

## **Information Collection #6: Supporting Statement Part A**

### **Web-Based Survey to Improve the Quality and Effectiveness of CDC's Technical Assistance and Resources Promoting Adoption of Institute of Medicine Hypertension Recommendations for States**

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

January 13, 2012

---

#### **Data Collection Instrument**

Web-based Evaluation Survey (Attachment 1a)

#### **Attachments**

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

### **Section A: Justification for Information Collection**

#### **A.1 Circumstances Making the Collection of Information Necessary**

The Centers for Disease Control and Prevention (CDC) requests OMB approval of a web-based survey in support of its efforts to improve the quality and adequacy of technical assistance and other resources provided to state health departments in implementing recommendations from the Institute of Medicine (IOM) report "Public Health Priorities to Reduce and Control Hypertension in the U.S. Population" (the IOM Report).

The Division for Heart Disease and Stroke Prevention (DHDSP) of the CDC 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 both science-based and practice-based knowledge.

See the following link for more information on the panel and the IOM Report.  
<http://www.iom.edu/Activities/Disease/ReducingHypertension.aspx> .

When commissioning the IOM Report, DHDSP requested that the IOM committee address specific questions pertaining to advancing progress in hypertension reduction and control. Included among the IOM Report's recommendations are seven recommendations directed to

state health departments. In order to support the adoption, implementation and use of the IOM recommendations, DHDSP in collaboration with partners such as the National Association for Chronic Disease Directors, provided support to state health departments through technical assistance, training, and written and web-based guidance and tools.

DHDSP's commissioning of the IOM Report represents an investment of considerable federal resources. Understanding state needs for additional technical assistance and support to implement IOM recommendations will enhance the effectiveness and utility of the IOM Report. In addition, under consideration by DHDSP is the commissioning of another IOM report to be focused on cholesterol, another important risk factor for heart disease and stroke. The proposed information collection will also help DHDSP understand the extent to which the IOM as the source of the recommendations influenced states' decisions to adopt and implement them. Further, if another IOM report is commissioned, information about the tools and resources that advanced the adoption and implementation of IOM hypertension recommendations will serve to inform future planning for technical assistance and guidance from DHDSP.

### **DPDSP Technical Assistance and Translation of the IOM report: Public Health Priorities to Reduce and Control Hypertension in the U.S. Population**

To support the implementation of priority action areas for state health departments in the control and reduction of hypertension, DHDSP developed and continues to develop communication strategies, technical assistance, and materials for states, which include the following:

- Conference Calls with the IOM panel Chair (David Fleming)
- Communication materials such as policy statements and press releases
- Webinars on hypertension strategies
- One-on-one technical assistance from DHDSP project officers
- Evaluation support
- Written and web-based materials based on recommendations from a work group of state heart disease and stroke prevention program staff
- Translation of evidence based practices
- In-person training at annual meetings for DHDSP and state health department staff

### **Privacy Impact Assessment**

#### Overview of the Information Collection

CDC plans to conduct a web-based survey (entitled "Survey to Assess Adoption and Use of IOM Report on Hypertension) of state health department heart disease and stroke prevention program staff. The purpose of the survey is to assess the usefulness of the activities and products provided by DHDSP to date, to assess what additional materials and support from DHDSP are needed by state staff to implement the IOM recommendations, and the extent to which the IOM as the source of recommendations influenced a state's decision to adopt and implement a recommendation. The survey will focus on the use and impact of the technical assistance and materials provided by DHDSP and assess state needs for additional DHDSP guidance, technical assistance, and other resources.

The intended respondents for the web-based survey are state and District of Columbia health department program managers of heart disease and stroke prevention programs (“state programs”). One emailed request will be sent to each state program manager who may in turn, delegate the survey response task to an epidemiologist or evaluator on his/her staff. The DHDSP contract vendors will collect the data through Survey Monkey™, a web-based platform. The data collection is intended to commence in January, 2012 (subject to OMB approval), and the survey will be open for responses for 15 business days. So that health department staff will recognize communication from DHDSP, DHDSP staff who manage the list of state heart disease and stroke prevention program managers will send state programs an email providing links to the survey site and other relevant information. DHDSP staff will also mention the survey during a regularly scheduled monthly teleconference with state program managers to encourage their participation and to answer any questions about the project and the survey.

The Survey Monkey data collection will be conducted by DHDSP’s contract vendor. Information collected will be stored in a secure mode to ensure it is accessible only to the DHDSP’s contract vendor.

#### Information to be Collected

For each of the seven IOM recommendations intended for state health department adoption, respondents will be asked whether the recommendation has been adopted and implemented. If so, respondents will be asked to briefly describe how it has been implemented and the expected impact of such action. Respondents will also be asked to rate how their decisions to take action on the recommendations were influenced by the IOM as the source of the recommendations. Lastly, respondents that have implemented a recommendation will be asked to identify the tools/resources they used to advance the implementation of the recommendation.

For IOM recommendations that were not adopted, respondents will be asked what factors influenced the decision not to adopt the recommendation, and queried about what resources or other support would be needed in order to adopt and implement the recommendation.

In order to reduce the time and response burden of the proposed survey, respondents will be given the option of identifying the entity (state or District of Columbia) which they represent. This approach eliminates the need to ask demographic questions regarding funding received from DHDSP, the state burden of heart disease and stroke prevention, and other relevant information.

#### 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 state program managers. None is under 13 years of age.

### **A.2 Purpose and Use of Information Collection**

The purpose of the survey is to assess the usefulness of the technical assistance and other resources already provided to states by DHDSP; to assess what additional materials and support

from DHDSP are needed by state staff to implement the IOM recommendations; and the extent to which the IOM as the source of recommendations influenced a state's decision to adopt and implement a recommendation.

Results from this survey will be used by DHDSP to understand what resources have been useful to states as they implement IOM recommendations and what additional resources are needed. In addition, DHDSP staff will use this information to improve the services and resources it provides to state heart disease and stroke prevention programs and to inform planning for development of additional resources. Finally, DHDSP will also use the information collected to inform its consideration of potential future IOM reports and to understand the type of resources that would be useful to support such a report if one is commissioned.

### **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 the survey in one session, or saving partially complete surveys for completion at a later date or time. The survey will be programmed with skip patterns and will route the respondents only to questions that are appropriate based on which IOM Report recommendations are being implemented in their state. Some questions require responses because the answers determine which follow-up questions will appear. Respondents will be informed of these required responses and those questions will be marked with asterisks (\*). Open-response fields will be limited in number and short answers will be encouraged by limiting the number of characters (no more than 600) available for each open-field response.

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

The proposed ICR is a follow-up to a survey conducted a year ago by DHDSP that assessed awareness of the IOM Report and respondents' perceptions of the relevance, quality and usefulness of the IOM recommendations for state health departments. While the focus of the previous survey was on awareness of the IOM recommendations and perceptions about their usefulness, the proposed new survey will focus on adoption and implementation of the IOM recommendations. The previous survey provides context for this ICR, but the proposed new survey will not collect duplicative information. The findings from the previous survey suggest that there was high awareness and familiarity with the recommendations and that they were perceived as credible. Additionally, respondents indicated that the IOM recommendations were relevant to their work, however, they also indicated that some specific recommendations would be more feasible to implement than others. Thus, the proposed new survey will follow up on issues related to implementation of the IOM recommendations. No other survey or reporting by state program managers relating to the IOM Hypertension recommendations has been undertaken. The information to be collected is not collected in any other form and the information is not available through another data source. Therefore data duplications do not exist.

### **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**

The information to be collected will provide feedback that DHDSP will use to improve and enhance the technical assistance and other resources needed by state health departments to be able to successfully implement the IOM recommendations. A delay in information collection would potentially hamper state progress. DHDSP's commissioning of the IOM Report required a substantial investment of federal funds. The information to be collected will enhance the effectiveness and impact of this investment in public health.

#### **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

Respondents will be given the opportunity to identify the entity (state or District of Columbia) for which they are responding. This approach reduces the length of the survey by eliminating the need to ask demographic information. Respondents are public health professionals acting in their official role, providing information about the activities of the public health department. No information is to be collected of respondents as individuals, and no personally identifying information will be collected, unless the respondent volunteers to be contacted for a follow-up discussion. As a result, the Privacy Act does not apply.

##### Safeguards

All respondent data will be stored in secure, password-protected electronic files. Neither DHDSP nor its contract vendor will solicit or collect the IP address of survey respondents. Additional information about SurveyMonkey™ is available at <http://www.surveymonkey.com>. Respondents will be provided the opportunity to identify the entity for which they are responding (state or District of Columbia) and the contract vendor will use these data to limit the distribution of reminder emails to only those entities that have not responded or have not chosen to identify its location. Responses to the survey will be available to the DHDSP contract vendor staff who are part of the project team and who are responsible for cleaning and analyzing the data.

The DHDSP contract vendor will generate reports as requested by the DHDSP project team. Highlights of the results of the survey will be shared with state program managers as aggregated results without identifying state names. Examples of highlights are a summary listing of the number of IOM recommendations that have been adopted and implemented, and a summary of the types of technical assistance or other support needed from DHDSP.

### Consent

The DHDSP Associate Director for Science has made a determination that the survey may be classified as public health program evaluation, and that the survey is not research involving human subjects. Thus, the project does not need the review of the CDC Institutional Review Board. 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**

Information will be requested from all 50 states and the District of Columbia. The total number of potential respondents is 51 (41 state HDSP programs and the District of Columbia that receive DHDSP funding, and 9 state health departments that do not receive DHDSP funding for heart disease and stroke prevention). The survey instrument is provided in **Attachment 1a** and example screen shots are provided in **Attachment 1b**. In order to estimate response burden, a pilot test was conducted by 3 staff members of DHDSP who formerly held positions within state health departments. The burden per response for the pilot testers ranged between 10 minutes and 40 minutes, with an average of 25 minutes per response. The total estimated annualized burden for 51 respondents is 21 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)
State Heart Disease and Stroke Program Managers	Web-Based Survey to Improve the Quality and Effectiveness of CDC’s Technical Assistance and Resources Promoting Adoption of Institute of Medicine Hypertension Recommendations for States	51	1	25/60	21

**Table A.12.B Estimated Annualized Cost to Respondents**

The estimated cost to respondents is based on the estimated average hourly wage for state HDSP managers, which is \$30.65. However, the HDSP manager may delegate the survey to a state epidemiologist or program evaluator. The total estimated annualized cost to respondents is \$644.

Type of Respondents	Form Name	Number of Respondents	Total Burden (in hours)	Average Hourly Wage Rate	Total Cost to Respondents
State Heart Disease and Stroke Program Managers	Web-Based Survey to Improve the Quality and Effectiveness of CDC’s Technical Assistance and Resources Promoting Adoption of Institute of Medicine Hypertension Recommendations for States	51	21	\$30.65	\$644

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

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

## **A.14 Annualized Cost to the Federal Government**

### **1. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers**

There will be no direct costs to the respondents other than their time to participate in each survey.

### **2. Annualized Cost to the Federal Government**

There are no equipment or overhead costs. Contract vendors are being used to support this data collection as part of a multi-year, multi-task evaluation contract. Costs related to the survey are shown below. In addition, costs to the federal government include the salary of DHDSP staff supporting the data collection activities and associated tasks.

The lead staff for this project is a Health Scientist and evaluation specialist (GS 13). The development of the survey instrument included the assistance of three health scientists in the DHDSP (GS 12, 13 and 14) (the DHDSP project team). The project team provided ongoing consultation to the contract vendor and specifically advised on the development of the survey, the methods of data collection and analysis, and preparation of the evaluation report. The estimated cost to the federal government is \$ 22,026. Table A-14 describes how this cost estimate was calculated.



**Table A-14:** Estimated Annualized Cost to the Federal Government

<b>Staff (FTE)</b>	<b>Average Hours per Collection</b>	<b>Average Hourly Rate</b>	<b>Average Cost</b>
<b>DHDSP Behavioral Scientist (GS-13 Step 2)</b> Project lead. Overall guidance and management of the survey development and OMB package preparation. Quality control and report preparation consultation.	20 hours	\$46.43	\$929
<b>DHDSP Health Scientist (GS-14 Step 5)</b> Instrument development, OMB package preparation, and consultation on the overall project.	15 hours	\$54.87	\$823
<b>DHDSP Health Scientist (GS-12 Step 1)</b> Consultation with staff lead on OMB package preparation, instrument development, pilot testing, data analysis, quality control and report preparation consultation.	30 hours	\$34.13	\$1,024
<b>DHDSP Contract Vendor</b> Development of instrument; preparation of SurveyMonkey format; data collection and analysis; quality control; report preparation.	140 hours	\$137.50	19,250
<b>Estimated Total Cost of Information Collection</b>			<b>\$22,026</b>

**A.15 Explanation for Program Changes or Adjustments**

This is a new information collection. The initial survey asked participants about their knowledge of the IOM recommendations and their perceptions of the quality, relevance and usefulness of the recommendations. The proposed survey asks the same respondents about whether the recommendations have been adopted and implemented, and if so, what impacts are expected.

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

Information collection is planned to occur in January/February 2012 (depending on OMB approval) and analysis will be completed during the spring of 2012.

**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.