OMB SUPPORTING STATEMENT:
PART A
JUSTIFICATION

National Survey of Community-Based Policy and Environmental Supports for Healthy Eating and Active Living

Submitted by:
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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 National Survey of Community-Based Policy and Environmental Supports for Healthy Eating and Active Living to be conducted over the period of 1 year. This data collection effort is a new national survey to assess local governments' policies and practices that support healthy eating and active living among their residents. This national survey will provide nationally representative data and has the potential to serve as the baseline for tracking data across time for CDC.

A.1.a. Study Background

According to the *Dietary Guidelines for Americans* and *Physical Activity Guidelines for Americans*, both published by the Federal government, the consumption of a healthful diet and regular physical activity are important behaviors for the prevention of obesity and other chronic diseases (U.S. Department of Agriculture and U.S. Department of Health and Human Services, 2010; U.S. Department of Health and Human Services, 2008). 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 may be less likely to consume fresh fruits and vegetables (Morland, Wing, & Diez Roux, 2002). In addition, poor street design and neighborhood planning may limit the use of active forms of transportation, such as walking and biking (Frank, Engelke, & Schmid, 2003). Local governments have been targeted for the study because of their central role in establishing local policies and practices that can make the environments in which people live more supportive of healthy eating and active living. The establishment of policies, practices, and standards enacted by local governments is therefore an important first step to ensuring environments support healthful diets and physical activity within a community.

Currently, little is known about the environmental and policy supports for healthful diets and regular physical activity within a community and how these supports change across time. Data have not been collected in a systematic way with regard to these supports at a community level. Most surveys and

surveillance systems measure health and behavioral factors at the individual level. Integrating environmental and policy factors that contribute to health and disease into surveys and surveillance is an important step in effectively preventing disease (Kyle, Balmes, Buffler, & Lee, 2006; Story et al., 2009).

Assessment of these policies, practices, and standards that support healthful eating and physical activity at the local level is important to public health programs because it helps them identify areas for interventions and track progress in changing those supports. CDC's current data collection efforts mainly focus on individual behaviors; however, the proposed data collection extends the breadth of CDC's activities and fills a critical gap by documenting community-level policies, practices, and standards that support the behaviors of physical activity and healthful eating. 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).

Efforts in Assessing Community-Level Policy Supports. This effort to develop a community-based national survey to measure policy and environmental supports for healthy eating and active living is influenced by previous work CDC conducted on recommended community strategies and measurements to prevent obesity in the United States (Kettel Khan et al., 2009) and a methodological pilot study conducted in 2012. Foundational work for this study included the identification of 24 recommended strategies for local communities to implement that would encourage healthy eating and active living to address the obesity epidemic and decrease the incidence of chronic diseases. The proposed national survey content and data collection procedures incorporate lessons learned during an initial pilot study (Pilot Study of Community-Based Surveillance and Supports for Healthy Eating/Active Living, OMB No. 0920-0934, exp. 5-31-2013). This pilot provided valuable information to inform the sample design, the most effective recruitment strategies for maximizing response rates, and tested the feasibility of proposed survey items for the new national survey.

This current effort seeks to build upon previous work by conducting a nationally representative survey of communities to document the current prevalence of policies, practices, and standards under the

purview of local governments. Data from this survey are valuable because they will provide the current status of communities. They also have the potential to be used to establish a baseline for tracking these activities across time.

A.1.b. Study Overview

This study consists of a nationally representative survey of municipalities in the United States to document community-based policy and practice supports for healthy eating and active living. Information from this survey will provide data on the policies and practices municipal governments have in place to support healthy eating and active living for their residents and can serve as a baseline to assess progress made in changing these policies and practices across time. The national survey is designed to yield 95% confidence intervals within ± 3 percentage points for all study estimates, taking into account the anticipated design effect and response rate of 70%. The national study will also detect a 5% difference in prevalence estimates between subgroups of approximately equal sample sizes with an alpha of 0.05.

The national study's sample will use a single-stage selection approach to recruit municipalities, which will then be stratified by a number of relevant dimensions including region, population size, and urban status. The sampling frame will include 4,484 municipalities to ensure a sample size large enough to obtain the desired response rate and to generate subgroup comparisons with 80% power and detect differences as small as 5%, as required by CDC. The key respondent for each sampled municipality will be the city or town manager or planner or a person with similar responsibilities for the sampled municipality. To recruit them, each sampled municipality will receive a study invitation packet. Respondents will be able to complete the self-administered survey via a Web-based data collection system or hard copy, depending on their preference. Sampled entities will receive e-mail and telephone reminders at set intervals over the duration of the proposed 16-week data collection window. The data collection window for the study is 12 weeks, with an additional 4 weeks of time allotted for nonresponse survey follow-up activities. As municipalities complete the survey, they will be removed from future nonresponse follow-up procedures. A case management system (CMS), an integrated database developed by the contractor, will be used to carefully track and update the survey completion status for each community.

A.1.c. Privacy Impact Assessment Information

This study will collect information on policies, standards, and practices that local governments have in place to support healthy eating and physical activity among residents within the communities. The national survey will be conducted with a national sample of 4,484 municipalities. The national survey questionnaire is a self-administered instrument that consists of self-report for 24 questions. Questions focus on municipal-level public policies, standards, and practices rather than on information about the key respondents themselves. More specifically, the questionnaire obtains data on local-level planning documents, such as policies that support changes in the built environment to encourage physical activity, policies that support access to healthful food and beverages, and policies on breast-feeding. Data sources for answering the survey items are the existing public documents within the local governments, which 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 respondents' privacy. Nevertheless, safeguards will be put in place to ensure that all collected data remain private. To facilitate the distribution of study invitation materials, the respondents' names, e-mail addresses, mailing addresses, and telephone numbers will be collected as a part of the sampling frame. However, this information will be captured in a separate system and will never be part of the study data set.

A.1.d. Overview of the Data Collection System

The questionnaire will be administered to a key informant representing each of the 4,484 sampled municipalities. The key informants (city or town managers or planners or persons with similar responsibilities for the sampled municipality) were identified as the individuals possessing the broadest knowledge of the healthy eating and active living policies and practices being implemented within the municipalities. The questionnaire was designed to allow for collaboration with other employees of the sampled municipality, should a respondent need additional information to provide the most accurate information.

Questionnaires will be self-administered via paper forms (Appendix C1) or the Internet (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 mailing it in. Respondents who wish to use a paper survey can choose to print a

specially formatted paper questionnaire 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 governments. The questionnaire consists of 38 items divided into three sections. The first section, Communitywide Planning Efforts, asks questions about the planning documents local municipalities may have in place that support healthy eating and active living. The next section asks respondents to indicate what policies, standards, and practices they have in place to support aspects of the built environment that support physical activity. The third section of the survey asks about policies, standards, and practices in place to support access to healthy food and beverages, as well as breast-feeding.

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

The national survey will use a Web-based data collection to obtain responses from key informants from 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 Web site. The Web site does not include content directed at children younger than 13 years of age. No links or references to outside Web sites will appear on the study Web site. The log-in page for the Web-based survey will present the rules of conduct and the privacy policy for the data collection.

A.2. Purpose and Use of Information Collection

Results from this study uphold the goals of several key CDC agency priorities. In 2009, CDC issued recommendations for actions that communities could undertake to alter local environments to support healthful diet and physical activity (Kettel Khan et al., 2009). The proposed study project builds on those recommendations by assessing the extent to which communities have some of the recommended strategies in place.

This effort also strengthens one of CDC's 10 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. Communities are one setting in which strategies to lower obesity rates through improved nutrition and greater levels of physical activity are being implemented, and this survey will support those efforts. This project also bolsters three of the five strategic directions for CDC as identified by the CDC Director. These three are:

- Excellence in surveillance, epidemiology, and laboratory services
- Strengthening support for State, tribal, local, and territorial public health
- Advancing evidence-based health policies

The national survey will assist the work of CDC programs that provide support to States and communities to address environmental and policy supports for healthy eating and physical activity. These major programs include the following:

- Community Transformation Grants (CTG)
- State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity, and Associated Risk Factors, and Promote School Health

There is limited systematically collected information on the types of policies and practices of local governments that encourage their residents to consume healthful diets and participate regularly in physical activity. This study will help fill this data gap. Information obtained will be relevant to multiple CDC initiatives and to other stakeholders. CDC will further use this information to evaluate the extent to which local communities are implementing strategies consistent with its recommended measures for communities and recommendations from expert groups, such as the Institute of Medicine (IOM) and the U.S. Surgeon General. Results will also help CDC learn about the characteristics of municipalities that have specific policy and practice supports for diet and physical activity and whether their implementation clusters with other supports. Local agencies may use the data collected to evaluate how they compare nationally or with other sampled municipalities of a similar geography, population size, and urban status. From this information, communities may learn which policy supports are being enacted by their peers and better understand what is most feasible toward policy and environmental interventions or solutions for healthy behaviors or choices. The disseminated information among the

local jurisdictions can also serve as validation of municipalities' efforts toward improving healthy eating and active living supports in the community.

CDC will share these data with other Federal agencies and additional colleagues. CDC has contacted U.S. Department of Housing and Urban Development (HUD), U.S. Department of Agriculture (USDA), and the National Institutes of Health (NIH) to make them aware of the study and has offered to provide the summary of findings and methodology, if requested. Aggregate data will be shared with other Federal agencies upon request. CDC will also share aggregated information on the findings through Webinars, scientific papers, and presentations. Sampled municipalities will receive individualized reports presenting findings for the municipality.

A.2.a. Privacy Impact Assessment Information

This study will collect information on policies and practices that local governments have either enacted or support that provide environmental supports for healthy eating and physical activity among community residents. The national survey questionnaire is a self-administered instrument that consists of 24 questions to obtain 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 that are in place to support access to healthy food and beverages, as well as breast-feeding. Sources of information for the survey items are the existing public documents within the local governments. 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 respondents' privacy. To facilitate the distribution of study invitation materials, the respondents' names, e-mail addresses, mailing addresses, and telephone numbers will be collected as a part of the sampling frame. This information will be captured in a separate system and will never be part of the study data set.

A.3. Use of Improved Information Technology and Burden Reduction

The data collection uses a secure Web-based data collection and CMS as the primary method for implementing the national survey. 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 a respondent due to faulty implementation of skip instructions are virtually eliminated. Thus, this approach will reduce respondent

burden insofar as they 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 because of the speed of data transmissions, as well as receipt of the data 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. On the basis of the pilot study, approximately 1-2% of respondents are expected to elect using paper format.

All data will be electronically uploaded as surveys are completed. Security measures will be put in place to 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. 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, particularly the collection of data on policy and environmental supports that exist at the local or community levels. The Federal agencies that were contacted were HUD, USDA, and 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 reviewed its own national program, CTG, to determine whether or not there was potential duplication of data collection efforts and determined that no such duplication of efforts existed (see

Monitoring and Reporting System for Community Transformation Grant Awardees, OMB No. 0920-0946, exp. 8/31/2015; and Targeted Surveillance and Biometric Studies for Enhanced Evaluation of Community Transformation Grants, OMB No. 0920-0977, exp. 8/31/2016). The CTG program funds approximately 100 grantees including state and local government agencies, tribes, territories, non-profit organizations and small communities. Data collection efforts for the CTG program primarily focus on the selected communities receiving grants and do not provide a national baseline set of prevalence estimates for the policy supports of interest to CDC.

CDC also carefully reviewed the intent of NIH's National Heart, Lung and Blood Institute (NHLBI) Healthy Communities Study, which also collects some information on community level policies (OMB No. 0925-0649, exp. 8/31/2016). However, the NHLBI study is a 5-year observational research study that focuses on determining the associations between community programs and policies and body mass index (BMI), diet, and physical activity in children and if community, family, and child factors that modify or mediate those associations. The NIH's study 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. In addition, Healthy Communities Study collects children's behaviors and weights to answer specific research questions related to childhood weight status.

In contrast, the national survey proposed by CDC focuses on the presence or absence of policies, standards, and practices under the jurisdiction of local governments that are important to monitor because of their potential to impact environments and associated behavioral and health outcomes within communities and that are consistent with recommendations of expert groups. Subsequently, a national baseline of prevalence estimates for these policy and environmental supports will be established. Although the NIH and CDC studies will collect some similar but limited data, CDC has determined that the purposes and objectives of the NIH effort do not make it feasible to use the data for CDC's objectives. The NIH study would not provide the necessary information to satisfy CDC's need for national and regional estimates with the desired level of precision on the selected policy supports nor provide the designated data elements for the specific types of policy and environmental supports that CDC wants to document.

Persons contacted from other federal agencies are listed below.

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A.5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this study. Many municipalities have populations of less than 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 one-time data collection is a national survey that will collect information on policies and practices that local governments adopt to support individual residents in their communities in making healthful lifestyle choices related to diet and physical activity. Information from this survey will fill a critical knowledge gap by enabling the development of national and regional prevalence estimates on the types of policies and practices municipalities enact that encourage healthy eating and active living. It will also provide a robust data set and a potential baseline to track communities' progress over time. There is no extant data source available that provides comprehensive data on policy and practice supports for healthy eating and active living at the municipal level. Without this study, CDC will lack the data needed to assess the current status of recommended community-level policies and practices. Data from this study can also be used to track changes in these policies and practices over time.

There are no legal obstacles to reduce the burden.

A.7. Special Circumstances Relating to the Guidelines of 5 C.F.R. 1320.5

This request fully complies with the regulation 5 C.F.R 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 Notice was published in the *Federal Register* on June 3, 2013, Vol. 78, No. 106, pp. 33094-33095 (Appendix B1). One public comment was received and acknowledged (Appendix B2).

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

During development of the pilot study, CDC initially consulted outside the agency regarding this new data collection to determine whether there was a need and what the focus should be for a study. Consulting efforts then extended to development of the survey methodology, sampling design, and survey questionnaire. In March 2010, CDC held a meeting with CDC-funded State Program Coordinators during its State Program Meeting to assess the feasibility and usefulness of a national

community-based study. 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 study. This panel of subject matter experts (SMEs) consisted of representatives in city planning, government policymaking, transportation, nutrition and food systems, physical activity, and public health. During the 2010 consultation, various questions were posed to the experts: Whether the study would be useful; what types of policies and environmental supports under the purview of local government control were most relevant and should be considered for the study; what information would be most useful to communities; and what would be the best approaches for collecting data. This group concluded with agreement for conducting the study using key informants from a sample of local municipalities. Finally, the expert panel made recommendations on data to be collected, which were incorporated into the survey design. The members of the expert panel are listed below.

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In 2010, CDC also conducted an environmental scan of potential extant data sources to populate a national study. The environmental scan confirmed that existing data sources did not have the required coverage of municipalities in any given state. These data sources also did not contain current data on policies, standards, and procedures.

For the design of the pilot study questionnaire—the basis of the national study 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 was provided previously.

CDC also consulted with three topic experts outside of the agency to review and comment on the pilot survey questionnaire and three new topic experts to review selected new items in the national survey. Contact information for these experts is provided below:

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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 an individualized report based on findings from the national survey.

A.10. Assurance of Confidentiality Provided to Respondents

The contractor's institutional review board (IRB) determined that IRB approval is not required for this project because the study does not meet the Federal definition of research given in 45 CFR 46.

Privacy Impact Assessment Information

***Privacy Act Determination*.** The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) has reviewed this information collection request and determined that the Privacy Act does not apply. First, although identifiable information (e.g., name, address) will be collected about the key informants interviewed for the national survey for follow-up purposes, the key informant participants will be providing survey responses in their role as locally employed staff knowledgeable about policies and practices implemented at their local government level. Respondents will not provide personal information. No identifying information will be retained in data records. Study participants will be 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 telephone number) used to contact each key informant for an interview (e.g., by sending

recruitment study materials) will be maintained in a file that will be separate from the filing system for the response data. The connection between respondents' tokens and their identifying information will be retained only long enough to permit responses to be logged as completed. After a completed survey is received, the data record will be given a new unique identifier that will be viewable only by the system administrator. These data can only be linked with effort because they are stored in separate data files. Study records will be destroyed within 3 years of the completion of the project.

Consent. A consent notification will be provided to respondents. The consent notification is included in introduction to both the paper questionnaire and web survey. This consent statement will apprise the individual of his or her right to refuse to answer any question. For the web survey, once the respondent has logged in, the program will display the consent statement before any questions are displayed. Respondents will be directed to click a button indicating their consent to participate before advancing to the first survey question.

Voluntary Nature of Participation. Provision of the information by respondents is voluntary. Respondents will be assured that there is no penalty if they decide not to respond, either to the entire questionnaire, part of the questionnaire, or to any particular question. All data will be closely safeguarded. No municipal or individual identifiers will be used in study reports; only aggregated data will be reported. CDC may choose at a later time to use Federal Information Processing Standards (FIPS) codes or similar means to link survey data to other data sets for further analysis, but municipal identifiers will not be used.

A.11. Justification for Sensitive Questions

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

A.12. Estimates of Annualized Burden Hours and Costs

One year of OMB approval is requested for one cycle of information collection. The survey is self-administered and is expected to take 30 minutes on average to complete. Responses may be submitted in hardcopy format (Appendix C1) or via the Web (Appendix C2). Based on experience with the pilot study, we anticipated that approximately 98% of responses will be received electronically. Overall, we will request the participation of 4,484 communities and expect to yield approximately 3,139 completed surveys (70% response rate).

CDC will send each sampled municipality a study invitation packet containing an invitational letter from CDC to recruit them for the study, letters of support from state agencies or national organizations, a project fact sheet, and instructions on how to access the questionnaire to recruit them for the study. These items are included in this submission as Appendices D1-D3.

Within 3 days after the invitation packet is received by the sampled communities, study recruiters will make follow-up telephone calls to confirm receipt of the invitation packet and carefully review the intent of the study in an attempt to obtain a high response rate. This telephone conversation will provide an opportunity to confirm with respondents that he/she can use his/her unique access code to log into the survey Web site. The study's data collection and CMS system will monitor the rate at which the survey is being accessed and completed. Follow-up e-mail or telephone reminders for the data collection will occur at 2-week intervals for respondents who have not completed and submitted their surveys. The materials for these follow-up contacts are located in Appendices D4 and D5.

The survey respondent will be asked to respond to a questionnaire and will be provided guidance that he or she can confer with colleagues or municipal documents as needed to provide the most accurate responses. The print version of the survey will able accessible to respondents from within the web application. Respondents who choose to complete a printed questionnaire will mail this questionnaire to the contractor's headquarters. As with the Web-based survey, respondents will be able to consult with colleagues to obtain the best response. The estimated burden of completing the questionnaire is approximately 30 minutes, regardless of mode of administration, as shown in Table A.12.a. 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.

Sampled municipalities are expected to receive a minimum of three nonresponse follow-up telephone calls, which have been estimated to carry a burden of 5 minutes each. Not all municipalities will require follow-up telephone calls, and some municipalities may require up to nine calls (additional calls may be made twice in one week as a part of nonresponse follow-up). Therefore, we have used an average of five attempts per community.

The total estimated respondent burden for all data collection activities is 3,438 hours.

Public burden estimates are based on findings from the pilot study 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 or Town Planner or Manager	National Survey of Community-Based Policy and Environmental Supports for Healthy Eating and Active Living	3,139	1	30/60	1,570
	Telephone Non-response Follow-up Contact Script	4,484	5	5/60	1,868
				TOTAL	**3,438**

There are no direct costs to the respondents themselves. However, the costs may 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 or planner was used for the estimates.[1] The estimated annualized total cost to respondents is $176,233.

[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.

Exhibit A.12.b. Total Costs to Respondents

Type of Respondent	Data Collection Instrument	Total Burden (in Hours)	Hourly Wage Rate	Respondent Cost
City or Town Planner or Manager	National Survey of Community-Based Policy and Environmental Supports for Healthy Eating and Active Living	1570	$51.26	$80,479
	Telephone Non-response Follow-up Contact Script	1,868	$51.26	$95,754
			TOTAL	**$176,233**

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 $485,781. Some activities will be conducted during the preclearance 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 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 data analysis. Direct costs in CDC staff time will be approximately $48,576. These costs are derived from the estimated hours and salary of the project team, staff to obtain government clearances, and staff to address administrative issues related to the contract.

The total estimated annualized cost to the government is $534,357.

A.15. Explanation for Program Changes or Adjustments

This is new data collection. A 12-month approval is requested.

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

A.16.a. Publication Plans

Publication plans for the study include the production of community-level data dissemination reports and publication of scientific articles. The community-level data dissemination report will be provided to communities completing the study and will include individualized community data compared with summary data from communities of similar demographic characteristics (e.g., region, size). Additional reporting of findings will consist of publications in scientific journals (e.g., public health, epidemiologic journals), which will describe the prevalence and characteristics of communities that have policy and environmental 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. OMB clearance is expected by mid-January, 2014. Data collection would begin in late January or early February 2014. We may adjust the timeline, depending on the date of OMB approval and other implementation factors.

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

Data Collection, Analysis, and Reporting Activities	Timeline
OMB clearance received	January 2014
Data collection	January/February–April/May 2014
Preparation of SAS data file (data cleaning, processing, tabulation, and analysis using SAS software)	June–July 2014
Final data dissemination reports	June–July 2014
Final report summarizing procedures, findings, and lessons learned	July–September 2014

A.16.c. Tabulation Plans

Tabulation plans will use SAS software and consist of baseline descriptive statistics and frequencies for survey responses. Weighting and estimates will also be developed using appropriate software and analytic techniques. CDC will use a de-identified SAS data set for further analysis. CDC may use FIPS

codes at a future time to link the data to other public and commercial data sets to investigate sociodemographic variation in municipal policy supports and the coexistence of environmental supports of healthy eating and active living by region, population size, and urban status.

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 Certification for the Paperwork Reduction Act Submissions

There are no exceptions to the certification.