

**Information Collection #7:  
Assessing programmatic efforts and technical assistance needs of  
WISEWOMAN programs**

**Supporting Statement - Part A**

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

May 16, 2012

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**Data Collection Instruments**

- Attachment 1. Year 4 Evaluation Survey Part I
- Attachment 2. Year 4 Evaluation Survey Part II

**Supplementary Documents**

- Attachment 3. Web Survey Screen Shots (examples)
  - Attachment 4. Introductory Email to Potential Respondents
  - Attachment 5. Invitation Email to Potential Respondents
  - Attachment 6. Follow-up Reminder Email to Potential Respondents
  - Attachment 7. Thank You Email to Survey Respondents
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**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 two-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 activities relative to participant screening, rescreening, and participation in LSIs. Information also will be collected about program activities concerning referrals to community resources, training of providers, and implementation of strategies to address needs of priority populations. 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 and Summer of 2012 by an evaluation contractor, ICF International, using SurveyMonkey™, a web-based platform. Example screen shots for the web survey can be found in **Attachment 3**. The survey will be administered in two successive parts (waves) using a modified Dillman method (see **Year 4 Evaluation Survey Part I and Part II, Attachments 1 and 2**). 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. Frequency and Types of Training at Screening Sites
- B. Frequency and Types of Training of LSI Providers
- C. Specific Characteristics of LSI Providers and LSI Delivery

#### Part II

- D. Strategies to Address the needs of Priority Populations
- E. Program Administration and Quality Assurance
- F. Rescreen and Referral Practices

### 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 4 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 International) 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 2 surveys to link a given program's responses across the 2 data collection points.

##### Safeguards

The evaluation contractor (ICF International) 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 the two 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 30 minutes for Part I and 30 minutes for Part II. The total estimated burden per respondent is 1 hour for both survey parts. The total estimated burden for all responses 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)
WISEWOMAN Program Managers	Year 4 Program Evaluation Survey: Part I	21	1	35/60	12
	Year 4 Program Evaluation Survey: Part II	21	1	25/60	9
Total					21

The average hourly wage of a program manager is estimated at \$33/hour. The total cost of respondents' time is estimated at \$33/hour \* 21 hours = \$693.

**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**

The lead staff for this project is a Health Scientist and evaluation specialist. The development of the survey instrument included the assistance of two health scientists in the Applied Research and Evaluation Branch. The lead staff serves as technical expert for the evaluation contract and has advised on the design of the instrument and consulted on the contract vendor's plans to collect the data; code, enter, and prepare the data for analysis; and conduct data analyses. CDC staff members will also provide consultation to the contractor regarding preparation of the evaluation report. Hourly rates of, \$46.43 for GS-13 (step 5), and \$42.33 for GS-13 (step2) were used to estimate staff costs. The total estimated cost in government staff is \$6,254.

Contractor tasks for this project includes design of the survey instrument; developing an electronic version of the survey; coordinating the pilot test; collecting, cleaning and analyzing data; and preparing an evaluation report. These survey activities will cost an estimated \$90,928 (an estimated 1022 labor hours) and are part of an existing contract vendor's evaluation contract. The total estimated cost to the federal government is \$97,182.

**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 Summer of 2012 and analysis will be completed during the Fall 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.