

**SUPPORTING STATEMENT A**

**FOR**

**NATIONAL DIABETES EDUCATION PROGRAM**

**SURVEY OF THE PUBLIC:**

**Revision Package for OMB No. 0925-0552, expiring October 31, 2015**

**August 22, 2014**

**National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)**

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## Contents

Part A: JUSTIFICATION.....	4
A.1. Circumstances Making the Collection of Information Necessary.....	4
Summary of Changes to Existing Approved Data Collection.....	6
A.2. Purpose and Use of the Information.....	7
Justification for using a web-based mode of data collection.....	10
Administration of a web-based survey.....	10
A.3. Use of Information Technology and Burden Reduction.....	14
A.4. Efforts to Identify Duplication and Use of Similar Information.....	15
A.5. Impact on Small Businesses or Other Small Entities.....	15
A.6. Consequences of Collecting the Information Less Frequently.....	16
A.7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5.....	16
A.8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside Agency.....	16
A.9. Explanation of Any Payment or Gift to Respondents.....	16
A.10. Assurance of Privacy Provided to Respondents.....	17
A.11. Justification for Sensitive Questions.....	19
A.12. Estimates of Hour Burden Including Annualized Hourly Costs.....	20
A.13. Estimate of Other Total Annual Cost Burden to Respondents or Recordkeepers.....	22
A.14. Annualized Cost to the Federal Government.....	22
A.15. Explanation for Program Changes or Adjustments.....	23
A.16. Plans for Tabulation and Publication and Project Time Schedule.....	23
A.17. Reason(s) Display of OMB Expiration Date is Inappropriate.....	24
A.18. Exceptions to Certification for Paperwork Reduction Act Submissions.....	24
REFERENCES.....	25

Highlighted text shows changes from 2012 OMB approval.

## **ATTACHMENTS**

Attachment A. Executive Summary: NDEP National Diabetes Survey: Initial Results: Trends from Three Rounds (2006, 2008, 2011) for Respondents Ages 45+, December 1, 2012

Attachment B-1. Roadmap Overview of Draft of NNDS Online Survey

Attachment B-2. Screen shots of NDEP National Diabetes Survey Instrument--English

Attachment B-3. Screen shots of NDEP National Diabetes Survey Instrument--Spanish

Attachment C. GfK Privacy Procedures for Panelists and GfK and SSS Data Management Procedures

Attachment D. GfK KnowledgePanel® Recruitment and Empanelment Methodology including Consent

Attachment E. GfK's E-mail Notification to KnowledgePanel Participant for NNDS

Attachment F. GfK's Age Verification Process for this Survey

Attachment G. Best Practices for ICR Supporting Documentation for KnowledgePanel® Surveys

## **List of Tables**

Table 1 (A.2-1). Selected OMB-Approved Studies Using the GfK KnowledgePanel® .....	12
Table 2. (A.12-1): Estimates of Hour Burden.....	21
Table 3. (A.12-2): Annualized Cost To Respondents.....	22
Table 4 (A.14). Annualized Cost to the Federal Government.....	23
Table 5. (A.16-1): Survey Time Schedule.....	24

Highlighted text shows changes from 2012 OMB approval.

## SUPPORTING STATEMENT A

### Part A: JUSTIFICATION

#### *A.1. Circumstances Making the Collection of Information Necessary*

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) is submitting this supporting statement as a request to revise an existing approved information collection (OMB No. 0925-0552), expiring October 31, 2015. This collection is for NIDDK to conduct periodically a survey of the public to support program planning activities of the National Diabetes Education Program (NDEP).

The National Diabetes Research and Education Act, Public Law 93-354, amended the Public Health Service Act to provide greater and more effective efforts in research and public education with regard to diabetes. Current authorization for NIDDK's research and information dissemination activities is contained in 42 USC 285c. The Act authorizes the establishment of the Diabetes Mellitus Interagency Coordinating Committee to coordinate the activities of National Institutes of Health (NIH) and other agencies related to diabetes and its complications. The Diabetes Mellitus Interagency Coordinating Committee launched the National Diabetes Education Program (NDEP) in 1997, in response to scientific evidence that improved management of diabetes can significantly reduce morbidity and mortality related to the disease.

NDEP is a partnership of the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) and more than 200 public and private organizations. The longterm goal of the NDEP is to reduce the burden of diabetes and prediabetes in the United States, and its territories, by facilitating the adoption of proven strategies to prevent or delay the onset of diabetes and its complications. The

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program audiences include the public, people at risk for diabetes, people with diabetes and their families, with special emphasis on racial/ethnic populations; health care providers; and payers and purchasers of health care and health care system policy makers. The NDEP objectives are:

- (1) Increase awareness and knowledge of the seriousness of diabetes, its risk factors, and effective strategies for preventing complications associated with diabetes and preventing type 2 diabetes.
- (2) Increase the number of people who live well with diabetes and effectively manage their disease to prevent or delay complications and improve quality of life.
- (3) Decrease the number of Americans with undiagnosed diabetes.
- (4) Among people at risk for type 2 diabetes, increase the number who make and sustain effective lifestyle changes to prevent diabetes.
- (5) Facilitate efforts to improve diabetes-related health care and education, as well as systems for delivering care.
- (6) Reduce health disparities in populations disproportionately burdened by diabetes.
- (7) Facilitate the incorporation of evidenced-based research findings into health care practices.

An integral part of the NDEP strategic plan is evaluation. The program evaluation documents the extent to which the NDEP program has been implemented and how successful it has been in meeting the program objectives.

In March 2006, NDEP launched a national probability telephone survey (OMB No. 0925-0552) on the public's knowledge, attitudes and practices related to diabetes. This survey was repeated in 2008 and again in 2011 (Attachment A). The surveys are designed to collect information on key target audiences of NDEP – people with diabetes and their families, people with prediabetes, people at risk for

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developing diabetes and the public. To improve estimates of minorities, a stratified sample design was used that oversamples African American and Hispanic households.

These surveys have been funded by the NIH Evaluation Set-Aside (ESA) Program administered by the Office of Program Evaluation and Performance (OPEP) within the Office of the Director (OD) and by NIDDK/NDEP funding. The Department of Health and Human Services (DHHS) is authorized, under the Public Health Service (PHS) Act, to allocate a percentage of annual appropriations for evaluating the effectiveness of PHS programs. In addition to assessing the effectiveness of federal health programs, the purpose of the Evaluation Set-Aside is to identify ways to improve their implementation and effectiveness. The Evaluation Set-Aside provides a critical funding mechanism by which NIH and other public health service agencies can evaluate program performance. This approved data collection is also funded under this Evaluation Set-Aside mechanism.

#### ***Summary of Changes to Existing Approved Data Collection***

Approval is requested for a revision to the existing data collection approved by OMB (OMB No. 0925-0552/ Exp. 10/31/2015).

1. We are proposing to use a probability-based web-based survey rather than the random-digit-dialing (RDD) telephone survey that we previously conducted. Given the increasing difficulties with ensuring adequate response rates from RDD studies<sup>1</sup> in the past several years, use of a web

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<sup>1</sup> According to survey experts at the Department of Education (Federal Register /Vol. 75, No. 177 /Tuesday, September 14, 2010 /Notices, p. 55779), random digit dial (RDD) survey response rates declined from above 80% in early 1990s to 53% in 2007, and they have continued to decline. The decline in the percentage of households without landline telephones (from 93% in early 2004 to about 75% in 2009 mostly due to conversion to cellular-only coverage) has contributed to that decline.

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survey is now the recommended mode of collection. We describe this in further detail in Section A.2. below. Procedures for this data collection are described in Supporting Statement B.

2. We are also proposing an update of the survey questionnaire. This has not been updated since it was first developed in 2006. There are needed updates such as formatting changes to convert a telephone interview to a web-based survey. With the Program's new strategic plan and focus on helping people with diabetes and people at risk make and sustain lifestyle changes to improve their health, the NDEP is also proposing question revisions to increase our ability to identify self-reported behavior changes. The revised survey instrument is in Attachment B-2 (Attachment B-3 is the Spanish version).

We estimate that these proposed changes in methodology (including a slightly larger sample size) and survey content (with a slightly longer survey) will modestly increase the total burden hours for respondents, detailed in Section A.13.

#### ***A.2. Purpose and Use of the Information.***

The revision request continues to collect data that supports the program planning and evaluation activities of the National Diabetes Education Program (NDEP). The lead agency for implementation and evaluation of the NDEP is the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). As noted earlier, the NIDDK is specifically mandated to "conduct and support research, training, health information dissemination, and other programs with respect to diabetes ...." To that end, the NDEP conducts diabetes awareness and education activities, develops and disseminates education tools and resources, and promotes initiatives to improve the quality of and access to diabetes care.

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Multiple strategies have been devised to address the NDEP objectives. These have been described in the NDEP Strategic Plan and include:

(1) Identify, and share with current and new partner organizations representing health care providers and community-based organizations representing people with diabetes and at risk for diabetes, model programs and resources that help them support their constituents and members to develop and sustain a healthy lifestyle to prevent type 2 diabetes or effectively manage diabetes and improve their outcomes.

(2) Identify, and share with current and new partner organizations, tools, resources and programs that help improve effectiveness in diabetes management and prevention interventions through clinical care engagements.

(3) Identify, and share with current and new partner organizations, tools and resources for community organizations and community leaders seeking to improve health outcomes for people with diabetes and people at risk for type 2 diabetes where they live, work, play, and worship.

An integral part of the NDEP's strategic plan continues to be an evaluation plan that is a comprehensive strategy for process and outcome evaluation. The process evaluation monitors program implementation, demonstrates progress toward achievement of objectives, and identifies areas in need of mid-course correction or continuation. The process evaluation indicators on audience reach and access, for example, are measured from tracking reach and frequency of traditional and social media outreach as well as publications ordered.

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The outcome evaluation of the NDEP has relied primarily on secondary data from a variety of national sources such as the National Health and Nutrition Examination Survey (NHANES OMB No. 0920-0237/ Exp. 11/30/2012), the National Health Interview Survey (NHIS OMB No. 0920-0214/ Exp. 08/31/2014), and the Behavioral Risk Factor Surveillance System (BRFSS). The NDEP identified the need for additional information for future program planning and outreach efforts for which there is no existing relevant data source and developed a population-based survey specifically focused on diabetes.

This public survey, now called the NDEP National Diabetes Survey (NNDS), has been conducted three times (2006, 2008, 2011), and results from each round have been very important for the NDEP to use in program planning and program development. In the last few years—partly as result of the first two surveys showing high knowledge but not improved behaviors—the NDEP has added a focus on changing behavior – not just what to change but also how to change. This included developing tools to support people in their efforts rather than focusing solely on increasing knowledge. The 2011 survey results and the trend comparisons documented improvements in knowledge about and awareness for taking action to prevent or control diabetes since 2006 while behaviors around self-management of diabetes are stagnant.

The results of the 2006 and 2008 public surveys were published in an article in 2009<sup>2</sup> as well as disseminated at various conferences. The 2011 results and the trend comparisons have been presented at various NDEP stakeholder meetings such as the mid-May 2012 meeting of the NDEP Operations Committee as well as at conferences such as the 2013 American Association of Diabetes Educators annual meetings, the 2013 American Diabetes Association Scientific Sessions, and the 2012 Science of

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<sup>2</sup> Gallivan J, Brown C, Greenberg R, and Clark C. Predictors of Perceived Risk of the Development of Diabetes. *Diabetes Spectrum* June 20, 2009 vol. 22 no. 3 163-169.

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Eliminating Health Disparities Summit. Two journal articles are in the submission and review process with expected publication in 2014.

The primary data collected in this study will supplement available secondary data to provide information for the NDEP to focus and refine their program strategies to reach the NDEP's target audiences and to help shape the NDEP's future initiatives. In addition, the survey report will provide an additional set of data points to continue the trend results demonstrating the effectiveness of the NDEP's efforts over time.

#### ***Justification for using a web-based mode of data collection***

The field of survey research has been shifting towards using web-based surveys. In addition to the brief rationale described above to ensure better response rates, a web survey has additional benefits:

- Limits burden because respondents only see questions relevant to them, based on their responses to prior questions.
- Allows respondents to complete the survey at a time convenient for them.
- Allows respondents maximum privacy in answering questions.

#### ***Administration of a web-based survey***

For this survey, the sample will be drawn from the GfK<sup>3</sup> KnowledgePanel,<sup>®</sup> the only probability-based online panel of the U.S. population. This panel was identified from an assessment we conducted of

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<sup>3</sup> GfK acquired Knowledge Networks in 2011.

national market research firms to identify those that maintained a nationally representative research panel able to respond to web surveys (Attachments D, E, F, and G).

- The GfK panel has been studied by other researchers and is generally considered representative of the U.S. population. One notable study by Cameron and DeShazo<sup>4</sup> found that, overall, the KnowledgePanel<sup>®</sup> was statistically representative relative to established U.S. Census demographic benchmarks such as age and ethnicity distributions.
- The representativeness of the KnowledgePanel<sup>®</sup> has been enhanced since the Cameron and DeShazo study by GfK's current reliance on an address-based sampling method (ABS). ABS is considered a promising alternative to RDD (Dillman et al., 2009<sup>5</sup>) because of the number of cell phone-only households in the U.S. Currently, 18% of U.S. households use cell phones only (Dillman et al., 2009).
- Provides a single mode of data collection (web-based), obviating the potential for data collection mode effects.
- The number of households that do not have access to the internet is another challenge for a web-based survey and for creating an appropriate sample frame. According to the U.S. Census Bureau, approximately 24.5% of U.S. households did not have any access to the internet in 2011 (See SSB, Table B-1, GfK KnowledgePanel<sup>®</sup> Demographic Comparisons - August 2013). GfK's KnowledgePanel<sup>®</sup> has sample coverage of non-Internet households by providing members that did not previously have internet access with laptops and internet access.
- U.S. households that are predominantly Spanish-speaking are another challenge for a national, web-based survey that is presented in English. GfK includes these households in their

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<sup>4</sup> Cameron, T.A. and J.R. DeShazo. 2008. "Demand for Health Risk Reductions." ("Flagship" paper for project on valuation of health risk reductions; status: revise-and-resubmit, July 2009). Available at: <http://pages.uoregon.edu/cameron/vita/wpabstracts.htm>

<sup>5</sup> Dillman, D.A., Smyth, J.D., and L.M. Christian. 2009. *Internet, Mail, and Mixed-Mode Surveys: The Tailored Design Method*, third edition. John Wiley & Sons, Inc.: Hoboken, New Jersey, 499 p.

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recruitment process and as members of their research panel and surveys in Spanish as needed.

The KnowledgePanel® offers another advantage not generally available to RDD surveys - information on sample characteristics including a profile of the non-responders.

***Use of the KnowledgePanel® for similar studies by US government agencies***

The KnowledgePanel® has been used for a number of similar studies for various US government agencies, as shown in Table 1 which lists selected OMB-approved studies that have used the KnowledgePanel®.

**Table 1 (A.2-1). Selected OMB-Approved Studies Using the GfK KnowledgePanel®**

Lead Researchers	Organization Affiliation	Project Name	Funding Agency	OMB #	OMB Date
Carol Prindle and Paul Mowery	RTI International	Reactions to Canadian Style Cigarette Warning Labels	Centers for Disease Control & Prevention	0920-0565	08/2002
W. Kip Viscusi	Harvard University, School of Law	Water Quality in America, Pretest Rounds 1-4	Environmental Protection Agency	2010-0031	10/2002 02/2003 04/2003 04/2004
George L Van Houtven	RTI International	Eliciting Risk Tradeoffs for Valuing Fatal Cancer Risks	Environmental Protection Agency	2060-0502	02/2003
James K. Hammitt	Harvard University, Center for Risk Analysis, Department of Health Policy and Management	Estimating Consumer Benefits of Improving Food Safety	United States Department of Agriculture	0536-0062	12/2003
George L Van Houtven	RTI International	Estimating the Value of Improvements to Coastal Waters - A Pilot Study of a Coastal Valuation Survey	Environmental Protection Agency	2090-0024	01/2004
Jason F. Shogren	University of Wyoming, Department of Economics and	Estimating Consumer Benefits of Improving Food Safety	United States Department of Agriculture	0536-0062	03/2005

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Lead Researchers	Organization Affiliation	Project Name	Funding Agency	OMB #	OMB Date
	Finance				
David Chapman	Stratus Consulting	Coral Reef Economic Valuation Pretest	National Oceanic and Atmospheric Administration	0648-0531	11/2005
Pete Webb	Pacific Consulting Group	IRS TAB Conjoint Study I & II	Internal Revenue Services	1545-1432	01/2006 06/2006
W. Douglas Evans	RTI International	Evaluation of the National Abstinence Media Campaign	Office of Population Affairs, Department of Health and Human Services	0990-0311	06/2007
Jennifer Uhrig	RTI International	HIV Testing Efficacy Survey	Centers for Disease Control & Prevention	0920-0752	08/2007
Pete Webb	Pacific Consulting Group	IRS Economic Stimulus Study IRS Market Segmentation Survey Tax Payer Experience Survey	Internal Revenue Services	1545-1349	09/2008 10/2008
David Chapman	Stratus Consulting	Coral Reef Economic Valuation Cognitive Interviews, Pretest, Full Survey (ANES and MRI)	National Oceanic and Atmospheric Agency	0648-0585	03/2009
Carol Mansfield	RTI International	National-Scale Activity Survey	Environmental Protection Agency	2060-0627	04/2009
Kevin Davis	RTI International	Evaluation of the 'Parents Speak Up' National Campaign: National Media Tracking Surveys	Office of Population Affairs, Department of Health and Human Services	0990-0345	09/2009
Kevin Davis	RTI International	Evaluation of the Parents Speak Up National Campaign: Youth Survey	Office of Population Affairs, Department of Health and Human Services	0990-0325	09/2009
Donald Waldman & Scott Savage	University of Colorado	Information about Broadband survey	Federal Communications Commissions (FCCs)	3060- 1132	12/2009
Claudia Squire	RTI International	Survey of FDA Toll Free Number for Reporting Drug Side Effects	Food and Drug Administration	0910-0652	12/2009
Doug Rupert	RTI International	Survey on Presentation of Risk Information in DTC & Print Ads for Prescription Drugs	Food and Drug Administration	0910-0663	06/2010
Larry Bye	Field Research	Evaluation of NIAID's HIV Vaccine Research Education Initiative Highly Impacted Population Survey	Department of Health and Human Services	0925-0618	08/2010
Donald Waldman	University of Colorado, Boulder	Media Ownership Study	Federal Communications Commission	3060-1144	01/2011
Rosemary Kosaka	National Marine Fisheries Service	Ocean Recreational Expenditure Survey	Gulf States Marine Fisheries Commission, Consolidated safety services	0648-0637	11/2011
Kevin Davis	RTI International	CD C National Media Campaign Survey	Centers for Disease Control & Prevention	0920-0923	02/2012

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### **A.3. Use of Information Technology and Burden Reduction**

This study will rely on web-based surveys to be self-administered at home on personal computers, using the GfK KnowledgePanel®. This provides a number of methodological advantages including increased accuracy in measurement of key variables of interest, increased sample characteristics, and reduced burden on study participants. This approach also provides significant savings compared to other modes of data collection such as telephone surveys. These advantages include but are not limited to:

- Increased privacy, as compared to telephone interviewing, reducing vulnerability to socially desirable survey responses, particularly on sensitive subjects such as health behaviors. Surveys are self-administered in a private setting and respondents do not speak to human interviewers as they would with telephone surveys. If necessary, respondents can stop before they have completed the survey and come back to the survey at a later date within the time period.
- GfK members are provided with internet access and hardware if needed. Unlike web-based convenience panels (also known as “opt-in” panels) that include only individuals with Internet access who volunteer themselves for research, KnowledgePanel® uses random, probability-based recruitment and statistically covers households with and without Internet access. Technical support is also provided by GfK if research panel members have difficulty accessing the internet or a particular survey, or have problems with the equipment itself.
- Flexible and timely data collection – Because GfK does not involve interviewers and all ensuing requirements for interviewer training and quality control, it is easier and cheaper to launch – and conduct – surveys very quickly.

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- Significant cost savings over traditional telephone surveys (due to lack of human interviewers and interviewer training).
- KnowledgePanel® utilizes an unbiased general topic recruitment protocol that is free of self-selection biases related to pre-existing interests in specific research topics.

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

After conducting a thorough assessment of available data sources, NDEP determined that primary data was needed to effectively assess outreach efforts of the National Diabetes Education Program. As the Program evolves, NDEP will continue to review existing literature and databases and work with outside consultants to search for comparable secondary data sources. The evaluation currently relies on a variety of data sources including NHANES, NHIS, and BRFSS. Also, wherever appropriate, NDEP/NIDDK works with survey designers to incorporate questions into other national surveys.

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

Respondents in this study will be members of the general public, specific subpopulations or specific professions, not business entities. No impact on small businesses or other small entities is anticipated.

#### **A.6. Consequences of Collecting the Information Less Frequently**

Respondents will only be contacted once for the opportunity to join this round of the survey, with up to two reminder emails.

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

There are no special circumstances relating to the guidelines of 5 CFR 1320.5 and the project fully complies.

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

A 60- Day Federal Register Notice was published on March 19, 2014 (Document citation: 79 FR 15351; FR Doc. no. 2014-06064) on pages 15351-52 (<https://federalregister.gov/a/2014-06064>). There was one public comment received from “jean public” to the federal register posting of March 19, 2014. On the same day, at 8:44 am, this comment was conveying broad discontent with the government’s use of money to fight diabetes, discontent with the “taxing the public to plan to fight diabetes,” the FDA approving foods that are “poison,” and the department’s involvement in diabetes prevention.

An acknowledgement of receipt and a statement of appreciation was sent in response to this comment.

#### **A.9. Explanation of Any Payment or Gift to Respondents**

General incentives are used by GfK. These incentives occur for any survey that is completed by a member of GfK’s research panel and are therefore not specific to this data collection. For households that were recruited to be part of GfK’s research panel but did not previously own a computer or have internet access, GfK provides this equipment as an incentive to participate on the panel and in surveys. When a research panel member is selected to participate in a survey, some panel members receive “points” for every survey they complete. Only panel members who did not receive a computer and

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internet service are eligible for points. Points are redeemable for various rewards/merchandise.

Providing some households with computers and internet service or points for completing surveys allows GfK to maintain a high degree of panel loyalty and reduce attrition from their research panel.

Though survey-specific incentives can be used for particular surveys such as those that exceed 20 minutes in length in order to increase completion rates, survey-specific incentives will not be used for this data collection.

#### ***A.10. Assurance of Privacy Provided to Respondents***

This study provides assurance of privacy to respondents, as required by the Privacy Act of 1974 (P.L. 93-579), section 301 (g) of the Public Health Service Act, as amended, and P.L. 93-218, as amended. All data will be kept secure to the extent permitted by law.

No personally identifiable information will be transmitted. GfK's privacy statement, which is provided and always available to panelists, is available at <http://www.knowledgenetworks.com/company/privacy.html>.

Respondents are informed that, except as provided in the Privacy Statement, personal information will not be disclosed to third parties without the express permission of the respondent. GfK has a system in place whereby members of KnowledgePanel may call a GfK-maintained and staffed panel relations hotline for communicating with GfK about any questions or problems related to a study. This hotline is staffed by the GfK Panel Member Support Center. The hotline is a toll-free phone number that is provided in the Privacy Terms, the study email invitation, and in many other communications with panelists. In addition, there is a Support Center email address for panelists to communicate with GfK. GfK logs into a panel relations database for each contact made or received.

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It is common for Institutional Review Boards (IRBs) to request that GfK provide panelists with the ability to contact the Principal Investigators or the study IRB to report any problems or ask questions about a specific study. When GfK implements this reporting function, any participant in the study can contact GfK with a question or concern about the study. GfK will provide the participant with contact information for the principal investigators and the IRB. Moreover, should a study participant report an adverse event or serious problem, GfK will promptly notify the investigators.

As a further guarantee of privacy, all presentation of data in reports will be in aggregate form, with no links to individuals being preserved. Reports will only be used by project staff for research purposes and for development of specific communication messages and educational materials.

GfK will administer the survey to their research panel and will not provide NDEP or anyone else with name, address, telephone number, or e-mail address information that could be used to identify individual respondents.

When GfK assigns a survey to a panel member, the panelist receives a notice in their password-protected e-mail account that a survey is available for completion. Surveys are self-administered and accessible any time of day for a designated period. All panel members receive a message that contains the following statement, or a variation of this statement:

“Your participation in this survey is voluntary. All responses are protected and any material identifying you will not be provided to anyone outside of GfK. Also see the GfK Bill of Rights.”

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GfK has developed a secure transmission and collection protocol including the use of system passwords, and two separate sets of firewalls to prevent unauthorized access to the system. Neither questionnaires nor survey responses are stored onto the GfK-provided laptops; questionnaires are administered dynamically over the Internet. Survey responses are written in real-time directly to GfK's server and are then stored in a local Oracle database. The database is protected primarily through firewall restrictions, password protection, and 128-bit encryption technology. Individual identifying information is maintained separately from completed questionnaires and computerized data files used for analysis. A detailed description of GfK's privacy safeguards is provided with this submission (Attachment C).

Raw data from data collections that include sensitive information are not retained once the data has been extracted and aggregated nor does the information become part of record containing permanent identifiers that can be used for retrieval. No respondent identifiers will be contained in reports to NDEP, and the results will only present aggregated data.

NDEP and contractor conducted a preliminary review for the Privacy Impact Assessment (PIA, on file at NDEP) and determined that a full PIA was not needed. The survey does not require or request any PII (personally-identifiable information) or PHI (protected health information) and no Privacy Act system of records is being created by this activity.

#### **A.11. Justification for Sensitive Questions**

There are limited numbers of sensitive questions in this survey since GfK obtains information on race/ethnicity, income, and /or health status upon initial recruitment into the panel and are not included in this survey.

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This survey includes questions regarding how one perceives his/her own risk for diabetes and its complications. This information is needed to gain a better understanding of the target audience so that messages, strategies and materials designed will be appropriate and sensitive. Questions of this nature require sensitivity in how they are worded and approached. As noted in section A.10., participants are informed up front about the nature of their participation.

In addition, respondents will be informed that they need not answer any question that makes them feel uncomfortable or that they simply do not wish to answer. Web surveys are entirely self-administered and maximize respondent privacy without the need to verbalize responses.

#### ***A.12. Estimates of Hour Burden Including Annualized Hourly Costs***

The target number of survey completes is 2500 with a total burden of 833 hours (an increase of 84 hours from the previous 749 hours). This is a slightly increased sample size (2500, up from 2100) with an average administration time of 20 minutes, up from an average of 15 minutes.

- Using the GfK panel method, only adults 35 years of age or older will be selected for the survey. One verification question is in the survey to confirm that the adults are 35 years of age or older (Attachment F. GfK's Age Verification Process for this Survey).
- There is no burden for the consent process because consent is done at the time that a respondent is initially enrolled in the KnowledgePanel. (See Att. D. GfK KnowledgePanel® Recruitment Empanelment Methodology incl. Consent.) Those contacted for the survey can opt out by not clicking the email link or opt in, giving consent, by clicking the survey weblink in the invitation email.

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**Table 2. (A.12-1): Estimates of Hour Burden**

<b>Estimates of Hour Burden</b>				
<b>Type of Respondents</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Time per Response</b>	<b>Total Hour Burden</b>
Adults 35+ years old	2500	1	20/60	833
<b>Total</b>	2500			833

The hourly wage is based on current published estimates of the usual weekly earnings of wage and salary workers reported by the Bureau of Labor Statistics (BLS). Estimates of hourly earnings presented in table A.12-2 were computed from median weekly earnings for adult men and women, assuming a 40-hour work week).<sup>6</sup>

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<sup>6</sup> Bureau of Labor Statistics. Usual Weekly Earnings of Wage and Salary Workers. First Quarter 2014. BLS Economic News Release April 17, 2014. <http://www.bls.gov/news.release/wkyeng.toc.htm>

Highlighted text shows changes from 2012 OMB approval.

**Table 3. (A.12-2): Annualized Cost To Respondents**

<b>Annualized Cost To Respondents</b>				
<b>Type of Respondents</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Hourly Wage Rate</b>	<b>Respondent Cost</b>
Public including patients at risk for and with diabetes and their family members	2500	1	\$19.90	\$49,750.00
<b>Total . . . . .</b>				\$49,750.00

**A.13. Estimate of Other Total Annual Cost Burden to Respondents or Recordkeepers**

There will be no capital, operating, or maintenance costs to the respondents.

**A.14. Annualized Cost to the Federal Government**

The approximate annual cost to the government for this study is \$250,000, as shown in the table below.

This cost is based on costs for research design, development of the Office of Management and Budget clearance package, programming for data collection, data analyses, and reporting and presenting the findings to the NDEP senior management after the survey analyses and results are completed. This survey will be funded by the Evaluation Set-Aside legislative authority, which is provided for in Section 241 of the Public Health Service (PHS) Act.

Highlighted text shows changes from 2012 OMB approval.

**Table 4 (A.14). Annualized Cost to the Federal Government**

Personnel	GS level	Hourly Cost	FY14			FY15			Total
			LOE (hours)	% time	Cost	LOE (hours)	% time	Cost	
NDEP Project Director	14	\$58.45	684	34%	\$40,000	1,027	50%	\$60,000	
NDEP Deputy Director	13	\$49.46	1,213	59%	\$60,000	1,820	89%	\$90,000	
<b>Total</b>					\$100,000			\$150,000	\$250,000

**A.15. Explanation for Program Changes or Adjustments**

This is a request for a revision to an existing data collection currently approved by OMB, as discussed above. The specific changes are:

1. Use of a probability-based web-based survey rather than the random-digit-dialing (RDD) telephone survey that we previously conducted.
2. Update of the survey questionnaire (some formatting changes and question revisions) which has not been updated since it was first developed in 2006.
3. A modest increase in the burden amount from the previously approved 650 hours to 833 hours, an additional 84 hours overall. This burden reflects an increase of 5 minutes per participant due to survey content changes and an additional 400 participants.

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

This survey will be conducted by Social & Scientific Systems (SSS), NIDDK’s contractor supporting the evaluation activities of the NDEP. SSS will use an online panel sample from GfK’s KnowledgePanel and will be responsible for working with the NDEP senior management and GfK in all aspects including planning, data collection, analysis, and report writing.

Highlighted text shows changes from 2012 OMB approval.

**Table 5. (A.16-1): Survey Time Schedule**

<b>Survey Time Schedule</b>	
<b>Activity</b>	<b>Time Schedule</b>
Questionnaire and sampling plan development and approval	For OMB approval
Begin online survey	Within 2 months after OMB approval
Completed field work	3 months after OMB approval
Analyses completed	5-6 months after OMB approval
Report on survey results and trend results and presentation of relevant results to the NDEP senior management	7-8 months after OMB approval

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

No exemption is requested. The OMB control number and expiration date will be displayed in the upper right hand corner of all data collection instruments.

**A.18. Exceptions to Certification for Paperwork Reduction Act Submissions**

This data collection has been designed in accordance with the requirements specified in Item 19 of the OMB 83-I. No exceptions to certification are required.

Highlighted text shows changes from 2012 OMB approval.



## REFERENCES

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