DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–08–08BM]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 and send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov*.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

An Examination of the Implementation of the Safe Dates Program Under Naturalistic Conditions—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The specific aims of this study are to conduct a survey that will allow for a greater understanding of the implementation of the Safe Dates program in a real-world context among parties that purchase the curriculum directly from the publisher (Hazelden Foundation), to describe circumstances leading up to the purchase decision, to examine the extent to which the program is implemented as designed and tested (i.e., with fidelity), and to identify circumstances that support or hinder high-fidelity implementation of this evidence-based dating violence prevention program. The proposed study presents a unique opportunity to directly gather information from curriculum purchasers and program implementers who typically are not involved in implementation research but who are likely to represent real-world implementers of evidence-based curricula.

There is an increasing trend for publishing houses to buy the rights to evidence-based curricula directly from the developer. However, little information exists to determine whether or not those who purchase the curricula implement it as intended. If not, then program benefits may not be achieved. This project will allow CDC to determine whether or not one evidence-based program, Safe Dates, is implemented as intended, and will inform CDC's efforts to facilitate the widespread but effective implementation of evidence-based curricula.

With support from the publishing company, the investigation will seek participation from an estimated 1,000 organizations and/or individuals who purchased the curriculum and who know about how it was implemented. A particular focus will be placed on investigating the extent to which the program, which includes 9 classroom sessions, a play, and a poster contest, was implemented with fidelity. This is important given that there is no evidence of program effectiveness if less than the full curriculum is delivered.

All data will be collected through Web-based questionnaires. The design of these questionnaires is informed by a theoretical model grounded in the organizational behavior, psychology and healthcare planning literatures that illuminates factors and processes expected to impact the decision to implement evidence-based programs and, also, the extent to which these programs are implemented with fidelity. Consequently, items included in the Web questionnaires are adapted from existing scales with known reliability. The questionnaires will include a section on characteristics of the purchasing organization, factors that lead to the decision to purchase the curriculum, and questions related to whether the program was implemented as intended.

A snowball sampling technique will be used to recruit survey respondents. First, an initial letter on CDC letterhead will be sent by the publisher to roughly 1,000 individuals known to have purchased the curriculum. This information is available from a mailing list kept by the publisher. Second, individuals on the mailing list will be asked to complete the survey and to provide contact information for other individuals known to have implemented the curriculum. And third, these individuals will be asked to complete the survey and provide other relevant contacts. The survey and lead letter will state on the opening screen that participation in the study is voluntary. Informed consent will be obtained from all participants prior to completing the surveys.

Roughly 1,000 lead letters will be mailed and it is expected 500 surveys will be completed.

There are no costs to respondents except their time to complete surveys.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Estimated number of respondents	Number of responses per respondent	Average burden per response (in hours)	Estimated total burden (in hours)
Web-survey	500	1	27/60	225
Total				225

Dated: August 18, 2008.

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Proposed Project

Voluntary Product Satisfaction and Usability Assessment—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Executive Order 12862 directs Federal agencies that provide services directly to the public to survey customers to determine the kind and quality of services they need and their level of satisfaction with existing services.

CDC releases a number of new products each year to its customers, a diverse group that includes health care providers, researchers, public health practitioners, policymakers, and the general public. The term product is broadly defined to include publications, Web pages, podcasts, e-cards, CD–ROMs, and videos. At present, there is no mechanism for evaluating whether these products are meeting customer needs.

CDC is requesting a 3-year generic clearance in order to better evaluate its products. Obtaining feedback from customers on a regular, on-going basis will help ensure that customers find CDC products to be useful. This type of evaluation will allow CDC to maximize the impact of its products which will ultimately benefit the public's health.

Methodology

The target audience will be limited to customers who request and receive CDC products. Customer participation in the evaluation is completely voluntary. Names of customers will not be collected. The only personal information collected will relate to professional discipline, job duties, and experience working with public health topics. No sensitive data (e.g., age, race, or gender) will be collected. The evaluation data will be collected using a combination of methodologies including:

1. *Response cards via mail:* Each product that is sent out will include a one page response card along with a self-addressed and stamped envelope. Customers can then voluntarily choose whether to return the response card.

2. *E-mail announcements:* Products are released to customers via an e-mail announcement that includes a link to the electronic version of the product plus a link to a Web-based evaluation. Customers can then voluntarily choose whether to complete the evaluation.

3. *Web-based assessments:* Products are available on-line in an electronic format. Each product Web page will include a link to a Web-based evaluation. Customers can then voluntarily choose whether to complete the evaluation.

The information being collected will not impose a cost burden on the respondents beyond that associated with their time to provide the required data.

ESTIMATED ANNUALIZED BURDEN HOURS

Evaluation method	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Response cards	50,000	1	1⁰⁄₆₀	8,333
E-mail Assessments	60,000	1	1⁰⁄₆₀	10,000
Web-Based Assessments	432,000	1	1⁰⁄₆₀	72,000
Total	542,000			90,333