Assessment of Colorectal Cancer Control Program Implementation at Health System Clinic Sites

CSTLTS Generic Data collection Request
OMB No. 0920-0879

Supporting Statement – Section B

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Program Official/Project Officer

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Section B – Data collection Procedures

1. Respondent Universe and Sampling Methods

Data will be collected from a total of 393 health system clinics, including 278 Community Health Centers or Federally Qualified Health Centers; 3 health department clinics; 48 health systems or hospital owned clinics; 16 other primary care facilities; 41 private or physician owned clinics; and 7 tribal health clinic liaisons (see **Attachment A – List of CRCCP Clinics**).

These 393 health system clinics meet the delegate definition of 0920-0879 as they act on behalf of state health departments. Delegates implement evidence-based interventions (EBIs) on behalf of 15 Colorectal Cancer Control (CRCCP) awardees (see **Attachment B – List of CRCCP Awardees**) – specifically, 15 State health departments (including the District of Columbia Department of Health). CRCCP awardees, who are STLT governmental agencies, are required to partner with health system clinics (their delegates) to implement evidence-based interventions (EBIs) within primary care clinic settings under DP15-1502. Because CRCCP awardees are not health systems and lack the capacity to unilaterally implement the program among the large number of healthcare clinics, awardees rely on health system clinics to implement CRCCP EBIs to effectively reach the eligible patient population and achieve the primary program outcome of increased clinic-level CRC screening rates. CRCCP awardees establish and maintain formal partnerships with health system clinics to implement EBIs within clinic settings. Health system clinics receive funding from awardees to support EBI implementation within these clinics.

Every health system clinic is located within the geographic jurisdiction covered by the 15 CRCCP grantees. Respondents include one clinic representative per health system clinic. The person expected to complete the survey at each clinic serves the role of clinic liaison for the CRCCP program, but may hold one of many job titles (e.g., Quality Improvement Coordinator, Nurse Navigator). One clinic liaison from all 393 health system clinics associated with the 15 State CRCCP grantees will be surveyed; no sampling methods will be used.

2. Procedures for the Collection of Information

Data will be collected via a web-based survey and respondents will be recruited through a notification email (see **Attachment E – Clinic Survey Notification Email**) to the respondent universe. The 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

The web-based survey was designed to collect the minimum data necessary to inform the assessment.

The survey will be hosted on Research Electronic Data Capture (REDCap), a mature, secure web application for building and managing data forms and participant-completed surveys. The

University of Washington (UW), CDC's data contractor, will use REDCap to administer the web-based survey. Two days after the notification email is sent, respondents will receive an invitation email via REDCap software that includes a unique link to the web-based survey (see **Attachment F – Clinic Survey Invitation Email**).

Every effort will be made to identify the most appropriate staff within clinics to complete the survey. However, in the event that the person who receives the survey invitation believes there is another staff person within the clinic who would be more appropriate to participate, that individual will have the opportunity to provide the name and business email address of the more appropriate staff person to complete the survey. The project team will then forward the survey to the recommended staff person.

Respondents will have six weeks (30 business days) to complete the web-based survey. Respondents will be allowed to complete the web-based survey in multiple sessions, start and stop the survey as needed, and edit their responses at any time prior to submitting the web-based survey. Beginning one week after the survey opens and continuing each week for four weeks, a reminder email will be sent only to respondents who have not completed the survey (**Attachment G – Clinic Survey Reminder Email to Non-Responders**). The final reminder email will be sent one week before the tool closes. A clinic liaison will be considered a non-responder if they have not responded to the web-based survey after the six-week administration period. Due to the generous six-week administration period, no exceptions for late data collections will be given.

The Institute for Translational Health Sciences at the UW ensures that REDCap is continuously updated to maintain the highest security standards. (**See Attachment H – REDCap System Security Statement**). Only UW project staff will have access to REDCap. Once the survey administration period has closed, data will be transferred from REDCap to a secure, password protected server accessible only to UW project team members. Data will be cleaned and analyzed by UW using STATA software. Secondary data analysis using a de-identified data set devoid of any identifiable contact information may be conducted by a CDC Health Scientist using SAS. Data will be analyzed by jurisdiction (state and tribal area) and clinic type (e.g., FQHC) and in aggregate with findings disseminated and produced to the CDC and other relevant stakeholders (through research publications). Respondents and clinics will not be identified in any publications or reports about the survey, nor will CDC have access to any individual identifiers.

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, (see **Attachment F - Clinic Survey Invitation Email**), respondents will have 30 business days to complete the instrument. Beginning one week after the survey opens and continuing each week for four weeks, a reminder email will be sent only to respondents who have not completed the survey (**Attachment G – Clinic Survey Reminder Email to Non-Responders**). The final reminder email will be sent one week before the tool closes. A clinic liaison will be considered a non-responder if they have not responded to the web-based survey after the six-week administration period.

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 9 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 approximately 20 minutes (range: 10-50). However, the majority of pilot testers (6 out of 9) completed the survey in 10-15 minutes, with the remaining pilot testers completing the survey in 20, 30, and 50 minutes, respectively. For the purposes of estimating burden hours, the average time needed to complete the survey (i.e., 20 minutes) is used.

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

Two CDC FTEs (GS-13 & GS 14) working in the National Center for Chronic Disease Prevention and Health Promotion, Division of Cancer Prevention and Control, Program Services Branch will provide feedback to the contractor on the development of the web-based survey. UW will develop and administer the web-based survey, and analyze the data.

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LIST OF ATTACHMENTS – Section B

Note: Attachments are included as separate files as instructed.

- Attachment A: List of CRCCP Clinics
- Attachment B: List of CRCCP Grantees
- Attachment E: Clinic Survey Notification Email
- Attachment F: Clinic Survey Invitation Email
- Attachment G: Clinic Survey Reminder Email to Non-Responders
- Attachment H: REDCap System Security Statement

REFERENCES

1. Bibbins-Domingo, K., et. al., 2016. Screening for Colorectal Cancer: US Preventive Services Task Force Recommendation Statement. *Jama, 315,* 2564-2575.