# **Workload Management Study of Central Cancer Registries**

**Supporting Statement: Part B** 

Contact: Linda Mulvihill
Division of Cancer Prevention and Control
Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
Atlanta, GA
Telephone: (770) 488-3246
Email: LMulvihill@cdc.gov

August 12, 2010

# **TABLE OF CONTENTS**

# Section

- B. Collections of Information Employing Statistical Methods
  - B.1. Respondent Universe and Sampling Methods
  - B.2. Procedures for Collection of Information
  - B.3. Methods to Maximize Response Rates and Deal with Nonresponse
  - B.4. Tests of Procedures or methods to be Undertaken
  - B.5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

## **List of Attachments**

Attachment A	Authorizing Legislation: Public Health Service Act
Attachment B	Federal Register Notice
Attachment B-2	Summary of Public Comments and CDC Response
Attachment C-1	Workload and Time Management Survey
Attachment C-2	Cover Email for the WLM Survey
Attachment C-3	Follow-up Email
Attachment C-4	Telephone Reminder
Attachment D-1	Work Activities Journal
Attachment D-2	Work Activities Journal Instructions
Attachment E	WLM-PEI Comparison
Attachment F	WLM Advisory Committee
Attachment G	NAACR Letter of Support
Attachment H	IRB Approval

# **B.** Collections of Information Employing Statistical Methods

# **B.1 Respondent Universe and Sampling Methods**

Respondents will be 46 central cancer registries in 45 U.S. states and the District of Columbia that are funded by the National Program of Cancer Registries. At present, the two territories funded through the NPCR (Puerto Rico and the Pacific Islands Jurisdiction) are substantially different from the state-based programs (one is still in a planning phase). The territories will not be asked to participate in the Workload Management Survey at this time.

Given the small size of the population and the need for a response database that is adequately large for statistically valid findings, the survey will target all NPCR-funded central registries in the U.S. In addition, given the high salience of workload and staffing standards in the cancer registry field, we expect a response rate of at least 90% for the survey. We will use the membership database of the North American Association of Central Cancer Registries, in consultation with NAACCR staff, to identify subjects and obtain contact information for the central registry survey. Sampling methods will not be used to select respondents.

#### **B.2** Procedures for Collection of Information

The survey will be web-based (**Attachment C-1**). Approximately one week before the survey is fielded, an introductory e-mail will be sent to the directors of the 46 central cancer registries, describing the background of the study and its purposes, and identifying the NCRA and CDC's NPCR as co-sponsors of the study. The introductory e-mail will serve two purposes: to inform registry directors about the survey and to give researchers an opportunity to validate their contact information prior to sending the survey link, log-in information, and other materials.

Once contact information for the 46 registries has been validated, a second cover e-mail containing a link to the survey, a user identification code, and a password will be sent to the registry directors (**Attachment C-2**). This e-mail will also notify them to log on to the survey site for further guidance on taking the survey, including data collection procedures.

The first page on the survey site will contain information about UCSF's human subjects policy, including the voluntary nature of participation and procedures to safeguard responses. The page will also describe incentives for participation, which will include continuing education credits with the NCRA and an executive summary of the survey results.

The second page on the survey site will contain a link to instructions for the data collection tools and instructions pertaining to a sequence of steps that respondents should take to prepare for responding to the survey. The data collection materials and instructions will be transmitted via email in a single PDF that includes 1) a Work Activities Journal (**Attachment D-1**), 2) instructions for using the Work Activities Journal (**Attachment D-2**), and 3) a glossary of words and terms used in the survey instrument and Work Activities Journal. At this point, survey respondents will have accessed all the information needed to complete the survey.

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

Our strategy for dealing with non-response will include four steps. The first step will be to send a general e-mail reminder (**Attachment C-3**) to all registries. The e-mail will thank those registries that have responded and encourage those registries that have not responded to do so. The e-mail will include the survey deadline and encourage non-responders to write or call project staff and discuss any obstacles or issues they have with the survey.

The second step will be to send targeted e-mails to directors/managers of cancer registries that have not responded to the survey, emphasizing the benefits that workload and staffing standards will have for them and their registry, and explaining the importance of having a good response rate and statistically valid findings.

The third step will be for project staff to call directors/managers and inquire about obstacles that might be preventing them from responding. In this step, staff will not leave a message on the first attempt to speak to the manager/director, but will leave a message on the second attempt.

For the fourth step, project staff will make a final attempt to contact, by telephone, managers/directors whose registries still have not responded (**Attachment C-4**). If managers/directors are not available to speak with staff, a message will be left on the first attempt.

#### B.4 Tests of Procedures or Methods to be Undertaken

We pilot tested our survey instrument with 3 managers of regional cancer registries. Regional cancer registries act as intermediary registries that collect hospital-level cancer data, edit it for quality control, and then report the edited data to their state central registry. Managers of regional registries were chosen for pilot testing the instrument because they function in a similar capacity to managers/directors of central registries, but they are not among the population of 46 cancer registry managers who will be surveyed for this project.

The survey instrument for this project is original. The questions on it have not been asked in any other survey of central cancer registries. We considered the possibility of adding the questions necessary for the WLM study to the data collection instrument (Cost Assessment Tool, or CAT) used for Economic Analysis of the NPCR (OMB No. 0920-0812, exp. 6/30/2012). We concluded that the two data collections should proceed separately, primarily because the CAT is a multi-year study with different data collection procedures as well as different questions. Our concern was that combining the two studies (which would overlap in only one year of data collection) might be confusing and result in a negative impact on the quality of data collected for both studies.

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

## **Statistical Consultants:**

Joanne Spetz, PhD Center for the Health Professions School of Nursing, Department of Community Health Systems University of California, San Francisco (415) 502-4443 jojo@thecenter.ucsf.edu

Jean Ann Seago, PhD, RN School of Nursing, Department of Community Health Systems University of California, San Francisco (415) 502-6340 jean.ann.seago@nursing.ucsf.edu

Robert Newcomer, PhD School of Nursing Department of Social and Behavioral Sciences University of California, San Francisco (415) 476-1408 robert.newcomer@ucsf.edu

# Survey Design, Data Collection, Data Analysis:

Susan Chapman, PhD, RN
Director of Allied Health Workforce Studies
Center for the Health Professions
School of Nursing, Department of Social and Behavioral Sciences
University of California, San Francisco
(415) 502-4419
schapman@thecenter.ucsf.edu

Vanessa Lindler, MA
Senior Research Associate
Center for the Health Professions
University of California, San Francisco
(415) 502-7870
vanessa@thecenter.ucsf.edu