

Annual Survey of Colorectal Cancer Control Activities Conducted by States and Tribal Organizations

NEW

Supporting Statement – Section A

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ICRO Desk Officer's Comments

Program Official/Project Officer

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Attachment A-1	CRCCP Framework
Attachment A-2	Simplified CRCCP Logic Model
Attachment B	Public Health Service Act
Attachment C	60-Day Federal Register Announcement
Attachment D-1	CRCCP Grantee Survey of Program Implementation: Screen shots/Layout Preview (All questions)
Attachment D-2	CRCCP Grantee Survey of Program Implementation: MS Word version
Attachment E	Introductory Email for CRCCP Grantees
Attachment F	CRCCP Survey FAQ
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The goal of this annual survey is to systematically collect information about the implementation of program activities from each of the 29 CRCCP awardees. We will be using descriptive statistics to produce grantee reports for use by CDC for program management and technical assistance planning, as well as for the grantees' own program improvement.

Section A – Justification

1. Circumstances Making the Collection of Information Necessary

Background

The Annual Survey of Colorectal Cancer Control Activities Conducted by States and Tribal Organizations is a new data collection which will allow CDC to systematically assess aspects of the implementation activities of the CRCCP across all grantees; OMB approval is requested for three years. In July 2009, the Centers for Disease Control and Prevention's (CDC's) Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, funded the Colorectal Cancer Control Program (CRCCP) for a 5-year period. Through a competitive application process, 22 states and 4 tribal organizations received cooperative agreement awards. In 2010, 3 additional States were funded, bringing the total number of grantees to 29. The purpose of the CRCCP is to promote colorectal cancer (CRC) screening to increase population-level screening rates to 80% and, subsequently, to reduce CRC incidence and mortality. Currently, the CRCCP funds 29 grantees including 25 states and 4 American Indian/Alaska Native tribes or tribal organizations.

The CRCCP includes two program components: (1) CRC screening of low-income, uninsured and underinsured people (screening provision) and (2) implementation of interventions to increase population-level screening rates (screening promotion). The CRCCP is based on a social-ecological framework (**see Attachment A-1 – CRCCP Framework**) that emphasizes the implementation of evidence-based strategies at the interpersonal, organizational, community, and policy levels. The project team developed a detailed CRCCP program logic model to reflect expected outcomes over time and guide program and evaluation planning (**see Attachment A-2 – Simplified CRCCP Logic Model**).

As a comprehensive, organized screening program, the CRCCP supports activities including program management, partnership development, public education and targeted outreach, screening and diagnostic services, patient navigation, quality assurance and quality improvement,

professional development, data management and utilization, and program monitoring and evaluation. For clinical service delivery, grantees fund health care providers in their state/territory/tribe to deliver colorectal cancer screening, diagnostic evaluation, and treatment referrals for those diagnosed with cancer.

CDC plans to conduct an annual “CRCCP Grantee Survey of Program Implementation,” i.e., a survey of colorectal cancer control activities conducted by CRCCP-funded states and tribal organizations. CDC is authorized to collect this information by the Public Health Service Act (**see Attachment B**). The proposed CDC sponsored survey builds upon previous similar efforts conducted by the Cancer Prevention and Control Research Network (CPCRN). The CPCRN has been engaged as a consultant to the current project.

2. Purpose and Use of the Information Collected

The annual CRCCP Grantee Survey of Program Implementation is being proposed to assess program implementation efforts, particularly those related to the use of evidence-based strategies. The web-based survey will include questions on the background and context of colorectal cancer control in each CRCCP-funded state or territory, program activities including clinical service delivery and screening promotion, monitoring and evaluation, partnerships, training and technical assistance needs, and program management and integration.

This assessment will enable CDC to gauge progress in meeting CRCCP program goals, identify implementation activities, monitor efforts aimed at impacting population-based screening, identify technical assistance needs of state and tribe health department cancer control programs, and identify implementation models with potential to expand and transition to new settings to increase program impact and reach. The assessment will identify successful activities that should be maintained, replicated, or expanded, as well as provide insight into areas that need improvement.

The proposed data collection activities will contribute to a more effective CRCCP and strengthen CDC’s ability to demonstrate program results. The scope of data collection is limited to the activities and experiences of CRCCP grantees acting in their official capacity. Collection of these data will not yield data that can be generalized. CDC will use these data to better understand the range of experiences among state and tribal governmental grantees, and will use these data as one of many inputs into decision-making and/or program management or assessment. In addition, the findings

will be reported back to the grantees to help them identify successful implementation models and focus networking for shared experiences, lessons learned, and best practices.

3. Use of Improved Information Technology and Burden Reduction

Data will be collected via a web-based questionnaire allowing respondents to complete and submit their responses electronically. Skip logic will be embedded into the programming so that respondents are routed to the minimum number of applicable questions. These methods were chosen to reduce the overall burden on respondents.

4. Efforts to Identify Duplication and Use of Similar Information

The data to be collected on the CRCCP Grantee Survey of Program Implementation are not duplicative of other efforts. Another data collection, Impact Evaluation of CDC's Colorectal Cancer Control Program (OMB No. 0920-0992 exp 9/30/2016), is examining the effect of the CRCCP on population-level screening rates through a study of 3 CRCCP states and 3 non-funded states used as comparisons. In contrast, the CRCCP Grantee Survey of Program Implementation will collect systematic information from all CRCCP grantees about implementation activities. CRCCP-funded states and tribal organizations provide routine semi-annual progress reports to the Procurement and Grants Office (PGO). Grantees are responsible for submitting programmatic information including a list of staff, a delineation of program objectives, a progress report on performance measures, a program work plan, and a listing of accomplishments. While information collected through these reports identifies program activities, it does not provide any systematic information specific to the implementation of these activities or describe the relationship with implementation partners.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

6. Consequences of Collecting the Information Less Frequently

The purpose of this request is to ensure collection of data that is not otherwise available in a current, time sensitive, or standardized format to specific or emergent priorities of HHS and CDC. Specifically, without this data there would be:

- No systematic data collection regarding the implementation of program activities, as specified in the CDC-RFA-DP14-1414.
- No systematic assessment of training and technical assistance needs.
- Less effective and less timely assessment of implementation partners of program activities.
- Fewer resources from which to make data-driven decisions that are often required of CDC and state, tribal, and territorial governmental health agencies.

There are no legal obstacles to reduce the burden.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This request fully complies with the regulation 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

- a. Notice of this project was published in the Federal Register on Thursday, March 7, 2014 in Vol. 79, No. 4, pages 13054-13055. **(See Attachment C – 60-Day Federal Register Announcement)**. No public comments were received.
- b. In previous years, the Cancer Prevention and Control Research Network (CPCRN) conducted surveys on similar topics. The CPCRN has been engaged as a consultant to this project. The contact person is Dr. Peggy Hannon, telephone: (206) 616-7859, email: peggyh@uw.edu.

9. Explanation of Any Payment or Gift to Respondents

CDC will not provide payments or gifts to respondents.

10. Assurance of Confidentiality Provided to Respondents

1. Overview of the Data Collection System

Information will be collected annually from the 29 CRCCP-funded states and tribal organizations, and territories. The data collection system consists of a web-based questionnaire designed to collect information from CRCCP Grantees, i.e., Program Directors or Program Managers of the state and tribal grantees of the CRCCP about their program implementation (**see Attachment D-1 – CRCCP Grantee Survey of Program Implementation: Web version and Attachment D-2 – CRCCP Grantee Survey of Program Implementation: MS Word version** (shows skip logic embedded in the programming)). The program director or manager for each cooperative

agreement will serve as the survey respondent; contact information for the grantee (used for distributing an introductory email and a reminder email encouraging participation) will be obtained from agency records associated with the cooperative agreement award. Respondents will be emailed a unique link directing them to the online instrument only (i.e., not a website). There is no website content directed at children < 13 years of age.

A contractor will manage primary data collection and send respondents a unique link directing them to their online instrument only (i.e., not a website). After receiving responses to the survey, the contractor will prepare and submit a validated analysis file to CDC and assist in interpreting the findings. CDC will then prepare and distribute an individualized feedback report and a summary report to each awardee.

2. Description of the information to be collected

Respondents are CRCCP-funded programs. The program director manager/coordinator will complete the survey on behalf of the program. Individually identifiable information (IIF) will be collected for this program (name, work phone, email address, employment history with that state or tribal CRCCP). This info is role-based and is not considered sensitive. The remaining survey items are programmatic rather than personal in nature. IRB approval is not required.

The instrument consists of 8 sections, as follows. The number of items completed by a respondent will vary due to skip logic.

- 1) Respondent background information
- 2) Program management & integration
- 3) Screening provision
- 4) Screening promotion
- 5) Cancer screening data from federally qualified health centers, health systems, and Indian Health Service
- 6) Training and technical assistance needs
- 7) Screening policies and strategies
- 8) Program management and evaluation

Questions are of various types including dichotomous and multiple response. To minimize burden, there are a limited number of questions requiring open-ended or narrative responses.

3. Information and dissemination plan

Each participating grantee/respondent will receive a customized feedback report relating to their own submission but will not have access to other grantees' submissions or individualized reports. Each grantee and CDC will use the customized feedback report(s) to identify opportunities for strengthening grantee performance. CDC does not plan to create a public use dataset.

4. Consent

Participation in this survey is voluntary, as stated in the introductory (invitation) email (Attachment E) and the reminder email (Attachment G) distributed to grantees. Respondents are informed that their information will be maintained in a secure manner and that they will receive individualized feedback reports for their use. There are no advisements that relate to data sharing since CDC has no plans to share information or develop a public-use data set.

5. Information security

There is no impact on the respondent's privacy. DatStat will host the web-based data collection instrument and data using a secure submission web site. Survey respondents will be provided with a unique survey link where they can complete their survey. Survey data will be stored on secure network servers with user ID and password restricted access. Networked systems are maintained in a locked room with access strictly limited to essential employees.

The contractor will aggregate and validate the data for quality and completeness, and will prepare an analysis file. Analysis files will be shared with CDC. All data will be maintained for restricted access on CDC's secure LAN server where restricted access is controlled by the data manager. A CDC-issued identification badge (key card) is required for access to CDC facilities. Access to relevant data files is controlled by user ID and password. CDC will retain the data collected for a period of 10 years.

Periodic review and update of security processes will be conducted to adjust for needed changes and will be amended as needed to maintain the continued security of the data.

6. Privacy Act determination

The Privacy Act does not apply. Information to be collected is programmatic in nature. Employees of state, tribal, and territorial public health agencies will be speaking from their official roles and will not be asked to provide, individually identifiable personal information.

11. Justification for Sensitive Questions

No information will be collected of a personal or sensitive nature.

12. Estimates of Annualized Burden Hours and Costs

The information collection instrument is entitled “**CRCCP Grantee Survey of Program Implementation.**” The estimate for burden hours is based on a pilot test of the data collection instrument by 3 public health professionals. In the pilot test, the average time to complete the instrument including time for reviewing instructions, gathering needed information and completing the instrument (see attachment D-1), was approximately 75 minutes. All information will be collected electronically. Screen shots of the instrument are included as **Attachment D-1**. An annotated Word (.DOC) version of the instrument is included as **Attachment D-2**. The total estimated annualized burden hours are 36.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) National Compensation Survey estimate for management occupations – medical and health services managers in state government (<http://www.bls.gov/ncs/ocs/sp/nctb1349.pdf>). Based on DOL data, an average hourly wage of \$57.11 is estimated for all 29 respondents. This survey will be conducted annually; the total estimated annualized cost to respondents is \$2,056.

Table A-12-1 shows estimated burden and cost information.

Table A-12: Estimated Annualized Burden Hours and Costs to Respondents

Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Colorectal Cancer Control Program Directors (PD) or Program Managers (PM)	29	1	75/60	36	\$57.11	\$2,056

TOTALS	29	1				\$2,056
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13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There will be no direct costs to the respondents other than their time to participate in each data collection.

14. Annualized Cost to the Government

There are no equipment or overhead costs. The only cost to the federal government would be the salary of CDC staff and the contractor, National Association of Chronic Disease Directors (NACDD). A senior FTE manager at CDC will oversee all related activities. The estimated cost to the federal government is \$217,196. Table A-14 describes how this cost estimate was calculated.

Table A-14: Estimated Annualized Cost to the Federal Government

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Average Cost
Health Scientist (GS-13) Oversee contract with NACDD and provide consultation on OMB package preparation, data collection, data analysis, report preparation	60	\$53.26	\$3, 196
Contractor Costs			
Annualized Cost of Contract with National Association of Chronic Disease Directors Responsible for building web-based application, data collection, data coding and entry, quality control, data analysis, report preparation			\$214,000
Estimated Total Cost of Information Collection			\$217,196

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

The results of this data collection, individual and aggregate, will be published in the form of a grantee report. The results will support individual grantees in the state and tribe health departments and to provide CDC management a snapshot of how the CRCCP is being implemented

as a whole. Respondents will receive a report summarizing findings within 14 weeks from initiating data collection. Reports generated for internal CDC use will also be produced. A summary of this timeline is provided below:

Estimated Project Time Schedule

- ✓ Design questionnaire..... (COMPLETE)
- ✓ Pilot test questionnaire..... (COMPLETE)
- ✓ Enter questions into [DatStat Illume Survey]..... (COMPLETE)
- ✓ Prepare OMB Package..... (COMPLETE)
- ✓ Submit OMB Package..... (COMPLETE)
- OMB approval..... (TBD)
- Conduct data collection (includes reminders)..... (Open 3 weeks)
- Collect, code, enter, quality control, and analyze data..... (7 weeks)
- Prepare report..... (4 weeks)
- Disseminate results/reports..... (Date TBD)

17. Reason(s) Display of OMB Expiration Date is Inappropriate

The display of the OMB expiration date is not inappropriate.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.