

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

### Information Collection #1

#### Assessing Adoption and Use of the IOM Report "A Population-Based Policy and Systems Change Approach to Prevent and Control Hypertension"

May 7, 2010

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#### Attachments

- 4b. Web-based Survey Instrument
- 4c. Advance email to potential respondents
- 4d. 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 as respondents. Information will be collected about their knowledge of, and experience with, implementing recommendations from an Institute of Medicine (IOM) report on public health priorities for reducing and controlling hypertension in the U.S. population. The information collection instrument includes specific questions pertaining to quality, adoption and use of the report. CDC will use the survey results to improve the delivery of technical assistance to state health departments.

#### Background

The CDC's Division for Heart Disease and Stroke Prevention (DHDSPP) requested that the IOM convene an expert committee to review available public health strategies for reducing and controlling hypertension in the U.S. population, including reviews of both science-based and practice-based knowledge. CDC asked the IOM committee to address specific questions pertaining to the role of state health departments in advancing progress in priority action areas for hypertension reduction and control. In February 2010, the IOM released a report entitled "*A Population-Based Policy and Systems Change Approach to Prevent and Control Hypertension*," which provides recommendations for specific action areas that should be addressed by state health departments. The report also recommends specific indicators for monitoring progress in each action area.

The report is available at <http://www.iom.edu/Reports/2010/A-Population-Based-Policy-and-Systems-Change-Approach-to-Prevent-and-Control-Hypertension.aspx> .

Additional information about the panel is available at <http://www.iom.edu/Activities/Disease/ReducingHypertension.aspx> .

## Translation and Implementation of IOM Recommendations

In order to support the adoption, implementation and use of the recommendations contained in the IOM report, CDC will provide support to state health departments through technical assistance, training, and written and web-based guidance and tools. CDC will collaborate with partners such as the National Association for Chronic Disease Director's (NACDD).

CDC is developing communication strategies, technical assistance and materials to support the implementation of priority action areas for state health department in the control and reduction of hypertension, which include the following:

- Conference calls with the IOM panel Chair
- Communication materials such as policy statements and press release
- Webinars on hypertension strategies
- One-on-one technical assistance from DHDSP project officers
- Evaluation support
- Written and web based materials developed from a workgroup of state heart disease and stroke prevention program staff
- Translation of evidence based practices
- In person training at an annual grantee meeting

## Information Collection Plan

Respondents for the web-based survey will be heart disease and stroke prevention program managers in state health departments. Information will be collected using Survey Monkey in the summer of 2010, approximately six months after the release of the IOM report.

Follow-up surveys are planned for 2012 to evaluate the adoption, use and impact of the recommendations over time. Minor changes in the survey instrument are anticipated to reflect the current stage of the program at the time of follow-up. Separate ICRs will be submitted for the follow-up information collections.

## Procedures

The survey (**Attachment 4b**) will be sent through an e-mail list serve of heart disease and stroke prevention programs program managers funded by DHDSP. Two weeks prior to data collection, potential respondents will receive an advance email invitation (**Attachment 4c**) informing them to expect a link to the survey in two weeks.

The Survey Monkey link will be open for approximately 14 days. A contract vendor (Battelle) 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 or the contract vendor. 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 4d**) 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 health department personnel providing information about their activities, objectives, and familiarity with the IOM report, not personal information. CDC will not receive identifiable response data from individuals. The respondents are speaking from their roles as representatives of their organizations.

The CDC project officer 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 will be used to plan, assess and improve the adoption, use and implementation of recommendations and evidence-based practices described in the IOM report. The survey will provide useful information on the **relevance** of the recommendations in the IOM report; the **quality** of the IOM report and CDC's technical assistance and guidance materials; and the **impact** of the services and activities that DHDSP provides. CDC will use the information collected from state heart disease and stroke prevention programs to improve the services provided to them.

### 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 state health department will participate. Response is voluntary. The total estimated annualized burden is 17 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	Web-based survey	51	1	20/60	17