Information Collection Request

REINSTATEMENT WITH CHANGE

National Breast and Cervical Cancer Early Detection Program (NBCCEDP) Monitoring Activities

Formerly Titled, "Annual Survey of the National Breast and Cervical Cancer Early Detection Program Grantees' Program Implementation."

OMB Control No. 0920-1046

Supporting Statement: Part B

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B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

B1. Respondent Universe and Sampling Methods

The respondent universe is comprised of the 70 grantees of the Centers for Disease Control and Prevention (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) funded under Program Announcement CDC-RFA-DP17-1701 (heretofore DP17-1701). Grantees include states and the District of Columbia; U.S. territories; and tribes and tribal organizations (see **Attachment 11**, DP17-1701 Awardee Program List). The information collection efforts described concern the entire universe of potential respondents (**see Table B.1**). As collecting information from the entire population of respondents is feasible, a sampling strategy will not be employed.

This reinstatement with change of OMB No. 0920-1046 is being proposed in order to monitor and evaluate program implementation and outcomes. In particular, processes related to implementation of evidence-based interventions (EBIs) in partner health systems will be monitored and a primary outcome of interest – breast and cervical cancer screening rates within partner health system clinics - will be evaluated. DP17-1701 requires that CDC monitor and evaluate NBCCEDP processes and outcomes.

Table B.1. Potential Respondent Universe

State or Tribe Health Departments/University Grantees	Potential Respondent	N
NBCCEDP Grantees	Program Directors/Program Coordinators	70
	Total Universe of Potential Respondents	**70**

B2. Procedures for the Collection of Information

Information will be collected in two forms. First, an online grantee survey will be distributed to all individuals within the respondent universe (**Attachment 6 – NBCCEDP Grantee Survey (screenshots)**). Eligible respondents include the NBCCEDP program director, program coordinator,

or other designated official of the program performing day-to-day managerial activities (N=70). We anticipate only one response per awardee. An introductory email notification (**Attachment 6a – NBCCEDP Grantee Survey Introductory Email**) will be sent to all NBCCEDP program directors informing them of the planned information collection, announcing the dates the survey will remain open, and providing relevant web-links to the survey instrument. Grantees will be encouraged to have the person most familiar with the day-to-day operations of the program complete the survey. CDC will not collect personal information on the respondent - only the name of the awardee in which the responder is employed will be collected. Respondents will have a period of 42 days (30 business days) to complete the survey. We estimate the time burden to be no more than 45 minutes per grantee for the NBCCEDP Grantee Survey. A reminder email that notes the deadline for responding will be sent to program directors in non-responder states/tribes/universities 10 days before information collection ends (**Attachment 6b –NBCCEDP Grantee Survey Reminder Email**). Results of the information collection, in the form of grantee-specific and summary reports, will be disseminated once analysis is complete.

The second information collection involves NBCCEDP clinic-level data elements **(Attachments 7a – NBCCEDP Clinic-Level Data Dictionary, Breast and Attachment 7b – NBCCEDP Clinic-Level Data Dictionary, Cervical)**. NBCCEDP program directors/program managers/data managers will submit aggregate clinic-level data for each of their health system partner clinics (average of six per grantee) annually via a web-based instrument during an established time period following the end of each program year (**Attachment 7 – NBCCEDP Clinic-Level Data Collection Instrument (screenshots)).** An introductory email notification will be sent to all NBCCEDP program directors informing them of the information collection and due date **(Attachment 7c – NBCCEDP Clinic-Level Data Collection Introductory Email)**. A reminder email that notes the deadline will be sent to program directors 10 days before data collection period ends (**Attachment 7d – NBCCEDP Clinic-Level Data Collection Reminder Email**). All information will be collected and reported in aggregate for each clinic. No patient-level information will be collected. We estimate the time burden to be no more than 45 minutes per clinic, and estimate an average of 6 responses per grantee annually for breast cancer activities and 6 responses per grantee annually for cervical cancer activities.

The information collection will be used to answer several evaluation questions related to the following focus areas:

1. Partnerships to support screening
2. EBI implementation to support breast and cervical screening
3. Grantee infrastructure (including health IT)
4. Clinic screening rates
5. Grantees' monitoring and evaluation activities
6. Program challenges
7. Program TA needs

B3. **Methods to Maximize Response Rates and Deal with Nonresponse**

Advance notification (**see Attachment 6a – NBCCEDP Grantee Survey Introductory Email**) and a reminder email (**see Attachment 6b – NBCCEDP Grantee Survey Reminder Email**) will be used to maximize response rates for the annual NBCCEDP Grantee Survey. The notifications will be sent to the respondents via emails generated by the web-based survey software. These communications will be signed by the CDC Branch Chief of the Program Services Branch. For the NBCCEDP clinic-level data collection, CDC will send grantee program directors an email notifying them that the web-based template is available for completion **(See Attachment 7c – CRCCP Clinic-Level Data Collection Introductory Email**), as well as a reminder email for non-responders **(Attachment 7d – NBCCEDP Clinic-Level Data Collection Reminder Email)**.

The purpose of this information collection is to identify and monitor implementation activities and changes in the primary outcome of interest – breast and cervical screening rates in grantees' partner health systems. The information collection will also identify training and technical assistance needs of state, tribal and university grantees. These monitoring activities will help to identify successful activities that need to be maintained, replicated, or expanded, as well as provide insight into areas that need improvement. Higher response rates will yield more reliable information; however, no scientific inferences will be made.

B4. **Test of Procedures or Methods to be Undertaken**

The grantee survey and clinic-level data collection instruments were pilot tested in two phases. In the first phase, public health professionals tested paper versions of the instruments to assess the

clarity of questions and response categories, and variable definitions. In the second phase, the instruments were tested to assess the estimated time required to complete the information collection (i.e., burden) by item, as well as testing the usability of the web instruments. Feedback obtained via pilot testing was incorporated into final development of each instrument.

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

The information collection was designed by a project team from CDC's Division of Cancer Prevention and Control. Colleagues from University of Washington and University of Colorado provided additional consultation. Staff from Information Management Services (IMS) will collect and analyze data. Statistical consultation will be provided by CDC statisticians and Bill Helsel.

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