Information Collection Request

REINSTATEMENT WITH CHANGE

Colorectal Cancer Control Program (CRCCP) Monitoring Activities

OMB # 0920-1074

Supporting Statement B

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Date: November 12, 2020

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B. Collection Information Employing Statistical Methods

B1. Respondent Universe and Sampling Methods

The respondent universe comprises all 35 (previously 30) awardees of the Centers for Disease Control and Prevention (CDC) Colorectal Cancer Control Program (CRCCP) funded under Program Announcement CDC-RFA-DP20-2002 (heretofore DP20-2002; **Attachment 11 -CRCCP DP20-2002 Awardees**). 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. Each awardee will partner with an estimated 24 primary care clinics to implement the CRCCP.

Table B.1. Potential Respondent Universe

Award Recipients[1]	Potential Respondent	N
Colorectal Cancer Control Program Awardees	Program Directors/Program Coordinators	35
	Total Universe of Potential Respondents	**35**

B2. Procedures for the Collection of Information

Information will be collected in three forms. First, an online CRCCP Annual Awardee Survey will be distributed to all individuals within the respondent universe (**Attachment 4a - CRCCP Annual Awardee Survey (screenshots)).** Eligible respondents include the CRCCP program director, program manager, or other designated official of the program performing day-to-day managerial activities (N=35). We anticipate only one response per awardee. An introductory email notification (**Attachment 4b – CRCCP Survey Introductory Email**) will be sent to all CRCCP 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. Awardees will be encouraged to have the person most familiar with the day-

[1] Recipients may include: State, County, City or Township, or Special District Governments/Independent School Districts/Native American Tribal Governments/Public Housing Authorities or Indian Housing Authorities/Native American Tribal Organizations/Nonprofits/Private Institutions/For Profit Organizations/Small Businesses/Others

to-day operations of the program complete the survey. We will not collect personal information on the respondent - only the name of the awardee program in which the responder is employed will be collected. Respondents will have a period of 30 business days to complete the survey. We estimate the time burden to be no more than 15 minutes for the CRCCP Annual Awardee Survey. A reminder email that notes the deadline for responding will be sent to program directors in non-responder awardee programs ten business days after information collection begins (**Attachment 4c –CRCCP Survey Reminder Email**). Results of the information collection, in the form of awardee-specific and summary reports, will be disseminated once analysis is complete.

The second information collection involves CRCCP clinic-level information collection **(Attachments 5a – CRCCP Clinic-Level Data Collection Instrument (screenshots) and 5b - CRCCP Clinic Data Dictionary)**. CRCCP program directors/program managers (N=35) will submit this information annually via an online instrument during an established time period following the end of each program year**.** One week prior to information collection, an introductory email will be sent to all CRCCP program directors/data managers to inform them of the upcoming data collection and provide instructions for submission (**Attachment 5c – CRCCP Clinic-Level Data Collection Introductory Email**). Between July-September of each program year, the clinic-level data collection instrument will be available to all awardee programs on a secure online platform (www.crccp.org) for baseline and annual data submissions. 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 50 minutes per clinic and estimate an average of 24 responses per awardee annually.

The third information collection involves CRCCP awardee-level data (**Attachment 6a – CRCCP Quarterly Program Update (screenshots).** The Quarterly Program Update is an online survey that will be distributed to all individuals within the respondent universe; namely, the CRCCP program director/program manager for each CRCCP awardee program. We anticipate four responses per awardee per program year (one response following the end of each quarter - October, January, April, and July). One week prior to administration, an introductory email (**Attachment 6b – CRCCP Quarterly Program Update Pre-Administration Email**)

will be sent to all CRCCP program directors/program managers (N=35) informing them of the forthcoming information collection, including the scheduled date of delivery for the survey and due date for completion. Awardees will be encouraged to have the person most familiar with the day-to-day operations of the program complete the survey. At the start of administration, respondents will receive an additional email (**Attachment 6c – CRCCP Quarterly Program Update Administration Email**) providing instructions for completing the program update survey and a web link to access the information collection. Respondents will have a period of ten business days to complete the survey. We estimate the time burden to be approximately 22 minutes. A reminder email (**Attachment 6d – CRCCP Quarterly Program Update Reminder Email**) that notes the deadline for responding will be sent to all non-responders ten business days after information collection begins. Results of the information collection, including awardee-specific and aggregate reports, will be shared with internal CDC staff only to inform tailored TA and guidance efforts.

The information collection will be used to answer the following high-level questions about the CRCCP:

1. Are CRC screening rates in partner clinics changing over time?
2. With what organizations are CRCCP awardees partnering, and what activities are they implementing?
3. What EBIs are being implemented in each partner clinic, and how?
4. How many follow-up colonoscopies are supported with CDC funds and what are the aggregate test results?
5. Are awardees and partner clinics collecting high-quality data and using those data for program improvements?
6. What are technical assistance and training needs of CRCCP awardees?

B3. Methods to Maximize Response Rates, Deal with Nonresponse

Advance notifications (**Attachments 4b, 5c, and 6b)** and reminder emails (**Attachments 4c and 6d)** will be utilized to maximize response rates for each information collection. The notifications will be sent to respondents via emails generated by a secure online platform or web-based survey

software programs. These communications will be signed by the CDC Branch Chief of the Program Services Branch.

CDC is required by DP20-2002 to monitor and evaluate both process and outcome measures for the CRCCP, including the primary outcome of interest, CRC clinic-level screening rates. Participation in this information collection is required as a condition of cooperative agreement funding. The purpose of the proposed information collection activities is to identify successful implementation activities that need to be maintained, replicated, or expanded; provide insight into programmatic areas needing improvement; and identify program activities and management efforts requiring immediate CDC TA. The information collection also supports the national evaluation of the CRCCP. Higher response rates will yield more reliable information; however, no scientific inferences will be made.

B4. Test of Procedures or Methods to be Undertaken

Overall content of the Annual Awardee Survey, the Clinic-level Data Collection Instrument, and the Quarterly Program Update were pilot tested in two phases to inform content and determine burden. In the first phase, public health professionals tested a paper-version of the instruments to assess the clarity of the questions and response categories, variable definitions, and instrument clarity. In the second phase, the instruments were tested to assess the estimated time required to complete the information collection (i.e., burden), as well as testing the usability of the web instruments.

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 the University of Washington, University of California Los Angeles, and Emory University provided additional consultation. Staff from Information Management Services (IMS) will collect and analyze data. Statistical consultation will be provided by Steve Leadbetter, Krishna Sharma, and Bill Helsel.

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