

Improving the Quality and Delivery of CDC's Heart Disease and Stroke Prevention Programs

Information Collection #2

Assessing Adoption and Use of the Sodium Reduction Awareness Toolkit

May 7, 2010

Attachments

- 5b. Web-based Survey Instrument
- 5c. Advance email to potential respondents
- 5d. Follow-up reminder email

Summary

The Centers for Disease Control and Prevention (CDC) requests OMB approval of a web-based survey involving state health department staff and private sector partner staff as respondents. Information will be collected about their adoption and use of materials for the sodium reduction awareness toolkit. The information collection instrument includes specific questions pertaining to adoption, use, and satisfaction of the sodium reduction awareness toolkit. CDC will use the survey results to improve the delivery of technical assistance to state health departments and private sector partners.

Background

CDC's Division for Heart Disease and Stroke Prevention was a co-sponsor for an Institute of Medicine (IOM) report focusing on sodium reduction strategies. Other report co-sponsors included the Food and Drug Administration, the U.S. Department of Health and Human Services' Office of Disease Prevention and Health Promotion, and the National Heart, Lung, and Blood Institute at the National Institutes of Health. The IOM committee was asked "to review and make recommendations about various means that could be employed to reduce dietary sodium intake to levels recommended by the Dietary Guidelines for Americans. These means or strategies may address a range of focal points including but not limited to (i) actions by food manufacturers such as new product development and food reformulation, (ii) actions at the government level such as special initiatives and regulatory or legislative options, and (iii) actions by public health professionals and consumer educators. Attention will be given to fostering innovation and, as appropriate, exploring public-private partnerships and other creative solutions."

The IOM report is available at <http://www.iom.edu/Reports/2010/Strategies-to-Reduce-Sodium-Intake-in-the-United-States.aspx> .

Additional information about the activity and ad hoc consensus committee is available at <http://www.iom.edu/Activities/Nutrition/ReduceSodiumStrat.aspx> .

Sodium Reduction Awareness Toolkit

In order to support the adoption, implementation, and use of the recommendations of this report, the CDC's Division for Heart Disease and Stroke Prevention developed a toolkit to provide information and materials related to sodium reduction awareness. The toolkit was developed for state or tribal health departments and private sector partners (non-profit organizations such as the American Heart Association, National Association of Chronic Disease Directors, and other organizations). The toolkit was developed to support the IOM report, *Strategies to Reduce Sodium Intake in the United States*. This IOM report was released on April 20, 2010. Toolkit print materials are expected to be sent by e-mail by May 31, 2010.

CDC developed materials on sodium reduction awareness to support funded state or tribal health departments and private sector partners (non-profit organizations). The toolkit includes the following contents:

- Point-Counterpoint document
- Questions and Answers document
- Salt Matters video – short version
- Salt Matters video – long version
- Sodium fact sheet
- Sodium internet resources (e.g., e-card, podcasts, radio public service announcement, web pages)

Information Collection Plan

Respondents for the web-based survey will be personnel from state or tribal health departments (including program managers, epidemiologists, evaluators, and health educators) and private sector partners (including program managers or program coordinators, epidemiologists, policy analysts, health educators, etc. at non-profit organizations). Information will be collected using Survey Monkey in the summer of 2010, approximately three to four months after the release of the sodium reduction awareness toolkit (estimated to be released by May 31, 2010).

Procedures

The survey (**Attachment 5b**) will be sent through an e-mail list serve for programs managers at city, county, state, or tribal health departments for the following CDC-funded programs.

- heart disease and stroke prevention programs
- WISEWOMAN (Well-Integrated Screening and Evaluation for WOMen Across the Nation) programs
- diabetes prevention and control programs
- nutrition, physical activity, and obesity programs
- Communities Putting Prevention to Work

The survey (**Attachment 5b**) will also be sent by e-mail to private sector partners (non-profit organizations) using an internal list of contacts. Examples of these private sector partners (non-profit organizations) include the following.

- American Heart Association
- American Society of Hypertension
- National Association of Chronic Disease Directors
- National Forum for Heart Disease and Stroke Prevention

Two weeks prior to data collection, potential respondents will receive an advance email invitation (**Attachment 5c**) informing them to expect a link to the survey in two weeks.

The Survey Monkey link will be open for approximately 14 days. CDC's Division for Heart Disease and Stroke Prevention will collect, store, clean and analyze the data. The Survey Monkey system collects and uses IP addresses for system administration and record-keeping purposes, but IP addresses will not be provided to CDC. Although the Survey Monkey online data collection system provides the option of obtaining respondents' e-mail addresses, this option will not be selected. Survey responses cannot be linked or traced to any unique respondent identifiers. All de-identified survey responses will be stored in secure electronic files. Additional information about *Survey Monkey* is available at <http://www.surveymonkey.com>.

A follow up reminder e-mail (**Attachment 5d**) will be sent to all potential respondents at the end of week 1 and week 2 of the data collection period. Because identifiers will not be collected with responses, the reminder email will be sent to all potential responders. This follow-up method eliminates the need to obtain respondent identifiers for tracking.

This ICR has been reviewed by staff in CDC's Information Collection Review Office, who determined that the Privacy Act is not applicable. Respondents are state-based or tribal-based health departments and private sector partners (non-profit organizations) providing information on their activities, objectives, and organizational planning. CDC will not receive identifiable response data from individuals. The respondents are speaking from their roles as representatives of their organizations. The survey will not ask for the names of any respondents and the respondents will not be providing any personal information about themselves.

The CDC project lead will safeguard the responses and will not release any information. All data collected will be compiled into a report that does not contain any personal identifiers.

This project has been identified as public health practice by CDC and does not constitute research involving human subjects. IRB approval is not required.

Uses of the Information Collection

Results from this survey will be used to help in the adoption, use, and satisfaction of current and future sodium reduction materials and information for state health departments and private sector partners. CDC will use this data to improve the services provided to state heart disease and stroke prevention programs and private sector partners. The survey will provide useful information on the **adoption** of the toolkit, **use** of the toolkit, and **satisfaction** of the toolkit materials and services that CDC's Division for Heart Disease and Stroke Prevention provides.

Estimated Annualized Burden to Respondents

The estimated burden per responses is 20 minutes or less. We estimate that an average of one program manager from each heart disease and stroke prevention program, one program manager from each WISEWOMAN program, and one person per private sector partner (non-profit organization) will participate. Response is voluntary. The total estimated annualized burden is 90 hours.

Type of Respondents	Form Name	Number of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
State Health Departments – heart disease and stroke prevention programs	Web-based survey	51	1	20/60	17
State or Tribal Health Departments – WISEWOMAN programs	Web-based survey	21	1	20/60	7
State Health Departments – diabetes prevention and control programs	Web-based survey	51	1	20/60	17
State Health Departments – nutrition, physical activity, and obesity programs	Web-based survey	51	1	20/60	17
City, County, State or tribal Health Departments - Communities Putting Prevention to Work	Web-based survey	44	1	20/60	15
Private Sector Partners (non-profit organizations)	Web-based survey	50	1	20/60	17
				Total	90