

**Colorectal Cancer Control Program (CRCCP) Monitoring Activities**

REINSTATEMENT WITH CHANGE

**Supporting Statement – Section B**

March 14, 2016

**Program Official/Project Officer**

Stephanie Melillo, MPH

Health Scientist

Division of Cancer Prevention and Control

National Center for Chronic Disease Prevention and Health Promotion

Centers for Disease Control and Prevention

4770 Buford Highway, Mailstop F-76

Atlanta, GA 30341

770-488-4294

770-488-3230

[bcu6@cdc.gov](mailto:bcu6@cdc.gov)

## **Table of Contents**

### **B. Data Collection Procedures**

B1. Respondent Universe and Sampling Methods

B2. Procedures for the Collection of Information

B3. Methods to Maximize Response Rates and Deal with No Response

B4. Tests of Procedures or Methods to be Undertaken

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

## LIST OF ATTACHMENTS

- Attachment 1: Authorizing Legislation
- Attachment 2: CRCCP Logic Models
- Attachment 3a: CRCCP Annual Grantee Survey (screenshots)
- Attachment 3b: Survey Introductory Email
- Attachment 3c: Survey Reminder Email
- Attachment 4a: CRCCP Clinic-Level Collection Instrument (screenshots)
- Attachment 4b: CRCCP Clinic-Level Data Dictionary
- Attachment 4c: CRCCP Clinic-Level Collection Introductory Email
- Attachment 5: Federal Register Notice

**B. Data collection procedures**

**B1. Respondent Universe and Sampling Methods**

The respondent universe comprises the 31 grantees of the Centers for Disease Control and Prevention (CDC) Colorectal Cancer Control Program (CRCCP) funded under Program Announcement CDC-RFA-DP15-1502 (heretofore DP15-1502). The information collection efforts described concern the entire universe of potential respondents. As collecting information from the entire population of respondents is feasible, a sampling strategy will not be employed.

This reinstatement with change of OMB No. 0920-1074 is being proposed in order to monitor and evaluate program implementation and outcomes. In particular, processes related to implementation of evidence-based interventions (EBIs) in partner health systems will be monitored and the CRCCP’s primary outcome of interest, CRC screening rates within partner health systems, will be evaluated. The new FOA requires that CDC monitor and evaluate CRCCP processes (i.e. implementation) and outcomes.

**Table B.1. Potential Respondent Universe**

<b>State or Tribe Health Departments/University Grantees</b>	<b>Potential Respondent</b>	<b>N</b>
Colorectal Cancer Control Program Grantees	Program Directors/Program Coordinators	31
<b>Total Universe of Potential Respondents</b>		<b>31</b>

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

Information will be collected through two forms. First, an online CRCCP annual grantee survey will be distributed to all individuals within the respondent universe (**Attachment 3a – CRCCP Annual Grantee Survey (screenshots)**). Eligible respondents include the CRCCP program director, program manager, or other designated official of the program performing day-to-day managerial activities (N=31). We anticipate only one response per awardee. An introductory

email notification (**Attachment 3b – Survey Introductory Email**) will be sent to all CRCCP program directors informing them of the planned information collection, announcing the dates the survey will remain open, and providing relevant web-links to the survey instrument. Grantees will be encouraged to have the person most familiar with the day-to-day operations of the program complete the survey. We will not collect personal information on the respondent. We only collect the name of the awardee in which the responder is employed. Respondents will have a period of 42 days (30 business days) to complete the survey. We estimate the time burden to be no more than 45 minutes for the CRCCP annual grantee survey. A reminder email that notes the deadline for responding will be sent to program directors in non-responder states/tribes/universities 10 days after information collection begins (**see Attachment 3c – Survey Reminder Email**). Results of the information collection, in the form of grantee-specific and summary reports, will be disseminated once analysis is complete.

The second form involves CRCCP clinic-level information collection (**See Attachment 4a – CRCCP Clinic-Level Collection Instrument (screenshots) and 4b - CRCCP Clinic-Level Data Dictionary**). CRCCP program directors/program managers will submit this information annually via a web-based instrument during an established time period following the end of each program year. All information will be collected and reported in aggregate for each clinic. No patient-level information will be collected. We estimate the time burden to be no more than 30 minutes per clinic and estimate an average of 12 responses per grantee annually.

The information collection will be used to answer the following key questions regarding the CRCCP:

1. Are CRC screening rates in partner health system clinics increasing over time?
2. What is the reach of the CRCCP?
3. With what organizations are CRCCP grantees partnering?
4. What EBIs and supporting activities are being implemented?
5. Is EBI implementation consistent with the Guide to Community Preventive Services?
6. What are technical assistance and training needs of CRCCP grantees?

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

Advance notification (see **Attachment 3b - Survey Introductory Email**) and a reminder email (see **Attachment 3c – Survey Reminder Email**) will be utilized to maximize response rates for the CRCCP annual grantee survey. The notifications will be sent to the respondents via emails generated by the web-based survey software. These communications will be signed by the CDC Branch Chief of the Program Services Branch. For the CRCCP clinic-level information collection, CDC will send grantee Program Directors an email notifying them that the web-based template is available for completion (**See Attachment 4c – CRCCP Clinic-Level Collection Introductory Email**).

The purpose of this information collection is to identify and monitor implementation activities and changes in the primary outcome of interest, CRC screening rates in partner health systems. The information collection will also identify training and technical assistance needs of state, tribe and university grantees. These monitoring activities will help to identify successful activities that need to be maintained, replicated, or expanded, as well as provide insight into areas that need improvement. Higher response rates will yield more reliable information; however, no scientific inferences will be made.

#### **B4. Test of Procedures or Methods to be Undertaken**

The instruments will be pilot tested in two phases. In the first phase, public health professionals will test a paper-version of the instruments to assess the clarity of the questions and response categories (**Attachment 3a – CRCCP annual grantee survey (screenshots)**), variable definitions (**Attachment 4b – CRCCP Clinic-Level Data Dictionary**), and instrument clarity (**Attachment 4a - CRCCP Clinic-Level Collection instrument (screenshots)**). In the second phase, the instruments will be tested to assess the estimated time required to complete the information collection as well as testing the usability of the web instruments.

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

The information collection was designed by a project team from CDC’s Division of Cancer Prevention and Control. Colleagues from the University of Washington, University of California Los Angeles, and Emory University provided additional consultation. Staff from Information

Management Services (IMS) will collect and analyze data. Statistical consultation will be provided by Tom Chapel and Bill Helsel.

Thomas Chapel, MA, MBA  
Chief Evaluation Officer  
Centers for Disease Control and Prevention  
404-639-2116  
tkc4@cdc.gov

Bill Helsel  
Information Management Services, Inc.  
301-680-9770  
helselb@imsweb.com