Mini Supporting Statement A

Evaluation of the Cancer Control P.L.A.N.E.T.

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List of Attachments

1. **Online Survey**
2. **Interview Guide**

Mini Supporting Statement A

A.1 Circumstances Making the Collection of Information Necessary

Section 412 of the Public Health Service Act (42 USC *§* 285a-1) authorizes the National Cancer Institute (NCI) to establish and support programs for the detection, diagnosis, prevention and treatment of cancer; and to collect, identify, analyze and disseminate information on cancer research, diagnosis, prevention and treatment. The Implementation Science (IS) Team, located within the Office of the Director (OD) in the Division of Cancer Control and Population Sciences (DCCPS) at the National Cancer Institute (NCI), is engaged in a variety of activities that ensures practices, interventions, and policies are disseminated, adapted (as needed), adopted, integrated and sustained in everyday health-focused settings. The IS mission is to achieve the rapid integration of scientific evidence, practice and policy, with the goal of improving the effect of research on cancer outcomes and promoting health across individual, organizational and community levels.

The Cancer Control P.L.A.N.E.T. web portal, developed and supported by IS, is intended to provide planners, researchers, and program staff involved in cancer control efforts access to data and resources for designing, implementing, and evaluating evidence-based cancer control programs. The site serves as a conduit for the transmission of interventions found to be efficacious in the research setting into practice settings. It also provides specific tools to enhance uptake in the field. These interventions cover a range of topics involved in cancer control. The site also functions as a potential networking source. Successful dissemination and adoption of evidence based interventions (EBIs) not only requires that stakeholders understand what EBIs are and how to access them, but that stakeholders trust that the findings are valid and the resources and tools for implementation are easily accessible and available. Failure to adopt evidence-based findings, specifically by those involved in cancer control activities, has been attributed to gaps in knowledge and technical skills, and systemic barriers (Hannon et al., 2010 [1]; Sanchez et al., 2012[2]).

The proposed survey and follow-up structured interview is intended to ensure the Cancer Control P.L.A.N.E.T. portal is achieving its aims. The assessment instruments are evaluating current and potential user's satisfaction with the content, accessibility, and usefulness of the site content to their need for reliable access to cancer control information. The evaluation fits under the scope of NCI's Generic Submission for Formative Research, Pretesting and Customer Satisfaction, OMB# (0925-0046) Expiration Date 7/31/2019 (Generic SSA). The information is being collected solely to determine the level of customer use and satisfaction with resources to help NCI identify

[1] Hannon, P. A., Fernandez, M. E., Williams, R., Mullen, P. D., Escoffery, C., Kreuter, M. W., … Bowen, D. J. (2010). Cancer Control Planners' Perceptions and Use of Evidence-Based Programs. *Journal of Public Health Management and Practice: JPHMP*, *16*(3), E1–E8. https://doi.org/10.1097/PHH.0b013e3181b3a3b1

[2] Sanchez, M. A., Vinson, C. A., Porta, M. L., Viswanath, K., Kerner, J. F., & Glasgow, R. E. (2012). Evolution of Cancer Control P.L.A.N.E.T.: moving research into practice. *Cancer Causes & Control*, *23*(7), 1205–1212. https://doi.org/10.1007/s10552-012-9987-9

strategies for improving the accessibility of materials/programs, their user-friendliness, and their relevance to the needs of cancer patients and their families, health educators and interventionists, cancer advocates, cancer information specialists, and health care professionals (Generic SSA Section A1 pp.4).

Collecting information from users will allow the government to assess the utility of this tool, improve design and functionality for the target audience, and identify gaps in content.

A.2 Purpose and Use of the Information Collection

The goal of the information collection is to obtain customer feedback on the appeal and utility of the Cancer P.L.A.N.E.T. web portal among a broad spectrum of users (e.g., cancer control planners, health professionals, cancer patients) and to explore the use of a wide variety of aggregated resources. Information collection consists of a web survey (Attachments 1 and 2) that will be completed by visitors to the Cancer Control P.L.A.N.E.T. and a structured interview (Attachment 3) that will be completed by those who indicate their willingness to participate in a subsequent telephone interview and provide contact information after survey completion. Informed consent will be requested from the participants prior to the start of the online survey and prior to the recorded interview. All participants will be able to print or receive a written copy of the consent. The survey data and structured interview data will be used by IS to modify the content or appearance of the portal and navigation to the website's sections, as well as identify any additional information or features that may be appropriate to add.
The government will gain the ability to improve the dissemination of cancer control planning information to cancer control planners, researchers, consumers, and others through the results of this project.

The anticipated positive aspects of this data collection include:

- Collecting data from the website users will enable us to better understand how they are using the site and to further improve the design and navigation in response to their needs.
- User data will inform the development of new targeted website features or development of additional targeted products within the site.
- User data will identify whether expanding the website to include additional evidence based research or evaluation tools needs to be discussed.

The negative consequences of not periodically collecting user data include:

- We will not be able to adapt the website to our audience's needs.
- We will not be able to assess what improvements or new features are most desirable.
- We will not be able to assess whether information about other evidence based resources is appropriate.
- We will not be able to understand how to better engage users and maintain strong user return rates.

A.3 Use of Information Technology to Reduce Burden

Online technology provides benefits traditional paper surveys do not: information is captured immediately, eliminating the need to mail in the survey; skip patterns are built into the survey so participants are not exposed to non-relevant questions; and participants can take the survey from anywhere. The use of a telephone interview for gathering additional qualitative feedback enables the participant to respond at a time and location that is convenient for them. Skip patterns are built into the structured interview as well.

The opportunity to participate in the survey will be available through two methods. A prominent link to the survey will be displayed on the Cancer Control P.L.A.N.E.T. website. The survey will initiate for those who choose the link. The survey link will also be disseminated to those on the Cancer Control P.L.A.N.E.T. listserv and other participating P.L.A.N.E.T. partners' mailing lists through newsletter announcements containing the survey link. All responses will be submitted electronically.

At the completion of the survey, participants are asked if they would like to provide more detailed feedback in a telephone interview. Those who wish to participate in the structured phone interview can provide an email address to enable establishment of a convenient call time.

A.4 Efforts to Identify Duplication

This information is unique to the Cancer Control P.L.A.N.E.T. and is not found elsewhere.

A.5 Impact on Small Businesses or Other Small Entities

No small businesses or other small entities will be impacted.

A.6 Consequences of Collecting the Information Less Frequently

This is a one-time information collection.

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

This survey will be implemented in a manner that fully complies with 5 C.F.R. 1320.5.

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

N/A

A.9 Explanation of Any Payment of Gift to Respondents

Respondents will not receive payment or a gift for completing the survey.

A.10 Assurance of Confidentiality Provided to Respondents

All information will be kept private to the extent permitted by law.

A.11 Justification for Sensitive Questions

No sensitive questions are being asked. There may be questions that are perceived by others as sensitive such as race, ethnicity, age, education, and gender. Per the Generic SSA p. 5 "Other information that may be gathered on respondents regarding gender, age, socioeconomic level, race/ethnicity, and family medical history provides a basis for evaluating whether the messages may be perceived differently by different segments of the audience. For example, selected age groups may find a particular brochure or message on cancer prevention more relevant than other age groups." This information is collected for this purpose.

A.12.1 Estimated Annualized Burden Hours

The estimated annualized burden hours are 445. The total survey respondents are estimated to be 2,100. These respondents will take approximately 12 minutes to complete the online survey. Total respondents to the structured interview will be 50. The structured interview will take an average of 30 minutes to complete.

A.12-1 Estimated Annualized Burden Hours

Instrument	Type of Respondent	Number of Respondents	Number of Responses per Respondent	Average Burden Per Response (in hours)	Total Annual Burden Hour
Survey	Site Visitors	2,100	1	10/60	420
Structured Interview	Site Visitors	50	1	30/60	25
Total		**2,100**	**2100**		**445**

A.12-2 Annualized Cost to Respondents

The annualized cost to respondents is $14,100. The median wage rate of $33.39 is based current salary data for masters level health public health researchers obtained from the Bureau of Labor Statistics website, **https://www.bls.gov/ooh/life-physical-and-social-science/epidemiologists.htm** occupation title epidemiologists; occupation code 19-1041.

A.12-2 Annualized Cost to the Respondents

Type of Respondent	Total Annual Burden Hour	Hourly Wage Rate	Respondent Cost
Site Visitors	420	$33.39	$14,024
Site Visitors	25	$33.39	$834.75
Total	**445**		**$14,858.75**

A.13 Estimate of Other Total Annual Cost Burden to Respondents or Record Keepers

There are no additional costs.

A.14 Annualized Cost to the Federal Government

The annual cost to the federal government is $ 248,298. Federal personnel will oversee the development of the survey instrument and data analysis plan, connect the contractor to the appropriate contacts for implementation, and review reports. The contractor is responsible for drafting the survey instrument, structured interview protocol, and data analysis plan; daily maintenance, tracking, and troubleshooting support when the survey has been deployed; conduct of the structured interviews; data analysis; and preparation of reports.

A.14 Annualized Cost to the Federal Government

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Program Director	O-5	100,000	2%		$2000
Task Order Monitor	GS-12	60,000	1%		$600
Contractor Cost					**$245,698**
Travel					$0
Other Cost					$0
Total					**$ 248,298**

A.15 Explanation for Program Changes or Adjustments

N/A

A.16 Plans for Tabulation and Publication and Project Time Schedule

We plan to begin the online survey data collection in May 2017 and continue through April 2018. Data collection for the structured interviews will be based on responses to the online survey and will be stratified by user characteristics (e.g., frequent user vs. once a year user; primarily uses state cancer profile information vs. primarily accesses the RTIPs resource). The structured interview data will be collected until 50 users have completed the survey. Data will be analyzed using simple descriptive statistics. A report for internal NCI use will be submitted September 2018 based on the results.

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

We are not requesting an exemption to the display of the OMB Expiration date.

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

This survey will comply with the requirements in 5 CFR 1320.9.