

## Mini Supporting Statement A

Formative assessment to inform the redesign of the Research Tested  
Intervention Programs (RTIPS) website

Sub-study under,  
“A Generic Submission for  
Formative Research, Pretesting, and  
Customer Satisfaction of NCI’s Communication and Education Resources,  
OMB No. 0925-0046,  
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## **List of Attachments**

1. Attachment 1 - Interview Guide
2. Attachment 2 – Consent Form
3. Attachment 3 – Email Invite

## 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.

Reducing cancer related mortality and morbidity is dependent on the widespread adoption and implementation of evidence-based interventions (EBIs) for cancer prevention and control. However, research suggests that EBIs often lack implementation related information and cancer control practitioners have limited awareness and ability to evaluate the applicability<sup>1</sup> and relevance of existing EBI's to their context.<sup>2</sup> To overcome these challenges, the National Cancer Institute has sponsored the development and curation of a web-based, searchable database of EBIs called Research-Tested Intervention Programs (RTIPs) (<https://rtips.cancer.gov/rtips/index.do>). The RTIPs website currently hosts over 200 programs across the cancer control continuum that are submitted by researchers and reviewed by an expert panel to provide information on research integrity, intervention impact, and dissemination capability, as well as reach, effectiveness, adoption, and implementation. Although the RTIPs website has been a valued resource in the cancer control community for the past 16 years, a recent evaluation report suggested that practitioners wanted readily accessible information about how existing interventions could fit their context.<sup>3</sup> As a response, RTIPs is currently exploring the possibility of revisions to the website to can enhance its potential to assist cancer control practitioners in making decision around adopting, adapting, and implementing existing EBIs to their context.

The proposed semi-structured interviews are intended to understand how cancer control practitioners adopt evidence-based interventions in their chosen setting and populations. The assessment fits under the scope of

<sup>1</sup> Huebschmann, Amy G., Ian M. Leavitt, and Russell E. Glasgow. "Making Health Research Matter: A Call to Increase Attention to External Validity." *Annual review of public health* (2019).

<sup>2</sup> Steele, C. Brooke, et al. "Use of evidence-based practices and resources among comprehensive cancer control programs." *Journal of public health management and practice: JPHMP* 21.5 (2015): 441.

<sup>3</sup> Evaluation of Cancer Control P.L.A.N.E.T. for the Implementation Science, Division of Cancer Control & Population Sciences National Cancer Institute Contract No. HHSN261201400006I; Task Order No. HHSN26100002; Published September 6, 2018

NCI's Generic Submission for Formative Research, Pretesting and Customer Satisfaction, OMB# (0925-0046) Expiration Date 7/31/2019. The information is being collected solely to understand customer use and thereby help NCI identify 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. Collecting information from users will allow the NCI to improve design and functionality of the RTIPS website 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 input on the identification and selection of evidence-based interventions for cancer prevention and control practice. Information will be collected using either in-person or telephone interviews. Informed consent will be requested from the participants prior to the recorded interview. All participants will be able to print or receive a written copy of the consent. The semi-structured interview data will be used by IS team to modify the content or appearance of the RTIPS website 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 evidence-based interventions to cancer control planners, researchers, consumers, and others through the results of this project.

The anticipated positive aspects of this data collection include:

- 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 tools needs to be discussed.

The negative consequences of not periodically collecting user data include:

- 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**

The use of a telephone or in-person interview for gathering additional qualitative feedback enables the participant to respond at a time and location that is convenient for them. The invitation to participate in the interviews will be sent via email with a detailed information about the study and ask participants to indicate their interest in participating in the study. Once, we receive their interest electronically, we will establish a convenient call time.

## **A.4 Efforts to Identify Duplication**

This information is unique to the RTIPS website 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 interview 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 interview.

### **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 Estimated Annualized Burden Hours**

Total respondents to the structured interview will be 20. The structured interview will take an average of 30 minutes to complete. The estimated annualized burden hours are 10 (Table A.12-1) and the annualized cost to respondents is \$333.90 (Table A.12.2).

### 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
Structured Interview	Individuals - Practitioners	20	1	30/60	10
<b>Totals</b>		<b>20</b>	<b>20</b>		<b>10</b>

### A.12-2 Annualized Cost to the Respondents

Type of Respondent	Total Annual Burden Hour	Hourly Wage Rate*	Respondent Cost
Individuals - Practitioners	10	\$33.39	\$333.90
<b>Total</b>	<b>10</b>		<b>\$333.90</b>

\*The hourly wage rates were derived 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.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 \$ 27,654.20. Federal personnel will oversee the development of the interview guide and data analysis plan, connect the contractor to the appropriate contacts. The contractor is responsible for daily maintenance, tracking, and troubleshooting support to setup interviews, 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
<b>Federal Oversight</b>					
Senior Advisor	15/9	\$166,500	1%		\$1,665.00
Public Health Advisor	13/10	\$128,920	1%		\$1,289.20
<b>Contractor Cost</b>					\$25,000.00
Travel					\$0
Other Cost					\$0
<b>Total</b>					<b>\$27,654.20</b>

\*\*The salary in the table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2019/DCB.pdf>

### **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 interviews in July 2019 and continue through September 2019. Data will be analyzed using qualitative analytical methods to look for common themes. A report for internal NCI use will be submitted December 2019 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.

### **A.18 Exceptions to Certification for Paperwork Reduction Act Submissions**

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