

Evaluation of Physical Activity and Public Health Training Courses for Researchers and Practitioners

GenIC #9 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

February 1, 2013

Purpose

To assess the impact or effectiveness of two Physical Activity and Public Health Training Courses that have been ongoing since 1995 (a Researchers course) and 1996 (a Practitioners course), using one-on-one interviews of a subset of course faculty, surveys of course Fellows (students), and one-on-one interviews of a small subset of these Fellows.

Attachments

- 1a. PAPHC Telephone Interview for Faculty
 - 1b. Introductory 1 and Follow-up Reminders 2 and 3 for PAPHC Telephone Interview for Faculty
 - 2a. PAPHC Web-based Survey for Fellows
 - 2b. Introductory 1 and Follow-up Reminders 2-4 for PAPHC Web-based Survey for Fellows
 - 3a. PAPHC Telephone Interview for Fellows
 - 3b. Introductory 1 and Follow-up Reminders 2 and 3 for PAPHC Telephone Interview for Fellows
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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.

Physical inactivity is a well established risk factor for both primary and secondary prevention of CVD and its major metabolic risk factors (2008 Physical Activity Guidelines; (see <http://www.health.gov/paguidelines/>)). Further, persons with health conditions such as obesity

and diabetes are at greater risk of heart disease and stroke compared to persons without these conditions or disabilities. The DHDSP is CDC Lead on the Million Hearts Initiative that aims to reduce one million heart attacks and strokes in the next five years. Clinical prevention efforts will place importance on awareness and control of important CVD risk factors targeting the ABCS: Aspirin, Blood Pressure Control, Cholesterol Management and Smoking Cessation. Community prevention efforts will focus on reducing dietary intake of sodium and trans fats. Physical inactivity is recognized on the Million Hearts website as the most prevalent of the six major established risk factors, surpassing obesity, high blood pressure, cigarette smoking, high cholesterol and diabetes (<http://millionhearts.hhs.gov/about/hs/risk-factors.html>), and one of the strategies of Million Hearts includes “activating the public to lead a heart-healthy lifestyle.” Leading a physically active lifestyle can be an adjunct and support to other treatments to control important CVD risk factors using the ABCS, and reducing dietary intake of sodium and trans fats. Over the course of the life span, increasing physical activity can help sustain the 5-year outcomes associated with the Million Hearts campaign. The Division of Nutrition, Physical Activity and Obesity (DNPAO), Physical Activity and Health Branch (PAHB) has been collaborating with the DHDSP Million Hearts Team to prepare talking points for providers and patients related to increasing physical activity.

For over 17 years CDC/DNPAO/PAHB has also offered Physical Activity and Public Health training courses for researchers and practitioners that were in large part a response to the American Heart Association’s (AHA) 1995 *Strategic Plan for Promoting Physical Activity*.¹ Included as part of this plan was a goal to “develop and implement research and training initiatives on the role of physical activity in the prevention and treatment of cardiovascular disease and stroke.”

CDC/DNPAO/PAHB decided to fund and support the development of two physical activity courses, one for researchers and one for practitioners, which have been in existence now since 1995 and 1996 respectively. The course for post-doctoral researchers is 8 days in length and a companion course for practitioners is 6 days long. Both are offered annually in mid-September and simultaneously at the same location, alternating locations annually between Sea Pines Hilton Head, SC and Park City, UT. The practitioner’s course starts two days later than the researcher’s course, but both courses end on the same day. In collaboration with CDC and USC, the courses are planned, implemented, and conducted by national and internationally renowned faculty. Since the courses began through 2011, 510 researchers and 395 practitioners have graduated from the Physical Activity and Public Health Training courses.

It is against this background that DHDSP and DNPAO now wish to evaluate the impact the courses have made on building public health capacity for physical activity and on shaping the physical activity and public health careers of Fellows since they have taken the courses. DHDSP and DNPAO request OMB approval of a telephone questionnaire that will be used to interview course Faculty and Fellows and a web-based survey that will be used to obtain information from course Fellows (students). Results/findings of the evaluation will be stratified by Fellows based

on a) professional course attended (researchers or practitioners), and b) year the course was attended (long-range [1995-2000], mid-range [2001-2006], and short-range [2007-2011]).

Privacy Impact Assessment

Overview of the Information Collection

Information will begin to be collected soon after receipt of OMB approval. Data collection will be ongoing in winter and spring 2013 until interviews and surveys have been completed, or the deadline dates for completion have expired. A telephone interview (Attachment 1a) will be used to question 16 course Faculty (approximately 10 Faculty from the Researchers course and 6 Faculty from the Practitioners course). Faculty will be eligible to be interviewed if they taught one of the courses at least 4 of the last 5 years (i.e., since 2008). There have been more research than practitioner faculty involved in courses since 2008, and this is why more research faculty will be interviewed.

Faculty recruitment

An e-mail will be sent to faculty inviting them to participate in the interview to help evaluate the Physical Activity and Public Health courses. Those who do not respond in one week will receive a follow-up e-mail invitation. If a response has not been received one week after the second e-mail is sent, an attempt will be made to call the faculty member. If the faculty member is not reached, a message will be left on the telephone answering machine asking her/him to make a return telephone call, if they agree to being interviewed. No further attempt will be made to contact the faculty member, if the call was not returned. The recruitment emails and telephone reminder are included as Attachment 1b.

Course participant recruitment

There were 510 research course fellows that attended from 1995 to 2011. There were 395 practitioner course fellows that attended from 1996 to 2011. Out of 905 fellows, we estimate that 25% (n=226) will be unable to be reached. Given a sample size of 679, we estimate 75% or 509 will complete the survey.

Fellows who attended the course from 1995-2011 will be invited to complete a web-based survey (Attachment 2a) to evaluate the course they attended, excluding any international students and federal employees who attended as Fellows. Overall, 905 course Fellows will be invited to complete a survey using a web-based Qualtrics platform (510 Fellows from the Researchers course that began in 1995 and 395 from the Practitioner's course that began in 1996). After an introductory recruitment e-mail has been sent, Fellows will be given 3 weeks to complete the on-line survey. A reminder e-mail prompt to complete the survey will be sent to Fellows one to two weeks after the first invitation was sent. If they do not respond by email, then up to two phone calls will be made to reach the Fellow, before contact will cease. At all points of contact, the Fellow is given the chance to opt out of the survey, and will no longer be contacted. The recruitment emails and telephone reminders are included as Attachment 2b.

Fellows who complete the survey will be asked at the end of the survey if they would be willing to complete a more “open-ended” telephone interview (Attachment 3a). The telephone interview format will allow a subset of survey respondents to elaborate in greater detail about their course experience than is possible using a web-based survey. Thus, information collected from the Fellows will be related, but not duplicate information.

Approximately 6 weeks after initially fielding the survey, Fellows answering in the affirmative to doing a telephone interview will be randomly selected to be interviewed until 15 researcher and 15 practitioner interviews are completed (preferably, to include five researchers and five practitioners for each time period 1995-2000, 2001-2006, and 2007-2011). Fellows selected to be interviewed will be sent an initial e-mail asking them to participate in a telephone interview. If no response is obtained one week after the initial e-mail invitation is sent, a second follow-up e-mail will be sent. If a response has not been received one week after the second e-mail is sent, an attempt will be made to call the Fellow (a voicemail message will be left, if necessary). If the Fellow does not respond after the third attempt, recruitment of the Fellow will stop. The Fellow will be replaced with another Fellow. This protocol will be followed until 30 interviews have been completed. The recruitment emails and telephone reminder are included as Attachment 3b.

Items of Information to be Collected

The telephone interview for faculty, the web-based survey for fellows, and the telephone interview for fellows will collect information at a single point in time about the Faculty and Fellow perceptions of the Physical Activity and Public Health Courses. The questionnaires and survey are designed to determine not only the courses public health impact, but to also identify lessons learned from the perspectives of both course Faculty and Fellows (i.e., what is working well?; what improvements are suggested?);

Identification of Website and Website Content related to the Physical Activity and Public Health Courses

The researcher's 8-day course targets the career development of post-doctoral researchers, and will be held September 10-18, 2013.

The practitioner's 6-day course will be held September 12-18, 2013.

Course descriptions/applications are available at <http://prevention.sph.sc.edu/seapines/index.htm>

A.2 Purpose and Use of Information Collection

Results from this information collection will be used to inform how/in what way the courses helped to build public health capacity for physical activity and have impacted or re-directed the

Fellows or Faculty careers in the field of Physical Activity and Public Health? The results will also give insight into whether the courses are still needed in the Physical Activity and Public Health field, which has matured over the past 17 years. Based on the findings CDC will determine impact of the courses, whether continued support for the courses is warranted and, if so, whether and to what degree the courses require changing.

A.3 Use of Improved Information Technology and Burden Reduction

Information will be collected electronically through a convenient, web-based system, or through a telephone-based interview. The telephone interviews will be arranged and conducted at the convenience of the respondents. The survey and interview questionnaires will include skip patterns and will route the respondent only to questions pertaining to the respondent. Respondents will be informed they do not have to answer any questions, if they would prefer not to answer.

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

This is not a duplicative information request. Feedback on the courses is obtained during, and immediately after, their conclusion. At the end of each training day, course Fellows are asked to provide feedback on the day's activities (including course sessions/content and the speakers and their presentations). At the completion of the courses, the Fellows are asked to describe their overall course experience. These activities do not gather information on the long term or distal impacts of the courses, which is the purpose of this information collection request.

A.5 Impact on Small Business or Other Small Entities

The Physical Activity and Public Health training courses are designed to provide a continuing education experience for post-doctoral researchers in academic institutions and practitioners working in state or local health departments. Fellows from business settings are not the intended audience for the course.

A.6 Consequences of Collecting the Information Less Frequently

CDC is conducting this data collection at this single time point to assess whether the Physical Activity and Public Health Courses have achieved their goals and are still needed. If the courses continue to be needed, the proposed information collection will help to determine which curricula/content, format, and other course activities and logistics should be kept in place and which should be changed or not retained. There are no plans to replicate this data collection beyond 2013. Without the proposed information collection, CDC will have only limited information about strategies for making the courses more effective.

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

Payments or gifts for Faculty or Fellows to complete telephone questionnaires will not be provided.

A.10 Assurance of Confidentiality Provided to Respondents

Privacy Act Determination

For each participant, a unique survey URL will be generated that will be linked to the participant's email address, in order to track whether or not the participant responds to the survey. However, all responses to this survey will be de-identified for analysis. The Privacy Act does not apply.

Safeguards

The responses of participants will not be linked to their names and they will not be identified with any quotation, or in any report, article, or presentation. Respondent names will not be collected with the web-based survey, and additional safeguards will be used to protect the privacy of responses obtained during the telephone interviews. The web-based Qualtrics platform 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, developing a report summarizing findings for internal use by CDC and possibly developing a Public Health practice article for publication, describing the courses and their impact on the Physical Activity and Public Health field. The evaluation report and article, or any related presentation will be based on non-identifiable, aggregate data. In order to calculate a response rate, and to follow-up with reminders to non-respondents, a link will be kept to the original list of potential participants, but it will not be kept in the analysis data set. The linkage will be kept on a secure sever.

Consent

Consent is implied by participation in the survey and/or interview. At the beginning of the web-based survey a respondent is advised “By clicking “Next” you are giving your consent to participate in this survey.”

The appropriate Associate Director for Science in the National Center for Chronic Disease Prevention and Health Promotion has determined that this project does not require IRB review and approval.

Nature of Participation

Participation in the survey and/or interviews is voluntary and respondents can choose to end the survey and/or interviews at any time, and to not answer any survey items or questions of their choosing. Respondents are notified of their voluntary nature of participation at the beginning of the survey and interview.

A.11 Justification for Sensitive Questions

No personal or sensitive information will be collected. Fellows can answer <<no>> to any question (e.g., “Have you developed any research grant applications that were a direct result of the course?”). A <<no>> response is an appropriate response for the purposes of this data collection, and would not be viewed as a personal or sensitive question. Any question can also be skipped.

A.12 Estimates of Annualized Burden Hours and Costs

A maximum of 16 Faculty will complete a telephone interview for faculty (Attachment 1a). Eligible faculty are those who participated in 4 of the last 5 years. Ten faculty will be recruited from the Researchers Course and six faculty will be recruited from the Practitioners Course. The estimated burden for the interview is 30 minutes. The total estimated burden for this information collection is 8.0 hours.

A maximum of 905 Fellows have taken the Physical Activity and Public Health courses (i.e., have participated in one course between 1995 and 2011) and are eligible to complete a web-based survey (Attachment 2a). We estimate that approximately 25% (N=226) will be “lost to follow-up” and cannot be contacted for recruitment. We estimate that we will locate and invite the participation of approximately 679 fellows, and that we will receive completed surveys from 509 fellows (response rate of 75% for those who were invited). The average burden per response for the web-based survey is 10 minutes and the total burden for this information collection is 85 hours.

Up to 30 fellows who complete the web-based survey will be asked to participate in a telephone interview at a later date (Attachment 3a). Fifteen fellows will be recruited from the Researchers Course and 15 Fellows will be recruited from the Practitioners Course. The estimated burden per

response is 30 minutes for the interview. The total burden for this information collection is 15 hours.

The total estimated burden for all information collection is 108 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)
Course Faculty	PAPHC Telephone Interview for Faculty	16	1	30/60	8
Course Fellows	PAPHC Web-based Survey for Fellows	509	1	10/60	85
	PAPHC Telephone Interview for Fellows	30	1	30/60	15
Total					108

The total estimated cost to respondents is \$2,498. 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
Course Faculty	PAPHC Telephone Interview for Faculty	16	8	\$23.13	\$185
Course Fellows	PAPHC Web-based	509	85	\$23.13	\$1,966

	Survey for Fellows				
	PAPHC Telephone Interview for Fellows	30	15	\$23.13	\$347
	Total				\$2,498

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 2% effort of a GS-14 and 1% effort of three GS14's (total of 5% effort among Federal Government employees) who are responsible for technical assistance. Periodic meetings will be held with the Project Lead to provide feedback as needed or troubleshoot problems. These personnel are available to consult with the Project Lead on issues related to the project methods, including data collection and report preparation and to provide advice as multidisciplinary SME's from their perspectives as an evaluator, epidemiologist, public health advisor and behavioral scientist. The estimated cost for the Project Lead and her staff working to conduct the interviews and web-based survey and fulfill all project requirements - is \$75,519. The total estimated cost of non-federal personnel plus other costs is \$91,897 (see Table A.14.A). Total project costs including Federal personnel and indirect costs of \$6650 is \$98, 612.

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

Federal Personnel	Annual FTE	Percent Effort	Cost
GS-14 x 4 FTE	130,000	.0125% x 4 = .05 (30 minutes per week divided by 2400 minute work week times 4)	\$65
Non-Federal Personnel			

Project Lead	\$150,786	Fixed estimate for work product based on 15% time (salary + fringe)	\$28,152
Statistical and data base Programmer	\$80,547	Fixed estimate for work product based on 12% time (salary + fringe)	12,315
Graduate Research Assistant	\$42,360	Fixed estimate for work product based on 45% time (salary + fringe)	\$23,297
Undergraduate Research Assistant	\$31,200	Fixed estimate for work product based on 35% time (salary + fringe)	\$11,755
Subtotal			\$75,584
Other Costs			
Laptop			\$1,600
Printing and copying			\$311
Interview transcriptions: 46 interviews @ \$75			\$3,450
Stipend 2 semesters for Graduate Research Assistant to serve as record keeper			\$10,221
PL Attendance at the training course 3 days to observe the training (completed)			\$796
Subtotal			\$16,378
Total Project Costs including Federal Personnel and \$6650 indirect costs			\$98,612

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 Winter of 2013 through May 31, 2013, or until 16 Faculty have been interviewed, about 509 Fellows completed the web-based survey, and 30 Fellows have been interviewed. A final report for internal use by CDC 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.

References

1. American Heart Association. *Strategic Plan for Promoting Physical Activity*. Dallas (TX): American Heart Association, 1995.