

# **Communities Putting Prevention to Work: CPPW Resource Center Feedback Assessment**

OSTLTS Generic Information Collection Request

OMB No. 0920-0879

## **Supporting Statement – Section B**

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## Section B – Data Collection Procedures

### 1. Universe and Respondent Selection

The respondent population consists of local, tribal, district, and state health department staff who manage awards from CDC’s Communities Putting Prevention to Work (CPPW) initiative. There are 73 awardees within the United States and the District of Columbia. Each health department typically has one program manager for each CPPW award—communities that have dual awards (both obesity and tobacco) typically have a separate program manager for each award. Program managers (one per award) are the target population for this instrument. These individuals are the universe of respondents. No sampling procedures is required as the instrument will be administered to everyone in the target population (N=73).

Using a list of state program staff, maintained and updated by CDC Division of Community Health (DCH) project officers, feedback forms will be sent to the obesity and tobacco program managers for each state, local, tribal, and district health department CPPW awardee.

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

Entity	Potential Respondent	N
Local Health Department: Obesity CPPW Awardee	CPPW Obesity Program Manager	37
Tribal Health Department: Obesity CPPW Awardee	CPPW Tribal Obesity Program Manager	2
Local Health Department: Tobacco CPPW Awardee Manager	CPPW Local Tobacco Program Manager	19
Tribal Health Department: Tobacco CPPW Awardee	CPPW Tribal Tobacco Program Manager	2
District Health Department: Tobacco CPPW Awardee	CPPW District Tobacco Program Manager	1
State Health Department CPPW Awardee	State Coordinated CPPW Award Program Manager	12
	<b>Total Universe of Potential Respondents</b>	<b>73</b>

### 2. Procedures for Collecting of Information

Data will be collected through a one-time web-based instrument administered to all individuals who comprise the respondent universe (See **Attachments C – Web Instrument (online version) and D – Web Instrument (Word version)**). Eligible respondents include the CPPW awardee program managers (N=73). CPPW Program Managers are identified by CDC as the primary point of contact for each CPPW award. We anticipate only one feedback

form response per state/district/territory/local health department. The instrument will be administered as an evaluation of CPPW Resource Center.

The web-based instrument is programmed using Survey Monkey™, 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 from the lead Program Officer (see **Attachment E**) informing them about the instrument, providing them with a link to the online instrument, instructions, and a cover letter that explains:

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

The instrument will remain open for 10 initial business days with a potential 5 business day extension, if needed, to allow ample time for respondents to complete the instrument. Respondents must complete the instrument in a single session. A reminder email will be sent on day 6 after the form is initially sent (see **Attachment F**), with a final remainder email sent 9 days after the form is initially sent (see **Attachment G**).

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

Although participation in the assessment is voluntary, every effort will be made to maximize the rate of response. Project team members designed the instrument with particular focus on minimizing respondent burden and the length of time to complete the instrument. An initial email and two reminder emails will be utilized to maximize response rates (Attachments D, E, and F). Additionally, the instrument is being kept as short as possible, to reduce the burden on participants and thus increase participation.

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

The web-based version of the questionnaire was pilot tested by nine public health professionals. The pilot was conducted by data collection experts, and consisted of online testing of the data collection instrument with various stakeholder staff members. Pilot participants were individuals not involved in the development of the instrument or evaluation. Of the nine participants, five were CPPW Program Managers, and four were ICF staff. The data collection instrument was reviewed by government experts and pilot participants to ensure all salient terminology is used appropriately and effectively. The data collection experts designed an interview protocol to ensure standardization and consistency for the pilot sessions. Pilot participants were asked to provide feedback on areas such as instrument layout (look and feel), content (terminology, comprehensiveness of data collection instrument, question wording and clarity), and instrument 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 instrument. In the pilot test, the average time to complete the instrument including time for reviewing instructions and completing the instrument was approximately 20 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 instrument, but not by a great amount. Based on these results, the estimated time range for actual respondents to complete the instrument is 15-20 minutes. For the purposes of estimating burden hours, the upper limit of this range (i.e., 20 minutes) is used. Since there will only be one wave of data collection, only one block of 20 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 ICF International (ICF) and the senior CPPW staff from CDC's Division of Community Health. Consultants from ICF will lead the collection and analysis of data.

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### **LIST OF ATTACHMENTS – Section B**

Note: Attachments are included as separate files as instructed.

- A. CPPW Online Resource Center Screen Shots**
- B. CPPW Resource Center Guide**
- C. Web Instrument (word version)**
- D. Web Instrument (online version)**
- E. Initial Notification Email**
- F. Follow-Up Email**
- G. Final Reminder Email**