Colorectal Cancer Control Program (CRCCP) Monitoring Activities

REVISION

Supporting Statement – Section B

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Note: Attachments are included as separate files as instructed.

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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 Data Collection Instrument (screenshots)
Attachment 4b:	CRCCP Clinic-Level Data Dictionary
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B. Data collection procedures

B1. Respondent Universe and Sampling Methods

The respondent universe comprises the 30 (previously 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 (**see Table B.1**). As collecting information from the entire population of respondents is feasible, a sampling strategy will not be employed.

This revision to OMB No. 0920-1074 is being proposed in order to better monitor and evaluate program implementation (i.e., processes) and outcomes. In particular, several aspects of CRCCP implementation of evidence-based interventions (EBIs) and supporting activities (SAs) in partner health systems will be monitored at the clinic level instead of the grantee level as was previously done. In addition, clinic level information collection will include additional data variables to assess program implementation, as well as monitoring and evaluation activities. The FOA requires that CDC monitor and evaluate CRCCP processes (i.e. implementation) and outcomes.

Table B.1. Potential Respondent Universe

State or Tribe Health Departments/University Grantees	Potential Respondent	N
Colorectal Cancer Control Program Grantees	Program Directors/Program Coordinators	30
	Total Universe of Potential Respondents	**30**

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=30). 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 24 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 (**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 information collection involves CRCCP clinic-level information collection **(Attachments 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 32 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 in each participating clinic?
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 instrument 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, tribal 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

Overall content of both the annual grantee survey and the clinic-level data collection instrument were pilot tested in two phases. In the first phase, public health professionals tested 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 were tested to assess the estimated time required to complete the information collection (i.e., burden), 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.

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