Revision Request (0920-0650)

Current Title:	Prevention Research Centers Information System
Proposed New Title:	Prevention Research Centers Program National Evaluation Reporting System

Supporting Statement: Part A and Part B

March 24, 2010

Submitted by:

Prevention Research Centers Division of Adult and Community Health National Center for Chronic Disease Prevention and Health Promotion Centers for Disease Control and Prevention Department of Health and Human Services

Project Officer:

Jo Anne Grunbaum, EdD Team Leader Telephone: 770-488-5542 Facsimile: 770-488-5486 Email: jgrunbaum@cdc.gov

TABLE OF CONTENTS

Part B. Collections of Information Employing Statistical Methods

- 1. Respondent Universe and Sampling Methods
- 2. Procedures for the Collection of Information
- 3. Methods to Maximize Response Rates and Deal With Nonresponse
- 4. Tests of Procedures or Methods to be Undertaken
- 5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data
 - a. Data Collection Design
 - b. Data Collection
 - c. Data Analysis

Attachments

- 1: Authorizing Legislation -- Public Law 98-551
- 2A: Federal Register Notice
- 2B: Summary of Public Comments and CDC Response
- 3: PRC Program Performance Indicators
- 4: Annual Survey
- 5: Telephone Interview
- 6: Collaborative Evaluation Design Team

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

1. Respondent Universe and Sampling Methods

The respondent universe is all 37 currently funded PRCs. CDC does not use any sampling methodology as all 37 PRCs need to provide their own data on an annual basis.

2. Procedures for the Collection of Information

The currently approved IS has proven to be very labor intensive to extract and analyze data. The PRC Program will continue to use automated systems for data entry and analysis. Each PRC will be assigned a unique ID and each project will be assigned a unique ID. These unique IDs will allow the data from different sources to be linked and facilitate development of datasets and analysis. The revised data collection methodology will utilize 1) Survey Monkey, a web-based survey platform will be used to collect data from each PRC related to projects funded by sources other than CDC, training programs, number of people trained, and number and types of PRC interactions with health departments and other government agencies; and 2) telephone interviews to collect data that do not lend themselves to survey-based methodology and require some qualitative discussion including number of staff hired, environmental and policy changes and the dissemination and adoption of effective interventions. Telephone interviewers will be trained prior to data collection and will enter information into Access. The data from Survey Monkey and the from the telephone interview Access database will be combined into a single SAS data set and maintained on-site at CDC.

The information collected from respondents will be supplemented by information collected by CDC staff in the PRC Program Office. CDC staff will use SharePoint and Endnotes to organize information about PRCs that is available from other sources, such as the PRC application for funding, literature searches, and publicly available information about each PRC's catchment area. Burden to respondents will be reduced by the involvement of PRC staff in better utilization of existing data resources related to core PRC projects and Special Interest Projects (SIPs) - including the populations served and publications, and presentations.

The PRCs will receive training on data entry for the web-based survey upon approval of the revision in July 2010. In addition, PRC Program office staff are available to provide technical assistance on an ongoing basis as needed. Staff at each PRC enter data for each fiscal year. Respondents are not routinely recontacted to validate data entry, although a very unusual or unclear response or a significant outlier could prompt recontact for validation. PRCs will complete the web-based survey and participate in the telephone interview between August – September in 2010, 2011, and 2012.

Quality control procedures are implemented through the data entry system and include range checks and skip patterns. Quality control procedures implemented through data analysis include identification of outliers.

3. Methods to Maximize Response Rates and Deal With Nonresponse

All 37 PRCs are required to provide data related to the PRC Program national program indicators. To date, 100% of PRCs enter data on program indicators.

4. Tests of Procedures or Methods to be Undertaken

No tests of procedures or methods are needed. Survey Monkey is a very simple interface for data entry.

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

The PRC does not use any statistical methods to select respondents, thus no individuals were consulted on statistical aspects of sampling.

a. Data collection design

PRC Program office staff will design the Survey Monkey web-based survey. The person at CDC responsible for the survey design is:

Diane Green, MPH Telephone: 770-488-6562 Email: <u>dcg1@cdc.gov</u>

b. Data collection

Each PRC enters its own data into the web-based survey through the Internet.

c. Data analysis

The PRC Program office will conduct all data analysis. The persons responsible for data analyses are:

Jo Anne Grunbaum, EdD Telephone: 770-488-5542 Email: jgrunbaum@cdc.gov

Sharrice White-Cooper, MPH

Telephone: 770-488-5148 Email: <u>swhitecooper@cdc.gov</u>

Diane Green, MPH Telephone: 770-488-6562 Email: <u>dcg1@cdc.gov</u>

Marie Borgella Telephone: 770-488-8333 Email: <u>hvf9@cdc.gov</u>