

**Assessing the Adoption and Utility of  
National Diabetes Education Program (NDEP) Tools and Resources for  
Health Care Professionals and Health Education Facilitators**

**Supporting Statement: Part A**

New

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## **Assessing the Adoption and Utility of National Diabetes Education Program (NDEP) Tools and Resources for Health Care Professionals and Health Education Facilitators**

### **Overview**

This is a new ICR to assess uptake, satisfaction with, and use of revised diabetes education materials developed and disseminated by the National Diabetes Education Program at CDC. The proposed data collection will consist of two web-based surveys.

CDC/NDEP is requesting approval to conduct two web-based surveys, one with targeted audiences for *New Beginnings* and the other with targeted audiences for the PPOD Guide and Toolkit. The proposed information collection will be used to assess whether relevant audience members have been reached, their satisfaction with the resources and their components, and their use of the resources. This will allow us to further improve the resources, make adjustments to promotion activities, and inform CDC's activities related to diabetes education.

### **A. Justification**

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

The National Diabetes Education Program (NDEP) is a joint program of the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH). The NDEP develops, disseminates, and supports the adoption of evidence-based, culturally and linguistically appropriate tools and resources that emphasize the importance of controlling blood glucose levels, blood pressure, and blood lipids, as well as carrying out other preventive care practices in a timely manner to improve health outcomes and overall quality of life. NDEP recognizes the importance of ensuring that its activities are useful, well implemented, and effective in achieving their intended public health goals.

In 2012 and 2013, CDC/NDEP collaborated with relevant partners to update two major diabetes education resources: *New Beginnings: A Discussion Guide for Living Well with Diabetes* (hereafter referred to as *New Beginnings*) and *Working Together to Manage Diabetes: A Guide and Toolkit for Pharmacy, Podiatry, Optometry, and Dentistry* (hereafter referred to as the PPOD Guide and Toolkit). This information collection request covers assessments of the reach of these two resources, audience satisfaction, use of the resources, and the strategies within them.

#### **New Beginnings**

*New Beginnings* is a discussion guide developed for diabetes educators, health educators, health ministers, lay health workers and others who facilitate discussion groups about diabetes self-management (see <http://www.cdc.gov/diabetes/ndep/new-beginnings.htm>). The discussion guide uses a storytelling approach to facilitate discussions focused on the social-emotional impact of diabetes. Through discussions about the stories of people living with diabetes, the intention is to educate participants on skills related to goal setting, self-efficacy, managing stress, problem solving, helpful communication with family, friends, and health care providers, and other skills related to interpersonal relationships and emotional well-being. NDEP has recently revised New

Beginnings to make it a more accessible and flexible resource that can be adapted for use in diabetes self-management education classes and in other settings.

NDEP has used a vast partnership network to promote New Beginnings among diabetes educators, health educators and community health workers. Key partners include representatives from the American Association of Diabetes Educators (AADE) and the Society for Public Health Education (SOPHE). Additional promotional activities to AADE membership included an ad in the “AADE in Practice Journal” and exhibition at the August 2014 annual meeting attended by over 4,000 diabetes educators and other health professionals. In addition, promotional efforts included blast emails to 320 NDEP faith-based webinar registrants and over 3,000 NDEP News & Notes subscribers and a monthly newsletter disseminated to NDEP partners. Promotional materials including a flyer, newsletter article and web link were also provided to NDEP African American/African Ancestry Group members to share with member groups/colleagues.

### PPOD Guide and Toolkit

The PPOD Guide and Toolkit is primarily targeted at PPOD professionals, but also aims to reach other health professionals who serve patients with diabetes, such as primary care providers (e.g., physicians, nurse practitioners and nurses), endocrinologists, Certified Diabetes Educators, nutritionists, and Certified Health Educators. The guide aims to reinforce consistent diabetes messages for professionals in disciplines such as pharmacy, podiatry, optometry, and dentistry (PPOD) and to promote a team approach to comprehensive diabetes care that encourages collaboration among all providers. The guide has been extensively revised and made accessible online in the past year (see <http://www.cdc.gov/diabetes/ndep/ppod.htm>).

Similar to New Beginnings, key partners have been involved with the promotion of the PPOD Guide and Toolkit. National organizations such as the American Academy of Optometry, the National Optometric Association, the American Dental Association, the American Podiatric Medical Association and the American Pharmacists Association all have representatives who are members of the NDEP task group that extensively revised the PPOD Guide and Toolkit over the past two years. They have committed to supporting broad promotion and use of the toolkit among their colleagues at these organizations. Promotion activities have included announcements about the PPOD Guide and Toolkit, webinars, banners on the organizations’ websites and electronic communications with members, such as e-blasts, and e-newsletters.

Because both the PPOD Guide and Toolkit and New Beginnings have been reformatted to be web-based and have been substantially revised the resources were re-launched through introductory webinars to their relevant audiences in May 2014 (New Beginnings), and August and September 2014 (PPOD).

This data collection is authorized under section 301 of the Public Health Service Act [42 U.S.C. section 241 (**see Attachment 1**).

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

The information collection will increase understanding of how both resources are adopted and used by health care professionals, lay health educators, diabetes educators, health ministers and others providers. Based on the findings, CDC will produce a summary report for internal use and manuscripts. CDC's NDEP staff and stakeholders will use this information to improve the content, dissemination strategies and determine the usefulness of the information provided within the guides.

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

For both surveys, information will be gathered electronically through Askia, a web-based survey platform. CDC and ICF designed this information collection to minimize the burden to respondents and to the government, to maximize convenience and flexibility, and to ensure the quality and utility of the information collected. The platform allows for the survey to be displayed on several types of devices (i.e. smartphones, tablets, desktop computer) for ease and convenience. Additionally, the platform allows for the respondent to complete the survey in one session or save and return to complete the survey at a later time.

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

As discussed previously, NDEP is a partnership of NIH/National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK] and the CDC. In March 2006, NDEP/NIDDK launched a national probability telephone survey (NDEP Evaluation Survey for the Public, OMB No. 0925-0552) to assess the public's knowledge, attitudes and practices related to diabetes. This survey was repeated in 2008 and again in 2011. The surveys are designed to collect information on key target audiences of NDEP individuals with diabetes and their families, individuals with pre-diabetes, individuals at risk for developing diabetes and the general public. On August 4, 2014, NIH/NIDDK published a 30 day FRN announcing their plan to revise the 0925-0552 clearance and to conduct an additional survey of the public. Additionally, NDEP/NIDDK recently obtained OMB approval (OMB No. 0925-0694, Community Evaluation of the NDEP's Diabetes HealthSense Website) to evaluate the process and outcomes of community use of Diabetes HealthSense, a website compendium of resources.

The current ICR being submitted by NDEP/CDC focuses on New Beginnings and the PPOD Guide and Toolkit. Both of these resources were developed for health care professionals and health education facilitators. The assessments and the respondent populations are distinct from the NDEP information collections conducted by NIDDK. Respondents for CDC's proposed information collection are district audiences (i.e., health care professionals) that are different from the respondent groups targeted for the NIDDK data collections (i.e., individuals with diabetes, individuals at risk for developing diabetes, and the general public). To our knowledge there will be no duplicated efforts between NDEP/NIDDK and NDEP/CDC in the collection of information.

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

Potentially, health care professionals and health education facilitators who work in small businesses, private practices, non-profit organizations, faith-based institutions, state health departments and Federally Qualified Health Centers will serve as respondents to New Beginnings and PPOD Guide and Toolkit surveys. The expected response is limited to the respondents' voluntary completion of the requested survey one time only, where they will be asked about the use of the resources, satisfaction, and reach of relevant audience, and description of their current practices, with respect to diabetes management and care. The voluntary completion of the surveys will not require new reporting or record keeping; thus this will not have an impact on small businesses or other small entities. Both surveys have been pilot tested for both length and clarity. The data collection process has been designed to minimize the amount of time needed from health care professionals as well as any intrusion in their normal work flow of activities.

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

The proposed information collection will only occur once for each survey. Because each data collection activity is designed for a different audience, it is highly unlikely that one type of respondent will be asked to participate in more than one data collection activity. Without the results of these surveys, CDC will have only anecdotal information about audience satisfaction with and use of two major newly revised resources to guide next steps and improve technical assistance to the target audience. There are no legal obstacles to reducing the burden.

## **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 of the Agency**

**A.** A notice (see **Attachment 2**) for the proposed data collection was published in the Federal Register on April 30, 2014 (Volume 79, Number 83, pages 24438-24439). No public comments were received.

**B.** The web-based surveys have been developed and reviewed by members of the NDEP Evaluation Workgroup, as well as representatives from AADE and SOPHE.

<b>Consultant</b>	<b>Title</b>	<b>Affiliation</b>	<b>Phone Number</b>	<b>Contribution to project</b>
W.D Evans, PhD	George Washington University, Director of Public Health Communications Program	George Washington University	(202) 994-3570	Provided consultation on evaluation design for PPOD Guide and Toolkit
Carolee	Executive Director of	University of	(702)895-5586	Provided

Dodge Frances, Ed D	the American Indian Research and Education Center, and Assistant Professor within the School of Community Health Sciences	Nevada, Las Vegas		consultation on evaluation design and instrument development for New Beginnings
Nicole Bowman-Farrell, M.Ed.	President/Founder	Bowman Performance Consulting, LLC	(715)526-9240	Provided consultation on evaluation design and instrument development for New Beginnings
Adeola Akindana, RN, MSN, CDE's	AADE Board Member	American Association of Diabetes Educators	(301)642-9900	Provided consultation on the promotion for New Beginnings
Nicolette Warren	Director, Health Equity	Society for Public Health Educators	(202)408-9804	Provided consultation on the promotion for New Beginnings
Haydee Muse, M.D.	Senior Medical Director	Aetna, Inc.	(312)928-3806	Provided consultation on evaluation design and instrument development for New Beginnings

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

Respondents will not receive payments or gifts for their participation.

**A.10 Assurance of Confidentiality Provided to Respondents**

Respondents will participate as individuals who have participated in either a PPOD or New Beginnings webinar and will not provide personal information to CDC or ICF. Only aggregated data will be provided in the summary reports to CDC.

**Privacy Impact Assessment Information**

The following items are described below: 1) an overview of the data collection strategies; 2) a delineation of the items of information to be collected and 3) an indication of whether the data collection will involve a website.

- 1.



## 2. Overview of the Information Collection

Surveys for both the PPOD Guide and Toolkit and New Beginnings will be conducted electronically using Askia, a web-based survey platform. Respondents who have participated in a webinar will be asked to complete a survey about their use of either the PPOD Guide and Toolkit (**see Attachment 3a**) or New Beginnings (**see Attachment 4a**). Personal information in an identifiable form will not be collected. Potential respondents will receive an email informing them of the availability of an online survey (see **Attachments 3b and 4b**). As a means of limiting non-response, a reminder email will be sent to all potential respondents (see **Attachments 3c and 4c**). Information collection, management and analysis will be conducted by a contractor on behalf of CDC. Additionally, the contractor will be responsible for sending emails, reminders and aggregating the data collected. Information will be collected one time for both resources.

## 3. Items of Information to be collected

The proposed web-based surveys are to collect information about perceived utility and satisfaction with each resource and the extent to which the resources are being used by the target audiences. The PPOD Guide and Toolkit survey asks the respondent how the PPOD materials are being used with patients and by providers, satisfaction or challenges with materials and ways the respondent is implementing or adopting the practices discussed in the toolkit. The New Beginnings survey asks about how the guide is used with educational sessions or discussion groups, the relevance of topics discussed in the guide, satisfaction or challenges with using the guide, and how resources listed in guide are used. To minimize burden to respondents, the surveys are programmed with skip patterns to route the respondents only to the most relevant questions.

## 4. Description of how information will be used

The purpose of the proposed information collection is to assess the perceived utility and satisfaction of each resource, to better understand the various ways each resource is used by the target audiences and to understand how each resource affects respondents' practices and behaviors as they relate to diabetes management. The compiled information will be used to inform refinements to the resources, improve promotion activities to expand reach, and assist CDC in identifying what technical assistance may be needed to supplement these materials. The proposed data collection will have little or no effect on respondent's privacy. ICF will retain all survey data until 3 years after the expiration or termination of the contract.

## 5. Impact the proposed collection will have on respondent's privacy

Both the New Beginnings and PPOD survey will be available via links on the CDC NDEP website which will take the respondent to the Askia survey platform hosted by ICF. However, none of the content regarding the survey or the resource materials under study has content directed to children less than 13 years of age. For the New Beginnings survey, partner organizations may also host links to the CDC NDEP website for their members to complete the survey. For the PPOD survey, only webinar participants will be provided information about the survey link on the CDC NDEP website.

## 6. Privacy Act Determination

This information collection has been reviewed by NCCDPHP which determined that the Privacy Act does not apply. CDC will not receive any identifiable response data from the survey participants. The surveys will not ask for the names of any respondents and the respondents will not be providing any personal information about themselves.

## 7. Safeguards

ICF will have direct access to the data collected through web-based surveys. ICF will safeguard the responses and will not release any identifying information. Project reports and manuscripts will contain aggregated data only; results will not be associated with any individual respondent. Any data sent to CDC will not contain individual identifiers. The Askia system collects and uses IP addresses for system administration and record-keeping purposes, but IP addresses will not be provided to CDC. Survey responses cannot be linked or traced to any unique respondent identifiers. All data collected will be compiled into reports and manuscripts that do not contain any personal identifiers.

## 8. Consent

Consent is implied by participation.

## 9. Voluntary

All respondents are informed through the survey instructions that their responses are voluntary.

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

These assessments will not collect any personal or sensitive information.

### **A.12 Estimate of Annualized Burden Hours and Costs**

The PPOD Guide and Toolkit survey (see **Attachment 3a**) will be completed by a total of 200 health care professionals drawn from the specialties of dentistry, optometry, pharmacy and podiatry. The estimated burden per response is 10 minutes. These health care professionals fall into the following categories:

- Private sector health care providers
- State and local government health care providers Federal government health care providers

For the New Beginnings survey (**see Attachment 4 a**), approximately 800 respondents will complete the survey with an estimated burden of 15 minutes per response. These health care professionals fall into the following categories:

- Private sector health education facilitators (e.g., American Diabetes Association, AADE, SOPHE, diabetes educators)
- State and local government health education facilitators (e.g., state health department health educators).

- The total estimated burden for the study is 233 hours, shown in Table A12-A.

**Table A.12-A. Estimated Annualized Burden Hours**

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden per Response (in hours)	Total Burden (in hours)
Private sector Health care providers and health education facilitators	PPOD Guide and Toolkit Follow-up Survey	80	1	10/60	13
	New Beginnings Assessment Survey	700	1	15/60	175
State and Local Govt. sector Health care providers and health education facilitators	PPOD Guide and Toolkit Follow-up Survey	80	1	10/60	13
	New Beginnings Assessment Survey	100	1	15/60	25
Federal Government health care providers	PPOD Guide and Toolkit Follow-up Survey	40	1	10/60	7
Total					233

The only cost to respondents is their time. We anticipate that health care professionals working in private and public organizations will complete the survey. The mean hourly wage is \$86.95 for health care professionals in public organizations, private organizations and federal government. The mean hourly wage for private sector and state/local health education facilitators is \$25.53 (See [http://www.bls.gov/oes/current/oes\\_nat.htm](http://www.bls.gov/oes/current/oes_nat.htm)). The total cost of respondents' time for public and private organization is \$7,975 shown in Table A12-B.

**Table A.12-B. Estimated Annualized Costs to Respondents**

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Total Burden (in hours) (in hours)	Weighted Hourly Wage	Total Cost
Private sector Health care providers and health education facilitators	PPOD Guide and Toolkit Follow-up Survey	80	1	13	\$86.95	\$1,130
	New Beginnings Assessment Survey	700	1	175	\$25.53	\$4,468

State and Local Govt. sector Health care providers and health education facilitators Federal Government health care providers	PPOD Guide and Toolkit Follow-up Survey	80	1	13	\$86.95	\$1,130
	New Beginnings Assessment Survey	100	1	25	\$25.53	\$638
	PPOD Guide and Toolkit Follow-up Survey	40	1	7	\$86.95	\$609
Total						\$7,975

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

There are no other costs to respondents.

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

**Government personnel** – Governmental costs for this project include personnel costs for federal staff involved in planning and designing the PPOD Guide and Toolkit and New Beginnings assessment, data collection instruments and OMB materials, collecting and analyzing the data, and reporting. The federal staff includes approximately 5% of one GS-14/15 health communication specialist and one GS-15 Medical Officer at approximately \$100,000 a year, 10% of one GS-13 health education specialist, and 5% of one GS-13 Behavioral Scientist, 5 % of one GS-13 public health advisor at \$85,000 a year.

**Contracted data collection** –The project design and data collection is being conducted under a contract with CDC’s data collection contractor, ICF International. The contract for implementation of the efforts described totals \$192,903 and includes costs for planning, conducting, and analyzing data from the web-based surveys. The entirety of this amount is dedicated to the survey analysis, summary of findings and report writing.

**Table A.14-1. Estimated Annualized Cost to the Federal Government**

<b>Labor:</b>	
5% of one GS-14 lead Health Communication Specialist time for project planning, management, OMB review,	\$5,000
10% of one GS-13 Health Education Specialist time for project planning, management, OMB review,	\$8,500
5% of one GS-13 Behavioral Scientist time for project planning, management, OMB review	\$4,250
5% of one GS-14 Medical Officer time for project planning and evaluation design, PPOD consultation	\$5,000

5% of one GS-13 Public Health Advisor time for project planning, management, New Beginnings consultation	\$4,250
Contractor cost for survey development, evaluation design, analysis of findings, report writing, and manuscript development	\$192,903
Total estimated cost	\$219,903

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

This is a new data collection.

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

Qualitative data from two surveys will be collected under this request. The data analysis plan for each of the data collection activities is described in more detail below. For both the PPOD Guide and Toolkit and New Beginnings surveys, primarily descriptive statistics will be calculated. The PPOD Guide and Toolkit survey data will be analyzed, using descriptive statistics from the surveys. A technical summary report of key findings will be developed and shared with program staff and partners. The first information collection will occur in February 2015 (approximately, February 18, 2015) and the second information collection will occur March, 2015 (approximately March 8, 2015). Analysis for both information collection phases will be completed in late spring, 2015.

For the New Beginnings survey, the data will also be analyzed using primarily descriptive statistics such as frequencies. A technical summary report of key findings will be developed and shared with program staff and public health partners. Information collection will occur in January 2015 (approximately January 20, 2015) and analysis will be completed in late spring, 2015.

<b>Estimated Timeline for Data Collection Activities</b>	
<b>Activity</b>	<b>Timeline</b>
<b>New Beginnings Webinar</b>	May 20, 2014
New Beginnings Information Collection	<ul style="list-style-type: none"> <li>• January 20, 2015(survey open)</li> <li>• April 2, 2015 (survey close)</li> </ul>
<b>PPOD Introductory Webinar #1</b>	August 18, 2014
1 <sup>st</sup> PPOD Guide and Toolkit Information Collection	<ul style="list-style-type: none"> <li>• February 18, 2015 (survey open)</li> <li>• April 2, 2015 (survey close)</li> </ul>
<b>PPOD Introductory Webinar #2</b>	September 8, 2014
2 <sup>nd</sup> PPOD Guide and Toolkit Information Collection	<ul style="list-style-type: none"> <li>• April 8, 2015(survey open)</li> <li>• April 22, 2015 (survey close)</li> </ul>

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

The OMB 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**

There are no exceptions to this certification.

## References

Roman SH, Harris MI (1997). Management of diabetes mellitus from a public health perspective. *Endocrinology Metabolism Clinic North America* 26(3):443-74.

Quickel, KE (1996). Managed care and diabetes, with special attention to the issue of who should provide care. *Trans American Clinical Climatology Association* 108:184-95