Study of Comprehensive Cancer Control and Tobacco Control Program Partnerships

New

SUPPORTING STATEMENT
PART B: COLLECTION OF INFORMATION

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Contact Persons:

Susan Henderson, MD, MPH, Technical Monitor
Centers for Disease Control and Prevention
Division of Cancer Prevention and Control
4770 Buford Highway, NE, MS K-57
Atlanta, GA 30341-3717
Phone: (770) 488-3111
Fax: (770) 488-4335
E-mail: IRV5@cdc.gov

Behnoosh Momin, MS, MPH
Centers for Disease Control and Prevention
Division of Cancer Prevention and Control
4770 Buford Highway, NE, MS K-57
Atlanta, GA 30341-3717
Phone: (770) 488-3112
Fax: (770) 488-4335
E-mail: FRQ6@cdc.gov

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B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

B.1 Respondent Universe and Sampling Methods

Selection criteria for states

This project presents a unique opportunity for CCCs and TCPs to play a key role in informing the study's aims through participation in the CCC/TCP Partnership Study. This component is part of a larger initiative encompassing the Quitline Promotional Activities Study and the Cessation Intervention Study (see **Appendix 3**).

Initial selection criteria for the project included those states that had:

a. Comprehensive Cancer Control programs (CCCPs) with demonstrated ability to effectively carry out activities under the CCC Program Cooperative agreement DP07-703
b. CCCPs with existing relationships with the National Tobacco Control Program (NTCP) program in their state
c. CCCPs that are located in states with NTCP programs with demonstrated ability to effectively carry out activities under the NTCP cooperative agreement
d. CCCPs with a history of conducting research
e. CCCPs that can designate an epidemiologist to participate in these study activities.
f. CCCPs in states that already have innovative tobacco cessation activities in place
g. CCCPs from states whose NTCP is collecting data for the National Tobacco Clearinghouse or states with state-wide quitline registries

Alabama, Arkansas, Colorado, Delaware, Florida, Nebraska, and Vermont all met the eligibility criteria.

Selection criteria for respondents

TCP, CCC, and Health Department respondents were chosen based upon their roles and responsibilities in their respective program. The purpose of this qualitative research study is to describe the collaborative efforts (through document review and key stakeholder interviews) between the leadership in CCCs and TCPs and the factors that impede or facilitate their collaboration. Qualitative methods provide flexible in-depth exploration of the participants' perceptions and experience, and the interviews yield descriptions in the participants' own words. They also allow the interviewer flexibility to pursue relevant and important issues as they arise during the discussion. Our discussion guides include probes to ensure that we obtain input on specific items of interest, while open-ended questions ensure that participants' responses and perceptions are fully addressed and captured.

Our 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 this is a qualitative study. The total estimated sample size is shown in ***Exhibit 1***.

Exhibit 1. Estimated Study Sample Size

Role/Types of Respondent	Est. Number of Respondents
State Health Department Leadership	7
CCC Program Directors	7
TC Program Directors	7
CCC Staff (e.g. Project Manager, Outreach Coordinator, Media Coordinator, Evaluation Specialist)	28
TCP Staff (e.g. Project Manager, Outreach Coordinator, Media Coordinator, Evaluation Specialist, Quitline Coordinator)	35
CCC Coalition Leaders and Members	14
TCP Coalition Leaders and Members	14
Total CCC and TCP	112

CCC= comprehensive cancer control; TCP = tobacco control program

CDC has confirmed, by calls made to each state assessing their interest in participating in the Study of CCC and TCP Partnerships, that they are able to participate without being overburdened given other project responsibilities, turnover of staff, and other unforeseen issues.

B.2 Procedures for the Collection of Information

To more accurately describe the programs and their partnership efforts, data will be obtained from a variety of sources (***Exhibit 2***). A multi-method analytical approach will be used by triangulating data from primary sources (e.g., site visit interviews) and secondary sources (e.g., organizational charts, state cancer plans, progress reports).

Exhibit 2. Sample Data Sources, Metrics, and Variables for the CCC/TCP Partnership Study

Data Sources	Metrics	Sample Data Variables or Indicators
Site visits	▪ In-person interviews with key program staff ▪ Field observations	▪ Collaboration strategies ▪ Facilitators/barriers to cross-collaboration ▪ Leadership support
Document review	▪ Organizational charts ▪ Applications for funding	▪ Organizational structure of the CCC and TCP

	▪ Site progress reports ▪ Project Officer site visit notes ▪ Work plans	▪ Current capacity for provision of cancer-related services ▪ Progress being made it reaching specific program objectives
Secondary data	▪ State Cancer Plans ▪ Funding applications ▪ Internet searches on each site's Web site	▪ Priority of cancer control ▪ Priority of tobacco control

Details of the proposed methods are as follows:

- **Document Review**. To aid in the understanding of the CCC and TCP states, CDC will provide the contractor with any available documents relevant to this study. Document review will involve the systematic review of available organizational charts, progress reports, work plans, and other relevant materials as provided by CDC.
- **Secondary Data**. To supplement the document review, a variety of secondary data sources describing the programs will be examined. For example, the CCC state cancer plans will be used to identify the extent to which tobacco is prioritized for that state. If available, any applications for funding submitted by the state programs will also be reviewed.
- **Site Visits**. Key stakeholder interviews will be conducted with key CCC/TCP staff at site visits in each of the seven states to better understand aspects of each program's organizational structure, activities, and collaborative efforts around cancer and tobacco control (see **Appendices 6, 7, 8**).

A planning call will be conducted with the CCC and TCP director of each site who will be provided with a list of potential respondent roles, including program leadership/management, program staff, and implementers. Sites will then self-select interview participants who act in each of these roles. Sites will also assist in coordinating the interviews **(see Appendix 5: Site Visit Preparation: Guidance and Worksheets).**

The purpose of the planning calls is to explain the purpose of the visit, discuss the roles of the people to meet with so that the site can begin to make schedules, and identify any key logistical issues prior to the visit. After the planning call, the note taker assigned to conduct each site visit will serve as a liaison (with support from the site visit coordinator) with the site to ensure that the schedules are set up adequately and provide for our team to meet with the maximum number of appropriate people as time allows. The note taker will also work with the site to obtain other relevant documents (e.g., organizational charts) that may be useful in planning for the site visit.

The sequence of site visits may be influenced by a variety of factors, including scheduling conflicts, geographic locations, and other contextual variables that may be identified from secondary data sources. RTI, in collaboration with CDC, will develop a preliminary site visit

calendar to identify which sites will be visited first. Site visits will be conducted over a period of approximately four to five months.

A team consisting of a lead interviewer and notetaker will spend 2 days (and 2 nights) on the ground at each site. We will interview key program staff and stakeholders from all seven CCC/TCP states to obtain in-depth information about their infrastructure, cross-promotional efforts, key partnerships, and factors/barriers influencing collaborations. In-person interviews will allow the teams to develop relationships with the states and provide a greater understanding of program structures and activities.

With the permission of the respondent, interviews will be digitally recorded to supplement any information missed by the interviewer's notes. Interview notes will only be shared within the RTI project team and will not be transcribed. Individual responses will not be linked to participants. After each visit, RTI will be prepared to conduct up to three additional interviews by phone with people they were unable to meet with during the visit.

Qualitative data collected from the key stakeholder interviews will be organized and analyzed using NVivo (version 9.0) software to facilitate the cross-referencing of qualitative data from multiple sources, coding by multiple researchers, and the development of findings reports. A list of codes will be developed based on the prioritized research questions and applied to the qualitative data collected. Once codes are developed and all coders are in agreement on what each means, additional steps will be taken to ensure consistent coding and to enhance reliability including: pilot-testing of codes, double-coding, and training of project staff to reliably collect, enter, and analyze the data.

To support triangulation, qualitative data for each site will be pulled from the various data sources (e.g., interviews and observations, document review, secondary data sources) and imported into NVivo as a "source document." Individual quantitative variables for outliers and conduct descriptive analyses, such as frequencies and measures of central tendency will also be examined.

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

CDC, in collaboration with RTI, determined the appropriate avenues for inviting the identified states to participate in the CCC/TCP Partnership Study. CDC has facilitated opportunities for RTI to present the study on at least one monthly CDC call with state CCC and TCP staff. We have ensured the following to maximize the number of states that agree to participate:

- Limited any time burden or financial costs on the CCCs and TCPs as much as possible by creating mechanisms/tools for facilitating the site visit planning process.
- Created a cross-site report of findings and program profile of each participating CCC/TCP state that will be shared. The report provides a summary of the breadth of collaborative efforts being conducted or planned across states, facilitators and barriers to collaboration, and recommendations for various stakeholders in cross-collaboration efforts.

B.4 Test of Procedures or Methods to Be Undertaken

Key evaluation consultants were engaged to provide input into the study design and research questions. The research questions of interest for this study are uniquely suited for mixed methods, using previously-validated measures in the literature and qualitative interviews. A list of consultants who reviewed the protocols is presented in **Exhibit 3.** The interview protocols are designed to be primarily semi-structured with some structured questions included. For these types of interviews the issues and questions to be explored are outlined but the order and wording of the questions does not have to be predetermined. The interview guide or protocol thus serves as a basic checklist of issues to be covered during the interview as time allows. The discussion guides consist of primary or lead questions, along with additional probing questions that allow the researchers to increase the depth of information addressed and modify the interview based on the respondents' availability and knowledge **(see Appendices 6-8).**

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

Susan Henderson, MD, MPH, of the Division of Cancer Prevention and Control, is the Technical Monitor for this component of the study and has responsibility for this study. She will also approve and receive all contract deliverables. Telephone: 770-488-3111. The survey instrument, sampling and data collection procedures, and analysis plan were designed in collaboration with researchers at Research Triangle International (RTI). RTI will conduct data collection and will perform data analysis, in consultation with the CDC investigators.

Sonya Green, MPH, has overall technical and financial responsibility for this component of the study at RTI . Telephone: 919-541-6683. Email address: sgreen@rti.org. Jennifer Duke, PhD, oversees the entire CER study at RTI. She will direct the overall data collection and analysis effort. She will also be responsible for writing the project reports. Telephone: 919-485-2669. Email address: jduke@rti.org.

Other CDC and RTI personnel involved in designing the study protocol, development of the data collection instruments, data collection, and analysis include:

Exhibit 3. **Other personnel involved in designing the study protocol, development of the data collection instruments, data collection, and analysis include:**

Laura Seeff, MD Medical Officer Division of Cancer Control and Prevention Comprehensive Cancer Control Branch Centers for Disease Control and Prevention	Carol L. Schmitt, PhD RTI Research Public Health Analyst 701 13th St., NW, Suite 750 Washington, DC 20005-3967 [logic model development] 202-728-2046

4770 Buford Highway, NE, MS K-57 Atlanta, GA 30341 [Study design] 770-488-3223 lvs3@cdc.gov	cschmitt@rti.org
Tony Neri, MD, MPH Medical Epidemiologist Division of Cancer Control and Prevention Comprehensive Cancer Control Branch Centers for Disease Control and Prevention 4770 Buford Highway, NE, MS K-57 Atlanta, GA 30341 [Consultation on survey instruments] 770-488-3288 bro0@cdc.gov	Bridget Kelly, PhD RTI Research Public Health Analyst 701 13th St., NW, Suite 750 Washington, DC 20005-3967 [logic model development] 202-728-2098, x2098 bkelly@rti.org
Ann Malarcher, PhD Senior Epidemiologist Office of Smoking and Health 3005 Chamblee-Tucker Rd. Atlanta, GA 30341; MS K-50 [Consultation on study design] 770-488-8006 aym8@cdc.gov	Jonathan N. Kromm, PhD, MHS RTI Research Public Health Analyst 701 13th St., NW, Suite 750 Washington, DC 20005-3967 [logic model development and draft protocols; protocol development, data collection, analysis and reporting] 202-974-7807 jkromm@rti.org