

**Information Collection Request
New**

**ASSESSMENT OF CANCER PREVENTION SERVICES AT
COMMUNITY MENTAL HEALTH CENTERS**

OMB Control No. #0920-XXXX

Supporting Statement: Part B

August 3, 2017

Program Official/Contact

Brooke Steele, D.O.

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Cancer Prevention and Control

Atlanta, Georgia

Phone: (770) 488-4261

Fax: (770) 488-4335

E-mail: BSteele1@cdc.gov

TABLE OF CONTENTS

B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

B1. Respondent Universe and Sampling Methods

B2. Procedures for the Collection of Information

B3. Methods to Maximize Response Rates and Deal with Nonresponse

B4. Test of Procedures or Methods to be Undertaken

B5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

ATTACHMENTS

APP. 1 Authorizing Legislation

APP. 2 60-Day Federal Register Notice

APP. 3 IRB Approval

APP. 4 Clinician and Administrator Survey Instruments

APP. 5 Interview Guides

APP. 6 Recruitment and Reminder Materials

APP. 7 Survey Web Pages

APP. 8 Consent Materials

APP. 9 Clinician and Administrator Pilot Feedback Forms

B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

B1. Respondent Universe and Sampling Methods

The Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Cancer Prevention and Control (DCPC), requests a two-year OMB approval for a new study titled “Assessment of Cancer Prevention Services at Community Mental Health Centers.” The CDC proposes to survey psychiatric clinicians and administrators at selected CMHCs to assess the capacities of the centers to offer cancer prevention services (e.g., patient education about cancer risk factors, cancer screening or screening referrals, and tobacco cessation counseling or treatment). The objectives of the project are the following: (1) describe the capacity of CMHCs to provide cancer prevention services; (2) describe any written policies and procedures at CMHCs for providing these services; (3) describe any collaboration of CMHCs with health care providers or community health workers/organizations to provide these services; and (4) describe any barriers to providing cancer prevention services. If any CHMCs do offer these services, we will inquire about best practices and lessons learned. (See APPs. 1-8 for additional study details.)

Survey of CMHCs. The Substance Abuse and Mental Health Services Administration (SAMSHA) Behavioral Health Treatment Locator file (<https://findtreatment.samsha.gov>) will be used to identify CMHCs that are also members of the National Council for Behavioral Health (National Council). The National Council is a non-profit association whose 2,800 member organizations include CMHCs and substance use treatment facilities (<https://www.thenationalcouncil.org/about>). The SAMSHA file contains mailing addresses and phone numbers for 2,476 CMHC sites nationally; duplicates will be removed before the final list is compiled. The de-duplicated list of sites will be sent to the National Council, which will send email invitations and reminder emails to eligible CMHCs to participate in the survey. The National Council will also provide a notice of the survey in their newsletter to inform members about the project.

The contractor performed a simple power analysis using “proportion of clinics reporting that at least half their patients received blood pressure screening” (Shim, et al., 2015) to determine the initial sample size needed to reach 80% power at a 0.05 level of significance to detect differences at the sub-group level with evenly split groups (see **Exhibit B1.1**).

Exhibit B1.1 Power Analysis

N Respondents	Assumed Proportion	Margin of Error	Detectable Difference (percentage points)	Detectable Difference (percent)
250	56.3	8.7	16.9	21.8
250	56.3	6.2	12.1	15.7

Telephone interviews of CMHC staff. Telephone interviews will be conducted with a subset of psychiatric clinician and administrator survey respondents. Interview sites will be purposively sampled to include sites with differing characteristics, including across US Census designated rural and urban areas, in US Census regions (West, Midwest, South, Northeast), and in CMHCs that offer cancer prevention services, dedicated referrals for cancer prevention services or no prevention

services. Criteria for inclusion in the sample are the following: willingness to participate as indicated on the clinician or administrator survey; serving as a psychiatric clinician or administrator in a US Census designated area/region; and working in a CMHC that offers cancer prevention services, dedicated referrals for these services, or none of these services.

B2. Procedures for the Collection of Information

Survey of CMHCs. The contractor will use their own survey software tool to host and deploy the online surveys, as well as monitor results. This tool allows for analysis of survey data as they are collected. It also integrates frequently asked questions and all survey consent, instruction and helpdesk information (e.g., OMB and IRB information), in order to facilitate respondent completion of surveys. Instructions for the consent language will be embedded into the online survey as well as available through separate hyperlinks in the introductory email. Abbreviated consent language will be included in the reminders.

The contractor will deploy the survey, through the National Council, within one week of obtaining OMB approval. The process will begin with deployment of advance letters and email invitations, including discreet hyperlinks to consent text and instructions as well as the survey link. The National Council will provide the contractor a list of the Treatment Locator-listed CMHCs that are not National Council members so that response rates can be calculated. Tracking of responses will commence with email invitations, with completed, partially completed, and non-responses included in monthly reports.

Telephone interviews of CMHC staff. Telephone interviews will be conducted by contract staff with a subset of 5 to 10% of psychiatric clinician and administrator respondents who were purposefully chosen for characteristics such as working in CMHCs in US Census designated rural and urban areas, in US Census regions (West, Midwest, South, Northeast), and in CMHCs that offer cancer prevention services, dedicated referrals for cancer prevention services, or no prevention services. Interview guides will be developed so that all interviews cover a similar set of questions related to the project goals. Notes will be taken during interviews and retained for the duration of the study. Recordings will be taken with permission of each interviewee. They will not be transcribed, but will be kept to confirm accuracy of notes until analyses are complete. After analyses have been completed, any recordings will be destroyed.

For each component of data collection, procedures will be in place to provide assurance of confidentiality to respondents. All data will be entered into a secured survey database. All identifying information is anticipated to remain on the secure servers, and all study data will be identified by a coded subject ID in order to maintain participant confidentiality.

B3. Methods to Maximize Response Rates and Deal with No Response

Because community mental health administrators and psychiatric clinicians have many competing demands on their time, the survey instrument and interview script will be designed to minimize burden through content, flow, and format of questions. To help achieve this objective, the contractor has assembled an advisory panel of experts in community mental health to provide feedback on survey content as it is being developed and tested. Partnering with the National Council to send

survey invitations and two email reminders will also increase response rates, because potential respondents may be more likely to participate if they receive these materials from an entity with whom they have an established relationship. The reminders will include logos as appropriate, to engage and motivate administrators and psychiatric clinicians to complete surveys. These materials will also remind potential respondents of the purpose of the survey, framing the survey as their opportunity to provide information that will be useful to their organization and the populations they serve. Because the contractor's IRB will not allow the contractor to request that trade organizations inform them when their members have responded to surveys, the reminders will be generic and sent by the National Council. The National Council will also publicize the survey in their newsletter before email invitations are sent to potential respondents.

B4. Test of Procedures or Methods to be Undertaken

The contractor's IRB has determined that the study protocol is exempt from IRB review per 45CFR46.101(b)(2). The survey has undergone internal pilot testing with the contractor's staff, followed by cognitive interviewing with individuals knowledgeable about CMHCs. The survey instruments are being piloted with nine respondents from CMHCs.. The contractor will conduct telephone interviews with four of the pilot survey respondents. Participants in the pilot will be sent hyperlinks to the pilot survey instrument, an electronic copy of the interview guide, along with a survey pilot feedback form (see **APP. 9**). Consent processes for the pilot will be the same as those for the final online survey and telephone interviews.

B5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

Expert Consultants

- Dennis Freeman, PhD Executive Director Cherokee Health Systems; Dennis.Freeman@cherokeehealth.com ; 865-934-6734
- Brian Hepburn, MD, Executive Director National Association of State Mental Health Program Directors; brian.hepburn@nasmhpd.org; 703-739-9333
- Margaret Swarbrick, PhD, Rutgers University, Director of the Wellness Institute at Collaborative Support Programs of New Jersey; pswarbrick@cspnj.org; 732-768-6909
- Peggy Hannon, PhD, MPH is an Associate Professor at the University of Washington School of Public Health and Director of the University of Washington Health Promotion Research Center (one of CDC's Prevention Research Centers); proflynx@gmail.com; 206-616-7859
- Ron Manderscheid, PhD is Executive Director of the National Association of County Behavioral Health Directors and formerly Chief of the Surveys and Reports Branch at SAMHSA; rmanderscheid@nacbhd.org; 202-942-4296

Individuals Collecting and Analyzing the Data

- Susan G. Pfefferle, PHD Abt Associates Project Director; sue.pfefferle@abtassoc.com; 617-520-2699
- Rachael Wendlandt, MPH, Abt Associates Project Director; Rachael_wendlandt@abtassoc.com; 404-946-6377

- Sean McClellan, PhD, Abt Associates Survey Specialist; sean_mcclellan@abtassoc.com; 617-520-2370
- Alyssa Kogan, BA, Abt Associates Qualitative Specialist; Alyssa_kogan@abtassoc.com; 617-520-2309
- Vijay Ganju, PhD, Abt Associates Strategic Support; Vijay_ganju@abtassoc.com; 512-284-7301
- Pat Shifflet RN, MS, Vice President Abt Associates, Abt Project Quality Advisor; Pat_shifflett@abtassoc.com; 404-636-1222.
- Brooke Steele, DO, CDC Contracting Officer's Representative; BSteele1@cdc.gov; 770-488-4261.

References

Shim RS, Lally C, Farley R, Ingoglia C, Druss BG. Medical care services in community mental health centers: a national survey of psychiatrists. *J Behav Health Serv Res.* 2015;42(3):395-400.