IMPROVING THE QUALITY AND DELIVERY OF CDC'S HEART DISEASE AND STROKE PREVENTION PROGRAMS

SUPPORTING STATEMENT PART B

Contact: Lauren Gase, Health Scientist
Division for Heart Disease and Stroke Prevention
Centers for Disease Control and Prevention
Atlanta, GA
Telephone: (770) 488-8007
Fax: (770) 488-8151
Email: lgase@cdc.gov

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B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

B-1. Respondent Universe and Sampling Methods

Each DHDSP survey, interview, or focus group will target a specific set of partners. The respondent universe for each information collection will be different, depending on the type of DHDSP activity or service being evaluated. See Table B-1.1 for a list of example partners. This is not an exclusive list; however, all respondents will be drawn from these two categories of partners: 1) DHDSP's partners in state and local departments of health, and 2) private sector partners, including nonprofit organizations, public health organizations, professional organizations, and academic institutions.

Table B-1.1 Respondent Universe

Partner	**Examples** (not exclusive list)
State (and District of Columbia) and Local Departments of Health	• Minnesota Department of Health • Texas Department of State Health Services • California Department of Health Services • DeKalb County Board of Health
Private Sector Partners: Nonprofit Organizations	• American Heart Association • National Stroke Association • Kaiser Family Foundation • Robert Wood Johnson Foundation • National Business Group on Health
Private Sector Partners: Public Health Organizations	• Association and State and Territorial Health Officials • National Association of County and City Health Officials
Private Sector Partners: Professional Organizations	• National Association of Chronic Disease Directors • Association of Black Cardiologists • American Medical Association • American Public Health Association • Society for Public Health Education
Private Sector Partners: Academic Institutions	• Emory Prevention Research Center • University of Washington Health Promotion Research Center • UCLA Center for Adolescent Health Promotion

The DHDSP estimates that it will conduct up to eight web-based surveys, eight rounds of interviews, and eight focus groups each year over the three-year life of the project. The actual distribution of activities may vary from year to year; estimates allow us to describe partners and estimate burden. See Table B1.2 for the breakdown of data collection mechanism by respondent type. The DHDSP will set priorities for evaluation, based on its Division Evaluation Plan (see Attachment 3). The generic OMB clearance will provide the DHDSP the flexibility that it needs to evaluate its work while ensuring that its partners are not experiencing undue burden.

Table B1.2 Type of Data Collection Mechanism by Type of Respondent

Type of Respondent	Data Collection Mechanism	Number per Year	Number of People per Mechanism	Total Respondents per year
State and Local Health Department Chronic Disease Employees	Web-based survey	6	51	306
	In-person/telephone interview	6	51	306
	In-person/telephone focus group	4	8	32
Private Sector Partners	Web-based survey	2	100	200
	In-person/telephone interview	2	50	100
	In-person/telephone focus group	4	8	32

The specific respondent universe and sampling methods will be described in each information collection request that is submitted to OMB.

In general, when conducting surveys or interviews, a representative from each member of the relevant audience (e.g. all state epidemiologist, all state health department program managers, all member of the National Forum for Heart Disease and Stroke Prevention) will be queried. Collecting data from a representative from all members of the target population will allow the DHDSP to capture the diverse opinions and needs of all partners and give them all the opportunity to provide feedback. Because DHDSP's guidance and products are often audience-specific (geared toward the state program manager, state epidemiologist, or external partner) no one type of respondent will be asked to participate in more than two surveys, interviews, or focus groups annually.

In general, when conducting focus groups, it is not feasible to include all members of the respondent universe. Therefore, volunteers will be solicited from the target population. A random sample, to fill the quota, will be taken from the individuals who respond to the request for volunteers. On average, selecting 8 individuals for focus group participation will allow everyone enough time to speak and should allow the topic to be covered completely.

B-2. Procedures for the Collection of Information

Each proposed data collection will be reviewed by the DHDSP contact to ensure that it is consistent with the DHDSP evaluation plans and goals, as outlined in this package. If the proposed collection is deemed appropriate by the DHDSP contact and the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) PRA contact, the DHDSP will prepare an information collection request and submit it to OMB for their review and approval.

Three methodologies will be used to collect information: surveys, interviews, and focus groups. These will be conducted via the web, in-person, or over the telephone. Whenever

feasible, data collections will be conducted over the web to minimize the burden on respondents.

Surveys

A web survey program, such as Survey Monkey, will be used to design and conduct the surveys. As noted in section A-10, this program cannot be used to identify users.

In general, participation for surveys will be solicited through email. The link to the Web-based survey will be included in the e-mail sent to potential respondents. The e-mail text will ask interested respondents to complete the survey within two weeks. All potential respondents will also receive another email two weeks after the initial email thanking those who have completed the survey and reminding others that they may do so in the following two weeks and that the survey will not be available after that time. Thus, the web-based surveys will be available on the Web for a total of 4four weeks.

Before taking the survey respondents will be informed about the purpose, provided an estimate of how long the survey will take, and notified that their participation is purely voluntary. Furthermore, respondents will be assured that they will not be penalized in any way if they choose not to participate or to skip any of the questions in the survey. Consent will be obtained from all participants before they begin. The consent form for web-based surveys will be the presented after information about purpose of the survey and use of the data is provided. An example of this language is provided in the attached information collection requests (see Attachments 4 and 5).

Interviews and Focus Groups

In-person and telephone interviews or focus groups will only be used when web surveys are impractical, more burdensome, or in-depth responses are required. In-person interviews will be conducted in Atlanta, Georgia, during program site visits, or at the location of events attended by both CDC staff and partners. The interviews and focus groups will be audio taped, with the permission of participants, or extensive notes will be taken. In order to reduce expenses and the burden on respondents, in-person surveys or focus groups involving geographically distributed respondents will be conducted by phone.

CDC employees, fellows, full-time contractors, or contract vendors will collect the data. Any individuals conducting interviews or focus groups will be trained on the protocol before implementation.

Participation for interviews and focus groups will be solicited through email and phone calls. Before participating in a focus group or interview, respondents will by informed about the purpose, provided an estimate of how long the interview or focus group will take, and notified that their participation is purely voluntary. Furthermore, respondents will be assured that they will not be penalized in any way if they choose not to participate. Consent will be obtained from all participants before they begin. Consent for interviews and focus groups will be obtained through an oral process after information about purpose of the interview or focus group and use of the data is provided. An

example of this language is provided in the attached information collection requests (see Attachments 4 and 5).

B-3. Methods to Maximize Response Rates and Deal with Non-response

Multiple strategies during the instrument conception, design and administration will be used to maximize response rates. Before designing a data collection instrument, consultations with partners and DHDSP leadership will ensure the instrument addresses a topic that contributes to improvements in DHDSP activities. The DHDSP will set priorities for evaluation based on its Division Evaluation Plan. In addition, the DHDSP will solicit input from a few volunteers from the identified partner group and/or individuals within the DHDSP who work closely with the identified partner group as to which products are most frequently used. By pre-screening topics and selecting services which partners have accessed and used, the DHDSP will increase partners' motivation to participate and provide their feedback.

The survey design process will maximize responses by ensuring the survey is easy to complete. For each instrument, brief pilot tests with up to five members of the target audience and/or individuals within the DHDSP who work closely with the identified audience will be conducted to ensure that it is clear and does not exceed time limits.

The method of distribution will maximize response rates by delivering the survey to respondents in the least burdensome manner and using systematic communication. The majority of surveys will be conducted through the internet so respondents can complete the survey at their convenience and at their own computer. Phone and in-person interviews or focus groups will be used when the survey includes predominantly open-ended questions. These strategies reduce respondent burden by enabling them to provide their answers orally instead of writing them down. Finally, response rates will be boosted by using a systematic communication process to notify respondents of the survey, distribute the survey, and provide reminders to respondents to complete the survey. Two email messages to potential respondents will be sent; both the initial and the reminder email messages will include a direct link to the survey Web site, so those who desire to respond to the survey only have to click on the link.

The DHDSP estimates that the response rate for these data collections will be 80% or higher. A similar inquiry undertaken by the DHDSP (OMB# 0920-0764, exp. 2/28/09), to evaluate if and how State Health Departments used the *Successful Business Strategies to Prevent Heart Disease and Stroke Toolkit*, achieved a response rate of 80% (40 out of 50 States Health Department respondents completed the survey). Data collected through this clearance will utilize similar data collection mechanisms and procedures.

The DHDSP will track non-response rates. If non-response rates are high, DHDSP will assess the reasons for non-response rates and modify the approach to address these issues.

B-4. Tests of Procedures or Methods to be Undertaken

For each instrument, brief pre-tests with up to five members of the target audience, will be conducted to ensure that it is clear and does not exceed time maximums. Changes to the instrument will be made based on pre-test results.

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

Each information collection will be led by an employee in the Applied Research and Evaluation Branch of the DHDSP. This person will be responsible for overseeing all phases of the project including designing the data collection instruments, collecting the data, and analyzing the data. For each information collection, the team of individuals performing this work is likely to vary. However, as described in A-14, all information collections will be supervised by a DHDSP coordinator. The DHDSP coordinator will be a federal employee who, in close consultation with the NCCDPHP PRA contact, will review all the data collection instruments to monitor the number of partners being surveyed, confirm that instruments comply with time limits, ensure that a group of partners is not being overburdened by multiple surveys, and verify that the information collections comply with the guidelines outlined in this OMB request.

Analyses will be conducted by a member of the evaluation team trained in research methods or a contractor with appropriate training. In addition to the statistical training of DHDSP evaluation staff, a number of whom are PhD scientists, statistical support can be requested from DHDSP statisticians and epidemiologists if needed.

The team of individuals working on each information collection, including instrument development, data collection, and data analysis will consist of members of the DHDSP's Evaluation and Program Effectiveness Team, as listed in Table B5.1.

Table B5.1 Staff Responsible for Instrument Design, Data Collection and Analyses

Name	Agency	Telephone Number	Email
Diane Dunet	CDC/DHDSP	770 488-8007	ddunet@cdc.gov
Lauren Gase	CDC/DHDSP	770 488-8007	lgase@cdc.gov
Eileen Chapelle	CDC/DHDSP	770 488-8144	echappelle@cdc.gov
Rashon Lane	CDC/DHDSP	770 488-8036	rlane@cdc.gov
Aisha Tucker-Brown	CDC/DHDSP	770 488-8179	atuckerbrown@cdc.gov
Rachel Barron-Simpson	CDC/DHDSP	770 488-4825	rbarronsimpson@cdc.gov
Susan Ladd	CDC/DHDSP	770 488-5448	sladd@cdc.gov

The majority of data will be analyzed using basic descriptive analyses. Because the major purpose of this data collection is program improvement, DHDSP does not anticipate needing to use complex statistical techniques.