

Assessing Adoption and Use of Steps to Wellness: A Guide to Implementing the 2008 Physical Activity Guidelines for Americans in the Workplace

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

OMB Supporting Statement – Part A. Justification for Information Collection

October 18, 2012

Data Collection Instrument

Assessing Adoption and Use of Steps to Wellness

Attachments

- Attachment 1. Web Page for Accessing the *Steps to Wellness* toolkit
 - Attachment 2. Survey 1: Assessing Adoption and Use of Steps to Wellness
 - Attachment 3. Follow up email reminder to survey respondents
 - Attachment 4. Survey 2: Assessing Adoption and Use of Steps to Wellness
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Section A: Justification for Information Collection

A.1 Circumstances Making the Collection of Information Necessary

Heart disease and stroke are two of the leading causes of death in the United States. In 1998, CDC established the National Heart Disease and Stroke Prevention (NHDSP) program to strengthen state capacity for addressing the burden of heart disease and stroke. Additional information about the NHDSP program is available at:

http://www.cdc.gov/DHDSP/programs/nhdsp_program/index.htm.

Low cardiorespiratory fitness is a risk factor for heart disease. The benefits of physical activity on cardiorespiratory health are extensively documented, and in 2008, the federal Department of Health and Human Services (HHS) issued physical activity guidelines (see <http://www.health.gov/paguidelines/>). People who meet the *2008 Physical Activity Guidelines* with moderate- or vigorous-intensity aerobic activity have a significantly lower risk of cardiovascular disease than do inactive people. Regularly active adults have lower rates of heart disease, lower blood pressure, better lipid profiles, and better fitness.

The CDC's Division of Nutrition, Physical Activity and Obesity (DNPAO), working in collaboration with the Division for Heart Disease and Stroke Prevention (DHDSP), developed a guidance document to help businesses create or improve worksite-based physical activity and wellness programs. The toolkit, entitled *Steps to Wellness*, was released in July 2012 and is available at <http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/pa-toolkit.htm>. (For additional

information about the physical activity (PA) national plan and the translated physical activity guidelines, see <http://www.cdc.gov/physicalactivity/everyone/guidelines/index.html>.)

DHDSP and DNPAO request OMB approval of a web-based survey to assess the release and adoption of the *Steps to Wellness* toolkit. The toolkit has not been previously evaluated. Respondents will be state, local and private worksite coordinators and public health practitioners.

Privacy Impact Assessment

Overview of the Information Collection

Information will be collected in late 2012 and early 2013 using *UserZoom*, a web-based platform. After receipt of OMB approval, the survey will be left open through March 31, 2013, or until 1,000 respondents have participated in part one of the survey. Screen shots of the webpage from which the toolkit is accessed are in **Attachment 1**. Survey 1 (**Attachment 2**) will appear as a pop-up for approximately 20% of customers who attempt to download the toolkit. The survey will be optional and not required to access or download the toolkit. The user can always opt out of the survey and go directly to the toolkit. Respondents who agree to participate in the evaluation will receive a reminder email approximately two weeks later (**Attachment 3**). Survey 2 (**Attachment 4**) will obtain additional information about toolkit use in the worksite.

Items of Information to be Collected

Survey 1 will collect baseline information about the respondent's company or organization to help CDC understand who is downloading the toolkit. Survey 2 will collect information about respondents' knowledge of, and experience with, the guide to implementing the 2008 physical activity guidelines for Americans in their workplace. The information collection instrument includes specific questions pertaining to quality, adoption and use of the Steps to Wellness Toolkit and general knowledge of the *2008 Physical Activity Guidelines*.

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

The Steps to Wellness guidance can be accessed at: <http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/pa-toolkit.htm>. There is no website content directed at children under 13 years of age. A sample of website visitors will be asked to participate in the information collection.

A.2 Purpose and Use of Information Collection

Results from this information collection will be used to determine the use and usefulness of "Guide to Implementing the 2008 Physical Activity Guidelines for Americans in the Workplace." Based on findings, CDC will produce an evaluation report for internal use. CDC's DHDSP and DNPAO staff will use this information to improve the content and distribution and determine the usefulness of the information provided within the guide. CDC will also use the survey results to improve the toolkit uptake by US worksites.

A.3 Use of Improved Information Technology and Burden Reduction

Information will be collected electronically through a convenient, web-based system. The survey will be programmed with skip patterns and will route the respondent only to questions pertaining to the respondent.

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

This tool kit was released in July 2012. Since it is new, there has been no evaluation, and this information collection does not duplicate other efforts.

A.5 Impact on Small Business or Other Small Entities

The guide is designed to assist businesses. Therefore, wellness coordinators at small and medium businesses are possible respondents to the survey. The impact of the guide on the small business will be one portion of the survey information provided. However, participation in this evaluation data collection is voluntary and does not impose additional recordkeeping or reporting requirements on small businesses.

A.6 Consequences of Collecting the Information Less Frequently

Considering that the “Guide to Implementing the 2008 Physical Activity Guidelines for Americans in the Workplace” has not been evaluated since its establishment, without the proposed information collection CDC would not have any data related to the usage, or perceived usefulness of the guide.

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

For each participant, a unique survey URL will be generated that will not be linked to the participant’s email address. All responses to this survey will be de-identified and maintained in an aggregate database. The Privacy Act does not apply.

Safeguards

Respondent names will not be collected with this survey, and additional safeguards will be used to protect the privacy of responses. A contractor will manage web support for data collection. The *UserZoom* system collects and uses IP addresses for system administration and record-keeping purposes, but IP addresses will not be provided to CDC. The project lead is responsible for cleaning and analyzing data and for developing a report. Evaluation reports will be based on non-identifiable, aggregate data.

Consent

Consent is implied by participation. At the beginning of each survey (page 1 of Survey 1, page 2 of Survey 2), the respondent is advised *“By clicking “Next” you are giving your consent to participate in this survey.”*

CDC has determined that the surveys are not classified as research involving human subjects and further, that the project does not require review and approval by the CDC Institutional Review Board.

Nature of Response

Participation in the survey is voluntary and respondents can choose to end the survey at any time. Respondents are notified of the voluntary nature of participation at the beginning of each survey (page 1 of Survey 1, page 2 of Survey 2).

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

A maximum of 1,000 respondents will complete Survey 1 (**Attachment 2**). The estimated burden per respondent is 3 minutes, based on the pilot survey results. At the completion of Survey 1, participants will be asked if they would be willing to answer additional questions about the toolkit to help CDC assess its usefulness. Each respondent who agrees to further participation will provide their email address to receive the follow up survey approximately two weeks after their agreement. We estimate that 1,000 respondents to Survey 1 will result in approximately 100 respondents for Survey 2. The screen shots of the survey are provided in **Attachment 4**. The estimated burden per respondent for the second survey is approximately 5 minutes. The total estimated burden for all information collection is 58 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)
Visitors to the website housing the toolkit	Survey 1	1,000	1	3/60	50
Respondents from Survey 1 who consent to follow-up	Survey 2	100	1	5/60	8
Total					58

The total estimated cost to respondents is \$1,342. This calculation was based on the national average hourly wage rate of \$23.13 as of July 2012 (DOL/Bureau of Labor Statistics, <http://www.bls.gov/news.release/pdf/realer.pdf>). There are no costs to respondents other than their time.

Table A.12.B Estimated Annualized Cost to Respondents

Type of Respondents	Form Name	Number of Respondents	Total Burden (in hours)	Average Hourly Wage Rate	Total Cost to Respondents
Visitors to the website housing the toolkit	Survey 1	1,000	50	\$23.13	\$1,157
Respondents from survey 1 who consent to follow-up	Survey 2	100	8	\$23.13	\$185
Total					\$1,342

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 project involves 5% effort of a GS-13 who is responsible for the project including data collection, analysis, and report preparation. The estimate for the contractor working with DNPAO for web-survey support estimated cost is 1,800.00. The total estimated cost is \$6,050 (see Table A.14.A).

Table A.14.A Estimated Annualized Cost to the Government

Federal Personnel	Annual FTE	Percent Effort	Cost
GS-13	85,000	5%	\$4,250
Contractor		Fixed estimate for work product	1,800
Total			\$6,050

A.15 Explanation for Program Changes or Adjustments

This is a new information collection. There are no changes or adjustments to a previous approval.

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

Information collection will occur in the Fall of 2012 through March 31, 2013, or until 1,000 respondents have completed Survey 1. A final report for internal use by DHDSP management is anticipated by September 30, 2013.

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.