A Comprehensive Assessment of the National Program to Eliminate Diabetes Related Health Disparities in Vulnerable Populations

New

Supporting Statement: Part B

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Section B. Collections of Information Employing Statistical Methods

B.1 Respondent Universe and Sampling Methods

The purpose of this information collection is to describe and assess the functioning of 6 Vulnerable Populations program awardees over the five year project period. Each awardee is working with 3 communities (total of 18 community sites). In-depth interviews will be conducted with grantee organization staff and other key program stakeholders. Respondents will be selected based on their roles and responsibilities in their respective programs and communities. The grantees and the sites will self-select interview participants who act in designated roles. The sample will be a non-probability-based purposeful sample. Therefore, the results are not generalizable to the general population. Statistical power is not applicable because only qualitative data is being collected. The total estimated sample size is shown in **Table B.1-1**.

Table B.1-1.Estimated Study Sample Size

Role/Types of Respondent	Est. Number of Respondents
Grantee Program Staff (e.g. Project Coordinator and Project Consultant)	12
Site Coordinators	18
Community Partner/ Coalition Member	18
Total	48

B.2 Procedures for the Collection of Information

A planning call will be conducted with CDC's contractor and a representative from each grantee organization. After the planning call, the contractor assigned to conduct the interviews will work with the grantees to obtain a list of interview participants and contact information. The contractor will also work with the grantee organizations to obtain other relevant information that may be useful in planning for the interviews. The sequence of interviews may be influenced by a variety of factors, including scheduling conflicts, geographic locations, and other contextual variables. The interviews will be conducted over a period of approximately 2 months.

Approximately 4 weeks in advance of the interview follow-up communication from CDC's contractor will be conducted via e-mail to introduce contractor staff (see **Attachment 7**) and to discuss involvement in the interviews and respondent availability. The dates and times will be finalized with each respondent at least 2 weeks in advance of the interviews. Two days in advance of the interviews, the respondent will be sent an email reminding them of the scheduled interview and to confirm contact information (see **Attachment 8**)**.** The information collection process will be described during an introductory email with each selected participant. Any

changes to the schedule or individuals selected for participation will be discussed with the VP grantee until a final schedule is agreed upon.

During the interviews, qualitative methods will be used to provide flexible, in-depth exploration of the participants' perceptions and experience, and to ensure that the interviews yield descriptions in the participants' own words. The interview methods also allow the interviewer some flexibility to pursue relevant and important issues as they arise during the discussion. The interview guides include probes to ensure that respondent input on specific items of interest is obtained, while open-ended questions ensure that participants' responses and perceptions are fully addressed and captured. With the permission of the respondent, the interviews will be digitally recorded to supplement any information missed by the interviewer's notes. Interview notes will only be shared within the contractor project team and will not be transcribed. Individual responses will not be linked to participants.

B.3 Methods to Maximize Response Rates and Deal with Nonresponse

CDC and its contractor have ensured the following to maximize the number of grantee staff, site coordinators and community partners that agree to participate: The sites are allowed to identify respondents who are suitable and available. Interviewers will review existing documentation related to each VP site prior to conducting the interview .

B.4 Test of Procedures or Methods to Be Undertaken

Key consultants were engaged to provide input into the qualitative design and research questions. The interview guides are based on CDC's program objectives, and the expertise of CDC staff and the contractor (see **Attachments 4, 5, 6**).

B.5 Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

Kai Stewart, PhD, MPH, is the Principal Investigator and Technical Monitor for the study, and has overall responsibility for overseeing the design, conduct, and analysis of the study. She will also approve and receive all contract deliverables (inv9@cdc.gov or 770-488-6659). The interview guides, respondent selection and data collection procedures, and analysis plans were designed in collaboration with researchers at ICF Macro. ICF is conducting data collection and will perform data analysis, in consultation with the CDC staff. Courtney Tucker, PhD [404-321-3211] has technical responsibility for the data collection and overall financial responsibility for the study resides with Laurie Ferraro of ICF. Dr. Tucker worked closely with several ICF staff

including: Michelle Revels, MA, Linda Baffo, MA, and Lela Baughman, MSW, to design the information collection plan. She will direct the overall data collection and analysis effort. She and Linda Baffo will also be responsible for writing the project reports. See **Table B.5-1.** for staff responsible for data collection and analysis.

Table B.5-1 Staff Responsible Data Collection and Analyses

Name	Affiliation	Telephone Number	Email
Courtney Tucker, PhD	ICF Macro	404-321-3211	ctucker@icfi.com
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