

# **Survey of Health Professional Perceptions and Use of Center TRT Services**

OSTLTS Generic Information Collection Request  
OMB No. 0920-0879

## **Supporting Statement – Section B**

**Submitted:** September 12, 2011

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## Section B – Data Collection Procedures

### 1. Universe and Respondent Selection

The respondent population consists of nutrition and physical activity coordinators and obesity program managers from all 50 state health departments within the United States, the District of Columbia (referenced together as “State Health Department” in table below), and 8 United States territories (referenced as “Territory Health Department” in table below). Each health department typically has a program manager, nutrition coordinator and physical activity coordinator, which are the primary target audience for Center TRT services and are the target population for this survey. These individuals are the universe of respondents. No sampling procedures will be required as everyone in the population defined, which includes three people from each of the 59 health departments (program manager, nutrition coordinator and physical activity coordinator) will be asked to participate in this survey (N=177).

Using a list of state program staff, maintained and updated by CDC Division of Nutrition, Physical Activity and Obesity (DNPAO) project officers, surveys will be sent to the obesity program manager, nutrition coordinator and physical activity coordinator for each state, territory, and the District of Columbia. These health departments are all funded through the DNPAO program or Communities Putting Prevention to Work (CPPW).

**Table B-1:** Potential Respondent Universe

Entity	Potential Respondent	N
State Health Department	Obesity Program Manager	51
State Health Department	Nutrition Coordinator and Physical Activity Coordinator	102
Territory Health Department	Obesity Program Manager	8
Territory Health Department	Nutrition Coordinator and Physical Activity Coordinator	16
<b>Total Universe of Potential Respondents</b>		<b>177</b>

### 2. Procedures for Collecting of Information

Data will be collected through a one-time web-based survey administered to the population. The survey will be administered as an evaluation of Center TRT services and products.

The web-based survey is programmed using IBM (formerly SPSS) mrInterview, a commercial off the shelf survey application that is highly customizable with sophisticated conditional routing and data validation capabilities.

An initial email notification will be sent to all selected participants (see **Attachment E**) informing them about the survey, providing them with a link to the online survey, survey instructions, and a cover letter that explains:

- the purpose of the evaluation, and why their participation is important
- the confidentiality of their responses
- that participation is voluntary, and
- contact information for the project team.

The survey will remain open for 15 business days to allow ample time for respondents to complete the survey. Respondents have to complete the survey in a single session. A reminder email will be sent on day 7 of the survey (see **Attachment F**), with a final remainder email sent on day 12 of the survey (see **Attachment G**).

During the survey fielding phase, project staff will perform comprehensive data validation checks to ensure accuracy in capturing and storing of the survey data. Data will be stored in a secure database accessible only by Deloitte Survey Research Center (SRC) staff. Data will not be individually identifiable and will be analyzed and reported in aggregate only. Following the conclusion of survey implementation, project staff will analyze the data using SPSS, a statistical analysis software package. Staff will produce an overall tabulation of data and analysis that will include the results for each survey question broken down by the appropriate segments and demographics. In addition to tabulating frequencies and descriptive statistics for each survey question, staff will conduct multivariate analyses, as appropriate, to assess any key relationships among survey items.

The analysis by survey question will be broken down into the following seven pieces:

1. Summary of demographic and state health department information (survey questions 1-8),
2. Summary of evidence-based intervention sources (survey questions 9-10),
3. Summary of use and perceptions of the Center TRT website (survey questions 11, 11A-F),
4. Summary of the use of Center TRT intervention resources (survey questions 12-15),
5. Summary of exposure to Center TRT trainings (survey questions 16-18),
6. Survey wrap-up (survey questions 19-20), and
7. Recommendations and Next Steps

Table B-2a depicts how survey questions align with the project’s evaluation questions (EQ).

**Table B-2a:** Survey Question Alignment with Project Evaluation Questions (EQ).

Survey Question Categories	Dem	EQ1	EQ2	EQ3	EQ4	EQ5	EQ6	EQ7	EQ8	EQ9
Demographics- state, role, education, time in obesity and health department; State Health Department- context/ climate of health department decisions	x					f	f		f	

Survey Question Categories	Dem	EQ1	EQ2	EQ3	EQ4	EQ5	EQ6	EQ7	EQ8	EQ9
Sources of Information for Evidence- Based Interventions- sources to identify interventions, documents most referenced		x	x							
Use/ Perceptions of Center TRT Website- heard of, visited, frequency, how use info			x							
Use of Center TRT Intervention Resources- accessed/ recommended strategies, accessed/used/ implemented/ recommended interventions, decision to implement intervention, levels implemented, utility of interventions	f		x		x	x	x	x	x	x
Exposure to Center TRT Trainings- attended in-person or web-based trainings, recommended trainings			x	x						

x= survey question addresses this evaluation question;

f= used as factors to compare demographic/context information and other survey questions

For ease of reference, Figure B-2 provides the project’s evaluation questions.

**Figure B-2:** Evaluation Questions

Evaluation Questions (EQ)
EQ1: What are the state level practitioners’ primary sources for evidence-based interventions?
EQ2: What is the level of state level practitioners’ awareness of Center TRT products?
EQ3: How often do state level practitioners use Center TRT webinars and trainings?
EQ4: To what extent have state level practitioners accessed and implemented Center TRT interventions?
EQ5: What factors influence the decision by state level practitioners to adopt Center TRT interventions?
EQ6: What factors influence the extent of implementation of Center TRT interventions by state level practitioners?
EQ7: To what extent are state level practitioners recommending Center TRT interventions and strategies?
EQ8: What factors influence the decision by state level practitioners to recommend Center TRT strategies and interventions?
EQ9: What are public health practitioners’ perceptions of Center TRT intervention templates?

Several statistical techniques will be employed to analyze and interpret data, such as descriptive statistics, univariate and bivariate analysis, ANOVA and t-tests, regression analysis and theme analysis. A detailed analysis plan for each of the survey questions is presented in the table below.

**Table B-2b:** Statistical Analysis Techniques to be Performed

Topic and Survey Questions	Statistical Analysis Technique	Purpose of Analysis
<ul style="list-style-type: none"> <li>• Demographic Information (Q1-Q6)</li> </ul>	<ol style="list-style-type: none"> <li>1. Descriptive statistics</li> <li>2. Univariate analysis</li> </ol>	<ol style="list-style-type: none"> <li>1. Provides summary of the survey data</li> <li>2. Provides the distribution, central tendency, and dispersion of the survey data</li> </ol>
<ul style="list-style-type: none"> <li>• State Health Department Information (Q7 - Q8)</li> <li>• Evidence-based intervention sources (Q9 – Q10)</li> <li>• Center TRT website(Q11)</li> <li>• Center TRT intervention resources (Q12 – Q15)</li> <li>• Center TRT trainings (Q16 – Q19)</li> <li>• Most useful Center TRT services (Q19)</li> </ul>	<ol style="list-style-type: none"> <li>3. Descriptive statistics</li> <li>4. Univariate analysis; top box score analysis</li> <li>5. Bivariate analysis</li> <li>6. Analysis of variance (ANOVA)</li> <li>7. Regression analysis</li> </ol>	<ol style="list-style-type: none"> <li>3. Provides summary of the survey data</li> <li>4. Provides the distribution, central tendency, and dispersion of the survey data; top box score provides the % total agreement with statements</li> <li>5. Provides distribution of scores by demographic sub-groups</li> <li>6. Compare scores to determine whether a significant relationship exists between core survey questions and demographic characteristics of the population</li> <li>7. Provides insight into whether adoption, implementation, or recommendation of Center TRT interventions is correlated with respondent demographic and health department information</li> </ol>
<ul style="list-style-type: none"> <li>• Recommendations (Q20)</li> </ul>	<ol style="list-style-type: none"> <li>8. Theme/Content analysis</li> </ol>	<ol style="list-style-type: none"> <li>8. Provides clear understanding of the key themes derived from open-ended survey questions</li> </ol>

The final analytical techniques will be driven by the project's needs, survey questions and the overall sample size. Staff will apply their business, survey, and analytic experience to confirm that all analysis is performed with actionable results in mind. All analyses will provide staff and stakeholders with a greater understanding of the level of awareness, adoption and implementation of Center TRT products among selected state health department professionals.

### **3. Methods to Maximize Response Rates**

Although participation in the survey is voluntary, every effort will be made to maximize the rate of response for this survey. Project team members designed the survey with particular focus on minimizing respondent burden and the length of time to complete the survey. An initial email and two reminder emails will be utilized to maximize response rates (Attachments E, F and G). Additionally, the survey is being kept as short as possible, to reduce the burden on participants and thus increase participation. Initial and reminder emails will be sent by the project contractor, to potential respondents. To reduce burden on the respondents, the project team will review which states have responded to the survey, and reminder emails will only be sent to those who have not yet completed the survey.

### **4. Test of Procedures**

The web-based version of the questionnaire was pilot tested by nine public health professionals. The pilot was conducted by survey experts, and consisted of cognitive, in-person and online testing of the survey instrument with various stakeholder staff members. Pilot participants were individuals not involved in the development of the instrument or evaluation. Of the nine participants, three were CDC project officers, two were DNPAO subject matter experts, and four were UNC and Deloitte staff. The survey instrument was reviewed by government experts and pilot participants to ensure all salient terminology is used appropriately and effectively. The survey experts designed an interview protocol to ensure standardization and consistency for the pilot sessions; the interviewer followed the script closely for each cognitive session to avoid bias and/or contamination of the pilot results. Pilot participants were asked to provide feedback on areas such as survey layout (look and feel), content (terminology, comprehensiveness of survey instrument, question wording), and survey length. Feedback from this piloting process was used to refine questions as needed, ensure accurate programming and skip patterns and establish the estimated time required to complete the survey. 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.

**5. Contact for Statistical Aspects and Data Collection**

The data collection was designed by project consultants from Deloitte Consulting LLP (Deloitte) and the project lead from CDC's Division of Nutrition, Physical Activity and Obesity. Consultants from Deloitte will lead the collection and analysis of data. Statistical consultation will be provided by Deloitte's Survey Research & Analytics Center.

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**LIST OF ATTACHMENTS – Section B**

Note: Attachments are included as separate files as instructed.

**E. Initial Notification Email**

**F. Follow-Up Email**

**G. Final Reminder Email**