the state programs, we learned that it would be reasonable to expect that similar content can be obtained by using only annual

collections. Therefore redundancy in data collection has been removed by decreasing the frequency to match the annual cooperative agreement work plans implemented by state programs. Information will be collected once annually in September. This change results in a reduction of 336 burden hours ($28 \times 12 \times -1 = -336$ hours).

- b. Reduction in burden per response. The revised instrument includes changes related to revising, adding, and deleting questions based on recommendations by the DNPAO program staff. 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. As a result, the burden per response will decrease by 2 hours (from 12 hours previously to 10 hours in the next OMB approval period). The reduction in the total estimated burden is 56 hours ($28 \times -2 = -56$ hours).
- c. Reduction in number of respondents. Twenty-five state programs are funded through the current cooperative agreement, a reduction of 3 states from the previous total of 28 states. This results in a reduction of 30 burden hours (10 hours/response \times -3 respondents = -30).

The net reduction in burden is 422 hours ($336 + 56 + 30$).

The revised estimated annualized burden is 250 hours (25 respondents \times 10 hours/response \times 1 data collection/year).

16. Plans for Tabulation and Publication and Project Time Schedule

OMB approval is requested for three years for this recurring annual data collection. Clearance will allow continued annual data collection from 2009 to 2011. CDC plans to seek an extension in order to collect information about the final year of the five-year funding cycle.

Information collected through the NPAO program will be summarized in descriptive terms. The following table provides a tentative schedule for the major products of the data collection analysis.

Projected Time Table	Purpose	Timeframe
Annual Performance Report	To monitor the funded states' progress with the performance measures for the period July 2008-June 2009	Data collected September 2009 and reported by December 2009
Annual Performance Report	To monitor the funded states' progress with the performance measures for the period July 2009-June 2010	Data collected September 2010 and reported by December 2010
Annual Performance Report	To monitor the funded states' progress with the performance measures for the period July 2010-June 2011	Data collected September 2011 and reported by December 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, Physical Activity and Obesity in order to prevent obesity through the *State Nutrition, Physical Activity and Obesity Programs*.

19. Procedures for the Collection of Information

Data will be collected electronically from the funded state health departments annually (in September) via a web-based reporting system. CDC is assuming responsibility for conducting future data collections through a web-based interface (SurveyMonkey account). Information will be maintained in CDC computer files that are only available to the federal program staff. Responses will be stored on secure network servers, subject to the agency's computer security measures.

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

The annual reports are a requirement of the NPAO cooperative agreement; hence response rates will be 100%.

21. Test of Procedures or Methods to be Undertaken

An electronic database (SurveyMonkey) was pre-tested among two state health departments funded in 2009. Based on the pre-test, slight modifications were made to reduce redundancy and improve accuracy. As a whole, these revisions will decrease the individual respondent burden estimate for states. The revised data collection instrument including proposed changes is provided in Attachment D. A summary of changes is provided in Attachment E.

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

The CDC DNPAO has a SPIRS program monitoring team and an evaluation team that work together to come to consensus on aspects related to collecting and analyzing the data.

Persons responsible for designing the data collection:

Claire Heiser, (770) 488 5282, BEQ9@cdc.gov
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