

Information Collection #3: Assessing programmatic efforts and technical assistance needs of WISEWOMAN programs

Submitted for approval under CDC generic approval #0920-0864,
Improving the Quality and Delivery of CDC's Heart Disease and Stroke Prevention Programs

March 3, 2011

Data Collection Instruments

Year 3 Evaluation Survey Part I
Year 3 Evaluation Survey Part II
Year 3 Evaluation Survey Part III

Attachments

Attachment 1. Web Survey Screen Shots (examples)
Attachment 2. Introductory Email to Potential Respondents Invitational
Attachment 3. Email to Potential Respondents
Attachment 4. Follow-up Reminder Email to Survey Respondents
Attachment 5. Thank You Email to Survey Respondents

Section A: Justification for Information Collection

A.1 Circumstances Making the Collection of Information Necessary

The WISEWOMAN program is a key component within CDC's Division for Heart Disease and Stroke Prevention (DHDSPP). The WISEWOMAN program currently provides funding to 21 health departments for states and tribal organizations that also receive funding through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). WISEWOMAN grantees provide women ages 40-64 with screening services for heart disease and stroke risk factors. Grantees also employ national clinical care guidelines to refer women to high quality care and individually tailored lifestyle interventions (LSI). Additional information about the WISEWOMAN program is available at: <http://www.cdc.gov/wisewoman/>.

The Centers for Disease Control (CDC) requests OMB approval of a three-part, web-based survey involving state health department staff as respondents. In concert with CDC's continued assessment of the quality and impact of the WISEWOMAN program, information will be collected about program requirements for WISEWOMAN grantees, outreach/recruitment efforts, client needs and enrollment practices, quality of care, innovative resources, relationships with partners, data use and sharing, and program needs for training and technical assistance from CDC. CDC will use the survey results to improve the delivery of technical assistance to state health departments.

Privacy Impact Assessment

Overview of the Information Collection

Information will be collected in the Spring of 2011 by an evaluation contractor, ICF Macro, using SurveyMonkey™, a web-based platform. Example screen shots for the web survey can be found in **Attachment 1**. The survey will be administered in three successive parts (waves) using a modified Dillman method (see **Year 3 Evaluation Survey Part I, Part II, and Part III**). Data collection for each part will be open for approximately four weeks. Links to the survey site and other materials will be distributed by the contractor using an e-mail list-serve of WISEWOMAN program managers and directors.

Information to be Collected in Each Part of the Survey

Part I

- A. Outreach and Recruitment Efforts
- B. Identification and Assessment of Participant Needs
- C. Additional Training and Technical Assistance

Part II

- D. Participant Enrollment
- E. Program Requirements for Direct Service Providers
- F. Quality of Care and Access to Care
- G. Participant Outcomes
- H. Other Heart Disease and Stroke Prevention-Related Activities
- I. Work with Community Health Workers

Part III

- J. WISEWOMAN Sustainability
- K. Community Support Services
- L. Relationships with Community-Level Organizations
- M. Data Use and Sharing Lessons Learned
- N. Perceived Impact of the WISEWOMAN Program

Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age

The link to the survey site will only be distributed to WISEWOMAN program contacts. There is no website content directed at children under 13 years of age.

A.2 Purpose and Use of Information Collection

Results will be used to assess the overall quality and impact of the WISEWOMAN program. The findings will inform decisions to be made by the Division for Heart Disease and Stroke Prevention (DHDSP) relating to program improvement activities. Specifically, the survey will: (1) facilitate overall program improvement, (2) increase program effectiveness and efficiency at the national and funded program levels, (3) identify resource and capacity needs at the national and funded program levels, (4) communicate WISEWOMAN program outcomes to key stakeholders, and (5) identify evidence-based practices to guide current and future screening and intervention efforts to eliminate cardiovascular health disparities.

A.3 Use of Improved Information Technology and Burden Reduction

Information will be collected electronically through a convenient, web-based system. Respondents have the option of completing each survey in one session, or saving partially complete surveys for completion at a later date or time. This feature also allows the primary contact for each WISEWOMAN program to consult with other WISEWOMAN staff, if needed.

A.4 Efforts to Identify Duplication and Use of Similar Information

WISEWOMAN grantees currently submit minimum data elements (MDEs) and progress reports to CDC twice per year (WISEWOMAN Reporting System: OMB 0920-0612, exp. 3/31/2013). The minimum data elements are used to assess the delivery of program screening services and LSIs, however, the existing information collection is not designed to assess the relevance, quality, and impact of the guidance, technical assistance, and training provided to grantees by CDC. The information to be requested in the Year 3 evaluation surveys is not available from other sources.

A.5 Impact on Small Business or Other Small Entities

There will be no impact on small businesses or other small entities.

A.6 Consequences of Collecting the Information Less Frequently

Without the proposed information collection, CDC will have only limited and anecdotal information to guide program planning and to improve the technical assistance services provided to WISEWOMAN awardees.

A.7 Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

There are no special circumstances.

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

Not applicable.

A.9 Explanation of Any Payments or Gift to Respondents

No payments or gifts will be offered to respondents.

A.10 Assurance of Confidentiality Provided to Respondents

Privacy Act Determination

Although CDC's data collection and evaluation contractor (ICF Macro) will know which program has provided responses, the information collected is programmatic in nature, not personal, and the Privacy Act does not apply. This will allow the contractor to follow up with programs should any responses require clarification. In addition, contractor staff will track responses from each of the 3 surveys to link a given program's responses across the 3 data collection points.

Safeguards

The evaluation contractor (ICF Macro) will collect, store, clean and analyze the data. The SurveyMonkey™ 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 SurveyMonkey™ online data collection system provides the option of obtaining respondents' email addresses, this option will not be selected for this survey. All survey data will be stored in secure, password-protected electronic files. Additional information about SurveyMonkey™ is available at <http://www.surveymonkey.com>. All responses provided to CDC will be in aggregate—across all programs—and without linking specific responses to the programs that provide them. The CDC evaluation lead will ensure that the responses are safeguarded and will not release any identifiable information. All data will be compiled into a report that will not contain personal identifiers of survey respondents.

Consent

CDC has determined that IRB review and approval are not required for the proposed data collection. The activity is considered program evaluation for improved public health practice, not research involving human subjects. However, an Informed Consent Statement is provided at the beginning of each survey instrument.

Nature of Response

Participation in the data collection is voluntary, as noted in the Informed Consent Statement at the beginning of each survey.

A.11 Justification for Sensitive Questions

Not applicable. No personal or sensitive information will be collected.

A.12 Estimates of Annualized Burden Hours and Costs

We anticipate that the Program Manager from each of the 21 WISEWOMAN funded programs (or his/her designee) will complete each of the three Web survey components. Due to the specific nature of items concerning program activities, program managers may consult with other program staff members prior to completing certain items or sections of the survey. The estimated burden to respondents is 20 minutes for Part I, 35 minutes for Part II, and 35 minutes for Part III. The total estimated burden per respondent is 1.5 hours for all three survey parts. The total estimated burden for all responses is 31 hours.

Table A.12.A. Estimated Annualized Burden to Respondents

| Type of Respondents | Form Name | Number of Respondents | Number of Responses per Respondent | Average Burden per Respondent | Total Burden (in hours) |
|---------------------|--|-----------------------|------------------------------------|-------------------------------|-------------------------|
| WISEWOMAN Program | Year 3 Program Evaluation Survey: Part I | 21 | 1 | 20/60 | 7 |

| | | | | | |
|----------|--|----|---|-------|----|
| Managers | Year 3 Program Evaluation Survey: Part II | 21 | 1 | 35/60 | 12 |
| | Year 3 Program Evaluation Survey: Part III | 21 | 1 | 35/60 | 12 |
| Total | | | | | 31 |

The average hourly wage of a program manager is estimated at \$33/hour. The total cost of respondents' time is estimated at \$33/hour * 31 hours = \$1023.

A.13 Estimates of Other Annual Cost Burden to Respondents and Record Keepers

There are no capital, start-up, operating, or maintenance costs associated with participating in this information collection.

A.14 Annualized Cost to the Federal Government

Costs include 20% of a GS-13 (\$18,810), and the cost of the data collection contract (\$91,667). The total cost to the government is \$110,477.

A.15 Explanation for Program Changes or Adjustments

This is a new, one-time information collection.

A.16 Plans for Tabulation and Publication and Project Time Schedule

Information collection will occur in the Spring of 2011 and analysis will be completed during the Fall of 2011.

A.17 Reason(s) Display of OMB Expiration is Inappropriate

The expiration date of OMB approval will be displayed on all information collection instruments.

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

No exceptions are requested.

B. Statistical Methods

B.1 Respondent Universe and Sampling Methods

All CDC-funded WISEWOMAN programs will be invited to participate. No statistical selection methods will be used.

B.2 Procedures for the Collection of Information

The survey will be distributed in three parts (waves). Data collection for each part will be open for approximately four weeks. Links to the survey site and other materials will be distributed by the contractor using an e-mail list-serve of WISEWOMAN program managers and directors.

Two weeks prior to data collection, WISEWOMAN program managers and directors will receive an introductory email (**Attachment 2**) informing them to expect a link to the survey in one-two weeks. Approximately one week after distribution of the introductory email, the evaluation contractor will distribute an invitational email (**Attachment 3**) to all potential respondents. The invitational email will provide instructions for completing the survey and provide a website link to the survey.

At the conclusion of data collection, the evaluation contractor will send a thank you email (**Attachment 5**) to all respondents to express appreciation for their participation.

B.3 Methods to Maximize Response Rates and Deal with Nonresponse

To encourage participation and to remind programs of closing dates for completing each survey part, the contractor will send follow-up/reminder emails to each WISEWOMAN program, beginning one week after distribution of the invitational email. Follow-up/reminder emails (**Attachment 4**) will be sent on a weekly basis. They will include instructions for completing the survey and provide a website link to the survey. This process will be repeated for each of the three parts of the survey.

B.4 Test of Procedures or Methods to be Undertaken

None.

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

| ICF Macro Personnel | Statistical/ methodological consultants | Data collection | Data analysis |
|---|---|-----------------|---------------|
| Doryn D. Chervin, DrPH Vice President, Public Health Division 404-321-3211, dchervin@icfi.com | X | X | X |
| Lawrence Scholl, MPH Senior Project Manager 404-433-0735, lscholl@icfi.com | X | X | X |
| Thearis Osuji, MPH Senior Associate 404-321-3211, tOsuji@icfi.com | X | | X |
| Michael Greenberg, JD, MPH Associate 404-321-3211, mGreenberg@icfi.com | | X | X |
| Dara Schlueter, MPH Associate 404-321-3211, dSchlueter@icfi.com | | | X |