

Cancer Survivorship Assessment Web-based Grantee Survey Screenshots

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DP15-1501 Cancer Survivorship Assessment | Grantee Survey

Introduction

CDC has funded RTI to assess the DP15-1501 Cancer Survivorship program. As part of this assessment, RTI is administering a web-based survey to NCCCP DP15-1501 grantees and their partners. The purpose of the survey is to gather your perspectives on:

- increasing utilization of surveillance data to inform program planning,
- planning, implementing, and sustaining evidence-based strategies to increase knowledge of cancer survivor needs, and
- enhancing partnerships that can facilitate and broaden program reach.

We'd also like your perspective on the challenges, facilitators, and lessons learned with regard to implementing these activities.

The survey should take less than 20 minutes to complete. Your answers will not be linked to your name and there are minimal risks to you from participation. We will use some quotes in reports, but quotes will not be attributed to an individual or his/her organization. We want to assure you that we will not quote you by name. All of the survey data will be kept secure on RTI's network.

Your insights will be used by CDC to improve efforts to support NCCCP programs in implementing evidence-based and promising strategies to improve cancer survivorship care.

This research protocol has been reviewed by RTI's Institutional Review Board (IRB).

Clicking on the **'Next'** button below indicates that you have read the above information and you agree to participate in the survey.

Form Approved
OMB No. 0920-XXXX
Exp. Date XX/XX/20XX

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Surveillance Data

* Have you worked on supporting the use of surveillance data (e.g., Behavioral Risk Factor Surveillance System [BRFSS], Electronic Health Records) among providers or coalition members?

- Yes
- No

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Surveillance Data

* In what ways are you using surveillance data to inform cancer survivorship interventions (program planning)? **Select all that apply.**

- Identify target populations
- Identify cancer survivors' needs
- Populate Survivorship Care Plans
- Monitor survivorship outcomes
- Other (please specify)

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Surveillance Data

* Have you been involved in efforts to add the Cancer Survivorship module to your state's Behavioral Risk Factor Surveillance System (BRFSS)?

Yes

No

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Surveillance Data

* Please select your state's approach to adopting the Cancer Survivorship module.

- My state adopted the entire Cancer Survivorship module at the onset.
- My state is doing a phased adoption of the Cancer Survivorship module, starting with a subset of questions.
- My state has adopted a subset of questions with no current plans to add remaining questions.
- My state has not adopted any Cancer Survivorship module questions.

* Please indicate which of the following questions from the Cancer Survivorship module were included in your state's most recent BRFSS. **Select all that apply.**

- All of the questions in the module were included.
- Question 1. How many different types of cancer have you had?
- Question 2. At what age were you told that you had cancer?
- Question 3. What type of cancer was it?
- Question 4. Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.
- Question 5. What type of doctor provides the majority of your health care?
- Question 6. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?
- Question 7. Have you EVER received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?
- Question 8. Were these instructions written down or printed on paper for you?
- Question 9. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?
- Question 10. Were you EVER denied health insurance or life insurance coverage because of your cancer?
- Question 11. Did you participate in a clinical trial as part of your cancer treatment?
- Question 12. Do you currently have physical pain caused by your cancer or cancer treatment?
- Question 13. Is your pain currently under control?

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Surveillance Data

* Have you been involved in efforts to use surveillance data (e.g. cancer registry data) in Survivorship Care Plans?

- Yes
- No

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Surveillance Data

* In what ways have you helped health systems commit to incorporating surveillance data (e.g. cancer registry data) into Survivorship Care Plans (SCPs)?

Select all that apply.

- Meeting with providers to get buy-in
- Meeting with hospital administrators to get buy-in
- Coordinating a formal training for providers
- Coordinating a formal training for hospital administrators
- Providing on-site technical assistance
- Providing educational materials/template to providers that shows how to incorporate surveillance data into SCPs
- Other (please specify)

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Surveillance Data

* Have you been involved in efforts to use individual data (e.g. electronic health records) in Survivorship Care Plans?

- Yes
- No

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Surveillance Data

* In what ways have you helped health systems commit to incorporating individual data (e.g., electronic health records) into Survivorship Care Plans (SCPs)? **Select all that apply.**

- Meeting with providers to get buy-in
- Meeting with hospital administrators to get buy-in
- Coordinating a formal training for providers
- Coordinating a formal training for hospital administrators
- Providing on-site technical assistance
- Providing educational materials/template to providers that shows how to incorporate individual data into SCPs
- Other (please specify)

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Surveillance Data

* What other data have you incorporated into Survivorship Care Plans (aside from cancer registry and EHR)? **Select all that apply.**

- None
- Other (please specify)

* What percentage of providers (e.g., physicians, nurses) in your state do you estimate use **Electronic Health Record data** to populate Survivorship Care Plans?

- 0% (None)
- 1-25%
- 26-50%
- 51-75%
- 76-99%
- 100%
- Don't know

* What percentage of providers (e.g., physicians, nurses) do you estimate use **cancer registry data** to populate Survivorship Care Plans?

- 0% (None)
- 1-25%
- 26-50%
- 51-75%
- 76-99%
- 100%
- Don't know

* What percentage of Survivorship Care Plans in your state are generated using data (e.g., cancer registry, electronic health records)?

- 0% (None)
- 1-25%
- 26-50%
- 51-75%
- 76-99%
- 100%
- Don't know

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Communication, Education and Training

* Have you conducted any provider education or trainings?

Yes

No

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Communication, Education and Training

* About how many providers have you contacted to participate in education or training opportunities?

* Of the providers you've contacted, about how many participated in your education opportunities?

* Please indicate whether you have participated in or organized any of the following educational / training opportunities.

	Yes	No
National Cancer Survivorship Resource Center's (NCSRC's) E-learning series	<input type="radio"/>	<input type="radio"/>
In-house presentation during clinical staff meetings	<input type="radio"/>	<input type="radio"/>
In-house presentation during grand rounds	<input type="radio"/>	<input type="radio"/>

Other (please specify)

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Communication, Education and Training

* What types of communication activities have you implemented for providers?

Select all that apply.

- Communication campaign materials
- Email updates/newsletters
- In-person patient navigation training
- Independently developed education materials
- Printed materials such as fact sheets or educational one-pagers
- Promoting the e-learning series and the use of Survivorship Care Plans (e.g., via one-on-one meetings, presentations at staff meetings)
- Social media
- Webinars or other CME learning activities
- Other (please specify)

* What types of communication activities have you done to educate cancer survivors about Survivorship Care Plans? **Select all that apply.**

- Email updates/newsletters
- One-on-one meetings
- Phone calls
- Printed materials
- Social media
- Webinars
- Other (please specify)

* Have you contributed to the development of any of the following educational resources for cancer survivors?

	Yes	No
Information about follow-up care or screenings	<input type="radio"/>	<input type="radio"/>
Information about emotional support	<input type="radio"/>	<input type="radio"/>
Information about mental health	<input type="radio"/>	<input type="radio"/>
Information about physical health (e.g., nutrition, exercise, side effects from treatment)	<input type="radio"/>	<input type="radio"/>
Information about sexual health (e.g., intimacy, fertility)	<input type="radio"/>	<input type="radio"/>
Information about work concerns / financial support / health insurance coverage	<input type="radio"/>	<input type="radio"/>
Information about using Survivorship Care Plans	<input type="radio"/>	<input type="radio"/>

Other (please specify)

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Enhanced Partnerships

* What type of new patient populations are you able to reach through your work with partners? **Select all that apply.**

- | | |
|--|--|
| <input type="checkbox"/> Adolescent / young adult | <input type="checkbox"/> Low-income |
| <input type="checkbox"/> African American | <input type="checkbox"/> Metastatic |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American / American Indian |
| <input type="checkbox"/> At-risk due to family history | <input type="checkbox"/> Pediatric |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Rural |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Seniors (age 65+ years) |
| <input type="checkbox"/> LGBT | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Other (please specify) | |

* Because of partner collaborations, has your reach expanded to any of the following cancer survivor groups? **Select all that apply.**

- | | |
|---|---|
| <input type="checkbox"/> No expansion resulted | <input type="checkbox"/> Melanoma |
| <input type="checkbox"/> Breast | <input type="checkbox"/> Prostate |
| <input type="checkbox"/> Colorectal | <input type="checkbox"/> Ovarian/cervical (gynecological) |
| <input type="checkbox"/> Lung | |
| <input type="checkbox"/> Other (please specify) | |

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Challenges and Facilitators

* What are some key factors that have led to successful partnerships with **other DP15-1501 grantees** (e.g., history of working together, common goals, common target audience/patient population, partners' thought leadership/subject matter expertise)?

* What are some key factors that have led to successful partnerships with **external partners** (e.g., history of working together, physical proximity of offices, common goals, common target audience/patient population, partners' thought leadership/subject matter expertise)?

* What have been the primary challenges in your partnerships with **other DP15-1501 grantees** (e.g., communication, competing priorities/interests, lack of common goal, staffing turnover, time commitment)?

* What have been the primary challenges in your partnerships with **external partners** (e.g., communication, competing priorities/interests, lack of common goal, staffing turnover, time commitment)?

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Respondent Background

* In what state are you located?

- Indiana
- Kansas
- Louisiana
- Michigan
- South Dakota
- Washington

* Are you employed by your state's cancer registry?

- Yes
- No

* What is your role at your organization?

- DP15-1501 program coordinator
- DP15-1501 program manager
- Other (please specify)

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Thank you for your time. Please click the "**Done**" button below to complete the survey.

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Done