

Information Collection Request

New

Costs of Implementing Community-Based Sodium Reduction Strategies

Supporting Statement: Part B

Program Official/Contact

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January 3, 2019

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REFERENCES

ATTACHMENTS

- 1. Public Health Service Act (42 U.S.C. 241)
- 2. SRCP Partner Cost Survey
- 3a. 60 Day Federal Register Notice
- 3b. Summary of Public Comments from 60-Day FRN
- 4a. Introductory Email to Grantees for Partner Contact Information
- 4b. Introductory Invitation and Reminder Email for Partner Cost Data Collection
- 4c. Thank You Email for Partner Cost Data Collection
- 5. List of SRCP Grantees by Funding Opportunity Announcement
- 6. Institutional Review Board Approval Notification of Exemption Determination

B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS
B1. Respondent Universe and Sampling Methods

Respondents are community partners of CDC-funded grantees participating in the Sodium Reduction in Communities Program (SRCP), Round 3. There are 8 SRCP grantees (7 state or local health departments, and one academic medical center, see Attachment 5) collaborating with a total of 88 community partners. Partner organizations are those that work to implement sodium reduction strategies in their food services and can include worksites, schools, universities, hospitals, senior meal programs, food banks, and restaurants. Respondents will report information on staff time cost and any nonlabor expenditures on materials or supplies necessary to implement sodium reduction activities. All program partners from all grantees will be asked to participate in the cost data collection. CDC estimates that 44 community partners (50%) will participate in this voluntary information collection activity.

CDC will ask each SRCP grantee to identify their partners so that they can be invited to participate in the SRCP partner cost data collection. To do so, CDC will email the program manager from each funded SRCP program to ask them to complete a simple table that provides the partner organization's name, name of the contact person at the organization, and email address of the contact person (*Attachment 4a*).

B2. Procedures for the Collection of Information

Cost Survey

The SRCP Partner Cost Survey (*Attachment 2*) will be administered to program partners once. RTI will serve as CDC's data collection contractor.

Send Initial Contact and Reminder Emails

RTI will send the initial invitation to program partners followed by up to two reminder emails (*Attachment 4b*). Program partners will receive a thank you email for their participation within one week of submitting their cost survey (*Attachment 4c*).

Collect Data

The SRCP Partner Cost Survey will be distributed to partners, and returned to CDC's data collection contractor, via email. RTI will log and archive the data. RTI will review the data for accuracy and completeness. RTI will perform thorough data validation to assess the quality of the data available to perform the planned analysis. All data collected from the cost survey will be assessed for missing information (percentage of fields with missing data) and incorrect data (percentage of data elements with formats that are not recognized; percentage with inappropriate range of values).

Based on each program partner's submission, a report will be produced that contains counts and associated percentages for blank field errors, inter-field relationship errors, and inter-

record relationship errors, in each data set. RTI will attempt to identify and correct these errors as best as possible, but, if necessary, RTI will email program partners that have error reports to identify strategies to improve the integrity of the data. We will then create an aggregated analysis file for generating reports and publications.

B3. Methods to Maximize Response Rates and Deal with Nonresponse

Upon OMB approval, RTI will implement the cost survey protocol. RTI will take the steps below to maximize responses.

Cost Survey

- **Identification of Key Personnel.** By working with grantee program managers to identify key partners, CDC and RTI ensure they are reaching out to individuals who are appropriately involved and invested in the program.
- **Advance Notice to SRCP Grantees and Partners.** CDC and RTI will notify grantee and partner point of contacts of the data collection via email about one month in advance of the anticipated start time to allow for respondents to plan their availability accordingly (Attachment 4a & 4b).
- **Reminder Emails.** RTI will send two follow up emails to program partners throughout the data collection period to ensure maximum response (Attachment 4b).

B4. Test of Procedures or Methods to be Undertaken

RTI conducted a pilot test of a Word-based cost survey with 8 partners during the evaluation of SRCP Round 2 to assess respondents' ability to understand the data elements requested, identify the cost information required, complete the tool within the allocated timeframe, and finalize the time burden estimates.

The information learned from pretesting was used to finalize the cost survey. Feedback from pretesting was incorporated to create the final cost instrument that will serve as the data collection instrument for all the program partners.

The cost survey requests details for SRCP activities, including labor hours and staff involvement. Additionally, the instrument requested that respondents list these costs by activity (e.g., healthy food promotion, food preparation, etc.).

Using the information collected through the cost survey, annual intervention cost estimates will be generated, resulting in cost-effectiveness and health and cost benefit analyses. The following costs will be estimated for each respondent:

- total annual costs,
- costs for each activity,
- ongoing monthly costs.

For the final analyses, we will examine mean costs per partner and potential explanatory factors for variation in partner costs.

B5. Individuals Consulted on Statistical Aspects and Individuals and/or Analyzing Data

CDC will provide overall direction for the SRCP evaluation data collection activities, directing regular planning and coordination meetings with RTI International staff, including the data collection protocol and data reporting.

The cost survey was based on structured interviews with partners of SRCP Round 2 grantees (during the pilot test) and designed in collaboration with economists and evaluators at CDC during the evaluation of SRCP Round 2. It has been revised based on lessons learned and consultation with CDC and other stakeholders, such as grantees and key partner contacts. Under contract with CDC, RTI International will recruit and administer the data collection protocol with SRCP partners. RTI International will also analyze and report the survey results.

Other personnel involved in design of the data collection plan and instruments are listed in Table B.5-A.

Table B.5-A. Staff within the Agency and Experts Outside of the Agency Consulting on Study Design and Instruments

CDC Staff	
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Information will be collected and analyzed by CDC's contractor, RTI International.