

Survey of Health Professional Perceptions and Use of Center TRT Services

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section A

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Program Official/Project Officer

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Section A – Justification

1. Circumstances Making the Collection of Information Necessary

Background

This data collection is being conducted using the Generic Information Collection mechanism of the OSTLTS Survey Center (OSC) – OMB No. 0920-0879. The respondent universe for this data collection aligns with that of the OSC. Data will be collected from state, District of Columbia and territory health department professionals acting in their official capacities.

This data collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241) (see **Attachment A**).

The University of North Carolina Chapel Hill's Center of Excellence for Training and Research Translation's (Center TRT) is a CDC Division of Nutrition, Physical Activity and Obesity (DNPAO)-funded entity that provides public health practitioners with evidence to support the development of interventions to prevent obesity.

The current evaluation will assess dissemination of Center TRT products. This information is important for decision-making about the potential future development of these products and services and similar products designed to support public health agencies. Center TRT products that will be evaluated include the: website, webinars, trainings, and intervention templates. These products and services are intended to advance evidence-based public health practices around obesity planning and intervention implementation. Center TRT intervention templates provide descriptions, guidance and supporting materials related to specific obesity prevention interventions. The trainings provide guidance on how to implement those interventions and how to develop and evaluate interventions that target change at the levels of policy and the environment. Center TRT also provides one in person training each year, seven online trainings, and periodic webinars, which are advertised via the DNPAO listserv. All products and trainings are developed by the Center in collaboration with CDC. Examples of Center TRT products, including information on trainings, interventions and an intervention template, are provided as **Attachment B**.

In previous evaluations, Center TRT staff has gathered data related to dissemination awareness such as the number of individuals accessing the website, taking online trainings, and downloading Center TRT products. A 2010 evaluation of website usage found that many individuals were accessing the Center TRT website (<http://www.center-trt.org/>), downloading intervention templates and supporting information, and taking online trainings. Center TRT's site appears to have broad reach, but who is accessing and for what purposes is not clear. In 2010, Center TRT's website had 12,852 unique visitors who were from all 50 states and 102 countries. These visitors downloaded over 11,000 documents - intervention templates and supporting materials. As of Spring 2011, the Center TRT had reviewed 18 interventions, all of which are available on the Center TRT website. However,

previous evaluations have not investigated Center TRT's target audiences' use or perceptions of resources available on the Center TRT website. The current evaluation will gather information specific to dissemination awareness, adoption and implementation of Center TRT products by Center TRT's target population.

Data will be collected through a brief web-based survey with Center TRT's primary target population of state and territory nutrition, physical activity and obesity program managers and coordinators. Participation in the survey will be voluntary. The data and information collected will be used to assess the value of Center TRT products and gather information to inform improvements to Center TRT's products.

Privacy Impact Assessment

Overview of the Data Collection System

The data collection system consists of a web-based questionnaire (see **Attachment C – Survey Instrument: MS Word version and Attachment D – Survey Instrument: Web version**) designed to survey state and territory public health professionals in nutrition, physical activity and obesity, regarding knowledge, use, and feedback around Center TRT products. The data collection instrument will be administered as a web-based survey.

No sensitive information is being collected. No individually identifiable information is being collected. The proposed data collection will have little or no effect on respondent privacy. Respondents are participating in their official capacity as health officials in state (District or territory) departments of health. All survey responses will be stored in a secure database accessible only by consultant team members. Data will be analyzed and reported in aggregate only.

Items of Information to be Collected

The survey consists of 20 questions, some with multiple parts, of various types including dichotomous, multiple response, interval, filter and open ended. Skip patterns are in place to minimize respondent burden and only require participants to read and answer questions applicable to them. Because of these skip patterns the exact number of questions can differ between participants. An effort was made to limit questions requiring narrative responses from respondents. The survey will collect information on the following:

- a. demographic and state health department information (survey questions 1-8);
- b. evidence-based intervention sources (survey questions 9-10);
- c. respondent use and perceptions of the Center TRT website (survey questions 11 and 11A-F);
- d. respondent use of Center TRT intervention resources (survey questions 12-15);
- e. respondent exposure to Center TRT trainings (survey questions 16-18); and
- f. Survey wrap-up (survey questions 19-20)

No individually identifiable information is being collected.

The source of information will be respondent perceptions of Center TRT products—their awareness and use of the products, and feedback for improvements. Respondents will not be provided with unique links to track their individual responses; therefore respondents will need to complete the online survey in one session. Respondents will be sent a link to access the web-based survey, along with instructions for completion and an estimated amount of time for completion.

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

The data collection system involves using a web-based survey. Respondents will be sent a link directing them to the online survey only (i.e., not a website). No website content will be directed at children.

2. Purpose and Use of the Information Collection

The purpose of the evaluation is to determine knowledge and utilization of, and feedback around, Center TRT products. A survey will be conducted with state and territory health professionals within nutrition, physical activity and obesity departments. This evaluation will focus on awareness, adoption, and implementation of Center TRT products among their target audience of nutrition, physical activity and obesity professionals at state health departments across the country. This information does not currently exist; therefore, this evaluation will provide Center TRT and CDC data by surveying relevant state health department professionals.

Respondents will also be asked to provide feedback on improvements that can be made to Center TRT products. Information derived from the survey will be used to judge the value of Center TRT products, provide accountability to CDC, which funds Center TRT, and inform decisions about future Center TRT products and other similar potential products. Without collecting this information, it would be difficult to judge the awareness, utilization and value of Center TRT products.

Privacy Impact Assessment

The information is being collected to determine the awareness and utility of Center TRT products by its target audience. The survey will assess health professionals in state and territory nutrition, physical activity and obesity departments, about their knowledge and use of Center TRT products and their recommendations for improvement. The data and information collected will be used to assess the value of Center TRT products and improve future iterations of these and other Center TRT products. Since these products are targeted for use by state health department professionals within nutrition, physical activity and obesity departments, it is critical to get their input as to whether they know about, use and find these products helpful to their work.

No sensitive information is being collected. No individually identifiable information is being collected. The proposed data collection will have little or no effect on respondent privacy. Respondents are participating in their official capacity as health officials in state (District or territory) departments of health.

3. Considerations Given to Information Technology

Data will be collected via a web-based questionnaire allowing respondents to complete and submit their responses electronically. The survey will be delivered using IBM (formerly SPSS) mrInterview.[™] mrInterview[™] is a highly customizable best-of-breed technology product with sophisticated conditional routing and data validation capabilities. It is fully compliant with Section 508 of the Rehabilitation Act, so it meets Federal Web Accessibility Standards set to ensure that electronic and information technology utilized by Federal agencies are accessible to people with disabilities. Respondents will be asked to complete the survey via a web-based survey link; all survey responses are stored in a secure database accessible only by consultant project team members.

Careful consideration was given to questionnaire design and length, and survey layout to minimize respondent burden. The survey was designed to collect the minimum information necessary for the purposes of this project (i.e., limited to 20 survey questions). Screen shots of the web survey instrument can be found in **Attachment D**.

4. Duplication of Information

The information being collected is specific to Center TRT products and there is currently no information available that can substitute for survey responses. A single wave of data collection is being conducted.

5. Reducing the Burden on Small Entities

No small businesses will be involved in this data collection.

6. Consequences of Not Conducting Collection

If data are not collected, there will be no systematically obtained information to support judgments about the extent to which Center TRT's target audience is aware of, accessing, and utilizing Center TRT products for program planning, implementation and evaluation. Also, without this evaluation, Center TRT and CDC will not know whether specific materials are reaching their intended users, whether these materials are relevant and well-received, and how these products can be improved. Ineffective dissemination of Center TRT products to intended users would inhibit the widespread adoption and implementation of interventions that can reduce obesity. Thus, it is essential for Center TRT to understand the level of awareness, adoption, and implementation of these products among their target

audience. Understanding these components will allow Center TRT to identify future actions to improve awareness, adoption and implementation of their products.

This request is for a one time data collection. There are no legal obstacles to reduce the burden.

7. Special Circumstances

There are no special circumstances with this information collection package. This request fully complies with the regulation 5 CFR 1320.5 and will be voluntary.

8. Consultation with Persons Outside the Agency

This data collection is being conducted using the Generic Information Collection mechanism of the OSTLTS Survey Center (OSC) – OMB No. 0920-0879. This data collection is being conducted using the Generic Information Collection mechanism of the OSTLTS Survey Center (OSC) – OMB No. 0920-0879. A 60-day Federal Register Notice was published in the Federal Register on October 22, 2010, Vol. 75, No. 204; pp. 65353-54. Two comments were received from the Association of State and Territorial Health Officials (ASTHO), and the National Association of County and City Health Officials (NACCHO).

CDC partners with professional STLT organizations, such as the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the National Association of Local Boards of Health (NALBOH) along with the National Center for Health Statistics (NCHS) to ensure that the collection requests under individual ICs are not in conflict with collections they have or will have in the field within the same timeframe.

9. Payment or Gift

CDC will not provide payments or gifts to respondents.

10. Confidentiality

The Privacy Act does not apply to this data collection. Employees of state and local public health agencies will be speaking from their official roles and will not be asked, nor will they provide individually identifiable information.

This data collection is not research involving human subjects.

11. Sensitive Nature

No information will be collected that are of personal or sensitive nature.

12. Burden of Information Collection

The estimate for burden hours is based on a pilot test of the survey instrument by nine public health professionals. In the pilot test, the average time to complete the survey including time for reviewing instructions and completing the survey was approximately 12 minutes. Depending on the responses selected, some questions may be skipped or follow-up questions may be asked of participants. Therefore, it may take slightly more or less time to complete the survey, but not by a great amount. Based on these results, the estimated time range for actual respondents to complete the survey is 10-14 minutes. For the purposes of estimating burden hours, the upper limit of this range (i.e., 14 minutes) is used. Since there will only be one wave of data collection, only one block of 14 minutes or less is needed from each participant.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) National Compensation Survey estimate for management occupations – medical and health services managers in state government (<http://www.bls.gov/ncs/ocs/sp/nctb1349.pdf>). Based on DOL data, an average hourly wage of \$33.74 is estimated for all 177 respondents. These respondents include obesity program managers at state and territory health departments and nutrition and physical activity coordinators at state and territory health departments. There is one program manager (obesity) and two coordinators (nutrition and physical activity) for each of the 59 health departments (51 state/District of Columbia and 8 territories). Table A-12 shows estimated burden and cost information.

Table A-12: Estimated Annualized Burden Hours and Costs to Respondents–Center TRT Survey

| Type of Respondent | No. of Respondents | No. of Responses per Respondent | Average Burden per Response (in hours) | Total Burden Hours | Hourly Wage Rate | Total Respondent Costs |
|--|--------------------|---------------------------------|--|--------------------|------------------|------------------------|
| State and Territory Obesity Program Managers, Nutrition Coordinators, and Physical Activity Coordinators | 177 | 1 | 14/60 | 41 | \$33.74 | \$1383.34 |
| TOTALS | 177 | 1 | | 41 | | \$1,383.34 |

13. Costs to Respondents

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

14. Cost to Federal Government

There are no equipment or overhead costs. Contractors, however, are being used to support development of survey, data collection, and analysis for this survey. The only cost to the federal government would be the salary of CDC staff, consultants, and other project team members supporting the data collection activities and associated tasks.

The lead staff for this project is a Senior Health Scientist and senior evaluator. The CDC lead staff member will provide oversight for development of the survey and analysis plan, OMB documents, and final products. The majority of work on this project will be carried out by consultants from Deloitte Consulting LLP, including primary development of the survey, survey administration, data review and analysis, and reporting of findings. A team member from Center TRT will also contribute to the development of the survey, OMB documents and analysis.

Hourly rates of \$54.87 for GS-14 (step 5), \$185 for consultant average hourly rate, and \$51.64 for GS-14 (step 3) were used to estimate staff costs. The estimated cost to the federal government is \$38,861.70. There is no fee for using mrInterview or data analysis software. Table A-14 describes how this cost estimate was calculated.

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

| Staff (FTE) | Average Hours per Collection | Average Hourly Rate | Average Cost |
|---|------------------------------|---------------------|--------------------|
| CDC Senior Health Scientist(GS-14) Consultation with team members on OMB package preparation, instrument development, data analysis, quality control and report preparation consultation. | 30 hours | \$54.87 | \$1,646.10 |
| Deloitte Contractors Instrument development, pilot testing, OMB package preparation, Web-based survey programming, data collection, data coding and entry, quality control, data analysis, report preparation | 190 hours | \$185 | \$35,150.00 |
| Center TRT Team Member Consultation with staff and lead on OMB package preparation, instrument development, data analysis, quality control and report preparation consultation. | 40 hours | \$51.64 | \$2,065.60 |
| Estimated Total Cost of Information Collection | | | \$38,861.70 |

15. Reason for Changes

This is a new data collection.

16. Tabulation of Results, Schedule, and Analysis Plan

Results of this evaluation will be used internally to improve Center TRT products and provide accountability to CDC, which funds Center TRT activities. It is anticipated that the findings of this evaluation effort may be published in a peer-reviewed public health journal. Center TRT would be the primary author of any such publications, with the Deloitte Consulting team and CDC project lead offering assistance as appropriate. As part of their standard university protocol, in order to publish findings from any data collection, Center TRT is seeking Institutional Review Board (IRB) clearance through the University of North Carolina’s Office of Human Research Ethics.

Project Time Schedule

- ✓ Design survey questionnaire..... (COMPLETE)
- ✓ Develop survey protocol, instructions, and analysis plan..... (COMPLETE)
- ✓ Pilot test survey questionnaire..... (COMPLETE)
- ✓ Prepare OMB package..... (COMPLETE)
- ✓ Submit OMB package..... (COMPLETE)
- ❑ OMB approval..... (TBD)
- ❑ Conduct survey..... (Survey open 3 weeks)
- ❑ Collect, code, enter, quality control, and analyze data..... (2 weeks)
- ❑ Prepare report..... (2 weeks)
- ❑ Disseminate results/publication of findings..... (Date TBD)

17. Display of OMB Approval Date

We are requesting no exemption.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

LIST OF ATTACHMENTS – Section A

Note: Attachments are included as separate files as instructed.

- A. Authorizing Law**
- B. Examples of Center TRT Products**
- C. Survey Instrument**
- D. Screen Shots of Web Survey Instrument**