OMB SUPPORTING STATEMENT:

PART A
JUSTIFICATION

Pilot Study of Community-Based Surveillance of Supports for Healthy Eating/Active Living (HE/AL)

Submitted by:

Division of Nutrition, Physical Activity, and Obesity
National Center for Chronic Disease Prevention and Health Promotion

Centers for Disease Control and Prevention
Department of Health and Human Services

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A.1 CIRCUMSTANCES MAKING THE COLLECTION OF INFORMATION NECESSARY

The Division of Nutrition, Physical Activity, and Obesity of the Centers for Disease Control and Prevention (CDC) requests approval for a new data collection called Community-Based Surveillance of Supports for Healthy Eating/Active Living (HE/AL), to be conducted over the period of one year. This data collection effort is a new pilot study to examine the feasibility of a national surveillance system to assess local government policies that support healthy eating and active living among residents. The pilot study will provide baseline data to local communities, but it also includes a methodological component which will answer a series of study design issues that impact the design and implementation of an ongoing systematic surveillance system.

A.1.a Study Background

The consumption of a healthful diet and regular physical activity are important behaviors for the prevention of obesity and other chronic diseases (Dietary Guidelines for Americans, 2010; 2008 Physical Activity Guidelines for Americans). Although behavior change is made at the individual level, the socioecological model suggests that health and behavior are determined by many factors that extend beyond the individual (Breslow, 1996). There is growing consensus among experts that the environment plays a critical role in promoting or discouraging these behaviors (Hill & Peters, 1998; Sallis & Glanz, 2006, 2009). For example, when communities lack full-service grocery stores, residents are less likely to consume fresh fruits and vegetables (Morland, Wing, & Diez Roux, 2002). Further, high levels of neighborhood violence may make it difficult for children to play outside after school and achieve recommended levels of physical activity (Cohen, Davis, Lee, & Valdovinos, 2010). In addition, poor street design and neighborhood planning can inhibit the use of active forms of transportation such as walking and biking (Frank, Engelke, Schmid, 2003). The establishment of policies by local governments is therefore an important initial step to changing the environments that support healthful diets and physical activity within a community.

However, little is known about the environmental and policy supports for healthful diets and regular physical activity within a community and how these supports are changing across time. Data has not been collected in a systematic way with regard to these supports at a community level. Most surveillance systems measure health and behavioral factors at the individual level. Integrating

environmental and policy factors that contribute to health and disease into surveillance is an important step in effectively preventing disease (Kyle, Balmes, Buffler, and Lee, 2006; Story et al., 2009).

Ongoing surveillance of policy and environmental supports for healthful eating and physical activity is particularly important to local, state, and federal public health programs. It helps these groups identify areas for community-level interventions, track the progress of communities in changing these supports, and evaluate interventions that change these supports. CDC's current surveillance efforts mainly focus on individual behaviors; however, the proposed data collection extends the breadth of CDC's surveillance activities and fills a critical gap by determining the feasibility of a community-level surveillance system for policy supports of physical activity and healthful diets.

Efforts in Assessing Community-Level Policy Supports. This effort to develop a community-based surveillance system to measure policy supports for healthy eating and active living is influenced by previous work conducted by CDC on recommended community strategies and measurements to prevent obesity in the United States (Kettel Khan et al., 2009). This previous effort identified 24 recommended strategies for local communities to implement to encourage healthy eating and active living in order to address the obesity epidemic and decrease the incidence of chronic diseases. For each of the 24 recommended strategies, CDC developed a measure that local governments can use to measure their progress. However, at this time, there is no established way to collection information on these measures or similar measures in a systematic way across communities. In the proposed data collection, CDC seeks to address this problem by determining the feasibility of a set of methodologies developed to support a national community-level surveillance system.

A.1.b Study Overview

The pilot study has been designed to demonstrate the feasibility of a national surveillance system to produce state-level estimates by incorporating methods to optimize both response rates and completeness of data. It tests two response strategies comparatively within the study to determine their impacts on response rates. It will also identify implementation barriers and possible solutions for overcoming them in a systematic way. This pilot study will assess the feasibility of a survey and supporting data collection methodologies to obtain data on policy supports for healthful eating and

active living from local governments across a representative sample of municipalities in two states. The following are the specific methodological objectives of the pilot study:

Objective 1: To identify and test the feasibility of the proposed sampling frame and answer sample design issues related to determining sampling criteria for inclusion, as well as the development of weights and estimates.

Objective 2: To identify and critically evaluate whether respondents in diverse municipalities of various sizes and organizational structures are able to answer a survey questionnaire that obtains key data on local government policy supports for healthy eating and active living. This includes critically assessing the strengths and weaknesses of methods for identifying the best respondents for completing the survey questionnaire; conducting a limited process evaluation that identifies the barriers and challenges respondents may incur in providing reasonable and current data for the questionnaire; and arriving at a data collection instrument with the lowest possible threshold for respondent burden.

Objective 3: To identify and critically evaluate different methods of study recruitment and non-response follow-up through the use of a split sample design that assigns recruitment conditions to a representative subsample in both pilot states. In this objective, the methodological issues include critically assessing the recruitment and non-response methods for their role in encouraging a high response rate.

The pilot study tests the parameters of a sample design that uses Census data for constructing the sample frame. The sample frame will include a maximum sample of 200 municipalities from each pilot study state. Because these municipalities are randomly and systematically selected, they will be of varying population sizes and with potentially different organizational structures. The survey questionnaire and study recruitment approaches will be tested with a city/town manager, planners or person with similar responsibilities; this person will serve as the key informant for their sampled municipality. Respondents will be able to complete the self-administered survey via a web-based data collection system or hard copy, depending on their preferences. The data collection instrument

includes 42 items which cover both local government policy supports and items that obtain information on the challenges and barriers of responding to the survey. To address the data collection methodological issues, the pilot study uses a split-sample design to test two different conditions, a low and moderate recruitment condition, in both of the pilot states. Sampled municipalities will receive different levels of non-response follow-up depending on the recruitment condition to which they are assigned. Study Condition 1 is a low-intensity recruitment condition in which recruitment follow-up is limited to e-mail reminders. Study Condition 2 is a moderate-intensity condition which includes both e-mail reminders and telephone follow-up.Study participants will receive a data dissemination report based on the data obtained. A detailed methodological report will also be developed.

This proposed information collection is authorized under Section 301(a) of the Public Health Services Act (42.U.S.C.241) to "…cooperate with, and render assistance to other appropriate public authorities, scientific institutions, and scientists in the conduct of, and promote the coordination of, research, investigations, experiments, demonstrations, and studies related to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases and impairments of man…" (Appendix A).

A.1.c Privacy Impact Assessment Information

This study will collect information on policies that local governments have either enacted or support in the promotion of environmental supports to encourage healthy eating practices and physical activity among residents within a community. The pilot study will be conducted with a sample of up to 200 municipalities in each of the two pilot study states. The pilot study questionnaire is a self-administered instrument that consists of 42 items. Questions focus on public policies and practices rather than information about the respondents themselves. The questionnaire obtains data on the planning documents local municipalities have, policies that are in place to support changes in the built environment that encourage physical activity, and policies in place to support access to healthy food and beverages, as well as breastfeeding. The final section of the questionnaire asks process questions to ascertain the barriers and challenges respondents may have encountered in completing the survey. As a part of the methodological component of the pilot study, each of the survey items also asks respondents to indicate whether they are unable to provide a response because the question is not understood or because the data is too difficult to obtain. Sources of information for the survey items are the existing public documents within the local government. These are generally regarded as being no

greater than minimally sensitive. No sensitive information is being collected, therefore, the proposed data collection will have little or no effect on the respondent's privacy. Nevertheless, safeguards will be put in place to ensure that all collected data remain private. In order to facilitate the distribution of study invitation materials, the respondents' name, e-mail address, mailing address, and phone number will be collected as a part of the sampling frame. This information is captured in a separate system and is never part of the study dataset.

A.1.d Overview of the Data Collection System

The questionnaire (Appendix C1) will be administered to a key informant representing the sampled municipality from among the random sample of up to 200 municipalities in each of the two pilot study states. The key informant, a city manager or person with similar job responsibilities, has been identified as the individual possessing the broadest knowledge of the healthy eating and active living policies and initiatives being implemented within a local community. The questionnaire has been designed to allow for collaboration, should the respondent need additional information in order to provide the best information.

Questionnaires will be self-administered via the Internet (see Appendix C2). Respondents have the ability to respond to the questionnaire at a time and place of their choosing from any Internet-connected computer, as well as the option to complete the questionnaire in hard copy by printing it out and sending it in. The data collection instrument includes 42 items on local government policies in the areas of community planning documents, policy supports for physical activity, access to healthy foods and promotion of healthy eating practices, and breastfeeding. The survey also includes response options which are part of the methodological study to collect data on the challenges and barriers of providing a survey response. Respondents who wish to use a paper survey can choose to print the survey from the web-based data collection system, complete the questionnaire, and return it to project headquarters using instructions that will be attached to the invitation letter.

A.1.e Items of Information to be Collected

No individually identifiable information is being collected as part of the questionnaire. Sources of information for the survey items are the existing public documents within the local government. Respondents are assigned a unique study identifier, a token that will allow researchers to track the completed questionnaires. In order to facilitate the distribution of study invitation materials and the questionnaire, including instructions on how to access the web-based questionnaire, respondents' name, e-mail address, mailing address, and phone number will be collected as a part of the sampling frame. This information is captured in a separate system and is never part of the study dataset.

A.1.f Identification of Website(s) and Website Content Directed at Children 13 Years of Age

The pilot study will use a web-based data collection system to obtain responses from key informants representing sampled municipalities. Access to the web-based system is limited to those with valid access codes or tokens, which will be created, assigned and managed by the study team. The study team will also have access to the website. The website does not include content directed at children less than 13 years of age, nor is it directed at this audience. No links or references to outside websites will appear on the study website. The log-in page for the web-based survey will present the rules of conduct and privacy policy for the data collection.

A. 2 PURPOSE AND USE OF INFORMATION COLLECTION

Results from this study support the goals of several key CDC agency priorities. In 2008, CDC issued recommendations for actions that communities could undertake to alter local environments to support healthful diet and physical activity. The proposed project builds on those recommendations by testing the feasibility of conducting a periodic survey (surveillance) to systematically assess the extent to which communities have or are implementing some of the recommended strategies.

This effort also supports one of CDC's six priority Winnable Battles in the area of obesity, nutrition, and physical activity. Winnable Battles are public health priorities with large-scale impact on health and with known, effective strategies to address them. Determining the feasibility of the surveillance system supports the assessment of the extent to which communities are implementing policies that

could impact obesity, nutrition, and physical activity. Additionally, this project supports three of the five strategic directions for CDC as identified by the CDC Director. These three include:

- Excellence in surveillance, epidemiology, and laboratory services,
- Strengthening support for state, tribal, local and territorial public health, and
- Use of expertise to advance policies that promote health.

If implemented fully, this community-based surveillance system will support the agency's objectives by measuring communities' actions toward implementing policies and changing environmental conditions to support healthy eating and activity living. If the pilot study indicates that a community-based surveillance system is feasible, this system also has the potential to support the work of CDC programs that provide support to states and communities to develop, implement, and sustain environmental and policy changes. These major programs include the following:

- The Communities Putting Prevention to Work Program,
- Community Transformation Grants (to be funded in the Fall of 2011), and
- The State-Based Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases.

The methodological report will provide critical information key to the successful implementation of a rigorous national surveillance system. Additional reporting that is a result of the data collection can be used by local governments/municipalities to allow them to see how they compare with other sampled municipalities in their state in terms of the policy supports. This can serve as validation of their efforts if they have worked toward improving healthy eating and active living supports in the community, or alternatively, serve as motivation to increase their efforts if they do not compare well with similar communities.

A.2.a Privacy Impact Assessment Information

This study will collect information on policies that local governments have either enacted or support in the promotion of environmental supports to encourage healthy eating practices and physical activity among residents within a community. The pilot study questionnaire is a self-administered instrument that consists of 42 items obtaining data on the planning documents local municipalities have, policies that are in place to support changes in the built environment that encourage physical activity, and policies in place to support access to healthy food and beverages, as well as breastfeeding. The final

section of the questionnaire asks process questions to ascertain the barriers and challenges respondents may have encountered in completing the survey. As a part of the methodological component of the pilot study, each of the survey items also asks respondents to indicate whether they are unable to provide a response because the question is not understood or because the information is too difficult to obtain. Sources of information for the survey items are the existing public documents within the local government. These are generally regarded as being no greater than minimally sensitive. No sensitive information is being collected, therefore the proposed data collection will have little or no effect on the respondent's privacy. In order to facilitate the distribution of study invitation materials, the respondents' name, e-mail address, mailing address, and phone number will be collected as a part of the sampling frame. This information is captured in a separate system and is never part of the study dataset.

A.3 USE OF IMPROVED INFORMATION TECHNOLOGY AND BURDEN REDUCTION

The data collection uses a secure web-based system as the primary method for implementing the pilot study. This technology offers a number of advantages in the collection of these data. First, a web-based methodology permits more complex routings in the questionnaire compared to a paper-and-pencil method. The web program can implement complex skip patterns based on answers previously provided by the respondent. Errors made by respondents due to faulty implementation of skip instructions are virtually eliminated. Thus, this approach will reduce respondent burden insofar as respondents will only be asked questions relevant to their situation based on previous responses and will not need to navigate complex skip patterns by hand. Second, the web-based survey will be programmed to identify inconsistent responses and attempt to resolve them through respondent prompts. This reduces the need for most manual and machine editing, thus saving both time and money and resulting in more consistent data. In addition, it is likely that respondent-resolved inconsistencies will result in data that are more accurate than when inconsistencies are resolved using editing rules. Third, a web-based questionnaire offers greater flexibility over other paperless survey programs, such as computer-assisted telephone interviews (CATI), because respondents can elect to do the survey from any Internet-connected computer at the time of their choosing.

Web-based technologies also permit greater efficiency with respect to data processing and analysis (e.g., a number of data processing steps, including editing, coding, and data entry become part of the

data collection process). These efficiencies save time due to the speed of data transmissions, as well as receipt in a format suitable for analysis. Tasks formerly completed by clerical staff will be accomplished by the web-based programs. In addition, the cost of printing paper questionnaires and associated shipping to respondents is eliminated. Based on the pretest, we expect only 1 to 2 percent of respondents to elect using paper format.

All data will be electronically uploaded as surveys are completed. Security measures will be put in place that will only allow respondents to enter an access ID into the web-based survey that the system expects to receive and that has not already been used. The Centers for Disease Control and Prevention (CDC) is committed to complying with the E-Government Act, 2002 to promote the use of technology.

A.4 EFFORTS TO IDENTIFY DUPLICATION AND USE OF SIMILAR INFORMATION

CDC contacted several other federal agencies with interests in healthy eating and active living to discuss the scope and intent of this data collection and identify any possible existing duplication of efforts. The federal agencies that were contacted include the following: U.S. Department of Housing and Urban Development (HUD), U.S. Department of Agriculture (USDA), the U.S. Environmental Protection Agency (EPA), and the National Institutes of Health (NIH). CDC has verified that there are no other federal data collections that duplicate the data collection tools and methods included in this request.

CDC carefully reviewed the intent of the National Institutes of Health (NIH) study entitled "Healthy Communities Study," to be conducted by the National Heart, Lung and Blood Institute at NIH to determine if this study—which collects similar items on local government policies—would meet the information need of CDC. The NIH study is a 5-year observational study that focuses on determining the associations between community programs/policies and body mass index (BMI), diet and physical activity in children, by examining community, family, and child factors that modify or mediate the association between community programs/policies, diet, and physical activity. The NIH effort collects specific data on the attributes of programs and policies most likely to impact childhood obesity, such as duration of program or policy and amount of funding tied to it; it also collects children's behaviors and weight status.

The CDC pilot study focuses on the presence or absence of policies under the influence of local government that are important to monitor because of their potential to impact environments and associated long-term health outcomes within communities. The CDC pilot study is also a methodology study that has as its key objectives determination of the appropriateness of the sampling design, the survey questionnaire, and an assessment of the recruitment and non-response follow-up methods that would best support a national surveillance system.

While similar data on community policies are collected, the NIH study data collection methods are not sustainable or suitable for surveillance purposes. In addition, the NIH study does not collect data in ways that provide answers for the methodological issues that are the main objective of the CDC pilot study. Thus, CDC has determined that these key differences in the purposes and objectives of the NIH effort do not make it feasible to use the data it collected. The NIH study would not provide the necessary information to satisfy CDC's need for either assessing the feasibility of the methodology to be tested or for providing the designated data elements for a national surveillance system.

A.5 IMPACT ON SMALL BUSINESSES OR OTHER SMALL ENTITIES

No small businesses will be involved in this study. Many municipalities have populations < 50,000 people and therefore are considered small entities. These entities are among the focus of this study. The questions have been held to the absolute minimum required for the intended use of the data. There will be no significant economic impact on these small entities.

A. 6 CONSEQUENCES OF COLLECTING THE INFORMATION LESS FREQUENTLY

This data collection is a one-time pilot study that will determine the feasibility of systematically collecting data on the existence of policy supports for healthy eating and active living through a survey targeting local governments at the municipal level. There is no extant data set available that provides comprehensive data on policy supports implemented by local governments at the municipal level. Without this study, CDC will lack the detailed information necessary to design and implement a national community-based surveillance system that assesses policy and environmental supports for healthful eating and active living, or the methodological data required to inform additional ongoing surveillance of policy supports enacted by local governments. CDC will first lack the ability to

determine whether a survey that collects data on local government policy supports can be answered by respondents in diverse municipalities of various sizes and organizational structures. Without the study, CDC will not be able to determine the resources needed or the best mix of recruitment and non-response follow-up methods for supporting a high response rate among study participants within the limitations of a national surveillance study. CDC will also not have methodological data that could inform the revision of the questionnaire to further reduce respondent burden and increase the likelihood of obtaining meaningful data without the pilot study. The methodological study also informs the design approach by providing an indication of which mode of survey administration, web or paper, is most feasible for respondents. Without the study, CDC will not be able to determine the proper inclusion criteria for a national surveillance system, or whether the proposed sampling frame and sampling design are best suited to the development of nationally representative estimates. Lack of data on the feasibility of the data collection and sampling methodology would also impede CDC's ability to provide technical assistance to states wishing to develop community-based surveillance systems that focus on policy and environmental supports for healthy eating and active living.

There are no legal obstacles to reduce the burden.

A.7 SPECIAL CIRCUMSTANCES RELATING TO THE GUIDELINES OF 5 CFR 1320.5

This request fully complies with the regulation 5 CFR 1320.5.

A.8 COMMENTS IN RESPONSE TO THE FEDERAL REGISTER NOTICE AND EFFORTS TO CONSULT OUTSIDE OF THE AGENCY

A.8.a 60-Day Federal Register Announcement

A 60-day *Federal Register* Notice was published in the *Federal Register* on October 6, 2011, Vol. 76, no. 194, pp. 62068-62070 (see Appendix B1). Two comments were received. One comment was a request for additional information which CDC provided. The other comment was non-substantive and was acknowledged by CDC (see Appendix B2).

A.8.b Efforts to Consult Outside of the Agency

CDC's efforts to consult outside of the agency regarding this data collection were centered on first determining the need and focus of the surveillance system, and then on the development of the pilot study methodology, sampling design, and survey questionnaire. In March 2010, CDC held a meeting with CDC-funded state program coordinators at its state program meeting to assess the feasibility and usefulness of a national surveillance system. The meeting also obtained valuable information on the existence of relevant state-level experience with similar survey efforts. In April 2010, CDC convened a panel of nine experts to gather input and feedback regarding the methodology, feasibility, and content for a community-based surveillance system. This group consisted of representatives in city planning, government policymaking, transportation, nutrition and food systems, physical activity, and public health. During the consultation, experts were queried on whether the system would be useful; what types of policies and environmental supports were most relevant to the control of local governments and should be considered for the system; what information would be most useful to communities; and the best approaches for collecting data. This group supported the implementation of such a system and determined that the only way to obtain the desired data would be to survey representatives of a sampled local government. The expert panel also made recommendations on what types of information should be collected; these recommendations were then incorporated into the design of the survey. The members of the expert panel are presented in the list below:

Jamie Chriqui
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In 2010, CDC also contracted for a companion environmental scan of potential extant data sources to populate a national surveillance system. The environmental scan confirmed that existing data sources do not have the necessary coverage of municipalities in any given state, nor are there current data.

For the design of the survey questionnaire, CDC and its contractor, ICF International, consulted with Dr. Jamie Chriqui, Senior Research Scientist—Institute for Health Research and Policy at the University of Illinois—Chicago, who provided expert review of the survey instrument during the instrument development phase. Dr. Chriqui served on the expert panel and is a leading expert in the

assessment of local government policy supports for healthy eating and active living. Her contact information is provided in Exhibit 8.a.

CDC has also consulted with three topic experts outside of the agency to review and comment on the survey questionnaire. Contact information for these experts is provided below:

Robin McKinnon
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McKinnon@mail.nih.gov

David Berrigon
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Brett McIff
Physical Activity Coordinator
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A.9 EXPLANATION OF ANY PAYMENT OR GIFT TO RESPONDENTS

There are no plans to provide payment or a gift of any kind to any study participants in this data collection effort. Participating communities will receive a report based on findings from the pilot study, including a comparison of its data to that of their state, as a whole.

A.10 ASSURANCE OF CONFIDENTIALITY PROVIDED TO RESPONDENTS

The contractor's IRB determined that IRB approval is not required for this project, as the study does not meet the Federal definition of research given in 45 CFR 46.

Privacy Impact Assessment Information

A. Privacy Act Determination. In review of this application, it has been determined that the Privacy Act does not apply to information collected through the questionnaire. Although identifiable

information (name, address, etc.) will be collected the Privacy Act is not applicable because the participants will be speaking from their role as staff knowledgeable about policies implemented at a local government level, and will not provide personal information. No identifying information will be retained in data records. Study participants are assigned a unique identification number, or token, that will be associated with their data. The identifying information (i.e., respondents' name, e-mail address, mailing address, and phone number) used to distribute study materials is maintained in a file that is separate from the response data. The connection between respondents' tokens and their identifying information is retained only long enough to permit responses to be logged as received. Once a submission is received, the data record is given a new unique identifier that is only viewable to the systems administrator. These data can only be linked with effort because they are stored in separate data files.

B. Information Security. The data collection contractor has several security procedures in place to safeguard data. All electronic data will be stored on secured servers and will be accessible only to staff directly involved in the project. Study servers have undergone Certification & Accreditation (C&A) procedures and have received Authorization to Operate (ATO) from the Office of the Chief Information Security Officer (OCISO).

C. Consent. Respondents will receive a consent notification document in a mailing, along with the study invitation and background materials. This consent document will apprise the respondent of his/her right to refuse to answer any question. A copy of the consent document is in Appendix D3**.**

Once the respondent has logged in, the program will display the consent statement prior to any questions being displayed. Respondents will be directed to click a button indicating their consent to participate before advancing.

D. Voluntary Nature of Participation. Provision of the information by respondents is voluntary and respondents will be assured that there is no penalty if they decide not to respond, either to the information collection as a whole or to any particular question. All respondents will be informed that privacy will be maintained throughout data collection (to the extent permitted by law). All data will be

closely safeguarded and no institutional or individual identifiers will be used in study reports, only aggregated data will be reported.

A.11 JUSTIFICATION FOR SENSITIVE QUESTIONS

This data collection effort does not include any sensitive questions. The questionnaire does not ask any personally invasive or sensitive questions.

A.12 ESTIMATES OF ANNUALIZED BURDEN HOURS AND COSTS

This information collection will occur once. The survey is self-administered and is expected to take 60 minutes on average to complete (see Appendix C1, Survey of Community-Based Policy and Environmental Supports for Healthy Eating and Active Living). Survey respondents in both study conditions will receive periodic e-mail reminders asking them to complete the survey. Once a respondent refuses or completes the survey, the e-mail reminders will cease. As part of the methodological study, 200 respondents assigned to Study Condition 2 will receive additional non-response follow-up, which will consist of a confirmation call to ensure the invitation has been reviewed as well as periodic telephone reminder calls to encourage survey completion and provide any technical assistance the respondent might need (see Appendix D4).

The survey respondent will be asked to respond to a questionnaire and confer with colleagues on an as needed basis to ascertain the most accurate responses. The estimated burden of completing the questionnaire is approximately 60 minutes, regardless of mode of administration, as shown in Table A.12.a below. The estimated burden includes estimates for reading the invitation materials sent to all municipalities via Federal Express, including instruction on how to access the web-based survey.

Municipalities in Study Condition 2 may also receive a minimum of three non-response follow-up telephone calls, which have been estimated to carry a burden of 5 minutes each. Not all municipalities will require follow-up phone calls, and some municipalities may require 4 or 5 call attempts. Therefore, we have used an average of 3 attempts per community. The total estimated respondent burden is 450 hours.

Public burden estimates are based on findings from the pretest, described further in Part B.4 of this data collection request.

Exhibit A.12.a Total Burden Hours

Type of Respondent	Data Collection Instrument	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
City/Town Planner or Manager	Survey of Community-Based Policy and Environmental Supports for Healthy Eating and Active Living	400	1	1	400
	Telephone Non-response Follow-up Contact Script	200	3	5/60	50
				TOTAL	**450**

There are no direct costs to the respondents themselves. The costs may, however, be calculated in terms of the costs of staff time spent in responding to the questionnaire.

Table A.12.b illustrates the calculation of the costs of respondent burden. The estimated respondent burden hours have been multiplied by an estimated average hourly salary for persons in that category. The Bureau of Labor Statistics is the source for hourly wages: The mean hourly wage rate for a city manager/planner was used for the estimates.[1] The estimated annualized total cost to respondents is $23,067.

Exhibit A.12.b. Total Costs to Respondents

[1] The city planner-manager labor category (Local Government [OES Designation] NAISC Code 999300) Bureau of Labor Statistics, National Industry-Specific Occupational Employment and Wage Estimates, May 2010 release was used for the estimates.

Type of Respondent	Data Collection Instrument	Total Burden (in hours)	Hourly Wage Rate	Respondent Cost
City/Town Planner or Manager	Survey of Community-Based Policy and Environmental Supports for Healthy Eating and Active Living	400	$51.26	$20,504
	Telephone Non-response Follow-up Contact Script	50	$51.26	$2,563
TOTAL				**$23,067**

A.13 ESTIMATES OF OTHER TOTAL ANNUAL COST BURDEN TO RESPONDENTS AND RECORD-KEEPERS

There will be no respondent capital and maintenance costs.

A.14 ANNUALIZED COST TO THE GOVERNMENT

The total contract award to CDC's data collection contractor, ICF International, is $300,000.00. Some activities will be conducted during the pre-clearance period and others will occur post-clearance. This amount represents the total cost to execute the study and includes the cost of 1) developing instruments, correspondence, and administrative forms; 2) developing the sampling plan and sample selection; 3) developing the evaluation, data collection, and analysis plans; 4) systems programming of the data collection software and tracking systems; 5) study pretest; 6) data collection; 7) data cleaning and processing; 8) data tabulation and analyses; 9) report writing; and 10) overall project management.

Additional costs will be incurred indirectly by the government in personnel costs of staff involved in oversight of the survey and conduct of data analysis. Direct costs in CDC staff time will be approximately $45,120.00. These costs are derived from the estimated hours and salary of the project team, as well as the costs for expert consultations within CDC.

The total estimated annualized cost to the government is $345,120.

A.15 EXPLANATION FOR PROGRAM CHANGES OR ADJUSTMENTS

This is new data collection. A one-year approval is requested.

A.16 PLANS FOR TABULATION AND PUBLICATION AND PROJECT TIME SCHEDULE

A.16.a Publication Plans

The study findings will be developed in two primary formats for different audiences:

1. **Methodological Report:** A final methodological report will be developed for CDC, which will present a detailed summary of the pilot study as well as key recommendations on the improvements required to make a national surveillance system more feasible. Data provided in this report will include a summary of the implementation of the study; a summary of findings focusing on the feasibility of the sampling approach; a summary of item non-responsive rates, and assessment of the completeness and data quality of responses.

2. **Data Dissemination Reports:** Two kinds of data dissemination reports will be produced from the study: 1) respondent data dissemination report on the findings and 2) scientific articles on the study methodology. A data dissemination report will be produced for participants. The data dissemination report will present state-level findings and data on key indicators paired with a comparison of the individualized community data. Data in the reports will be stratified according to various geographic, demographic, and other factors, such as population size, rural/urban status, and demographic makeup; they will also include findings that address the relative feasibility of the survey. Additional reporting of findings will consist of publication in scientific journals (public health, epidemiologic journals) which describe what is learned from the methodological assessment, and if the data are of sufficient quality, at least one paper that describes the prevalence and characteristics of communities who have policy supports for healthy eating and active living.

A.16.b Project Schedule

The proposed data collection, analysis, and reporting study timeline is shown in Table A.16.1. The project schedule for this data collection may be impacted by the Certification and Accreditation (C&A) approval process conducted by the agency that will approve the security clearance for the web-based survey system. This approval process is scheduled to occur in the same timeframe as the Office of Management and Budget (OMB) approval process. Additionally, the timeline for the OMB approval process will impact the ability to initiate the data collection. OMB clearance is expected by mid-March 2012.

Exhibit A.16.b. Project Time Schedule for Data Collection, Analysis, and Reporting Activities

Data Collection, Analysis, and Reporting Activities	Time schedule	Timeline
Study Recruitment	1 month after OMB approval	March–April 2012
Data Collection	2–4 months after OMB approval	April–June 2012
Preparation of SAS Data File	5 months after OMB approval	June–July 2012
Final Data Dissemination Reports	6–7 months after OMB approval	August–September 2012
Final Report—summarizing procedures, findings, lessons learned, and recommendations for implementing survey in other states	6–7 months after OMB approval	August–September 2012

A.16.c Tabulation Plans

The analysis to be conducted will consist of baseline descriptive statistics and frequencies, as well as non-response analysis, which will include a descriptive analysis of barriers to respondent participation and feasibility of the survey. Weighting and estimates will also be developed using appropriate software and analytic techniques. This analysis will be conducted in SAS. The contract also requires the production of a de-identified SAS data set, which CDC will use for further analysis.

A.17 REASONS DISPLAY OF OMB EXPIRATION DATE IS INAPPROPRIATE

The agency plans to display the expiration date for OMB approval of the information collection on all instruments.

A.18 EXCEPTIONS TO CERTFICATION FOR THE PAPERWORK REDUCTION ACT SUBMISSIONS

There are no exceptions to the certification.