

**Supporting Statement: Part B**

**Development of an Evaluation Plan to Evaluate Grantee Attainment of Selected  
Activities of Comprehensive Cancer Control Priorities**

Supported by:

Division of Cancer Prevention and Control  
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## **Part B: Collection of Information Employing Statistical Methods**

### **B1. Respondent Universe and Sampling Methods**

#### ***National Comprehensive Cancer Control Program Survey***

The Centers for Disease Control and Prevention (CDC) funds 65 National Comprehensive Cancer Control Programs (NCCCPs) from the 50 states, the District of Columbia, 7 tribes and tribal organizations, and 7 US-affiliated territories. The Pacific Island Jurisdiction of the Federated States of Micronesia (FSM) has a national program that supports comprehensive cancer control (CCC) programs within each of the 4 FSM states, for a total of 69 possible respondents. Grantee program directors will be invited to complete the NCCCP Survey (**Attachment 3A/3B**). The contractor, RTI International (RTI), will design and administer this Survey and all supporting communication (**Attachments 3 to 7**) on behalf of CDC. The universe of possible participants to the Survey is up to 69 respondents, and we anticipate a response rate of 100%.

#### ***Focus Groups***

Focus group participants will be selected through purposive sampling methods based on utilization of the CCCB Evaluation Toolkit, which will be reported in the NCCCP Survey and assessed through a review of grantees' current evaluation plans. Program directors or a designated CCC staff member or stakeholder (e.g., evaluator, coalition leader) will be invited to participate in focus groups (up to 4 will be held) conducted with a maximum of 10 participants each using a semi-structured moderator guide (**Attachment 8**). The official invitation to participate will be directed to the program directors from the up to 69 programs that participated in the Survey. The decision to invite a program director to participate will be based on their survey answers regarding the CCCB Evaluation Toolkit. A program director may choose to participate in the focus group themselves, or nominate a key stakeholder or designated CCC staff member with extensive knowledge of the program to take their place. The universe of possible participants to these focus groups is up to 40 respondents and we expect 100% of those invited to participate or have a designee participate.

### **B2. Procedures for Collection of Information**

#### ***National Comprehensive Cancer Control Program Survey***

The survey recruitment process will begin shortly following Office of Management and Budget (OMB) approval, with an introductory e-mail sent from the CCCB Program Evaluation and Partnership Team Lead, Angela Moore, MPH (**Attachment 4**). This e-mail message will inform NCCCP directors of the survey and encourage their participation. Program directors will then receive an official invitation e-mail with a link to the survey on Survey Monkey, a Web-based survey system (see **Attachment 3A** for survey content and **Attachment 3B** for screen shots). Halfway through the survey period, a reminder e-mail will be sent to the program directors who have not completed the Survey (**Attachment 6**). Following completion of the survey, program directors will receive an e-mail thanking them for their participation (**Attachment 7**).

### ***Focus Groups***

For focus group data collection, CDC will work with the contractor, RTI, to select a purposive sample of program directors and send them an e-mail invitation (**Attachment 9**). Following their acceptance, program directors (or alternate program representative if one was designated) will receive a confirmation e-mail and question-and-answer sheet with information regarding the focus group (**Attachments 11**). Participants will be asked to complete a consent form prior to participation (**Attachment 12**). Focus groups may be conducted in-person or by telephone.

### **B3. Methods to Maximize Response Rates and Deal with Nonresponse**

Participation in national evaluation efforts is stated as a recipient activity in the DP12-1205 Funding Opportunity Announcement (FOA). As such, we anticipate a high rate of response and significant cooperation on this CDC survey from program directors who oversee CCC-funded programs. To ensure participation, we will also employ the following methods:

#### ***National Comprehensive Cancer Control Program Survey***

- An introductory e-mail will be sent from the CCCB Program Evaluation and Partnership Team Lead to each of the NCCCP directors (**Attachment 4**). This e-mail will introduce the survey and encourage participation.
- A reminder e-mail will be sent to those NCCCP directors who have not completed the survey by halfway through the survey period (**Attachment 6**).
- For NCCCP directors who fail to respond to both the introductory and reminder emails, the assigned Program Consultant who provides technical assistance to the Program Director will follow up by email or phone to give an overview of the proposed data collection and to address any potential questions or concerns the respondent may have.

### ***Focus Groups***

- A confirmation e-mail will be sent to the NCCCP director (or alternate program representative if one was designated) with information regarding the focus group (**Attachments 10**). Confirmation of attendance will be requested.

### **B4. Tests of Procedures or Methods to Be Undertaken**

The survey will be pilot-tested in July 2012 by the contractor, RTI, to determine ease of use of the Web-based survey system. Up to three NCCCP program directors who are a part of the evaluation consultant group will be invited to pilot test the materials.

### **B5. Individuals Consulted on Statistical Aspects and Individual Collecting and/or Analyzing Data**

Data collection instruments will be reviewed by CDC staff with expertise in CCC programmatic issues, evaluation, and the six NCCCP priorities. These include the Technical Monitor and CCCB Program Evaluation and Partnership Team Lead, Angela Moore, members of the Evaluation Planning Team, Jamila Fonseca, Cynthia Corsino,

Behnoosh, Momin, as well as CCCB Management Team Members, Nikki Hayes, Phaeydra Brown, Ann Larkin and Sherri Stewart.

Information will be collected and analyzed by the CDC contractor, RTI, in collaboration with the CDC internal project team and CCCB leadership. RTI will receive regular guidance and feedback from the internal project team and the CCCB leadership throughout the collection and analysis process. This evaluation effort will result in several dissemination products, including a minimum of two conference presentations, a formal presentation of the findings to CDC, and at least one manuscript that will be submitted to a peer review journal.

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