**Management Information System for Comprehensive Cancer Control Programs**

Revision: OMB No. 0920-0841 07/23/2023

**Supporting Statement A**

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**[ATTACHMENTS](#_REFERENCES_(Tool_Tip:" \o "Tool Tip: You may copy and paste your list of Attachments from SSA or fill in below))**

1. Public Health Service Act [42 U.S.C. 241]
2. NCCCP Survey Instructions
	1. Web-based survey Pre-notification Email
	2. Web-based survey Invitation Email
	3. Web-based survey First and Second Reminder Emails
	4. Web-based survey Thank You Email
	5. Word Document Survey
	6. Web-based survey(screenshots)
3. NCCCP Annual Key Informant Interview
	1. Key Informant Interview Introductory Letter
	2. Key Informant Interview Informed Consent & Interview Script
4. Non-substantive Public Comment
	1. Published Notice
	2. Non-substantive public comment
5.

**JUSTIFICATION SUMMARY**

**Goal of the project:** Collect, store, retrieve, share, and report accurate and timely information electronically from 66 cooperative agreement recipients and associated partners receive funding for participation in the National Comprehensive Cancer Control Program (NCCCP).

**Intended use of the resulting data:** Monitor NCCCP -recipient performance, provide routine feedback to recipients based on their data submissions, tailor technical assistance as needed, support program planning, assess program outcomes, and provide timely and accurate responses to inquiries from Congress and other stakeholders

**Methods to be used to collect:** Annual key informant interviews and biennial (years 2 and 4) NCCCP survey to monitor program outcomes and report progress to CDC yearly. CDC will retrieve information to respond to public and internal leadership inquiries.

**The subpopulation to be studied:** 66 NCCCP recipients and associated partners

**How data will be analyzed:** Quantitative and qualitative analyses

1. **JUSTIFICATION**

## *A1. Circumstances Making the Collection of Information Necessary*

This statement supports the request for clearance of a revision to electronic data collection of information by the National Comprehensive Cancer Control Program (NCCCP), funded by the Comprehensive Cancer Control Branch of the Centers for Disease Control and Prevention (CDC), National Comprehensive Cancer Control Program (NCCCP) (Management Information System for Comprehensive Cancer Control Programs, OMB No. 0920-0841, exp. 7/31/2023). OMB approval is requested for three years. This information collection is authorized by the Public Health Service Act, Section 301, 241(a) (see Attachment 1).

The Comprehensive Cancer Control Branch administers the NCCCP, which provides funding to 66 state health departments and the District of Columbia, US Territories and Freely Associated States, Federally Recognized American Indian Tribes, Tribal Organizations, Alaska Native Organizations, and Urban Indian Organization; or their Bona Fide Agents, to design, implement, and evaluate comprehensive cancer control plans to reduce the burden of cancer locally. Support for these programs is a cornerstone of CDC efforts to reduce the burden of cancer throughout the nation. Awards to individual applicants are made for a five-year budget period. Continuation awards for subsequent budget periods are made on the basis of satisfactory progress in achieving both national and program-specific goals and objectives, as well as the availability of funds.

In 2022, 66 recipients were selected for funding for DP22-2202 (“Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations”) to implement a program to support cancer coalition efforts that leverage resources to plan and implement evidence-based strategies to promote the primary prevention of cancer; support cancer early detection efforts, address the needs of cancer survivors; and promote health equity. Each award recipient submits annual progress reports to CDC through the electronic Awardee Management Platform (AMP) (OMB No. 0920-1132)

Consistent with programmatic changes, the proposed data collection plan for DP22-2202 has been redesigned to increase efficiency by updating existing and adding new data collection instruments, which were previously approved under the current OMB package (OMB No. 0920-0841) and CSTLTS generic IC OMB package (OMB No. 0920-0879). To gain additional insight into programmatic efforts from different perspectives, a Program Director, Program Manager, and Coalition Partner will participate in the key informant interviews. This revised data collection will allow CDC to continue providing routine feedback to recipients based on their data submissions, tailor technical assistance as needed, support program planning, and assess program outcomes. In this revision request, CDC seeks OMB approval to use an interview and web-based survey to collect, store, retrieve, share, and report accurate and timely information to monitor and evaluate recipient performance.

This request includes the following information collections:

* **NCCCP Survey (Attachment 2e and 2f)** collects program-level data biennially (program years 2 and 4) to monitor recipients’ challenges, external funding sources, partnerships, evidenced based intervention (EBI) implementation. Revisions include wording changes to survey questions and formatting to align with the program under DP22-2202. The instrument will be used to gather information from program directors and partners regarding. 1) Participant Characteristics; 2) Comprehensive Cancer Control (CCC) Plan; 3) EBIs and their responsiveness to the CCC Plan Priorities; 4) CCC Partnerships contributions to the CCC Plan Priorities Implementation and 5) program accomplishments. This assessment is being administered to program directors of NCCCP recipients and a designated external partner. The findings from the assessment will be used to identify how CDC can make program improvements. Dissemination of findings will help CDC staff, CDC leadership, recipients, and broader public health audiences to understand lessons learned and recommendations for future programs.
* **NCCCP Annual Key Informant Interview (Attachment 3c)** The instrument will be used to gather information from program directors, program managers, and one partner. The interviews aim to provide additional insight and context regarding CCC programmatic efforts. Specifically, interviews will discuss CCC program implementation, partnership engagement, and sustainability efforts. The interviews will be informed by data gathered from additional data collection efforts: survey, AMP, and program reports.

The respondent universe includes program directors, program managers, and partners from 66 funded programs. The findings will be used to identify how CDC can make program improvements. Dissemination of findings will help CDC staff, CDC leadership, recipients, and broader public health audiences to understand lessons learned and recommendations for future programs.

***A2. Purpose and Use of the Information Collection***

The revision is designed to improve the capacity of the CDC, as well as each NCCCP recipient, to report information needed to monitor programs capacity to implement the program; [2] mobilize partnerships; [3] identify viable approaches to implementation; and [4] achieve outcomes. The instruments will monitor program progress, report performance measures, track changes in work plans, and document and report information required as a condition of cooperative agreement funding. The information collected will be used to improve program delivery and outcomes. There are no existing, comparable data sources available to collect this information.

## *A3. Use of Improved Information Technology and Burden Reduction*

Data will be collected via Redcap a web-based assessment. REDCap offers a streamlined process for rapidly developing projects that allows users to create and design databases and surveys. It also allows for the collection of responses or track-and-identify responses from survey participants.

DCPC staff will employ electronic technology to collect information from key informant interviews. Respondents can participate in the interviews from their offices and not need to travel to an in-person facility to conduct the interview.

The methods were chosen to reduce the overall burden on respondents by allowing respondents to submit their responses to CDC with ease and complete the assessment at their preferred time. The online data collection instrument was designed to collect the minimum information necessary for the purposes of this project.

## *A4. Efforts to Identify Duplication and Use of Similar Information*

The information collected from the NCCCP recipients is unique to the current program evaluation and therefore is not duplicative of any other efforts. Previous information collection occurred through the Chronic Disease Management Information System (OMB No. 0920-0841number), the NCCCP Program Director survey (OMB No.0920-0879), and unstructured in-depth interviews with a small sample of NCCCP recipients. Efforts to monitor and evaluate NCCCP recipients funded under DP22-2202 include data collected through the Award Management Platform (OMB 0920-1132.), biennial survey, and key informant interviews. We request a revision to the current information collection request (OMB No. 0920-0841) to implement the aforementioned survey and interviews. The proposed data collection will not collect duplicative data because each data collection method builds upon the next. The variables collected via AMP will be used to understand at a high-level what activities are being conducted by programs; the biennial survey will include questions that will expand our understanding of program implementation data found in AMP and the key informant interviews will provide contextual data that further characterizes the information gleaned from the surveys. All these methods would work in tandem to provide a comprehensive picture of the NCCCP.

## *A5. Impact on Small Businesses or Other Small Entities*

No small businesses will participate in data collection.

##

## *A6. Consequences of Collecting the Information Less Frequently*

This information is critical to expanding CDC’s understanding of recipients’ capacity to implement NCCCP DP22-2202 goals as intended. There are no legal obstacles to reduce the burden. If no data are collected, CDC will be unable to:

* Describe program implementation among recipients.
* Understand Recipients’ capacity to implement NCCCP DP22-2202 as intended.
* Describe partner contributions to implementation and outcomes attainment
* Define and disseminate the accomplishments of Recipients and the overall NCCCP DP22-2202 cooperative agreement

## *A7. Special Circumstances Relating to the Guidelines of 5 CRF 1320.5*

There are no special circumstances related to the use of all data collection instruments, and the request fully complies with the regulation.

## *A8. Comments in Response to the FRN and Efforts to Consult Outside the Agency*

Part A: PUBLIC NOTICE

A Notice was published in the Federal Register on May 19, 2023, (Volume 88, Number 97, page 32220-32222) (Attachment 4a). One non-substantive public comment was received (Attachment 4b).

 Established in 1998, CDC’s National Comprehensive Cancer Control Program (NCCCP) provides funds, guidance, and technical assistance to help cancer control coalitions implement effective and sustainable plans to prevent and control cancer. NCCCP currently supports 66 state health departments and the District of Columbia, US Territories and Freely Associated States, Federally Recognized American Indian Tribes, Tribal Organizations, Alaska Native Organizations, and Urban Indian Organization; or their Bona Fide Agents, to design, implement, and evaluate comprehensive cancer control plans to reduce the burden of cancer locally. Comprehensive cancer control programs are working in communities across the nation to promote healthy lifestyles, support recommended cancer screenings, educate people about cancer symptoms, increase access to quality cancer care, and enhance cancer survivors’ quality of life. Support for these programs is a cornerstone of CDC efforts to reduce the burden of cancer throughout the nation.

Part B: CONSULTATION

All data collection instruments were designed by CDC staff and their designated contractors with periodic consults from CCC program implementers.

**Table 1.** External Consultations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name**  | **Title**  | **Affiliation**  | **Phone**  | **Email**  |
| *OUTSIDE CONSULTANTS*  |
| Brad Krueger, MPH |  | Krueger Consulting  | 320-333-0246 | brad@bkruegerconsulting.com |
| Claire Siekaniec, MSc, RD, LD | **Community Educator** | Alaska Native Tribal Health Consortium | *(907) 729-3628*  | clsiekaniec@anthc.org |
| Mindy Sugiyama | Epidemiologist/Evaluator | Palau Ministtry of Health and Human Services | *(680) 488-4804*  | mindy.sugiyama@palauhealth.org |
| Samantha Wasala, MPH | Program Evaluator | Cancer Programs Division/ Cancer and Chronic Disease Prevention Bureau | *202-442-5925*  | Samantha.wasala@dc.gov |
| JANIS M. VALMOND, MS, MPH, DrPH, CHES | Deputy Commissioner | Virgin Islands Department of Health | *(340) 718 1311* | janis.valmond@doh.vi.gov |
| **Jolene Rohde, MPH** | Program Manager | Nebraska Department of Health and Human Services | *402-471-0369* | jolene.rohde@nebraska.gov |
| **Mary Ellen Conn, MS** | Assistant Director | Cancer Prevention and ControlProgram Director, WV Cancer Control Collaborative Partnership andMountains of Hope Cancer Coalition | 304-293-9213 | meconn@hsc.wvu.edu |

**Table 2.** Consultations within CDC

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name**  | **Title**  | **Affiliation**  | **Phone**  | **Email**  |
| Angela Moore | Lead Public Health Advisor | Centers for Disease Control and Prevention | 770-488-3094 | cyq6@cdc.gov |
| Trey Bonner | Public Health Advisor | Centers for Disease Control and Prevention | 770-488-2799 | kfz5@cdc.gov |
| Jovanni Reyes | Public Health Advisor | Centers for Disease Control and Prevention | 404.718.7417 | Orr5@cdc.gov |
| Trina Pyron | Public Health Advisor | Centers for Disease Control and Prevention | 770-488-0971 | dfo4@cdc.gov |
| Karmarcha Martin  | Evaluation Specialist/ Research Scientist | Centers for Disease Control and Prevention (CTR) |  | Sxv6@cdc.gov |
| Gitangali Baroi | Policy Analyst | Centers for Disease Control and Prevention (CTR) | 404.498.1480 | kpx9@cdc.gov |
| Nicholas Couchell | ORISE Fellow | Centers for Disease Control and Prevention |  | tpn8@cdc.gov |

***A9. Explanation of Any Payment or Gift to Respondents***

Respondents do not receive payments or gifts for providing information**.** Respondents are invited to participate in this collection given their role as NCCCP recipients and partners. Their participation is voluntary; however, given their role as NCCCP recipients and partners, no incentives, payments, or gifts will be provided

## *A10. Protection of the Privacy and Confidentiality of Information Provided by Respondent*

Staff in the National Center for Chronic Disease Prevention and Health Promotion have reviewed this Information Collection Request and have determined that the Privacy Act is not applicable. State, Tribal, Local, and Territorial (STLT) governmental staff and/or delegates will be speaking from their official roles. No information will be collected that are of personal or sensitive nature. Activities do not involve the collection of individually identifiable information. Respondents are - state health departments and the District of Columbia, US Territories and Freely Associated States, Federally Recognized American Indian Tribes, Tribal Organizations, Alaska Native Organizations, and Urban Indian Organization, or their Bona Fide Agents. Although contact information is obtained for each program, the contact person provides information about the program, not personal information.

## *A11. Institutional Review Board (IRB) and Justification for Sensitive Questions*

1. **IRB Approval**

The information collected has been determined to not be research involving human subjects (Attachment 5); therefore, neither IRB approval nor consent from individuals are required. However, Recipients are required to respond as a condition of cooperative agreement funding.

1. **Sensitive Questions**

The data collection instrument does not collect sensitive information. No personal information is requested. Recipients provide the names of these individuals as well as their professional contact information. The contact person only provides information about the NCCCP program, not personal information. For additional information refer to the non-research determination attachment.

## *A12. Estimates of Annualized Burden Hours and Costs*

**A. Estimated Annualized Burden Hours**

This information collection request asks for approval to discontinue the use of a single data collection instrument, Chronic Disease Management Information System, to two instruments: 1) key informant interviews and 2) NCCCP survey equaling a total of 276 burden hours. The average estimated time to complete the key informant interviews, including time for reviewing instructions, gathering needed information, and completing the instrument, is 90 minutes. The average estimated time to complete the NCCCP survey instrument including time for reviewing instructions, gathering needed information, and completing the instrument, is 45 minutes.

For the key informant interviews, we are requesting 54 respondents annually. The respondents include the Program Director, Program Manager, and Coalition Partner. These interviews aim to provide additional context and detail to the information gathered via the document review. Respondents will report outcomes annually during the 5-year cooperative agreement. For routine reporting, the estimated burden per response is 90min.

All 66 NCCCP Recipients and at least one associated partner, equaling 132 survey respondents over the three-year clearance period (approximately 44 respondents annually), will complete an NCCCP Survey (Attachments 2e and 2f) the survey collects program-level data biennially (years 2 and 4) to monitor recipients’ challenges, external funding sources, partnerships, and EBI implementation. The instrument will be used to gather information from program directors and partners regarding program capacity, partner contributions, approach to implementation, and achievement of outcomes. The estimated burden per response is 45min.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) Bureau of Labor Statistics for occupational employment for epidemiologists <https://www.bls.gov/oes/current/oes191041.htm>.  Based on DOL data, an average hourly wage of $41.70 is estimated for all 66 respondents. Table A-12A shows estimated.

**Table A-12A: Estimated Annualized Burden (Hours)**

| Type of Respondents | Form Name | No. of Respondents | No. of Responses per Respondent | Average Burden per Response (in hours) | Total Burden Hours |
| --- | --- | --- | --- | --- | --- |
| Program Director for State-, Tribal-, or Territorial-based Cancer Prevention and Control Program | NCCCP Annual Key Informant Interview | 54 | 3 | 90/60  | 243 |
| Program Director for State-, Tribal-, or Territorial-based Cancer Prevention and Control Program |  NCCCP Survey | 44 | 1 | 45/60 | 33 |
|  |  |  |  | Total | 276 |

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) Bureau of Labor Statistics for occupational employment for epidemiologists <https://www.bls.gov/oes/current/oes191041.htm>. Based on DOL data, an average hourly wage of $41.70 is estimated for all 66 respondents. Table A-12B shows estimated burden and cost information.

**Table A-12B: Estimated Annualized Burden Costs**

| Type of Respondents | Form Name | Total Annual Burden Hours | Average Hourly Wage Rate | Total Respondent Labor Cost |
| --- | --- | --- | --- | --- |
| Program Director for State-, Tribal-, or Territorial-based Cancer Prevention and Control Program | NCCCP Annual Key Informant Interview | 243 | $41.70 | $10,133.10 |
| Program Director for State-, Tribal-, or Territorial-based Cancer Prevention and Control Program |  NCCCP Survey | 33 | $41.70 | $1,376.10 |
|  |  |  | Total | $11,509.20 |

## *A13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers*

There will be no direct costs to the respondents other than their time to participate in each data collection.

## *A14. Annualized Cost to the Federal Government*

There are no equipment or overhead costs. The only cost to the federal government would be the salary of CDC staff and contractors to develop the data collection instrument, collect data, and perform data analysis. Contractors are being used to support instrument development, survey implementation and monitoring, data analysis, and report writing. The total estimated cost to the federal government is $9,949. Table A-14 describes how this cost estimate was calculated. There will be no direct costs to the respondents other than their time to participate in each data collection.

**Table A-14A Estimated Annualized Cost to the Federal Government**

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff (FTE)**  | **Average Hours per Collection**  | **Average Hourly Rate**  | **Total Average Cost**  |
| Public Health Advisor (GS-14) Instrument development and review, analysis of findings, and report writing dissemination | 60 | $47.86/hour | $2,872.00 |
| Public Health Advisor (GS-13) Instrument development and review, analysis of findings, and report writing dissemination | 60 | $39.31/hour | $2,359.00 |
| Public Health Advisor (GS-13) Instrument development and review, analysis of findings, and report writing and dissemination | 60 | $39.31/hour | $2,359.00 |
| Public Health Advisor (GS-13) Instrument development and review, analysis of findings, and report writing and dissemination | 60 | $39.31/hour | $2,359.00 |
|  |  |  | $9,949.00 |

## *A15. Explanation for Program Changes or Adjustments*

This is a request to revise OMB No. 0920-0841 to align with the program design implemented through the cooperative agreement DP22-2202 and to increase efficiencies across information collections for the NCCCP. Under the previous NOFO (DP17-1701), key informant interviews and the NCCCP survey were collected via the CSTLTS generic IC package (OMB No. 0920-0879). For this revision application, CDC proposes updating and continuing utilization of the approved data collection instruments under OMB No. 0920-0841.

The Chronic Disease Management Information System has been retired in order to leverage new, more efficient technologies that include but are not limited to online program monitoring systems and electronic surveys using REDCAP. Additional online data management system used for DP22-2202 will be the Awardee Management Platform (AMP), NCCCP Survey and NCCCP Annual Key Informant Interviews. AMP is designed to support knowledge management and information sharing within a centralized, searchable repository, ease technical assistance casework, and improve response time with streamlined case management. AMP encourages data-driven decisions with uniform data collection, reports, and dashboards. AMP will house all recipient deliverables, including work plans, progress reports, evaluation plans, and evaluation reports. The NCCCP survey and Key Interviews are designed to support the assessment of recipients and partners. The proposed data collection instruments are in alignment, unique and non-duplicative. Leveraging prior years’ data, collected under OMB No. 0920-0841 and OMB No. 0920-0879, this request aligns with and expands on existing data. There is no other source in which this information will be collected, including AMP. The data collection is necessary because it will allow the CDC to evaluate the effectiveness of recipient efforts and retroactively track progress across our prior funding cycles.

## *A16. Plans for Tabulation and Publication and Project Time Schedule*

The data collection instrument will be fielded to NCCCP program directors. This information will only be used to ensure completeness of the data files. The linking file will include the role of the respondent and their organization (and will not include the individual’s name or contact information), the date of interview/survey completion, and the code assigned to the data file. Data will be cleaned and analyzed by the contractor using a quantitative analytical software e.g., SPSS, SAS, STATA SPSS. Survey data will not be linked with individual respondents. All data collected will be analyzed in aggregate and discussed in summary reports that do not contain any personal identifiers. CDC plans to disseminate the outcomes of the study to CDC staff, CDC leadership, and Recipients. CDC also plans to share findings with broader public health audiences in the form of scientific presentations, and peer-reviewed publications.

**Table A.16**. Estimated Time Schedule for Project Activities

|  |  |
| --- | --- |
| Activity | Timeline |
| Invitation/request emailed; reminders sent | 1 month after OMB approval |
| Reminders and consent collected | 2-3 months after OMB approval  |
| Information collection | 3-4 months after OMB approval  |
| Data validation  | Ongoing for 1 year, CDC can do real-time monitoring |
| Data analysis | 12 to 18 months after OMB approval  |
| Publication | Within 24 months after OMB approval  |

## *A17. Reason(s) Display of OMB Expiration Date is Inappropriate*

The display of the OMB expiration date is appropriate.

## *A18. Exceptions to Certification for Paperwork Reduction Act Submission*

There are no exceptions to the certification.

# [REFERENCES](#_REFERENCES_(Tool_Tip:" \o "Tool Tip: Use End Notes)