Evaluation of the Communities Putting Prevention to Work (CPPW) National Prevention Media Initiative

New
Supporting Statement: Part A

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ATTACHMENTS

A. JUSTIFICATION

A.1 Circumstances Making the Collection of Information Necessary

This is a new Information Collection Request (ICR), submitted by the Centers for Disease Control and Prevention (CDC), for implementation of a community telephone survey to evaluate the Communities Putting Prevention to Work (CPPW) National Prevention Media Initiative. OMB approval is requested for one year. Given the schedule of the media efforts across communities, the optimal time to field the first administration of this survey is in September/October 2012. The timeline for this package is discussed further in section A-16. CDC is authorized to conduct the information collection under the Public Health Service Act (Attachment 1a).

The American Recovery and Reinvestment Act of 2009, Title VIII, H.R. 1-66 to 1-67 (ARRA, Attachment 1b), authorized $650 million to carry out clinical and community-based prevention and wellness strategies that deliver specific, measurable health outcomes that address chronic disease rates. In response to ARRA, the Department of Health and Human Services (HHS) developed an initiative called Communities Putting Prevention to Work (CPPW). The goal of this initiative is to reduce risk factors and prevent/delay chronic disease and promote wellness in both children and adults. The proposed information collection request will support a required evaluation of the CPPW National Prevention Media Initiative. ARRA requires annual process and outcomes evaluation of programs carried out with the prevention and wellness funds (http://www.gpo.gov/fdsys/pkg/PLAW-111publ5/pdf/PLAW-111publ5.pdf).

In March 2010, HHS made 44 awards under the CPPW community component for community-based obesity and tobacco preventions efforts. In September 2010, CDC received additional funding from the Patient Protection and Affordable Care Act (Attachment 1c) which allowed for the funding of additional CPPW communities. Between the two funding sources, there are 50 communities that are part of CPPW: 28 communities are funded only for obesity-related initiatives; 11 communities are funded for both obesity and tobacco initiatives; and 11 communities are funded only for tobacco-related initiatives. Awardees are implementing interventions that they have selected from a preselected group of evidence-based strategies in media, access, price, point of purchase decision, and support services (MAPPS) (see Attachment 3). Strategies in each of the five MAPPS categories have been defined for physical activity, nutrition, and tobacco use.

Awardees have also developed Community Action Plans (CAPs) for the initiative (obesity or tobacco prevention) on which they are working. These plans specify the awardees' initiative-specific CPPW objectives and the MAPPS strategies they are using to achieve each objective.

The CPPW National Prevention Media Initiative is an ambitious undertaking to help support the CPPW community efforts to remake food, physical activity, and tobacco

environments. The 30-month National Prevention Media Initiative aims to achieve broad reaching, highly impactful, and sustainable change to reduce chronic disease morbidity and mortality associated with obesity and tobacco use.

The CPPW National Prevention Media Initiative was originally planned as a national campaign, supported by a national media buy. This national buy would support and reinforce the local efforts of the CPPW communities. Based on a variety of factors, it was determined that the best support for the CPPW communities would be to shift to a localized approach. Thus, rather than a national campaign, CDC and an evaluation contractor, FHI 360, worked with the communities to develop media buy plans and to place local media buys from an approved pool of creative materials (e.g., advertisements). Although ads were placed in all 50 communities, CDC's Office on Smoking and Health is already evaluating the impact of the national tobacco education campaign throughout the United States, including in CPPW communities (OMB No. 0920-0923, exp. 2/28/2013). Therefore, the evaluation study described in this application will concentrate on the 39 CPPW communities addressing obesity.

Media buys have been placed in each of the 39 communities that are addressing obesity. The media buys are being tailored to best support the grantee's local efforts, including tailored media mix, creative materials, and timing. Each community has a different schedule for when the ads are running, but overall, ads placed by the CPPW National Prevention Media Initiative will run between February 2012 and December 2012. Based on the allotted budget to place all 39 media buys, it was determined that the best approach was to develop buys that yielded equitable target rating points (TRPs) across communities. Communities were initially provided the opportunity to select from twelve obesity prevention ads. Before placement, these creative products were pretested for acceptability through an online panel administered by Knowledge Networks (Health Message Testing System, OMB No. 0920-0572, exp. 2/28/2015).

Additionally, some communities chose for us to place their own ads to strengthen their locally-branded marketing efforts. The topics addressed in all the ads that CDC placed are childhood obesity, nutrition, physical activity, and physical activity and physical education in schools. The intended audiences for these ads are the general public, with many communities focusing on parents and specifically on mothers.

The proposed evaluation supports the OMB-approved spend plan for the CPPW National Prevention Media Initiative from September 2009. Process evaluation would measure campaign exposure and outcome evaluations would measure leveraged media buys, news media coverage, public awareness of the campaign and selected changes in attitudes and behavioral intentions. To this end, the goals of this evaluation are to assess outcome measures associated with unaided campaign awareness in funded communities, aided campaign awareness in funded communities, attitudes toward prevention in funded communities, and health-promoting behavior-change intentions. Because the localized support approach did not result in a national CPPW campaign/brand, CDC has not conducted process evaluations of campaign exposure. In addition, since the decision to place ads locally, rather than on a national scale, was made over a year into

the project, and after many of the communities had started running their own ads, we are not able to conduct a baseline evaluation.

Privacy Impact Assessment

Overview of the Information Collection System

We plan to conduct two cycles of information collection: the first in the fall of 2012, and the second in the spring of 2013, so that we can measure changes between the two time periods. Information will be collected using a Computer Assisted Telephone Interview (CATI) system that includes a screening script (see Attachment 4, Screener for the Community Telephone Interview) and a script for the primary CATI interview (see Attachment 5, Community Telephone Interview). Respondents will be adults 25 years of age or older.

Items of Information to be Collected

Survey questions will assess:

- Beliefs about and attitudes toward the issue of obesity in their communities;
- Awareness (aided and unaided) of the local community media efforts/campaigns about obesity; and
- Behaviors and behavioral intentions that encourage active living and healthy eating.

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

The information collection system does not involve websites or website content directed at children under 13 years of age.

A.2 Purpose and Use of Information Collection

These data currently do not exist for large-scale, community-based programs that employ multiple combinations of strategies. Through the CPPW community telephone survey of adults, we expect to establish:

- A measure of campaign awareness (both aided and unaided);
- Supportive beliefs and positive attitudes related to community involvement in creating environments that encourage active living and healthy eating—and their association with campaign exposure.
- Behaviors and behavioral intentions that encourage active living and healthy eating—and their association with campaign exposure.

The insights to be gained from this survey will be used to inform CDC about the impact of the CPPW National Prevention Media Initiative and the development of future health communication programs and evaluation strategies.

Privacy Impact Assessment

A telephone marketing firm has been contracted to collect information using CATI. Telephone numbers will be used to initiate calls, but no personally identifying information, such as name, will be collected from respondents. Response data will be entered into a secure SPSS data file that will be maintained separately from the telephone number database used for call initiation. Only the response database will be used by CDC and the evaluation contractor to produce aggregate analyses and reports. Response data will be treated in a secure manner and will not be disclosed, unless otherwise compelled by law. No individually identifiable information, such as names, will be collected from respondents.

A.3 Use of Improved Information Technology and Burden Reduction

All data will be collected using a telephone administered survey (see Attachments 4 and 5) to reduce respondent burden, data collection errors, and delays in receiving data. The survey data collection is using a standard well-established method for collecting questionnaire data that accommodates different reading levels as well as access to computer technology. A draft version of this tool has been pre-tested by several individuals to assess their ability to easily understand questions, provide required responses, identify wording and response changes to minimize burden, and estimate the burden per response.

Professional questionnaire administrators will collect the data, entering respondent answers directly into data entry screens. The data entry screens will be constructed so as to only accept valid responses (as compared to out-of-range responses). Skip patterns are used, as appropriate, to additionally minimize respondent burden by answering unnecessary or irrelevant questions.

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

The CPPW program is a new initiative with new requirements for carrying out a specified set of evidence-based community strategies to develop or enhance systems, and environments that foster health and wellness. Since this is a new program, no instruments exist to collect data at the level of these specific set of strategies. The CPPW National Prevention Media Initiative evaluation was developed by a team of evaluators from FHI 360 in conjunction with CDC project officers. Weekly discussions were held to identify if duplication existed or if similar data collection was taking place. Additionally, FHI 360 collaborated with other contractors working on other evaluation tasks to avoid any duplication of data being collected.

In particular, CDC project officers are coordinating implementation of the CPPW information collection with another evaluation project planned for the Communities Transformation Grant program (CTG). The CTG media evaluation will not duplicate the efforts of the CPPW evaluation and will be unlikely to impose additional burden on respondents within the small number of overlapping communities (approximately six) in which the studies will take

place. (CDC is seeking OMB approval for the CTG media evaluation in a separate Information Collection Request; the OMB control number is not available at this time.) While the CDC study evaluating the CPPW National Prevention Media Initiative, using a telephone survey, does not ask respondents to recall specific advertisements or specific types of media, the web-based CTG information collection is based on different evaluation objectives and methodology. Respondents for the CTG information collection will be drawn from a large national panel, and will be asked to recall and respond to selected obesity-related television advertisements aired in these markets to explore the differential impact of advertisements by type and/or appeal (e.g., hard hitting, humorous, emotional). Because the CPPW and CTG information collections are based on different objectives and methodologies, the two efforts may be mutually informative but will not duplicate each other. However, because the two data collections will be launched in close proximity, CDC staff and contractors on both project teams worked closely together to make certain that the data items to be collected, and the respondent groups for the two studies, would not be duplicative in purpose or focus and would not burden the same respondent pool. Given the per community proposed sample size of 153 for the CPPW National Prevention Media Initiative evaluation as well as the difference in sample selection methodology there is very minimal chance of sample overlap and no overlap in study purpose.

A.5 Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

A.6 Consequences of Collecting the Information Less Frequently

This information is critical to the overall evaluation of the CPPW initiative and essential for future program planning. The initial plan is to field the community telephone survey twice upon receipt of OMB approval.

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

This request fully complies with the regulation 5 CFR 1320.5. There are no special circumstances required.

A.8 Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A. As required by 5 CFR 1320.8(d), a Notice requesting public comments on the proposed data collection was published in the Federal Register on Wednesday, May 23, 2012 (Vol. 77, No. 100, pp. 30535-30536; see Attachment 2a). One public comment was received and acknowledged (see Attachment 2b).

B. The CPPW National Prevention Media Initiative evaluation was designed in collaboration with CDC staff and contractors from FHI 360 in 2010. The primary leads for FHI

360 are Mr. John Strand, FHI 360, Director of Social Marketing and Communication, JStrand@fhi360.org, phone number 202-884-8902, and Mr. Thomas Lehman, FHI 360, Associate Director of Research, tlehman@fhi360.org, phone number 202-884-8863.

A.9 Explanation of Any Payment or Gift to Respondents

No payment or gift will be provided to respondents.

A.10 Assurance of Confidentiality Provided to Respondents

The proposed information collection does not involve research with human subjects. IRB approval is not required.

A. Privacy Act determination. CDC has determined that the Privacy Act does not apply to this information collection. Neither CDC nor the evaluation contractor, FHI 360, will receive identifiers from the telephone marketing firm that will field this computer-assisted telephone interviews. The call vendor, Dynamic Marketing, will provide CDC and FHI 360 with an SPSS data file that does not include any personal identifiers. Telephone number information will not be included in the analysis file and cannot be linked back to the individual responses; there will be no information in the questionnaire database that can be directly tied to any individual or household. Respondent names will not be collected.

B. Safeguards. After data collection the vendor will destroy the key that might permit the recruitment database to be tied to the questionnaire database. All collected data will be kept in a secure database. Data will be treated in a secure manner and will not be disclosed, unless otherwise compelled by law.

C. Consent. The advisement information is contained in the telephone interview guide (Attachment 5).

D. Nature of Participation. Participation is voluntary. The advisement information is contained at the beginning of the telephone interview guide (Attachment 5).

A.11 Justification for Sensitive Questions

This survey will focus on assessing obesity prevention and include measures related to nutrition and physical activity. The survey questions will assess individuals beliefs about attitudes toward the issues of obesity in their communities, awareness (aided and unaided) of the local community media efforts/campaigns about obesity; and behaviors and behavioral intentions that encourage active living and health eating. As part of the demographic questions we are

asking two questions that may be considered sensitive for some respondents. These questions are:

- Has a health care professional ever told you that you are overweight or at risk for being overweight?
- Has anyone else in your household been identified by a health care professional as being overweight or at risk for being overweight?

Although the survey focuses on the local campaign efforts, literature has shown that communication between healthcare providers and patients can led to better health outcomes (National Cancer Institute, 2002), and people are more likely to resonate with a message when the health message is tailored to their own health condition (Glantz, Rimer, Viswanath,(2008); Johnson et al. (1992). For example, people who have been told they are overweight by a healthcare professional or has someone residing in their household who has been identified as overweight by a healthcare professional may be more likely to respond to obesity focused messages. By collecting this information it will help us to understand the effectiveness of the campaign and provide the communication team with the necessary information to help them sustain their programs and campaign efforts.

A.12 Estimates of Annualized Burden Hours and Costs

A. The data collection process will be conducted twice: the first cycle of data collection will occur in fall 2012 and the second cycle of data collection will occur in winter/spring of 2013. All information collection will be conducted by computer-assisted telephone interview.

The target is 6,000 completed responses for each cycle of data collection. To obtain the target number of 6,000 responses, we estimate that we will need to screen 11,200 respondents at an estimated burden of one minute per response or less (see Attachment 4, Screener for the Community Telephone Interview). After verifying eligibility, we estimate that 200 respondents will drop out before completing the interview. The estimated burden for each incomplete response is five minutes, and the estimated burden for each complete response is 10 minutes (see Attachment 5, Community Telephone Interview). The screener and the main questionnaire are administered as a continuous interview.

Together, both cycles of information collection will involve 22,400 screening contacts, 400 incomplete responses, and 12,000 complete responses. The total estimated burden is 2,406 hours.

Table A.12-A summarizes the annualized burden hours.

Table A.12-A. Estimated Annualized Burden Hours

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hr)	Total Burden (in hr)
Adult General Public ≥ 25 years of age	Screener for the Community Telephone Interview	22,400	1	1/60	373
	Community Telephone Interview (incomplete)	400	1	5/60	33
	Community Telephone Interview (complete)	12,000	1	10/60	2,000
				Total	2,406

B. The total estimated annualized cost to respondents is $30,724. The average hourly wage is based on the blended (50% male-50% female) median incomes of people in constant (2009) dollars for 2009 (U.S. Census Bureau, Statistical Abstract of the United States: 2012; Table 701) on an hourly basis, using 2,080 hours as the number of available hours per year (($32,184+$20,957)/2)/2080=$12.77 per hour. The respondents represent persons in a mix of small and large communities funded to conduct obesity initiatives from various parts of the country.

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

Type of Respondent	Form Name	Total Burden Hours	Hourly Wage Rate	Total Respondent Cost
Adult General Public	Screener for the Community Telephone Interview	373	$12.77	$4,763
	Community Telephone Interview (incomplete)	33	$12.77	$421
	Community Telephone Interview (complete)	2,000	$12.77	$25,540
			Total	$30,724

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

No costs other than those described in A.12 will be incurred by the respondents to complete this data collection.

A.14 Annualized Cost to the Government

Exhibit 1 presents the costs to the government. Two types of government costs will be incurred: (1) contracted data collection and analyses and (2) government personnel.

1. The project is being conducted under a contract that was awarded May 26, 2010. The contract is scheduled to end in November 30, 2012. A no cost extension is being considered. The annualized cost for the data collection and analyses is estimated at $599,731 per administration, for a total of $1,199,462.
2. The Technical Monitor is assigned for 10% of his time. Assuming an annual salary of $120,000 for the Technical Monitor, the total expenditure for government personnel is $12,000.

Therefore, total annualized cost to the federal government for the duration of this data collection is $611,731.

Exhibit 1. Estimated Annualized Federal Government Cost Distribution

Type of Government Cost	Annualized Cost
Data collection and analyses	$599,731
Technical Monitor at 10% FTE	$12,000
Total	$611,731

A.15 Explanation for Program Changes or Adjustments

This is a new, one-time information collection request. The project does not reflect any program changes or adjustments.

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

Prior to survey administration the data collection data entry screens will be programmed, and the programming thoroughly reviewed, to assure that only valid ranges of data can be captured in the data bases. As the data are collected, data frequencies will be reviewed to assure that sampling quotas are being appropriately met and that demographic distributions are as expected based on census information for the CPPW obesity communities from which the samples are being drawn.

Thorough data validation will be performed to assess the quality of the data available to perform analyses. All data collected will be assessed for missing information (% of fields with

missing data), and inconsistent responses. The findings from data validation will be reviewed to identify if any statistical or other corrections are required to generate accurate estimates.

After weights are developed and applied to reflect probability of selection, oversampling of African-Americans, and Hispanics as well as demographic underrepresentation identified in a post sampling review of the frequencies, descriptive and associative analyses will be conducted. Analyses of particular interest are explorations of media and program recognition with attitudes, beliefs, behaviors, and intentions around community-level programming around healthy eating, physical activity, obesity prevention and mediation overall and with regard to parental status, race/ethnicity, overweight status, among others. These analyses will be presented and their implications discussed in the final data analysis and report.

Results of the study will be disseminated to various awardees and other stakeholders through reports, Web conferences, presentations at professional meetings, and publication of manuscripts in peer-reviewed journals. It is anticipated that the results of this project will be developed into several scientific and nonscientific reports.

Given the schedule of the media efforts across communities, the optimal time to field the first administration of this survey is in September/October 2012. We will strive to complete data collection before the 2012 presidential election, when the market is expected to be inundated with political ads and residential polling is expected to markedly increase; thereby decreasing our relative media presence and likelihood of survey acceptance.

The expected time schedule for project activities is presented in ***Exhibit 2***.

Exhibit 2. Estimated Time Schedule for Project Activities

Activity	Expected Timeline
Development of final version of the telephone administered questionnaire on OMB comments	August 2012
Data collection	Data collection: September 2012 – October 2012 March 2013 – April 2013
Data analysis, report, and publications	Within 4 months of end of data collection (each administration)

A.17 Reason(s) Display of OMB Expiration Date is Inappropriate

No request for an exemption from displaying the expiration date for OMB approval is being sought. This will be a telephone survey.

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

REFERENCES

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