

# **National Comprehensive Cancer Control: Program Improvement Assessment**

CSTLTS Generic Information Collection Request  
OMB No. 0920-0879

## **Supporting Statement – Section A**

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## Section A – Justification

- **Purpose of the data collection**

The purpose of this collection is to assess National Comprehensive Cancer Control Program (NCCCP DP17-1701) awardees' [1] capacity to implement the program; [2] mobilization of partnerships; [3] approach to implementation; and [4] accomplishments. The findings will be used to identify how CDC can make program improvements and assure a competent public health workforce.

- **Intended use of the resulting data**

The information collected will be used to develop recommendations to improve program delivery and outcomes. Findings will be disseminated to CDC staff, CDC leadership, and awardees through reports and presentations. Findings will also be disseminated to a broader public health audience via web-based published reports, conference presentations, and peer-reviewed publications.

- **Methods to be used to collect data**

Data will be collected using a one-time web-based information collection instrument.

- **Respondent Universe**

The respondent universe will include NCCCP DP17-1701 state, local, tribal, and territorial program directors (N=67), from 50 state, 1 local, 5 tribal, and 7 territorial funded programs. One territory has 4 constituent states independently implementing the program and reporting to CDC in addition to the national program. For two states and one territory, funded programs have designated bona fide fiscal agents and delegates. Some tribal communities organize their health and public service delivery through health consortiums or health boards.

- **How data will be analyzed**

Both quantitative and qualitative analyses will be performed. Quantitative analyses will use descriptive statistics to determine frequency distributions and corresponding variances for responses to each web-based assessment question and will be conducted using a statistical software package for data management and analysis. Qualitative thematic analyses will be conducted on open-ended questions.

### 1. Circumstances Making the Collection of Information Necessary

#### Background

This information collection is being conducted using OMB No. 0920-0879 “Information Collections to Advance State, Tribal, Local and Territorial Governmental Agency System Performance, Capacity, and Program Delivery” nicknamed the “CSTLTS Generic.” The respondent universe for this information collection aligns with that of the CSTLTS Generic. Data will be collected from a total of 67 respondents representing 63 awarded programs, which includes 50 states and the District of Columbia; 5 tribes or tribal organizations; and 7 U.S. territories. One territory, the Federated States of Micronesia, has four constituent states (Yap,

Chuuk, Pohnpei, and Kosrae) independently implementing the program and reporting to CDC in addition to the national program (see **Attachment A – Awarded Jurisdictions, and Attachment B– Letters for Bona Fide Fiscal Agents**).

This information collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241). This information collection falls under the essential public health service(s) of

- 1. Monitoring health status to identify community health problems
- 2. Diagnosing and investigating health problems and health hazards in the community
- 3. Informing, educating, and empowering people about health issues
- 4. Mobilizing community partnerships to identify and solve health problems
- 5. Development of policies and plans that support individual and community health efforts
- 6. Enforcement of laws and regulations that protect health and ensure safety
- 7. Linking people to needed personal health services and assure the provision of health care when otherwise unavailable
- 8. Assuring a competent public health and personal health care workforce
- 9. Evaluating effectiveness, accessibility, and quality of personal and population-based health services
- 10. Research for new insights and innovative solutions to health problems<sup>2</sup>

Comprehensive Cancer Control (CCC) is a collaborative process through which a community and its partners pool resources to reduce the burden of cancer.<sup>1</sup> The concept is built on the premise that effective cancer prevention and control planning should address the cancer continuum (defined as prevention, diagnosis, treatment, survivorship, and palliative care), and includes: the integration of many disciplines, major cancers, all populations, all geographic areas, and a diverse group of stakeholders who must coordinate their efforts to assess and address the cancer burden in a jurisdiction. This is accomplished by the collaborative development and implementation of a jurisdiction specific cancer control plan. CDC supports comprehensive cancer through the National Comprehensive Cancer Control Program (NCCCP), which funds all 50 states, the District of Columbia, five tribes or tribal organizations, and seven territories (one of which consists of four constituent states that independently implement and report on program activities and progress). The program's goal is to facilitate the establishment of coalitions to assess cancer burden, determine state cancer priorities, and develop and implement cancer plans.

Growth of the NCCCP depends on the extent to which resources are allocated to impactful program priorities. In 2010, CDC's Comprehensive Cancer Control Branch (CCCB) began to strategically develop priorities that would build on the success of the NCCCP. The six NCCCP priorities are: 1) emphasize primary prevention of cancer; 2) support early detection and treatment of cancer; 3) support cancer survivors and caregivers; 4) implement policies, systems, and environmental change approaches; 5) promote health equity; and 6) demonstrate outcomes through evaluation.<sup>3</sup>

In June 2017, CDC funded awardees for five years under a cooperative agreement (NCCCP DP17-1701) to support states, territories, and tribal organizations in the implementation of cancer prevention and control programs that would reduce morbidity, mortality, and related health disparities in accordance with *Healthy People 2020* goals. CDC is conducting an assessment to better understand program capacity, partner mobilization, implementation, and accomplishments. This assessment will also facilitate the development of recommendations for program improvement, assuring a competent public health workforce.

The purpose of this collection is to assess NCCCP DP17-1701 awardees' [1] capacity to implement the program; [2] mobilization of partnerships; [3] approach to implementation; and [4] accomplishments. The respondent universe includes program directors (N=67) from 63 funded programs, including all 50 states, the District of Columbia, 5 tribes or tribal organizations, and 7 territories. One of the territories has 4 constituent states that independently implement the program and report to CDC in addition to the national program; therefore, there are five program directors from one territory.

The findings will be used to identify how CDC can make program improvements and assure a competent public health workforce. Dissemination of findings will help CDC staff, CDC leadership, awardees, and broader public health audiences understand lessons learned and recommendations for future programs. CDC will work with their funded contractor, ICF, to develop and implement the survey, analyze information collected, and disseminate findings. ICF is a professional services company with deep public health expertise and a 20-year history of working with CDC's Division of Cancer Prevention and Control. For this initiative, ICF is leading the survey design, data collection, analysis, interpretation, and dissemination.

### **Overview of the Information Collection System**

Data will be collected from 67 NCCCP DP17-1701 program directors via web-based assessment (see **Attachment C — NCCCP Awardees Data Collection instrument, Word Version**, and **Attachment D— NCCCP Awardees Data Collection Instrument, Web Version**). The instrument will be used to gather information from program directors regarding program capacity, partner contributions, approach to implementation, and accomplishments. Program directors will be able to answer the assessment questions quickly, and likewise submit the responses to ICF with ease.

The information collection instrument was pilot tested by 5 public health professionals. Feedback from this group was used to refine questions as needed, ensure accurate programming and skip patterns and establish the estimated time required to complete the information collection instrument.

### **Items of Information to be Collected**

The data collection instrument consists of 39 main questions of various types, including multiple response, interval (rating scales), and open-ended questions. All questions capture either respondent characteristics or information related to one of the four main areas of interest for the assessment: program capacity, partners, implementation, and accomplishments. An effort was made to limit questions requiring narrative responses whenever possible. The instrument will collect data on the following:

- Participant characteristics: Identify respondents' jurisdiction, current role within the program, and tenure in the role (questions 1-3).
- Program capacity: factors that have been important for capacity to implement CCC program priorities, activities, and strategies (question 4).
- Program partners: identify the ways partners have contributed to program implementation, and any barriers encountered in working with partners (questions 5-27).
- Intervention implementation: the approach used to identify evidence-based interventions, perceptions related to implementation, and implementation facilitators and barriers (questions 28-34).
- Program accomplishments: accomplishments as a result of program implementation (questions 35-39).

## **2. Purpose and Use of the Information Collection**

The purpose of this collection is to assess NCCCP DP17-17010 awardees' [1] capacity to implement the program; [2] mobilization of partnerships; [3] approach to implementation and [4] accomplishments. The findings will be used to identify how CDC can make program improvements and assure a competent public health workforce.

The information collected will be used to develop recommendations to improve program delivery and outcomes. Findings will be disseminated to CDC staff, CDC leadership, and awardees through reports and presentations. Findings will also be disseminated to a broader public health audience via web-based published reports, conference presentations, and peer-reviewed publications.

## **3. Use of Improved Information Technology and Burden Reduction**

Data will be collected via web-based assessment. This method was chosen to reduce the overall burden on respondents by allowing respondents to submit their responses to CDC with ease and complete the assessment at their preferred time. The online data collection instrument was designed to collect the minimum information necessary for the purposes of this project (i.e., limited to 39 questions).

#### **4. Efforts to Identify Duplication and Use of Similar Information**

The proposed information collection is unique in that it is the only data collection effort to assess capacity, implementation, partner contributions, and accomplishments for NCCCP DP17-1701 awardees. Document review was conducted on progress reports, work plans and evaluation plans to ensure information collected through the web-based assessment was not duplicative.

#### **5. Impact on Small Businesses or Other Small Entities**

No small businesses will be involved in this information collection.

#### **6. Consequences of Collecting the Information Less Frequently**

This request is for a one-time data collection. There are no legal obstacles to reduce the burden. If no data are collected, CDC will be unable to:

- Describe program implementation among awardees;
- Understand awardees' capacity to implement NCCCP DP17-1701 as intended;
- Describe partner contributions to implementation
- Define and disseminate the accomplishments of awardees and the overall NCCCP DP17-1701 cooperative agreement

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

There are no special circumstances with this data collection package. This request fully complies with the regulation 5 CFR 1320.5 and will be voluntary.

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

This data collection is being conducted using OMB No. 0920-0879 "Information Collections to Advance State, Tribal, Local and Territorial Governmental Agency System Performance, Capacity, and Program Delivery" nicknamed the "CSTLTS Generic." A 60-day Federal Register Notice was published in the Federal Register on April 27, 2017, Vol. 82, No. 80, pp 19371-19373. One non-substantive comment was received. CDC sent forward the standard CDC response.

CDC partners with professional STLT organizations, such as the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the National Association of Local Boards of Health (NALBOH) along with the National Center for Health Statistics (NCHS) to ensure that the collection requests under

individual ICs are not in conflict with collections they have or will have in the field within the same timeframe.

#### **9. Explanation of Any Payment or Gift to Respondents**

CDC will not provide payments or gifts to respondents.

#### **10. Protection of the Privacy and Confidentiality of Information Provided by Respondents**

The Privacy Act does not apply to this data collection. STLT governmental staff and / or delegates will be speaking from their official roles. No information will be collected that are of personal or sensitive nature.

#### **11. Institutional Review Board (IRB) and Justification for Sensitive Questions**

This data collection is not research involving human subjects.

#### **12. Estimates of Annualized Burden Hours and Costs**

The estimate for burden hours is based on a pilot test of the data collection instrument by 5 public health professionals. In the pilot test, the average time to complete the instrument including time for reviewing instructions, gathering needed information and completing the instrument, was 35 minutes (range: 25 – 45). For the purposes of estimating burden hours, the upper limit of this range (i.e., 45 minutes) is used.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) Bureau of Labor Statistics for occupational employment for general and operational managers [http://www.bls.gov/oes/current/oes\\_nat.htm](http://www.bls.gov/oes/current/oes_nat.htm). Based on DOL data, an average hourly wage of \$59.35 is estimated for all 67 respondents. To account for potential increases due to the COVID-19 response, the hourly wage rate has been doubled to \$118.70 to account for fringe benefits and overhead (<https://aspe.hhs.gov/pdf-report/guidelines-regulatory-impact-analysis>). Table A-12 shows estimated burden and cost information.

There will be a total of 67 respondents and 67 responses.



**Table A-12:** Estimated Annualized Burden Hours and Costs to Respondents

<b>Data collection Instrument: Form Name</b>	<b>Type of Respondent</b>	<b>No. of Respondents</b>	<b>No. of Responses per Respondent</b>	<b>Average Burden per Response (in hours)</b>	<b>Total Burden Hours</b>	<b>Hourly Wage Rate</b>	<b>Total Respondent Costs</b>
NCCCP Awardees Data Collection Instrument	State program directors	48	1	45 / 60	36	\$118.70	\$4273
NCCCP Awardees Data Collection	Local program directors	1	1	45 / 60	1	\$118.70	\$119
NCCCP Awardees Data Collection	Tribal program directors	5	1	45 / 60	4	\$118.70	\$475
NCCCP Awardees Data Collection	Territory program directors	10	1	45 / 60	8	\$118.70	\$950
NCCCP Awardees Data Collection Instrument	Delegate program directors: Academic Institutions (representing 2 states and one territory)	3	1	45 / 60	2	\$118.70	\$237
	<b>TOTALS</b>	<b>67</b>	<b>1</b>		<b>51</b>		<b>\$6054</b>

**13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers**

There will be no direct costs to the respondents other than their time to participate in each data collection.

**14. Annualized Cost to the Government**

There are no equipment or overhead costs. The only cost to the federal government would be the salary of CDC staff and contractors to develop the data collection instrument, collect data, and perform data analysis. Contractors are being used to support instrument development, survey implementation and monitoring, data analysis, and report writing. The total estimated cost to the federal government is \$31,964. Table A-14 describes how this cost estimate was calculated.

**Table A-14:** Estimated Annualized Cost to the Federal Government

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Total Average Cost
Public Health Advisor (GS-14) Instrument development and review, analysis of findings, and report writing dissemination	60	\$47.86/hour	\$2872
Public Health Advisor (GS-13) Instrument development and review, analysis of findings, and report writing dissemination	60	\$39.31/hour	\$2359
Public Health Advisor (GS-13) Instrument development and review, analysis of findings, and report writing and dissemination	60	\$39.31/hour	\$2359
Contractor: ICF, x3 team members Instrument development, survey implementation and monitoring, data analysis, and report writing dissemination	200		\$24,375
<b>Estimated Total Cost of Information Collection</b>			<b>\$31,964</b>

**15. Explanation for Program Changes or Adjustments**

This is a new data collection.

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

As resources and respondents may be impacted by the COVID-19 pandemic, we propose that data collection begin in August 2020. Health departments have been impacted by COVID, but activities are continuing, sometimes in modified form. Moreover, the survey reflects experiences and perspectives of program directors on the program to date, and not just in recent months. The data collection instrument will be fielded to NCCCP program directors. A

linking file will be created and available only to senior project management at ICF. This information will only be used to ensure completeness of the data files. The linking file will include the role of the respondent and their organization (and will not include the individual's name or contact information), the date of interview/survey completion, and the code assigned to the data file. Data will be cleaned and analyzed by the contractor using SPSS. Survey data will not be linked with individual respondents. All data collected will be analyzed in aggregate and discussed in summary reports that do not contain any personal identifiers. CDC plans to disseminate the outcomes of the study to CDC staff, CDC leadership, and awardees. CDC also plans to share findings with broader public health audiences in the form of scientific presentations, and peer-reviewed publications.

Project Time Schedule

- ✓ Design instrument ..... (COMPLETE)
- ✓ Develop protocol, instructions, and analysis plan ..... (COMPLETE)
- ✓ Pilot test instrument ..... (COMPLETE)
- ✓ Prepare OMB package ..... (COMPLETE)
- ✓ Submit OMB package ..... (COMPLETE)
- OMB approval ..... (TBD)
- Conduct data collection ..... (Open 6 weeks)
- Code data, conduct quality control, and analyze data..... (2 months)
- Prepare summary report(s) ..... (3 Months)
- Disseminate results/reports ..... (6 weeks)

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

We are requesting no exemption.

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

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

**LIST OF ATTACHMENTS – Section A**

- Attachment A – Awarded Jurisdictions
- Attachment B – Letters for Bona Fide Fiscal Agents
- Attachment C – NCCCP Awardees Data Collection Instrument \_Word Version
- Attachment D – NCCCP Awardees Data Collection Instrument \_Web Version

**REFERENCE LIST**

<sup>1</sup>Indian Health Service. (n.d.). Title I. Retrieved from <https://www.ihs.gov/odsct/title1/>

<sup>2</sup>Centers for Disease Control and Prevention (CDC). (2018, October 4). National Public Health Performance Standards Program (NPHPSP): 10 Essential Public Health Services. Retrieved from <http://www.cdc.gov/nphpsp/essentialservices.html>.

<sup>3</sup>Centers for Disease Control and Prevention (CDC). (2018, September 19). National Comprehensive Cancer Control Program Priorities. Retrieved from <https://www.cdc.gov/cancer/ncccp/priorities/index.htm>

