Form Approved

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**Cancer Survivorship Assessment**

**Web-based Partner Survey**

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**CANCER SURVIVORSHIP ASSESSMENT WEB-BASED 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. After completing the survey, you may enter your email address for a chance to win a $50 Amazon gift card.

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.

**Surveillance Data**

1. 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 🡪 Skip to Question 10

1. 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 describe: \_\_\_\_\_\_\_\_\_\_\_

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

Yes

No

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

Yes

No 🡪 Skip to Question 6

1. 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Yes

No 🡪 Skip to Question 8

1. 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What other data have you incorporated into Survivorship Care Plans (aside from cancer registry and EHR)?

None

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How are Survivorship Care Plans generated at your organization? Select all that apply.

Populated with cancer registry data

Populated with electronic health records

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Communication, Education and Training**

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

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. National Cancer Survivorship Resource Center’s (NCSRC’s) E-learning series |  |  |
| 1. In-house presentation during clinical staff meetings |  |  |
| 1. In-house presentation during grand rounds |  |  |
| 1. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

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

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. Information about follow-up care or screenings |  |  |
| 1. Information about emotional support |  |  |
| 1. Information about mental health |  |  |
| 1. Information about physical health (e.g., nutrition, exercise, side effects from treatment) |  |  |
| 1. Information about sexual health (e.g., intimacy, fertility) |  |  |
| 1. Information about work concerns / financial support / health insurance coverage |  |  |
| 1. Information about using Survivorship Care Plans |  |  |
| 1. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**Enhanced Partnerships**

1. What types of resources have you / your organization provided to support the DP15-1501 Cancer Survivorship program’s implementation? Select all that apply.

Time

Meeting space

Materials

Hiring of new staff

Recruitment of volunteers

In-kind funding

Additional grant funding (not including CDC DCPC)

Thought leadership (i.e., an individual that is recognized as an authority in a specialized field and whose expertise is sought out)

Meeting facilitation

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please indicate which of the following DP15-1501 cancer survivorship activities you have participated in.

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. Adding the Cancer Survivorship module to your state’s BRFSS |  |  |
| 1. Auto-populating Survivorship Care Plans with EHR data |  |  |
| 1. Adopting or expanding Patient Navigator programs for survivors |  |  |
| 1. Promoting / disseminating National Cancer Survivorship Resource Center resources (e.g., E-Learning series) |  |  |
| 1. Developing educational materials for cancer survivors |  |  |
| 1. Disseminating educational materials for cancer survivors |  |  |
| 1. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

1. What type(s) of patient populations are you able to reach through your work at your organization? Select all that apply.

Adolescent / young adult

African American

Asian

At-risk due to family history

Disabled

Hispanic

LGBT

Low-income

Metastatic

Native American / American Indian

Pediatric

Rural

Seniors (age 65+ years)

Under-insured / uninsured Veterans

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What are the most common types of cancer that your patient population faces? Please rank, from 1 (most common) to 6 (least common).

[1-digit numeric field open text] Breast

[1-digit numeric field open text] Colorectal

[1-digit numeric field open text] Lung

[1-digit numeric field open text] Melanoma

[1-digit numeric field open text] Prostate

[1-digit numeric field open text] Ovarian/cervical (gynecological)

[1-digit numeric field open text] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Challenges and Facilitators**

1. What are some key factors that have led to a successful partnership with your DP15-1501 grantee (e.g., history of working together, physical proximity of offices, common goals, common target audience/patient population, partners’ thought leadership/subject matter expertise)? [open text]
2. What have been the primary challenges in your partnership with your DP15-1501 grantee (e.g., communication, competing priorities/interests, lack of common goal, staffing turnover, time commitment)? [open text]

**Respondent Background**

1. In what state are you located? [**Drop-down list:** Indiana, Kansas, Louisiana, Michigan, South Dakota, Washington]
2. Are you employed by your state’s cancer registry?

Yes

No

1. What type of organization do you work for?

Cancer coalition

Clinic / satellite office

Health-focused nonprofit (e.g., American Cancer Society)

Health Department (State or Local)

Health insurance provider

Hospital

Private practice

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you a healthcare provider?

Yes

No 🡪 Skip to Question 23

1. What is your healthcare specialty?

Medical Oncology

Radiation Oncology

Gynecologic Oncology

Urologist

General Surgery

Family Medicine

General practitioner /Internal Medicine

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your role at your organization?

Coalition member

Hospital Administrator

Patient Navigator

Provider

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you would like to be entered into a raffle for a $50 Amazon gift card, please provide your email address here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***THANK YOU FOR YOUR TIME!***