National Comprehensive Cancer Control: Program Improvement Assessment

CSTLTS Generic Data collection Request
OMB No. 0920-0879

Supporting Statement – Section B

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Program Official/Project Officer

Angela Moore
Lead Public Health Advisor
Division of Cancer Prevention and Control
National Center for Chronic Disease Prevention and Health Promotion
4770 Buford Hwy NE, MS-F75
Atlanta, GA 30341-3717
OFFICE: 770-488-3094
FAX: 770-488-4335
cyq6@cdc.gov

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Section B – Data collection Procedures

1. Respondent Universe and Sampling Methods

Data will be collected from 67 National Comprehensive Cancer Control Program (NCCCP DP17-1701) program directors, representing 63 funded programs. The funded programs include all 50 states, the District of Columbia, 5 tribes or tribal organizations, and 7 territories. There are 67 program directors because 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.

Six respondents are delegates acting on behalf of their local health agency. All meet the approved delegate definition of 0920-0879 for the following reasons:

- Three delegates serve as Bona Fide Fiscal Agents of their local health agencies. Louisiana State University serves as a delegate for Louisiana Department of Health. The University of Kentucky serves as a delegate for the Kentucky Department of Public Health. Last, the University of Puerto Rico Comprehensive Cancer Center serves as a delegate for the Puerto Rico Department of Health (see **Attachment B – Letter for Bona Fide Fiscal Agent**). All 3 meet the approved delegate definition of 0920-0879 and have been tasked by health agencies to fulfil duties for the following reasons:
    - Delegates are able to mobilize community partnerships in a way that the health agency cannot (e.g., the University of Kentucky has a demonstrated record in facilitating collaboration among state and regional partners, which is essential to the work of comprehensive cancer. Without these collaborative partnerships, the state would be unable to implement key strategies and activities)
    - Delegates have demonstrated records of facilitating collaboration among state and regional partnerships in a way the health departments have not been able to (e.g., Louisiana's state health department, Louisiana State University has a demonstrated record of developing statewide strategies to reduce cancer burden, of providing overall state coordination of cancer prevention and control activities among partners, of leading and directing communities, and directing and overseeing interventions. Without this delegate's expertise, Louisiana's state department of health would be unable to fulfill core objectives of the cooperative agreement)
    - Delegates have expertise and capabilities to support data / infrastructure in ways the health department cannot (e.g., University of Puerto Rico manages and maintains the cancer surveillance system).

- Three delegates are health consortiums or boards delegated to act on behalf of their tribal communities (i.e., Alaska Native Tribal Health Consortium, California Rural Indian Health Board Inc., and Northwest Portland Indian Health Board). In these cases, the consortiums or boards are tasked to work with comprehensive cancer control coalitions and partners to plan, implement, and evaluate priorities, strategies, and activities, per Public Law 93-638: The *Indian Self-determination and Education Assistance Act (ISDEAA)*. Health agencies cannot fulfil these duties due to limited resources.

Each program director will respond to the assessment in his or her official capacity. Program directors are equipped with the knowledge necessary to answer the assessment questions and are familiar with reporting to CDC.

No sampling will be used, as all eligible NCCCP DP17-1701 program directors will receive the assessment. CDC owns the distribution list of program directors and will share the information with ICF to contact program directors by email.

2. Procedures for the Collection of Information

Data will be collected via web-based assessment and respondents will be recruited through a notification (see **Attachment E—Introductory Email**) to the respondent universe. The introductory notification email will explain:

- The purpose of the data collection, and why their participation is important
- Instructions for participating
- Method to safeguard their responses
- That participation is voluntary
- The expected time to complete the instrument
- Contact information for the project team

ICF will manage the information collection process on CDC's behalf. All potential respondents will receive the following rounds of communication following the introductory email: an invitation email with the assessment link (**Attachment F —Invitation Email**); a first reminder email sent one week after the invitation email (if they have not yet responded to the assessment and a second reminder email sent one week after the first reminder (if they have not yet responded to the assessment) (**Attachment G— Reminder Email**); and a thank you email sent within one week of completion of the assessment (**Attachment H—Thank You Email**). Those who do not respond within two weeks to the final reminder email will be considered non-responders.

Information will be collected, stored, and maintained by ICF. Both quantitative and qualitative analyses will be performed. Quantitative analyses will involve using 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. The data will be kept secure throughout the analysis and reporting process. The data will be stored in a secure environment maintained by ICF.

3. Methods to Maximize Response Rates Deal with Nonresponse

Although participation in the data collection is voluntary, the project team will make every effort to maximize the rate of response. The data collection instrument was designed with particular focus on streamlining questions to allow for skipping questions based on responses to previous questions, thereby minimizing response burden.

Following the distribution of the invitation to participate in the data collection, (**Attachment F —Invitation Email**) respondents will have 30 business days to complete the instrument. Those

who do not respond within one week will receive a reminder email (**Attachment G—Reminder Email**) urging them to complete the instrument, and additional reminder one week later. Those who do not respond within 10 business days from the final reminder email will be considered non-responders.

4. Test of Procedures or Methods to be Undertaken

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 to 45 minutes). For the purposes of estimating burden hours, the upper limit of this range (i.e., 45 minutes) is used.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

Angela Moore, MPH
Lead Public Health Advisor
Division of Cancer Prevention and Control
Centers for Disease Control and Prevention
4770 Buford Hwy NE, MS-F75
Atlanta, GA 30341-3717
Phone: 770.488.3094
Email: cyq6@cdc.gov

Trina Pyron, MA
Public Health Advisor
Division of Cancer Prevention and Control
Centers for Disease Control and Prevention
4770 Buford Hwy NE, MS-F75
Atlanta, GA 30341-3717
Phone: 770.488.0971
Email: dfo4@cdc.gov

Jamila Fonseka, MPH
Public Health Advisor
Division of Cancer Prevention and Control
Centers for Disease Control and Prevention
4770 Buford Hwy NE, MS-F75
Atlanta, GA 30341-3717
Phone: 770.488.4296
Email: jcf0@cdc.gov

Marnie House, EdD
Director, Research Science
ICF
Carmel, IN 46033

Phone: 404.592.2183
Marnie.House@icf.com

Janice Vick, PhD
Lead Research Scientist
ICF
2635 Century Parkway, Suite 1000
Atlanta, GA 30345
Phone: 404.592.2296
Janice.Vick@icf.com

Sharanya Thummalapally, MPH
Senior Research Scientist
ICF
2635 Century Parkway, Suite 1000
Atlanta, GA 30345
Phone: 404.929.8307
Sharanya.Thummalapally@icf.com

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Attachment F – Invitation Email
Attachment G – Reminder Email
Attachment H – Thank you Email