

Assessing Adoption and Use of the Living a Balanced Life with Diabetes Toolkit

Submitted for approval under CDC 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

August 2, 2013

Data Collection Instruments

Attachment 1a. Full text: Living a Balanced Life with Diabetes Assessment Survey

Attachment 1b. Screen shots: Living a Balanced Life with Diabetes Assessment Survey

Supplementary Documents

Attachment 2. Advance Notice Email to Potential Respondents

Attachment 3. Follow-up Reminder Email to Potential Respondents

Section A. Justification for Information Collection

A1. Circumstances Making the Collection of Information Necessary

Heart disease is the leading cause of death for both men and women. About 600,000 Americans die from heart disease each year—representing 1 in every 4 deaths in the United States (U.S.). Adults with diabetes have heart disease death rates about 2 to 4 times higher than adults without diabetes. The risk for stroke is also 2 to 4 times higher among people with diabetes. Diabetes also places individuals at risk for other complications, such as depression, blindness, kidney disease, nervous system disease, and amputations.

The Centers for Disease Control and Prevention's (CDC) Division for Heart Disease and Stroke Prevention (DHDSP) and the Division of Diabetes Translation (DDT) collaborate to prevent heart disease and stroke in the population including those with diabetes. Strategies such as managing high blood pressure, promoting a healthy diet and regular exercise, and managing cholesterol are important for both Divisions.

DDT's National Diabetes Education Program (NDEP) develops, disseminates, and supports the adoption of evidence-based, culturally and linguistically appropriate tools and resources that

emphasize the importance of controlling blood glucose levels, blood pressure, and blood lipids, as well as receiving other preventive care practices in a timely manner to improve health outcomes and overall quality of life. Living a Balanced Life with Diabetes is a toolkit for health care professionals, who serve American Indian and Alaska Native (AIAN) Peoples with diabetes. The Living a Balanced Life with Diabetes Toolkit (The Toolkit) includes patient education information about the importance of healthy behaviors that reduce the risk of heart disease and stroke in the context of diabetes management. Health care professionals can access the materials upon request from CDC. Because The Toolkit was designed to be culturally and linguistically appropriate for AIAN Peoples, we are requesting approval for a Web-based survey of health care providers, who serve the AIAN populations and use The Toolkit. Our goal is to improve our understanding of how The Toolkit is being used. This will allow us to further improve and to inform CDC's technical assistance in chronic diseases including diabetes, heart disease, and stroke.

Privacy Impact Assessment

Overview of the Information Collection

Information will be collected Summer 2013 by CDC staff using SurveyMonkey[®] a Web-based platform. The survey will be available for approximately 6-7 weeks (through 9/30/2013). Links to the survey site will be distributed using a distribution list of AIAN organizations.

Information to be Collected

- Use of The Toolkit
- Adoption of The Toolkit
- Satisfaction with The Toolkit

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 health care professionals, who requested The Toolkit by emailing CDC staff. There is no Website content directed at children under 13 years of age.

A.2 Purpose and Use of Information Collection

The Toolkit was designed to aid health care professionals in addressing the psychosocial needs of AIAN Peoples. Psychosocial issues related to chronic diseases such as diabetes and cardiovascular disease are often overlooked in the clinical setting and in the community. The Toolkit is designed to provide information to health care professionals who work with AIAN people as well as patient information that can be used in a clinical setting, including Federally Qualified Health Centers.

The information collection will increase understanding of how The Toolkit is used by health care professionals, who have requested it from CDC. Because The Toolkit was specifically designed for health care professionals who serve AIAN Peoples, it is particularly important for CDC to determine how The Toolkit can be further tailored to these audiences. The results will be used to inform refinements to the current product and to assist CDC in identifying what technical assistance may be needed to supplement the effective use and improvement of The Toolkit.

A.3 Use of Improved Information Technology and Burden Reduction

Information will be collected electronically through a convenient, Web-based system (SurveyMonkey®). There are a total of 26 questions. SurveyMonkey® will automatically direct participants to the next appropriate question based on response and will renumber questions, consecutively, based on the logic and skip patterns included within the survey software. Respondents can complete the survey in one session or they can save their responses and return to complete the survey at a later time.

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

There are no existing projects to our knowledge that will collect information about The Toolkit.

A.5 Impact on Small Business or Other Small Entities

Some health care professionals, who work in small businesses and Federally Qualified Health Centers, (and who requested The Toolkit from CDC), will serve as respondents to the assessment survey. The questions on the assessment instrument have been held to the minimum required for the purposes of obtaining information about the adoption and use of The Toolkit.

A.6 Consequences of Collecting the Information Less Frequently

The proposed information collection will only occur once. Without the results of this survey, CDC will have limited information about satisfaction with The Toolkit and ways to improve technical assistance to the target audience.

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

There are no special circumstances relating to the guidelines of 5 CFR 1320.5 and the project fully complies.

A8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

Not applicable.

A.9 Explanation of Any Payments or Gifts to Respondents

No payments or gifts will be offered to respondents.

A.10 Assurance of Confidentiality Provided to Respondents

Privacy Act Determination

The Privacy Act is not applicable. The respondents are speaking from their roles as health care professionals and will be asked about how he/she, individually, used The Toolkit. Data will be reported in aggregate form. No personal identifiers will be requested or disseminated.

Safeguards

CDC staff will collect, store, clean, and analyze all data. All data collected will be compiled into a report that does not contain any personal identifiers. To protect anonymity during follow-up, the reminder letter to complete the survey will be sent to all potential responders. This follow-up method eliminates the need to track and obtain personal identifiers. The SurveyMonkey® software will collect and use respondents' IP addresses for system administration and record-keeping purposes. IP addresses will be in a separate file and will not be provided to CDC. Survey responses cannot be linked or traced to any unique respondent identifiers. Additional information about SurveyMonkey® is available at <http://www.surveymonkey.com>.

Consent

This project has been identified as public health practice by CDC and does not constitute research involving human subjects. IRB approval is not required. An Informed Consent Statement is provided at the beginning of the survey instrument. Consent is implied by participation.

Nature of Response

All respondents are informed through the Informed Consent Statement that their responses are voluntary.

A.11 Justification for Sensitive Questions

Not applicable. This assessment will not collect any personal or sensitive information.

A.12 Estimates of Annualized Burden Hours and Costs

We anticipate that approximately 300 respondents will complete the Web-based survey. The estimated burden per response is approximately 20 minutes. The total estimated burden for all responses is 100 hours, shown in Table A12-A.

Table A12-A. Estimated Annualized Burden Hours

Type of Respondents	Form Name	Number of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
Private organization health care providers	Living a Balanced Life with Diabetes Assessment Survey	200	1	20/60	67
Public organization health care providers	Living a Balanced Life with Diabetes Assessment Survey	100	1	20/60	33
Total					100

The only costs to respondents are their time.

We anticipate that health care professionals working in private and public organizations will complete the survey. The mean hourly wage is \$33.80 for health care professionals in public organizations and \$36.89 for health care professionals in private organizations. (See http://www.bls.gov/oes/current/oes_nat.htm; accessed October 23, 2012). The total cost of respondents' time for private organization is \$3,586, shown in Table A12-B.

Table A.12-B. Estimated Annualized Costs to Respondents

Type of Respondents	Form Name	Number of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Weighted Hourly Wage	Total Cost
Private organization health care professionals	Living a Balanced Life with Diabetes Assessment Survey	200	1	20/60	\$36.89	\$2,459
Public organization	Living a Balanced	100	1	20/60	\$33.80	\$1,127

health care professionals	Life with Diabetes Assessment Survey					
Total						\$3,586

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

There are no other costs to respondents.

A.14 Annualized Cost to the Federal Government

The lead staff for this position is a Behavioral Scientist. The lead staff developed the survey instrument and consulted with two CDC staff (Public Health Educator and a Public Health Advisor) for data collection plans, the coding, and preparation for the data analysis. Implementation of this project will take approximately 5% of a Behavioral Scientist’s GS-13 time. The total estimated cost in government staff is \$5,425.

A.15 Explanation for Program Changes or Adjustments

This is a new data collection.

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

Information collection will occur in Summer 2013 and analysis will be completed during Fall 2013.

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

The expiration date of OMB approval will be displayed on the information collection instrument.

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

No exceptions are requested.