Supporting Statement A For:

The Study of Center for Global Health's (CGH) Workshops (NCI)

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Check off which applies:

- New
- **X Revision**
- Reinstatement with Change
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- Existing

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LIST OF ATTACHMENTS

Abstract

This information collection request is a revision for three years. This information collection study is to collect stakeholder feedback from past and future workshops; to assess the effectiveness of CGH workshops, which seek to assess abilities of the workshop attendees and respective countries to implement national cancer control programs; inform content and improve delivery of future workshops, and to systematically assess CGH's contribution. These workshops are organized and funded by the National Cancer Institute's CGH in conjunction with various partners ranging from foreign Ministries of Health and research institutions, to international non-governmental organizations (NGOs), and U.S. academic institutions. The workshops to be studied are the Symposiums on Global Cancer Research, Workshops in Cancer Control Planning and Implementation, the Summer Curriculum in Cancer Prevention, Women's Cancer Program Summit, Regional Grant Writing and Peer Review Workshops, and Workshops on Tobacco Control. While these workshops differ in content and delivery style, their underlying goals are the same; they intend to initiate and enhance cancer control efforts, increase capacity for cancer research, foster new partnerships, and create research and cancer control networks. The proposed study requests information about the outcomes of each of these workshops including 1) new cancer research partnerships and networks 2) cancer control partnerships and networks, 3) effects on cancer research, and 4) effect on cancer control planning and implementation efforts. Information will be collected in two phases where Phase 1 will collect information from attendees of past workshops (1998-2015) and Phase 2 will collect information from attendees of future workshops over the next three years. This information will allow CGH to assess the effectiveness of its workshops in order to inform future programming and funding decisions. The surveys will enable CGH to better understand the impact the workshops have had on their partnerships and networks, research, and cancer control planning and implementation efforts.

A. JUSTIFICATION

A.1 Circumstances Making the Collection of Information Necessary

The study of these workshops are authorized by Section 410 of the Public Health Service Act (42 USC *§* 285), which authorizes collection of this information, as outlined in Special Authorities of the Director – Sec. 413. [285a-2]. Section 413 authorizes the NCI Director to collect and disseminate (including through publications) to clinicians and the general public information on cancer research, diagnosis, prevention and treatment.

The National Cancer Institute's (NCI) Center for Global Health (CGH) has been mandated to "develop an appropriate research strategy to help incorporate cancer control into

global health programs; foster relevant research activities throughout the NCI's own extramural and intramural divisions; and work closely with the many potential collaborators who have displayed an interest in shared objectives." [1] Incorporating cancer control is a key component of the mandate that necessitates this information collection. Cancer control has been broadly defined by the NCI as a set of activities that bring discoveries in cancer research to the population level. In global health, this gap of tailoring the evidence in cancer prevention and screening and delivering them to the populations and communities in need is stark and needs to be filled. As such, while NCI is a research agency and will not provide cancer care or orchestrate prevention campaigns directly, we will work with a wide range of partners in providing information and training about cancer control. This work will include activities "on topics that are highly relevant to the pragmatic aspects of treatment and prevention in developing countries: the geographic and cultural patterns of disease, the organization and function of health care systems, and the monitoring of the effectiveness of cancer control strategies. We also recognize that many kinds of cancers appear at different rates in different parts of the world for different reasons— and it is important to explain these differences in order to reduce the cancer burden in all countries. Finally, long-standing improvements in the control of cancer throughout the world will require the training of medical and scientific personnel who have vested interests in improving health in their own countries."[2]

With this in mind, CGH administers a range of workshops to advance global cancer control and research capacity in order to build expertise and leverage resources across borders and enhance the ability to address the burden of cancer. These workshops include the

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[1] Varmus, H. and Trimble, E. Integrating Cancer Control into Global Health. Sci Transl Med. 2011;101(3):101-102. doi:10.1126/scitranslmed.300.2321.

[2] Varmus, H. and Trimble, E. Integrating Cancer Control into Global Health. Sci Transl Med. 2011;101(3):101-102. doi:10.1126/scitranslmed.300.2321.

Symposiums on Global Cancer Research, Workshops in Cancer Control Planning and Implementation, the Summer Curriculum in Cancer Prevention, Women's Cancer Program Summit, Regional Grant Writing and Peer Review Workshops, and Workshops on Tobacco Control.

These workshops utilize and strengthen existing relationships, infrastructures, and networks in order to advance cancer research and control. They are opportunities to create new partnerships in cancer research and cancer control, leverage resources more effectively, contribute to international cancer control and research strategies, and increase the global capacity for cancer research and control. CGH hosts and supports each of these workshops between 1 to 2 times per year in different locations, with different groups of participants depending on need, interest, relevance and resources.....Many of these workshops have a diverse range of partners, including foreign ministries of health, international non-governmental organizations (NGOs), U.S. and foreign academic institutions, and others. These partnerships increase the relevance, utility and sensitivity of these workshops, while maximizing the benefits for all parties without requiring additional U.S. investment. Yet, despite the significant partner contributions, CGH plays a key role in developing the content of, organizing and funding these workshops and makes significant investments of time, energy, and resources in order to support these workshops. A short description of each workshop has been included in **Attachment 1**.

A.2 Purpose and Use of the Information

Purpose of the Information

The proposed study requests information about the outcomes of the workshops including: new and existing partnerships, cancer research, cancer control planning and implementation

activities, and information dissemination. The proposed study aims to collect survey information in two phases:

- The first phase, thereafter referred to as Phase 1, will last only the first year of the OMB approval. Phase 1 will consist of CGH surveying past workshop attendees (Table 1). This information will be collected for program improvement, and the data will inform workshop programming moving forward.
- The second phase of the study, referred to as Phase 2, will collect survey information from future workshop attendees. Phase 2 refers to the anticipated number of participants for each upcoming workshop, who will participate in upcoming workshops similar to the ones conducted previously (Table 2). Phase 2 survey information collection will be carried out throughout the duration of the OMB approval (three years).

Table 1 Phase 1 Surveys for CGH Workshop Participants

CGH Workshop	Total Number of Past Workshop Participants to be Surveyed	Number of Surveys to be distributed to each Workshop Participant	Number of Past Workshops (1998 – 2015)
Symposium on Global Cancer Research	500	1	3
Workshop in Cancer Control Planning and Implementation	140	1	1
The Summer Curriculum in Cancer Prevention	500	1	17
Women's Cancer Program Summit	140	1	2
Regional Grant Writing and Peer Review Workshop	150	1	3
Workshops on Tobacco Control	180	1	6

Table 2 Phase 2 Surveys for CGH Workshop Participants

CGH Workshop	Number of Respondents per Workshop	Number of Surveys per Workshop	Number of Workshops per Year	Survey Intervals
Symposium on Global Cancer Research	250	1	1	4 months post-workshop
Workshop in Cancer Control Planning and Implementation	140	1	2	3 months post-workshop
The Summer Curriculum in Cancer Prevention	27	1	1	6 months post-workshop
Women's Cancer Program Summit	140	1	2	6 months post-workshop
Regional Grant Writing and Peer Review Workshop	60	1	1	12 months post-workshop
Workshop on Tobacco Control	30	1	3	6 months post-workshop

The information collected in this study will be used to assess abilities of countries to implement cancer control programs, inform content and improve delivery of future workshops, and to systematically assess CGH's contribution. Although CGH and NCI do not currently have any formal assessment components for these programs, program performance will be assessed as part of deliberations within CGH on the continuation and expansion of these workshops. This

study will aid in the analysis of program effectiveness and efficiency in achieving its objectives. For example, it may aid in the identification of areas that could benefit from increased efficiencies or shared activities, as well as inform other aspects of future programs (including types of activities, participants, focus areas, etc.).

The Study of Center for Global Health's Workshops Working Group was formed to design and implement the study of these CGH workshops. The group consists of each of the program leads for each workshop, as well as other members of CGH with assessment expertise (**Attachment 2**).

In addition to Phase I and II surveys, a Question Bank has been developed (**Attachment 3I**) so that surveys may be amended to adjust for regional and cultural appropriateness. To do so, surveys will be amended to incorporate questions from the Question Bank **(Attachment 3I)**, as appropriate, to accommodate the diverse range of workshop participants, partners, and scientific needs. Depending on the nature of the survey, either a non-substantive change request or a revision will be submitted to OMB for review; this submission will include the purpose, use, and instrument with questions drawn from the Question Bank **(Attachment 3I)**.

The study consists of information already known to the participant, which has not previously been gathered and submitted to the program office or made public. Some of the information collected will be the same across workshops in order to provide comparable metrics for CGH to assess the outcomes of these workshops. Other information that will be collected will be specific to the type of workshop and the participants of the workshop being studied, but all the information collected will be in the following categories:

- Partnerships
- Cancer Research

- Cancer Control Planning Activities
- Cancer Control Implementation Activities
- Information Dissemination

CGH expects to conceive of new workshops in the next three years, for which we will want similar information. The surveys for these workshops will be developed using the Question Bank **(Attachment 3I)** and submitted for approval by OMB.

Completion of the proposed study is of great importance in building and sustaining international partnerships in cancer research and control. The study is intended to provide information on how past and upcoming workshops have improved/facilitated the participants' work in the areas of: 1) cancer research, 2) cancer control planning, 3) cancer control implementation, and 4) development of partnerships and dissemination of information. This study will help us to identify the short term and long term accomplishments of participants, which are either completely or partially due to their participation in the workshop. This will allow program staff to have a complete understanding of effectiveness of the workshops. Additionally, the study will distinguish the achievements of U.S. participants from their international collaborators, allowing both the U.S. and international governments to understand the value that each program brings to their country. In addition, it can serve as evidence to inform decisions by CGH, other institutes across the NIH, and international governments, as to whether they should contribute to similar programs in the future.

Assessments of outcomes are necessary to ensure that participants are utilizing the resources and skills gained from these workshops and that the goals of the workshops are being met. Evidence that program goals aren’t being met (e.g., lack of new partnerships or research applications) may be used by program staff to initiate discussions with workshop partners on

how to adjust the workshop agendas, speakers, activities, participants etc. to improve performance. Completing the survey three to twelve months after each workshop allows participants time to apply the resources and information provided by the workshops into their cancer research and control efforts, allowing CGH to measure the effectiveness and utility of these workshops, while still allowing any adjustments to be made relatively quickly in order to prevent serious shortcomings in future workshops. Surveying participants who attended a workshop in years previously, will allow CGH to study longer-term outcomes of the workshops to more fully understand potential impacts of NCI/CGH on cancer research and cancer control partnerships and networks development, and CGH's effects on cancer research and cancer control planning and implementation efforts. Strong performance by participants is used to inform best practices and identify areas that could benefit from shared activities.

The surveys will be distributed in English only, as workshop attendees are all fluent in English, with the exception of the Women's Cancer Program Summit. Given the scope of the Women's Cancer Program Summit (**Attachment 1**) and the diversity of its audience (health care professionals, including: providers, patient advocates, and community volunteers; and the general public), the survey and invitations have also been produced in both English (**Attachment 3E, 4Eand 7D**) and Spanish (**Attachment 3F, 4F, and 7E**). By accommodating participants' language ability, these measures will enable CGH to garner more nuanced data about the workshop participants' experience.

A.3 Use of Improved Information Technology and Burden Reduction

All surveys will be completed electronically (**Attachments 3A-3H; 4A-4H**) and a link to the surveys will be sent via email to the participants. No automated or dedicated IT system will be used for these reports.

A Privacy Impact Assessment (PIA) has been approved for the electronic third-party system, QDS-Web, which will be used to distribute the surveys.

A.4 Efforts to Identify Duplication and Use of Similar Information

The study proposed here will not duplicate any existing information collection, since this information is not currently collected. There will be different surveys for workshop participants, who attended each workshop in the past, Phase 1, (**Attachments 3A-3H**) and for those who attend upcoming workshops, Phase 2 surveys (**Attachments 3I; 4A-4H**). This study will elicit feedback on the outcomes of the specific workshop as well as outcomes such as capacity building that is measured across all workshops. This will provide CGH the ability to quantify particular outcomes across workshops, as well as ensure workshop specific feedback is obtained. In addition, the program leads have provided a question bank. This question bank has a list of possible questions that can be added on to the survey. This is because CGH tailors workshops to a particular group, theme or problem. This tailoring may result in slight revision of content (for example including women's health researchers in the Women's Cancer Program Summit) that will need to be reflected in the survey. Further, while the workshops described in this application all have the common goal of improving global cancer research and global cancer control and it is possible that the need for a similar workshop that is not described here will arise;

CGH will use questions from the question bank to study any other similar workshops that they hold.

None of the information to be collected is publicly available and it cannot be gathered from other sources. Each of the program leads for these workshops have confirmed that they do not currently collect any of these data. Additionally, CGH leadership and all partner organizations and collaborators have been consulted and also confirmed that none of these data are currently being collected. Since the participants of these workshops are usually not NCI or NIH grantees, the OMB No. 0925-0002 Expiration date: 8/31/2015, post-award grantee progress reports does not apply to them. For any participants who incidentally have NCI or NIH grants, these progress reports will only collect information on the grant, not on the workshop in which the grantee participated, thus no duplicate information will be collected.

A.5 Impact on Small Businesses or Other Small Entities

No small businesses or other small entities will be involved in this information collection.

A.6 Consequences of Collecting the Information Less Frequently

These workshops will only collect information once from each respondent per workshop. Some workshops occur more than once per year (Table 1, above) and in these instances, each workshop will have different participants, so that the participants who originally participated in a workshop would not attend the second workshop. In the absence of the information provided by these surveys, the program officers will not be able to judge the effectiveness of the programs and make informed decisions regarding funding future programs.

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

None of the special circumstances relating to the guidelines of 5 CFR 1320.5 applies to this information collection, and the proposed guidelines fully comply with 5 CFR 1320.5.

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

The 60-Day Federal Register notice soliciting comments on this study prior to initial submission to OMB was published on March 8, 2016, Vol. 81, P.10638. One public comment was received on March 19, 2016; a response was sent to the commenter.

The Study of Center for Global Health's Workshops Working Group members (**Attachment 2**) has provided feedback about all relevant documents including the survey and submission package for OMB. Additionally, all collaborators for each workshop have been informed of our intention to assess these programs. As workshops are organized, they often include new partners and collaborators that are not identified until the workshop's location and participants are determined (e.g. members of the Ministry of Health from host governments or academic institutions in country) and they will be informed of CGH's intention to study each workshop before an agreement to host the workshop is reached. Finally, the NCI Office of Science Planning and Assessment have been consulted and provided feedback on all surveys.

A.9 Explanation of Any Payment or Gift to Respondents

There will be no payments or gifts to respondents.

A.10 Assurance of Confidentiality Provided to Respondents

Personally identifiable information (PII) will be collected in the form of names, titles and institutions. Information related to participants' name, title and institution will be linked to information about their work, accomplishments and partnerships. Information will be collected by and seen only by members of the program offices. Personally identifiable information in reports will not be shared with anyone outside of NIH, and physical copies of reports will be kept in NIH secured storage areas. Electronic files will be kept on password protected government computers and secure NIH servers. Any future publications that arise from this study will feature either an analysis of anonymized or aggregate data. All information will be kept private to the extent of the law.

The data collection is covered by NIH Privacy Act Systems of Record Notice (SORN) #09-25-0036, "Extramural Awards and Chartered Advisory Committees (IMPAC 2), Contract Information (DCIS), and Cooperative Agreement Information, HHS/NIH" (**Attachment 5**). This SORN was published in Federal Register on 9/26/2002, Vol. 67, p. 60742.

Since this is not considered research, the Office of Human Subjects Research Protection (OHSRP) has reviewed this proposal and determined that it is exempt for IRB (**Attachment 6**).

A.11 Justification for Sensitive Questions

There are no sensitive questions being asked in the survey.

A.12 Estimates of Annualized Burden Hours and Costs

The total annual burden is 940 hours and 2,823 hours over three years. The total annualized respondents are 2,317 and 6,951 respondents over three years. The study activities

will be electronic surveys. The estimated response time will range from 20 to 30 minutes, depending on the symposium or workshop. The frequency of response will be once. Each respondent will only complete one survey; though multiple workshops may occur over the year, each workshop will be conducted with a different group of people.

The total cost to the respondents is $50,955 and $152,865 over the three-year information collection request, as determined using estimated value for each category of participants from the Bureau of Labor Statistics. This total cost is the sum of the annualized cost of the Phase 1 survey ($36,551 over one year) and the Phase 2 ($14,404 for three years) to workshop participants (Table A.12-2). Over the next three years, workshop participants ranging from chief executives to medical scientists, cancer researchers, health providers and health educators will be asked to complete the workshop surveys.

Table A.12-1 Estimated Annualized Burden Hours for Phase 1 & Phase 2 Surveying CGH Workshop Respondents

Type of Respondents	Form Name	Number of Respondents per Year	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Annual Burden Hours
Chief Executives, Medical Scientists, Health Educators, Family/General Practitioners, Registered Nurses, Medical and Health Services Managers	Phase 1: Symposium on Global Cancer Research (Attach 3A)	500	1	20/60	167
	Phase 2: Symposium on Global Cancer Research (Attach 4A)	250	1	20/60	84
	Phase 1: Workshop in Cancer Control Planning and Implementation for non-Ministry of Health participants (Attach 3B)	70	1	20/60	23
	Phase 2: Workshop in Cancer Control Planning and Implementation for non-Ministry of Health participants (Attach 4B)	70	1	20/60	23
	Phase 1: Workshop in Cancer Control Planning and Implementation for Ministry of Health (Attach 3C)	70	1	20/60	23
	Phase 2: Workshop in Cancer Control Planning and Implementation for Ministry of Health (Attach 4C)	70	1	20/60	23
	Phase 1: Summer Curriculum in Cancer Prevention (Attach 3D)	500	1	30/60	250
	Phase 2: Summer Curriculum in Cancer Prevention (Attach 4D)	27	1	30/60	14
	Phase 1: Women's Cancer Program Summit (Attach 3E, 3F)	140	1	20/60	47
	Phase 2: Women's Cancer Program Summit (Attach 4E, 4F)	140	1	20/60	47
	Phase 1: Regional Grant Writing and Peer Review Workshop (Attach 3G)	150	1	30/60	75
	Phase 2: Regional Grant Writing and Peer Review Workshop (Attach 4G)	60	1	30/60	30
	Phase 1: Workshops on Tobacco Control (Attach 3H)	180	1	30/60	90
	Phase 2: Workshops on Tobacco Control (Attach 4H)	90	1	30/60	45
Totals		2317	2317		941

The hourly wage rate was calculated by averaging the mean average for each category of participants from the Bureau of Labor Statistics:

Chief Executives-11-1011, $85.77, http://www.bls.gov/oes/current/oes111011.htm,

Medical Scientists- 19-1040 $42.98, http://www.bls.gov/oes/current/oes_nat.htm#19-0000,

Health Educators 21-1091 $25.87, http://www.bls.gov/oes/current/oes211091.htm,

Family/General Practitioners 29-1062 $88.43, http://www.bls.gov/oes/current/oes291062.htm, Registered Nurses 29-1141 $33.13, http://www.bls.gov/oes/current/oes291141.htm, and Medical and Health Services Managers 11-9111 $48.72, http://www.bls.gov/oes/current/oes119111.htm.

Table A.12-2 Annualized Cost to Phase 1 & Phase 2 CGH Workshop Respondents

Type of Respondents	**Workshops**	**Total Annual Burden Hours**	**Hourly Wage Rate***	**Total Annual Respondent Cost**
Chief Executives, Medical Scientists, Health Educators, Family/General Practitioners, Registered Nurses, Medical and Health Services Managers	Retrospective Workshop Surveys (Phase 1)	675	$54.15	$36,551
	Prospective Workshop Surveys (Phase 2)	266	$54.15	$14,404
Totals		941		$50,955

A.13 Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

There are no direct costs to respondents other than their time to participate.

A.14 Annualized Cost to the Federal Government

The annual cost of this information collection to the federal government is $92,414.72/year for each of the three years we expect to gather the information (Table A.14-1). This estimate arises entirely from the labor of federal program staff spent on the development of

the study, the review of the responses, and the program assessment. There are no contractors contributing time, energy or effort to this project.

We estimate that all work on the collection of information as well as the analysis and storage of surveys will require the effort of 1 FTE, spread over 6 program leads. The bulk of this effort will be by the program officials, at a GS12 level or above.

Table A.14-1 Annual Cost to the Federal Government

	Tasks	Title	Grade/Step	Staffing (Salary x % of Time)	Annual Cost
NIH Personnel	R&D, Data Collection, Report, Data Analysis	Program Leads	GS12/1	$75,621 x 17%	$12,855.57
			GS12/1	$75,621 x 17%	$12,855.57
			GS13/1	$89,924 x 17%	$15,287.08
			GS13/1	$89,924 x 17%	$15,287.08
			GS14/1	$106,263 x 17%	$18,064.71
			GS14/1	$106,263 x 17%	$18,064.71
Total					$92,414.72

A.15 Explanation for Program Changes or Adjustments

This study is being revised to include the Workshops on Tobacco Control Survey. In line with other workshops included in this study, we are seeking to collect information on new and existing partnerships, cancer research, cancer control planning and implementation activities, and

information dissemination, with regard to the Workshops on Tobacco Control. Retrospective and prospective workshop data will be collected using this instrument as well as is the case with the other instruments. This is will also cause an increase in burden from 805 to 941 an increase of 135.

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

For all forced choice questions, basic descriptive statistics will be calculated (e.g. number of new partnerships formed, percentage of partnerships formed in each area, number of new grant applications, etc.). All open-ended questions will provide qualitative data that will be analyzed for common themes and compared across programs. The qualitative data will be read and annotated to identify core themes from which inductive and deductive codes will be developed and defined. The research team will code the data, which means that each time the data include information that one of the codes applies to, the information will be tagged by the research team using qualitative data analysis software (e.g., Maxqda or NVivo). For example, one of the codes that may be developed may be "cancer control planning." The definition of the code "cancer control planning" will be developed by the research team (e.g., any reference to the process of or outcomes associated with cancer control planning). Then, if one respondent discussed how they were able to create measurable outcomes for the national cancer control plan due to a partnership formed at a workshop, the research team could identify that as a "cancer control planning" and tag the relevant part of the response with the code "cancer control planning." Once the data are coded, they will be searched by topical themes and a description encompassing the context, depth and breadth of core themes in the data will be developed.

Themes will be compared by type of workshop to identify similarities and differences. Although the primary purpose of this information collection is to understand why these workshops have or have not been successful, data from these surveys may be used for publications. These publications would not generalize findings to other programs.

Table A.16-1 Project Time Schedule	**Month 1**	**Month 2**	**Month 3**
Year 1			
Contact Phase 1 & 2 Participants			
Obtain responses from Participants			
Tabulation and analysis of responses			
Summarize results			
Year 2			
Contact Phase 2 Participants			
Obtain responses from Participants			
Tabulation and analysis of responses			
Summarize results			
Year 3			
Contact Phase 2 Participants			
Obtain responses from Participants			
Tabulation and analysis of responses			
Summarize results			

The project time schedule (Table A.16-1) represents the tasks that will be completed throughout the 3 year approval time. The initial year encompasses all information collection for Phase 1, as well as information collection for Phase 2 workshops conducted during that year. Subsequent years encompass all information collection for phase 2 workshops conducted during the respective years.

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

The CGH Surveys will not require exemption from displaying the expiration date of OMB approval.

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

The proposed project does not require any exceptions to the Certification for Paperwork Reduction Act Submissions (5 CFR 1320.9).