

Date: June 19, 2013

To: Office of Management and Budget

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Subject: Revisions to ICR 0920-12IG Targeted Surveillance and Biometric Study for Enhanced Evaluation of Community Transformation Grants

In response to the Office of Management and Budget's (OMB's) request to harmonize measures used in the National Heart, Lung, and Blood Institute's (NHLBI's) Healthy Communities Study (HCS) and CDC's Targeted Surveillance/Biometric Study for Enhanced Evaluation of Community Transformation Grants (TS/Bio), representatives from both scientific teams held an in-person meeting to consider aligning measures to the extent possible. A description of the areas in which TS/Bio study and HCS have complementary objectives has been added to Section A.4. Additional details of the meeting were provided to OMB in a memo submitted by Contracting Officer Representatives, Sonia Arteaga (NHLBI) and Robin Soler (CDC), on June 10. We summarize the changes made to the TS/Bio data collection instruments as a result of this effort as follows:

- A. Response options changed:** We disaggregated the "rarely or never" response option to include separate "rarely" and "never" response options to align with the source instrument (NHANES Consumer Behavior questionnaire) and HCS.
- B. Items added:** We added a follow-up item to one which asks about meals prepared away from home (from NHANES Diet Behavior and Nutrition). The new item will allow us to determine the number of meals eaten at fast-food restaurants, and improves our alignment with HCS. The item we added is also from the NHANES Diet Behavior and Nutrition questionnaire ("How many of those meals did you get from a fast-food or pizza place?").
- C. Wording changes:** We modified the wording of vegetable consumption items to match the wording used by HCS: "How often do you have any of these dark green vegetables available at home? Broccoli; spinach and other greens like collard, mustard, and turnip greens; and dark green leafy lettuce like romaine." This is a slight modification of the source item from NHANES in which a card with the following list of items is shown to the participant: Bok Choy, Broccoli, Collard greens, Dark green leafy lettuce, Kale, Mesclun, Mustard greens, Romaine lettuce, Turnip greens, Spinach Watercress.

All other variables collected across the domains of measures, including anthropometrics, demographics, physical activity, and diet were assessed in a similar manner. One study may be using a more detailed set of items than the other, but responses could be aggregated to create a similar construct as the other study.

For example, self-reported measures of physical activity cover similar domains such as time spent in active transportation or engaging in leisure activity, but HCS includes more detailed items concerning the type of activity, intensity and context in which activity occurred. Nevertheless, HCS items can be reduced to mirror the global physical activity constructs that can be derived by items used in TS/Bio. We did not reach a consensus on the protocol for measurement of waist circumference (HCS takes measurement at iliac crest, TS/Bio at the umbilicus). However, Ross and colleagues (2008) have demonstrated that the protocol used to measure waist circumference has no substantial influence on the association with outcomes being investigated.

In addition to the changes outlined above, we have added a tool for identifying potential households that are currently excluded for recruitment into the Enhanced Protocol. The current ICR describes an approach in which households with a telephone match are recruited for the Enhanced Protocol. We propose to expand our pool of eligible households to include households for which a phone number match was not obtained. We propose to send those households a recruitment letter that contains a brief description of the study and provides a toll-free number to call or requests a contact phone number if interested in participating. This approach will enhance coverage of the target population and increase our ability to identify households with an interest in the home visit component of the study. This approach will not increase overall burden since it is simply a mechanism to identify households in the total pool of screened households needed to meet our sampling targets (i.e., the expected number of respondents to the Adult Targeted Surveillance Survey – Telephone Screener needed to meet our study sample size goals remains 13,749).

We also made minor changes to some instructions and supporting documents to improve clarity and consistency.

Reference

Ross, R., et al (2008). Does the relationship between waist circumference, morbidity and mortality depend on measurement protocol for waist circumference? *Obesity Reviews*, 9, 312-325.