**Information Collection Request**

**New**

**Assessment of the Cancer Survivorship Demonstration Project**

**Supporting Statement: Part A**


**Program Official/Contact**

Angela Moore, MPH

Lead Public Health Advisor

Division of Cancer Prevention and Control

National Center for Chronic Disease Prevention and Health Promotion

Centers for Disease Control and Prevention

Atlanta, GA 30341-3717

OFFICE: 770-488-3094

FAX: 770-488-4335

CYQ6@CDC.GOV


**October 26, 2018**

**1 TABLE OF CONTENT**

**A. JUSTIFICATION**



**REFERENCES**

**ATTACHMENTS**

- **Goal of the assessment:** In this new information collection request, we describe plans to assess six Division of Cancer Prevention and Control (DCPC) National Comprehensive Cancer Control Program (NCCCP) DP15-1501-funded grantees' efforts. The assessment will determine their ability to implement evidence-based and promising strategies to increase knowledge of cancer survivor needs, increase utilization of surveillance data to inform program planning by providers and coalition members, and enhance partnerships to facilitate and broaden program reach.

- **Intended use of the resulting data:** This information collection will be used to better understand strategies and best practices used to identify and address current cancer survivorship needs and gaps.

- **Methods to be used to collect:** There will be two waves of data collection, each featuring a Web-based Grantee Survey of NCCCP DP15-1501 grantees, a Web-based Partner Survey of grantees' partners, and telephone interviews with NCCCP DP15-1501 grantees. E-mail invitations will be sent to NCCCP DP15-1501 grantee staff inviting them to participate in a voluntary Web-based survey and a semi-structured telephone interview. Individuals who do not complete the Web-based survey or do not provide their availability for a telephone interview will be sent follow-up e-mails.

- **Subpopulation to be assessed** Respondents will include NCCCP DP15-1501 grantee staff (e.g., program directors and program managers) and key partners (e.g., coalition members, providers, patient navigators).

- **How data will be analyzed:** The data will be analyzed using descriptive statistics and qualitative methodology. Findings will be reported in aggregate.

# A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

This is a new information collection request to support an assessment of a Centers for Disease Control and Prevention (CDC)–administered cooperative agreement that provides resources to NCCCP grantees to develop and implement interventions that address the needs of cancer survivors. OMB approval is requested for 3 years to collect program data from six NCCCP grantees. CDC's authorization to conduct this assessment is provided by Section 301 of the Public Health Service Act (42 U.S.C. 241) (**Attachment 1**).

Under CDC's NCCCP Request for Applications DP15-1501, DCPC funded six grantees to implement evidence-based and promising strategies to increase knowledge of cancer survivor needs, increase survivor knowledge of treatment and follow-up care, and increase provider knowledge of guidelines pertaining to treatment of cancer. Cancer survivors now represent a significant portion of the public, with approximately 15.5 million cancer survivors in the United States as of January 2016; this number is expected to grow to 20 million by 2026 (Miller et al., 2016). Cancer and treatment of the disease can take a significant toll on the overall well-being of survivors, including their physical and emotional health and functioning (CDC, 2013; Stovall et al., 2005). Through this initiative, DCPC intends to help address the public health needs of cancer survivors. Specifically, this initiative employs strategies that relate to increasing surveillance and community-clinical linkages. To facilitate evidence-informed policy making

and quality improvement of federal programs, a comprehensive assessment is needed to characterize survivorship interventions and document outcomes.

The proposed information collection will focus on how each grantee has expanded their knowledge of cancer survivor needs, increased utilization of surveillance data to inform program planning by providers and coalition members, and enhanced partnerships to facilitate and broaden program reach. Data will also be collected on challenges encountered and addressed, factors that facilitated implementation, and lessons learned along the way. The information to be collected does not currently exist for organizations and entities working to improve cancer survivorship needs. The insights to be gained from this data collection will be critical to improving immediate efforts and achieving the goals of spreading and replicating strategies to improve the public health needs of cancer survivors.

2. Purpose and Use of Information Collection

The purpose of the proposed information collection is to help DCPC better understand the extent to which NCCCP grantees have increased knowledge of cancer survivor needs and gaps, increased utilization of surveillance data to inform program planning, established or enhanced partnerships focused on meeting the needs of cancer survivors, and broadened the reach of survivor programs. The key research questions guiding this assessment are as follows:

1) How have grantees increased utilization of surveillance data to inform program planning by providers and other coalition members?
2) In what ways have grantees educated providers?
3) What steps have grantees taken to educate cancer survivors?
4) To what extent have grantees increased their knowledge of cancer survivor needs or gaps?
5) How have grantees increased their knowledge of cancer survivor needs or gaps?
6) How have grantees increased partnerships with external partners (e.g., providers, patient navigators, cancer organizations)?
7) How have grantees increased partnerships with internal partners (e.g., other NCCCP grantees)?
8) What are the key partners' roles in planning and/or implementing evidence-informed cancer survivorship strategies?
9) How are grantees implementing community-clinical linkage strategies with their partners?
10) How have grantees disseminated lessons learned and/or best practices related to the cancer survivorship intervention(s) implemented?

The proposed information collection will be conducted during two cycles of the program: (1) interim period (09/18) and (2) final period (05/20). Both waves will include a Web-based Grantee Survey (**Attachment 3a**) to NCCCP DP15-1501 grantee program directors and program managers, a Web-based Partner Survey (**Attachment 3c)** to grantees' self-identified key partners (e.g., coalition members, providers, patient navigators), as well as semi-structured telephone interviews (**Attachment 4**) with NCCCP DP15-1501 grantee program directors and program managers. For the purposes of this information collection, partners are defined as individuals or organizations who are helping the grantee implement at least one of their survivorship care activities.

The Web-based Grantee Survey instrument contains 29 questions, and the Web-based Partner Survey instrument contains 23 questions. Both surveys include a mix of open- and close-ended questions that ask about efforts to use surveillance data, conduct education and training, and foster partnerships. **Attachment 3i** lists all the questions in each survey, showing where

common questions occur. The surveys will display the appropriate questions depending on the respondent's answers to previous questions. The same Partner and Grantee Surveys will be used for the interim and final data collection periods.

The semi-structured telephone interview instrument (**Attachment 4**) contains 14 questions. Interview questions will be open-ended in nature (e.g., "How are awardees implementing cancer survivorship strategies?") and capture challenges and lessons learned regarding implementation of cancer survivorship strategies. The telephone interview guide will be used during the interim and final data collection periods.

The data from the surveys and semi-structured interviews provide additional insight into program efforts that are documented through required reports that describe grantee efforts and performance. An environmental scan was conducted in the beginning of the project period to ensure data collection efforts would not duplicate what is already being collected from DP15-1501 grantees (e,g,, via annual reporting of performance measures). The information from the surveys and interviews will be combined and used in aggregate. The data will be used to inform future efforts to support cancer survivors and to initiate evidence-informed program decisions when rolling this initiative out to all NCCCP grantees. Without this data collection CDC will not be able to provide tailored technical assistance to its grantees and communicate program efforts.

3. Use of Improved Information Technology and Burden Reduction

Web-based survey data will be collected electronically through SurveyMonkey software to eliminate the burden of completing and transmitting a paper-based format. (For screenshots of the web-based surveys, see **Attachments 3b and 3d**). The surveys will be compatible with smartphones, tablets and traditional laptop and desktop computers. The survey will be programmed with skip patterns to reduce respondent burden (i.e. respondents will only see items for which they are eligible to respond). For grantee and partner participants who do not complete the Web-based survey within 1 week of the initial invitation, we will send an e-mail reminder 1 week after the initial invitation (**Attachment 3f**) and a final e-mail reminder 2 weeks after the initial invitation (**Attachment 3g**).

Telephone interviews will collect qualitative data without the costs and respondent burden associated with traditional face-to-face site visits. To reduce the burden on program staff, the lead interviewer will review key program documents, data abstracted during the Web-based surveys, or both to tailor the interview guide in advance of the interview and lead the discussion during the telephone interview. Interview guides will be tailored to include specific names of partners, as well as probes on details of specific barriers and facilitators to implementation that are described in the grantees' survey responses.

4. Efforts to Identify Duplication and Use of Similar Information

NCCCP DP15-1501 funding of grantees is a new public health initiative. Similar data are not available that meet the needs of this proposed assessment. The proposed information collection does not duplicate any information currently being collected from DCPC grantees. Individual comprehensive cancer control programs may be collecting state-level data related to cancer survivorship, including administering the cancer survivorship module in the Behavioral Risk Factor Surveillance Survey. However, state-specific data collection doe not meet the needs of this proposed assessment. An environmental scan was conducted in the first weeks of the project, which allowed RTI to review the types of information already being collected by CDC. This step assured the project team that future data collection efforts (Grantee/Partner Surveys

and interviews) will not duplicate current DP15-1501 reporting and will align with the needs of the assessment.

5. Impact on Small Businesses or Other Entities

This data collection will not involve small businesses.

6. Consequences of Collecting the Information Less Frequently

This information collection will be collected at two time points: an interim period and a final period. The data collection during the interim period allows CDC to provide technical assistance in areas where grantees may have identified barriers, supporting the programs in making mid-course corrections to enhance implementation of their activities. The interim period data collection also provides a baseline measure of program reach and impact. The data collection during the final period allows CDC to assess the full program reach and impact, as well as inform any final adjustments to the program before rolling the initiative out to all NCCCP grantees. Reducing the frequency to a single interview and one-time survey would eliminate the possibility of discerning changes over time, limit opportunities for sharing best practice strategies in real time, and reduce the utility of the study. There are no legal obstacles to reducing the burden.

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

There are no special circumstances relating to the guidelines of 5 CFR 1320.5, and the project fully complies.

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

A 60-day Federal Register Notice was published in the Federal Register on November13, 2017, Vol. 82, No. 217, pp. 52301-02 (see **Attachment 2**).to solicit public comments (60-day FRN number 0920-18AG). CDC did not receive public comments related to this notice, and no changes were made to the information collection.

Stakeholder feedback from the six NCCCP DP15-1501 grantees has been built into the assessment. Feedback on the research questions was solicited through electronic communication. This feedback was incorporated into the assessment plan and the data collection instruments. Key stakeholders will be engaged throughout the assessment through periodic status updates before and during data collection, as well as during the presentation of results and recommendations.

A.9 Explanation of Any Payment or Gift to Respondents

Numerous empirical studies have established that incentives can significantly increase participation rates (Abreu & Winters, 1999; Dickert & Grady, 1999; Shettle & Mooney, 1999). Incentives are intended to recognize the time burden placed on participants, encourage their cooperation, and convey appreciation for their contributions to the research. Based on the research team's extensive experience conducting formative research of a similar nature with the identified subgroups, we have learned that incentives are necessary to sufficiently attract participants.

To encourage NCCCP DP15-1501 grantees' partners to complete the Web-based Partner Survey, partner respondents will be entered into a drawing for a $50 Amazon.com gift card. Two partner respondents who completed the survey will be randomly selected for a $50 Amazon.com

gift card. We propose the use of incentives to encourage participation of partners (e.g., providers, hospital administrators) who can provide key insights directly related to the purpose of this study but may be difficult to recruit, given that most of their time is devoted to patient care or working with individuals in health systems.

10. Protection of the Privacy and Confidentiality of Information Provided to Respondents

CDC's Information Systems Security Officer has reviewed this submission, and has determined that the Privacy Act does apply. All appropriate security controls and rules of behavior will be incorporated to protect the confidentiality of information obtained. Personally identifiable information (PII) (i.e., name, work phone number, and work email address) will be used to schedule and conduct grantee interviews, as well as recruit grantee and partner survey participants. PII will not be included in the cleaned survey data files submitted to CDC. CDC will only include aggregate summary information in reports and will not include information that may identify respondents.

Privacy will be maintained to the extent allowable by law. The contractor complies with the Privacy Act of 1974 (HIPAA) and the E-Government Act of 2002, including Title III: Federal Information Security Management Act, which covers site security, security control documentation, access control, change management, incident response, and risk management. The contractor has developed an Information System Security Plan and completed the Certification and Accreditation process with multiple Federal agencies to receive authorization to operate "low-to-moderate" risk category information systems in other environments. The contractor has also established an internal audit program to regularly review their information security program.

The contractor configures their computers with the applicable United States Government Configuration Baseline (USGCB) and ensures that they have and maintain the latest operating system patch level and anti-virus software level. Full disk encryption software has been implemented to protect the storage of data, as well as file transfer software for the secure, encrypted transmission of sensitive data to and from the client. The contractor has also implemented ASA Firewalls for boundary protection.

The contractor's web survey tool allows the integration of all survey consent information, including OMB and IRB information. Instructions for the survey and consent language will be embedded into the online survey. For the online survey, consent will be active: participants will be instructed that "Clicking on the 'Next' button below indicates that you have read the above [consent] information and you agree to participate in the survey." For the telephone interviews, consent language will be included in the beginning of the interview protocol and consent will be verbally obtained in order to proceed to the interview questions. Consent language will include but not be limited to the purpose of the survey, who will see the information collected, and how any personally identifiable information (PII) will be used.

### *A.10.1 Privacy Impact Assessment Information*

The following items are described below: (1) an overview of the information collection; (2) a statement detailing the impact the proposed collection will have on the respondent's privacy; 3) opportunities to consent, and whether individuals are informed whether providing the information is voluntary or mandatory; (4) how the information will be secured; (5) whether a system of records is being created under the Privacy Act; and (6) whether there is a referral to websites or website content directed at children under 13 years old.

DCPC staff will provide RTI with NCCCP DP15-1501 grantee program director and program manager names, phone numbers, and e-mail addresses. (Note: because of their roles as NCCCP grantees, their names, phone numbers and email addresses are already in the public domain.) RTI will email NCCCP DP15-1501 program directors and managers about the Web-based surveys and semi-structured telephone interviews (**Attachment 5**). RTI and DCPC will ask NCCCP DP15-1501 program staff to identify their key partners and encourage them to notify their partners that they will be contacted via e-mail to complete a brief, Web-based Partner Survey. Survey respondents will be NCCCP DP15-1501 grantee program directors, managers, and staff (for the Grantee Survey), and their partners (for the Partner Survey). The Web-based surveys involve a minimum amount of information in identifiable form (IIF); the only IIF collected will be email addresses provided by partners who would like to be entered into a raffle for an incentive. DP15-1501 staff participating in telephone interviews will provide their name and phone number (which are in the public domain given their roles), but this information will not be linked to data provided to CDC. Contact information for survey respondents and interviewees will be permanently deleted from RTI's secure server when information collection is complete and any requests for clarification have been addressed.

IIF (respondents' names, phone numbers and email addresses) will be stored separately from response data. A linking file will be created and available only to senior project management staff at RTI. The file will only be used to ensure completeness of the data files. A unique ID will be assigned to each respondent to track questionnaire completion. The linking file will include the role of the respondent, their organization, and the code assigned to the data file (and will not include the individual's name or contact information). This will ensure that no IIF is reported to CDC when the data are summarized. Identifiable responses will not be provided to DCPC staff. Only aggregated information will be reported.

1. Overview of the Data Collection System

Up to four rounds of communication will be sent to the Web-based survey respondents: an initial e-mail (see **Attachment 3e**); a follow-up e-mail to non-respondents, sent 2 weeks after the initial e-mail (see **Attachment 3f**); a final reminder e-mail to non-respondents, sent 1 week after the follow-up e-mail (see **Attachment 3g**; and a thank you e-mail, sent 1 week after the reminder e-mail (see **Attachment 3h**). The initial and follow-up/reminder e-mails will include a link to the survey Web site.

Surveys will be administered through SurveyMonkey, a Web-based survey software. Survey participants will review the terms of the study and will provide active consent per written survey instructions: *Clicking on the 'Next' button below indicates that you have read the above information and you agree to participate in the survey* (see page 2 of **Attachment 3b** for Grantee Survey and page 2 of **Attachment 3d** for Partner Survey). The information collected will be maintained for 24 months after the final administration of the assessment.

Four rounds of communication will be sent to the semi-structured telephone interview respondents during each wave of data collection: an initial introductory e-mail to schedule the interview (see **Attachment 4b**); a follow-up scheduling e-mail, sent 1 week after the initial e-mail (see **Attachment 4c**); a final reminder e-mail, sent 1 week after the follow-up e-mail (see **Attachment 4d**); and a thank you e-mail, sent 1 week after the completed interview (see **Attachment 4e**). Interview data will be maintained for 24 months after wave 1 interviews have been completed and 12 months after wave 2 interviews have been completed.

Per the OMB- and IRB-approved protocols, immediately preceding the interview we will obtain oral consent from each respondent to participate in the interview and to allow audio-recording of the interview to facilitate transcription at the start of each interview (see page 2 of **Attachment 4**). A lead interviewer and a note-taker will participate in each interview.

2. Impact of Proposed Collection on Respondent's Privacy

Participation in this information collection is expected to have no impact on respondents' privacy. Respondents will not be named in reports disseminated to or by CDC. RTI will not provide CDC with identifiable information collected for respondent recruitment. Contact information for respondents will be destroyed when the sample is complete and any data queries have been addressed.

Access to the completed Web-based surveys and interview data will be limited to authorized program staff only (i.e., the survey programmer, analysts, and project manager). Project reports will contain aggregated de-identified data only.

3. Nature of Participation and Opportunities to Consent

Participation in the Web surveys and semistructured telephone interviews is voluntary. Participants will be informed that the resulting data will be shared with DCPC staff to improve technical assistance to funded grantees, future funding opportunities, and cancer survivorship program dissemination efforts. Web survey participants will read an informed consent section in SurveyMonkey and indicate their consent to participate by clicking the 'Next' button to proceed with the survey. A lead interviewer will read an informed consent at the start of each telephone interview and ask the respondent to provide oral consent to proceed with the interview and allow audio-recording of the interview to facilitate transcription.

4. How Information Will Be Secured

Data collected from the Web-based surveys will be stored electronically in SurveyMonkey. De-identified survey data will be exported into an Excel database that links responses to a unique identifier and will be saved on a secure server. Only authorized staff (i.e., survey programmer, analyst, and project manager) will have direct access to the completed surveys in SurveyMonkey. We will transfer the de-identified data in an Excel database to DCPC via e-mail; the database will not include any identifiable information and will be password-protected on RTI's secure network.

Data collected from the semi-structured telephone interviews, including audio recordings and interview notes, will be stored on a secure server. Only authorized staff (i.e., analysts and project manager) will have direct access to the audio recordings and interview notes. Overarching themes from qualitative interview data will be reported to DCPC; RTI will remove all identifying information from the interview transcripts and can provide them to DCPC if requested.

5. Privacy Act Determination

CDC will not receive any identifiable response data from survey and interview respondents. Although CDC knows the names of the grantee organizations and key program staff, CDC will not be able to link specific responses to actual grantee staff. No system of records is being created under the Privacy Act for this data collection.

6. Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age

The Web-based surveys and telephone interviews will not refer respondents to any other Websites. No content is directed at children under 13 years of age. The Web-based surveys will not use cookies and will not require rules of conduct or privacy policy agreements.

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

The information collection contractor's Institutional Review Board (IRB) determined that this project does not constitute research with human subjects as defined by the U.S. Code of Federal Regulations (45 CFR 46.102). RTI's IRB determination memorandum is included as **Attachment 6.**

The Web-based surveys and semi-structured telephone interviews will collect information to identify and address cancer survivorship gaps and needs. Neither the web-based surveys nor the telephone interviews will have questions of a sensitive nature, such as criminal behavior, sexual behavior and attitudes, alcohol or drug use, religious beliefs, and other matters that are commonly considered private. We are not collecting individual's race or ethnicity data, or diagnoses of medical conditions, from interviewees or survey respondents. Respondents may provide professional judgments and opinions, as well as facts, during data collection.

12. Estimate of Annualized Burden Hours and Costs

This new OMB approval is being requested for two waves of data collection. Both waves will include Web-based surveys and semi-structured telephone interviews with NCCCP program directors and program managers. We anticipate reaching all NCCCP grantee program directors and program managers for the Web-based Grantee Survey and telephone interviews, and a subset of grantee partners for the Web-based Partner Survey. We anticipate this will be approximately 12 respondents each for the semi-structured telephone interviews and Web-based Grantee Survey (two individuals per NCCCP DP15-1501 grantee site) and 60 respondents (10 partners from each of the six NCCCP DP15-1501 sites) for the Web-based Partner Survey.

The burden table shows the number of responses for both waves of data collection. Based on pilot testing of the survey instrument, the estimated burden response for the Web-based survey is 20 minutes (1/3 hour). The estimated burden per respondent for the semi-structured telephone interviews is an hour and 30 minutes (1.50 hours); this includes 30 minutes of scheduling time and an hour for the actual interview to take place. For all information collection, the total estimated annualized burden response is 29 hours, as summarized in ***Exhibit 1*** below.

**Exhibit 1. Estimated Annualized Burden Hours**

| Type of Respondent | Form Name | Number of Respondents | Number of Responses per | Average Burden per | Total Burden (in hrs) |
|---|---|---|---|---|---|

| | | | Respondent | Response (in hrs) | |
|---|---|---|---|---|---|
| NCCCP Grantee Program Director | Web-based Grantee Survey | 8 | 1 | 20/60 | 3 |
| | Semi-structured telephone interview | 8 | 1 | 1.50 | 12 |
| NCCCP Grantee Partner | Web-based Partner Survey | 40 | 1 | 20/60 | 14 |
| | Total | | | | 29 |

Response to the Web-based surveys and semi-structured telephone interviews will be completely voluntary, and there are no costs to respondents other than their time.

The Web-based surveys and telephone interviews will involve a mix of respondents associated with the NCCCP DP15-1501 grantees. Their position descriptions and average hourly wage rates are itemized as follows: project director ($34.25); program manager ($24.91) with an hourly average of ($29.58); and coalition member (i.e., partner) ($21.55). The total estimated annualized burden cost to respondents is $745.40.

**Exhibit 2. Estimated Annualized Burden Costs**

| Type of Respondent | Form Name | Number of Respondents | Number of Responses per Respondent | Average Burden per Response (in hours) | Total Burden (in hrs) | Average Hourly Wage | Total Respondent Costs |
|---|---|---|---|---|---|---|---|
| NCCCP Grantee Program Director | Web-based Grantee Survey | 8 | 1 | 20/60 | 3 | $29.58 | $ 88.74 |
| | Semi-structured telephone interview | 8 | 1 | 1.50 | 12 | $29.58 | $354.96 |
| NCCCP Grantee Partner | Web-based Partner Survey | 40 | 1 | 20/60 | 14 | $21.55 | $ 301.70 |
| | Total | | | | | | $ 745.40 |

A13. Estimate of Other Total Annual Cost Burden to Respondents or Record Keepers

There are no other costs to respondents.

14. Annualized Cost to the Federal Government

Costs to the federal government include the costs of CDC personnel associated with the project and the cost of a contract for information collection and management.

The proposed assessment surveys will be supervised by a CDC DCPC federal employee, who will act as a task lead and the contracting officer representative. The annualized cost of the federal employee is estimated at $1,659.31. Two other CDC DCPC staff will support the task lead in her role with an estimated annualized cost of $2,725.36. CDC staff, in close consultation with RTI, will oversee all activities and ensure that data collection is being conducted in accordance with OMB requirements. They will also assist in instrument development, interpretation of findings, and report preparation.

The development of data collection instruments (interview guide and survey), data analysis, and reporting is being conducted under a contract with CDC's assessment contractor, RTI. The base period contract for assessment of the NCCCP DP15-1501 cancer survivorship program totals $149,927 and includes costs for data management, programming, reporting, and dissemination. Of this amount, $89,956 is dedicated to deliverables related to data collection and reporting. The estimated annualized cost of the external contractor is $49,975.67. The total estimated annualized cost to the federal government is $54,360.34.

**Exhibit 3. Estimated Annualized Cost to the Federal Government**

| Staff (Full-Time Employee) | Average Hours per Collection | Average Hourly Rate | Annualized Cost |
|---|---|---|---|
| Lead public health advisor (GS-14): project planning, management, OMB review, analysis of findings, and report writing | 34.67 | $47.86 | $ 1,659.31 |
| Two Public health advisors (GS-13): project planning, management, OMB review, analysis of findings, and report writing | 69.33 | $39.31 | $ 2,725.36 |
| External Contractor, RTI: instrument development, OMB package preparation, data collection, coding and entry, quality control, data analysis, and report writing for the Web-based surveys and semi-structured telephone interviews. Dissemination of preliminary and final findings. | | | $ **49,975.67** |
| **Estimated Annualized Total Cost of Information Collection** | | | **$54,360.34** |

15. Explanation for Program Changes or Adjustments

This is a new information collection.

16. Plans for Tabulation and Publication and Project Time Schedule

### *A.16.1 Plans for Tabulation/Data Analysis*

Survey and interview data will be securely maintained on RTI's server, which is only accessible to the authorized staff. Quantitative survey data will be analyzed using descriptive statistics. Qualitative data will be coded and summarized by key themes using qualitative analysis software.

### *A.16.2 Plans for Publication*

Respondents will be made aware that their deidentified responses will be made public via future reports, presentations, and manuscript submission to a peer-reviewed journal. We will include in future materials and publications that these data are based on a small, predominately qualitative study and thus are not generalizable.

CDC's timeline is outlined below. CDC's contract with the assessment contractor ends March 25, 2020 (Option Years included).

**Exhibit 4. Data Collection Time Schedule**

| Activity | Time Schedule |
|---|---|
| Distribute invitation/introduction e-mail with link to relevant Web-based survey | September 2018 |
| Distribute invitation/introduction e-mail to schedule semi-structured telephone interview | September 2018 |
| Complete Wave 1 collection | September-November 2018 |
| Complete Wave 1 data analyses (Contractor) | December 2018-January 2019 |
| Report initial findings to CDC | February 2019-April 2019 |
| *12 month break between Wave 1 and Wave 2 | May 2019 – April 2020 |
| Complete Wave 2 data collection | May-July 2020 |
| Complete Wave 2 data analyses (Contractor) | August-September 2020 |
| Report final findings to CDC | October-December 2020 |
| Submit manuscript to peer-reviewed journal | January-February 2021 |

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

The display of the OMB expiration date is not inappropriate.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

## REFERENCES


Abreu, D. A., & Winters, F. (1999). Using monetary incentives to reduce attrition in the survey of income and program participation. *Proceedings of the Survey Research Methods Section of the American Statistical Association*.

American Cancer Society. Relay for Life. *Celebrate, Remember, Fight Back. Welcome to the New England Division Online*. *Resources to Celebrate, Remember, Fight Back in the states of Connecticut, Main, Massachusetts, New Hampshire, Rhode Island, Vermont*. Retrieved from http://relay.acsevents.org/site/PageNavigator/RFL_NE_Division_SurvCare

Centers for Disease Control and Prevention (CDC). (2013). *A National Action Plan for Cancer Survivorship: Advancing Public Health Strategies*. Retrieved from http://www.cdc.gov/cancer/survivorship/pdf/plan.pdf

Centers for Disease Control and Prevention (CDC). (n.d.). *Cancer survivorship*. *Basic information for cancer survivors.* Last updated April 20, 2016. Retrieved from https://www.cdc.gov/cancer/survivorship/basic_info/survivors/index.htm

Dickert , N., & Grady , C. (1999). What's the Price of a Research Subject? Approaches to Payment for Research Participation. *New England Journal of Medicine, 341*(3), 198-203.

Miller, K. D., Siegel, R. L., Lin, C. C., Mariotto, A. B., Kramer, J. L., Rowland, J. H., et al. (2016). Cancer treatment and survivorship statistics, 2016. *CA: A Cancer Journal for Clinicians, 66*(4), 271–289.

Shettle, C., & Mooney, G. (1999). Monetary incentives in U.S. government surveys. *Journal of Official Statistics, 15*, 231–250.

Stovall, E., Greenfield, S., & Hewitt, M. (2005). *From Cancer Patient to Cancer Survivor: Lost in Transition*. Washington, DC: National Academies Press.