

ATTACHMENT E – Introductory Email for CRCCP Grantees

Date: [Insert Date]

To: CRCCP Program Directors/Managers

Subject title: **2015 CRCCP Annual Grantee Survey (Program year 6) – Please complete by [literal value insertion, i.e. 3 weeks post launch date]**

Hello, [First Name]:

The 2015 (Program Year 6) CRCCP Annual Grantee Survey of Program Implementation is here!

The purpose of this assessment is to understand how grantees are implementing the Colorectal Cancer Control Program (CRCCP), to understand how implementation changes each year, and to collect information related to technical assistance and training needs.

The current 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 on this year's project.

The 2015 survey content is similar to the surveys conducted by the CPCRN in previous years. The majority of the content is the same.

The biggest changes to this year's survey are:

- The survey time period. The survey asks about your Program Year 6 (PY6) activities, i.e. July 1, 2014 – June 30, 2015
- Reinserted questions. The CPCRN's 2013 survey did not include questions whose answers were unlikely to have changed since 2012. In CDC's 2015 survey, we have re-inserted these items. We have also added some questions to help us understand how your CRCCP may be affected by Affordable Care Act (ACA) legislation.

As before, CPCRN worked in close collaboration with the CDC. Responses are private, information will be maintained in a secure manner and identifying individual responses will not be used in publications.

The results of this assessment are critical to program improvement and enhancing our understanding of how grantees are implementing the Community Guide evidence-based strategies to increase CRC screening in the population. Results of the survey will be incorporated into a CRCCP grantee report for you and other stakeholders, as you recently have seen in the Year 3 CRCCP Grantee Highlights Report.

HOW TO PARTICIPATE

Who should complete the survey

The person responsible for day-to-day management of the program should complete this survey.

Review the survey before you begin

We strongly encourage you to review the [FAQ](#) [[insert link to Grantee Survey PDF](#)] before starting the survey. The time it takes to complete the survey will vary, depending on how many evidence-based interventions your CRCCP is implementing, as well as whether or not you need to consult with your colleagues to answer questions. We've prepared an [FAQ](#) that includes an overview of the types of survey questions that may require some consultation with your partners or colleagues.

The survey will close in three weeks, on [literal value insertion, i.e. 3 weeks post launch date]

READY TO BEGIN? You're two clicks away. First read the [FAQ](#) then access your survey form at: [[insert link](#)]

For more information about the survey or its uses contact Thuy Vu at thuytvu@uw.edu or 206-685-5844.

THANK YOU

Thank you for your time and continued partnership!

[Insert signature]

Faye Wong, MPH

CDC

[Insert signature]

Peggy Hannon, PhD, MPH

CPCRN