

Evaluating the Impact of Training and Technical Assistance (TTA) Programs for NCCCP Effort

Reinstatement With Change: 0920-1193 9/30/2023

Supporting Statement A

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JUSTIFICATION SUMMARY

Goal of the study: Conduct a comprehensive, utilization-focused evaluation to document the implementation of training and technical assistance (TTA) administered for National Comprehensive Cancer Control Program (NCCCP) recipients and explore how TTA implementation is associated with NCCCP outcomes.

Intended use of the resulting data: Monitor implementation of TTA and inform the development of future TTA models for NCCCP recipients.

Methods to be used to collect information: mixed-methods approach involving in-depth focus groups (qualitative) and a web-based survey (quantitative).

The subpopulation to be studied: NCCCP recipients and coalitions, and their partners.

How data will be analyzed: Thematic analysis of qualitative data and calculations of descriptive statistics for quantitative data.

A. JUSTIFICATION

A1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) requests a three-year OMB approval for a reinstatement with change of a previously approved Information Collection Request (ICR) (OMB Control Number 0920-1193) to collect information about the reach, quality, and short-term outcomes of TTA from National Comprehensive Cancer Control Program (NCCCP) cooperative agreement recipients. CDC is authorized to collect this information under the Public Health Service Act, Title 42, Section 301 (Att. 1).

CDC's Division of Cancer Prevention and Control (DCPC) provides funds, guidance, and training and technical assistance (TTA) to help NCCCP recipients develop comprehensive cancer prevention and control (CCC) approaches. Since 2013, DCPC has offered formalized TTA to build capacity and maximize impact among NCCCP recipients. Reviews of existing evidence on TTA evaluation have revealed significant positive impacts on program operations, program outcomes, staff skills, and organizational capacities.^{1,2,3}

DCPC's current TTA cycle (Cooperative Agreement DP23-0017), *Provision of Training and Technical Assistance to Enhance Comprehensive Cancer Control Outcomes* program (referred to hereafter as the "TTA Program" or "DP23-0017"), builds upon the previous cycles. DP23-0017 recipients are responsible for developing and implementing a TTA plan, sustaining partnerships, and using various training methods to enhance NCCCP recipients' capacity to implement evidence-based interventions for CCC.

This data collection will assess how funded TTA providers worked with partners to develop and implement their TTA plans; built and sustained partnerships to deliver TTA; and assessed their TTA offerings to support NCCCP recipients. Eligible respondents for the proposed data collections are NCCCP recipients, coalition members, and partners. This request for reinstatement includes updates to the evaluation design based on programmatic changes, emphasizing short-term outcomes related to capacity and reach, and introduces focus groups to understand how TTA enhanced NCCCP recipients' ability to implement their CCC plans. Analyzing the collected data will enable CDC to characterize TTA delivery, describe program capacity and resource use, and inform future TTA guidance to more effectively and efficiently support NCCCP recipients. The 60-day Federal Register Notice for this Information Collection Request (ICR) was published on January 13, 2026 (Att. 2) and is further discussed in Section A8. OMB approval is requested for three years.

A2. Purpose and Use of the Information Collection

The purpose of this data collection is to (1) document the nature of the TTA provided through DP23-0017, (2) examine the extent to which TTA providers were able to achieve the planned short-term outcomes of DP23-0017, and (3) identify the extent to which TTA providers contributed to NCCCP recipients' achievement of their CCC outcomes. The proposed information collection activities and tools have been designed specifically to meet the aims of this assessment and will contribute to CDC's ability to demonstrate the results of the TTA Program. The 60-day Federal Register Notice for this Information Collection Request (ICR) was published on January 13, 2026 (Att. 2) and is further discussed in Section A8.

A logic model was developed and used to create three DP23-0017 overarching evaluation questions (Att. 3a). The evaluation matrix was then developed to align the

corresponding questions to appropriate indicators, data sources, and potential analytic approach (Att. 3b). The primary evaluation questions are as follows:

1. To what extent have the funded DP23-0017 recipients increased networking, partnerships, and coordination with one another and other TTA providers?
2. To what extent did TTA activities implemented by the DP23-0017 TTA providers reach DP22-2202 recipients and cancer coalitions?
3. What is the impact of TTA provided by the DP23-0017 program recipients on state, tribal, territorial, community, and local jurisdictions?

This proposed data collection will involve two complementary efforts: 1) focus groups, conducted annually, with a subset of NCCCP recipients who participated in TTA and 2) a web survey administered biennially with two individuals from each NCCCP recipient (one Program Coordinators and one NCCCP staff member, partner, or coalition member) who received TTA.

To reduce the burden on the recipients, focus group introductory communications will be combined with information about the web-based surveys in the two years that both data collection activities will be conducted. In addition, the web-based survey will be conducted several months before the focus groups, allowing the evaluation team to use survey findings to set priorities for the focus group discussions (e.g., why certain TTA topics or formats were more or less useful, challenges encountered with accessing TTA, identified TTA needs). The evaluation contractor (ICF) will manage the information collection process on CDC's behalf. Upon OMB approval, the CDC team will send an Introductory Email to the NCCCP points of contact to inform them of, and request their participation in, the evaluation and to introduce them to the ICF (Att. 4a-4b). Within a few days, ICF will send an Introductory Email to each NCCCP recipient's Program Director to provide information regarding the focus group (Att. 4c) and survey during the two years it will be administered (Att. 4d). Attached to the Introductory Email will be a Nomination Form for the recipients' program director or manager to identify/nominate staff and partners who participated in TTA activities during the respective program year (Att. 4e-4f). The nomination form will also be used to identify possible alternates for both the data collection instruments (i.e. focus groups and web-based survey). If needed, a Nomination Reminder Email will be sent (Att. 4g-4h).

For the focus groups data collection, an Invitation Email (Att. 4i) will be sent with information about the focus groups and scheduling process to a subset of nominees

along with a link to an online Scheduling Form (Att. 4j) to assess their availability. Upon scheduling, the participants will receive a Confirmation Email and Calendar Invitation (Att. 4k-4l). Attached to the Confirmation Email will be a copy of the Informed Consent Statement (Att. 4m). If nominees decline or do not respond, the evaluation team will invite nominated alternates as needed until there are a minimum of three individuals confirmed for each focus group.

The 90-minute focus group with NCCCP recipient representatives will be voluntary and will gather how TTA activities improved their ability to implement comprehensive cancer control plans, achieve short-term outcomes, expand reach, and what barriers and remaining TTA needs they have. Sampling methodology is provided in Supporting Statement B. The focus group guide includes questions and probes designed to gather the most pertinent information (Att. 4n). Each year, the evaluation team will conduct up to three focus groups with a subset of staff and partners of NCCCP organizations and coalitions. Each focus group will consist of up to five participants (Program Directors or Managers, Program Coordinators, Evaluators, Partners, or Coalition Members) who participated in TTA during the respective program year. The moderator will read the Informed Consent Statement and request verbal consent prior to the start of each focus group (Att. 4m). Following the completion of each focus group, the evaluation team will send each participant a Thank You Email (Att. 4o). Information gathered through the focus groups will be used to describe how recipients used the received TTA and how the TTA enhanced their capacity to implement their comprehensive control plans. The focus groups will also explore factors influencing their participation in and/or satisfaction with the TTA provided and identify gaps in the TTA offerings.

For the web-based survey, the nominated respondents will be sent a Pre-Notification Email (Att. 5a) to inform them of the upcoming survey one month prior to launch. ICF will then send the nominated web-based survey participants an Invitation Email that will outline the survey purpose and include a unique link to the survey (Att. 5b). After one, two, and three weeks of sending the invitation, ICF will send Reminder Emails to respondents who have not submitted their completed survey (Att. 5c-5e).

The web-based survey (Att. 5f-5g) will be administered via REDCap with recruited individuals two times during the study period. The Informed Consent Statement will be included on the cover page of the survey instrument prior to the instrument questions (Att. 5h). Within 1 week of the survey closing, the evaluation team will send a Thank You

Email to participants who submitted a completed survey (Att. 5i). The information collected from the surveys will be used to describe the amount, types, and topics of TTA in which the NCCCCP recipients participated; their perceptions of the relevance and usefulness of the TTA topics, TTA modalities (e.g., webinars, briefs, communities of practice), and frequency; satisfaction with the quality of TTA activities; and the extent to which participation in TTA activities helped to build their capacity to implement their comprehensive control plans, enhance reach, and achieve their short-term outcomes.

CDC will retain records according to the Federal Records Retention Schedule for Scientific and Research Project records. ICF will transmit records to CDC before the funding award terminates.

A3. Use of Improved Information Technology and Burden Reduction

All information collection will be conducted virtually. The focus groups will be conducted via phone (MS Teams or Zoom) (Att. 4n) and the survey will be conducted via the Web (Att. 5f-5g). Both methods use pre-existing web infrastructure and were chosen to reduce the overall burden on respondents.

Conducting the focus group online will allow respondents the option to participate from a location that is most convenient to them. Due to the flexibility of location, online focus groups may also require less time and resources to coordinate than in-person groups. The web-based platform for the survey, REDCap, will be available at no cost to respondents and is self-administered, allowing respondents flexibility, in that they are not required to complete the survey all at once. Respondents can return to the survey at times that are convenient to their schedule in order to complete the survey. The survey utilizes skip logic which allows respondents to skip questions not relevant to them. This will reduce the average survey completion time and burden.

A4. Efforts to Identify Duplication and Use of Similar Information

To reduce redundancy and therefore burden in information collection, a review of recipient program records was conducted and used to ensure that information collected through the focus groups and the web-based survey are not duplicative of information available in the other program documents (i.e., work plans, annual reports, and evaluations).

A5. Impact on Small Businesses or Other Small Entities

This data collection will not involve small businesses.

A6. Consequences of Collecting the Information Less Frequently

The respondents will respond to the proposed information collection annually for the focus groups and biennially for the web-based survey. This frequency of information collection is critical to expanding CDC's understanding of how TTA, under DP23-0017, is being implemented and to what extent TTA efforts contributed to the implementation of NCCCCP activities and the achievement in NCCCCP outcomes. Less frequent data collection would compromise CDC's ability to fully understand and document changes in the implementation of TTA over time and the potential success of the cooperative agreement. More frequent collection of data, as proposed, allows for better monitoring of the cooperative agreement progression allowing for real time modification of approach and content, and reallocation of resource as needed. Respondents may struggle to recall their TTA activities and experiences, leading to recall bias. In addition, their perceptions of the impact resulting from the provided TTA may be affected by external factors. This may result in gaps in information that would allow for real-time adjustments for program improvement. Without this information collection, CDC will have limited insight to plan and provide comprehensive TTA to NCCCCP recipients, which will limit CDC's ability to adequately account for federal dollars spent on this public program.

A7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This request fully complies with the regulation, 5 CFR 1320.5; there are no special circumstances related to these requirements.

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

Part A: PUBLIC NOTICE

A 60-day Federal Register Notice was published in the *Federal Register* on January 13, 2026, vol. 91 No. 8 , pp. 1315-1316 (see Att. 2). CDC did not receive public comments related to this notice.

Part B: CONSULTATION

Table 1. External Consultations

Name	Title	Affiliation	Phone	Email	Role
<i>OUTSIDE CONSULTANTS</i>					
Amee Bhalakia, MPH, PMP	Senior Manager, Research Science	ICF	(404) 592-2182	amee.bhalakia@icf.com	Project Manager; Evaluator
Gary Chovnick, DrPH, MPH	Senior Director, Research Science	ICF	(206) 801-2814	gary.chovnick@icf.com	Qualitative Researcher; Focus Group Lead

Table 2. Consultations within CDC

Name	Title	Affiliation	Phone	Email	Role
Angela Moore, DrPH, MPH	Health Scientist Program Evaluation and Partnership Lead	Comprehensive Cancer Control Branch	(770) 488-3094	armoore@cdc.gov	Contract Office Representative; Evaluator
Floyd Trey Bonner, MPH	Public Health Advisor	Comprehensive Cancer Control Branch	(404) 488-2799	kz5@cdc.gov	Technical Monitor
LaTisha Zimmerman, DrPH MA	Public Health Advisor	Comprehensive Cancer Control Branch	(404) 498-5313	Lzimmerman2@cdc.gov	Evaluator
Monique Young	Public Health Analyst	Comprehensive Cancer Control Branch	(770) 235-0301	hza4@cdc.gov	Program Consultant; Subject Matter Expert

A9. Explanation of Any Payment or Gift to Respondents

Respondents will not receive any payment or gift for their participation in this data collection effort.

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

The CIO's Information System Security Office reviewed this submission and determined that the Privacy Act does not apply. The proposed study involves a minimum amount of information in identifiable form (IIF). The only IIF collected will be the respondents' name and professional contact information (business email, business telephone number, and role) for the purposes of data collection. IIF will be used to recruit and schedule the focus groups and to invite respondents to complete the web-based survey. No IIF will be used for analysis, reporting, or secondary purposes. Respondents will be recruited from NCCCP recipient organizations (Program Coordinators, staff), their partners, and coalition members.

IIF will be stored separately from response data. A linking file will be created and available only to senior project management at ICF. 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, the date of focus group or survey completion, and the code assigned to the data file; it will not include the individual's name or contact information. Prior to conducting data collection, data collectors will be trained on the project's protocol and procedures related to security requirements and privacy, including proper handling of IIF, secure file transfer, and access and privacy controls. CDC will treat the data in a secure manner and will not disclose information, unless otherwise compelled by law.

All informed consent statements inform participants that their participation in data collection is voluntary, and they can choose not to answer individual questions, end the focus group or survey at any time, or decline participation without penalty (Att. 4m and 5h).

Although the data collection contractor will have temporary access to IIF for recruitment and scheduling purposes, response data will not be recorded in a manner that can be linked to individual respondents. The personal contact information for respondents will not be used for analysis or reporting purposes. Survey data will not be linked with individual respondents. All data collected will be analyzed in aggregate, with no small cell reporting or potentially identifiable small groups, and discussed in summary reports that do not contain any personal identifiers.

Study information and data, including contact information for respondents, linking identifiers, and focus group and survey responses, will be destroyed within 3 years of the project end date. All electronic data files (e.g., focus group notes, exported survey responses) will be stored at ICF on a project shared drive on ICF's secure network servers; only evaluation team members who have been authorized by the project manager will have access to the shared drive.

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

ICF submitted the protocols to the ICF IRB, which possesses current Federal wide Assurance (FWA00000845). The IRB determined that this assessment is not human subjects research (Att. 6). The protocols were also submitted into CDC's Study Tracking and Reporting System (STARS) for e-clearance.

No sensitive information is requested. The questions in the focus group guide (Att. 4n) and web-based survey (Att. 5f-5g) focus on the NCCCP recipients' experiences with the TTA Program and how the TTA helped to build their capacity to implement their program and achieve programmatic outcomes.

A12. Estimates of Annualized Burden Hours and Costs

Information will be collected through two methods: 1) focus groups and 2) a web-based survey.

The estimate for all burden hours for the identification of participants and to conduct the focus groups and web-based survey is based on previous experience with similar data collection efforts by the project staff. The estimated burden for NCCCP Program Directors to complete the nomination form for focus group participants is 15 minutes and the estimated burden for them to complete the nomination form for focus group and web-based survey participants is 30 minutes (Att. 4e-4f).

The three focus groups will be conducted with 15 total respondents (no more than 5 respondents per focus group), annually, and a total of 45 individuals during the study period. The five respondents for each focus group will be comprised of NCCCP recipients who participated in TTA activities (Program Directors, Program Coordinators, Service Providers, Evaluators, partners, coalition members). The estimated burden for each

focus group participant is 95 minutes, which includes 5 minutes for scheduling and 90 minutes for the focus group discussion (Att. 4j and 4n).

The estimated burden hours for the web-based survey was guided by cognitive testing interviews with two NCCCP recipients. During the interviews, recipients acknowledged that the survey would take an average of 30 minutes, depending upon the level of TTA they participated in. To administer the web-based survey, the team will employ purposeful sampling. Through the Nomination Form, each NCCCP recipient Program Director will be asked to identify one Program Coordinator and one other individual from their staff, coalition, or partners who may have received TTA from one of the TTA providers, as well as up to three alternates in the event that any of the invited participants are unable or unwilling to respond (Att. 4h). The sample for the web-based survey will include two respondents per NCCCP recipient: 1) the Program Coordinator and 2) a program staff member, coalition member, or partner. Some respondents (e.g., NCCCP Program Coordinators) may be asked to complete the web-based survey at each administration. The web-based survey sample will include up to 88 respondents annualized across the three-year OMB approval (44 Program Directors and 44 program staff, partners, and coalition members), and a total of 264 individuals during the study period (Att. 5f-5g).

Overall, the total annualized estimated burden for completion of all data collection is 96 hours, as shown below in Table A12A.

Table A12A: Estimated Annualized Burden (Hours)

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hrs.)	Total Burden Hours
Program Directors	Focus Group and Web Survey Nomination Form	44	1	30/60	22
Program Directors	Focus Group Nomination Form	22	1	15/60	5.5

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hrs.)	Total Burden Hours
Program Staff, Partners, and Coalition Members	Focus Group Scheduling Form	15	1	5/60	1.5
Program Staff, Partners, and Coalition Members	Focus Group Guide	15	1	1.5	22.5
Program Coordinators	Web-based Survey	44	1	30/60	22
Program Staff, Partners, and Coalition Members	Web-based Survey	44	1	30/60	22
TOTAL		184			96

Table A12-2 presents the calculations for cost of annualized burden hours. Average hourly wage estimates were obtained from the U.S. Department of Labor, Bureau of Labor Statistics.

- The average annual salary of \$71,700 for health educator specialists⁴ was used to calculate the hourly wage of \$34.47 for NCCCP staff, partners, and coalition members involved with service provision and who received TTA.
- The average annual salary of \$86,100 for social and community service managers⁵ was used to calculate the hourly wage of \$41.39 for NCCCP Program Directors.
- The average annual salary of \$133,120 for general and operational managers⁶ was used to calculate the hourly wage of \$64.00 for NCCCP Program Directors.

The estimated annualized cost is \$4,257 and fully loaded cost burden is \$8,514, as summarized below in Table A.12-2.

Table A12B: Estimated Annualized Burden Costs

Type of Respondents	Form Name	Total Burden (in hours)	Average Hourly Wage Rate	Total Cost Burden	Wage rate multiplier	Fully loaded Cost Burden
Program Directors	Focus Group and Web Survey Nomination Form	22	\$64.00	\$1,408	x 2	\$2,816
Program Directors	Focus Group Nomination Form	5.5	\$64.00	\$352	x 2	\$704
Program Staff, Partners, and Coalition Members	Focus Group Scheduling Form	1.5	\$34.47	\$52	x 2	\$104
Program Staff, Partners, and Coalition Members	Focus Group Guide	22.5	\$34.47	\$776	x 2	\$1,552
Program Coordinators	Web-based Survey	22	\$41.39	\$911	x 2	\$1,822
Program Staff, Partners, and Coalition Members	Web-based Survey	22	\$34.47	\$758	x 2	\$1,516
TOTAL		96		\$4,257		\$8,514

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

There are no direct costs to respondents other than their time to participate in each information collection. The collection tools require no special hardware or software and are free for respondents to use.

A14. Annualized Cost to the Federal Government

Total operations and maintenance costs include work performed by both the contractor and CDC personnel. Governmental costs for this project include CDC personnel costs,

including an FTE (GS-14) to lead the project and coordinate all related activities of each information collection as well as another FTE (GS-13) to help with data management, analysis, and reporting. Two hundred eight (208) hours of staff time were estimated for each FTE annually for this information collection. Cost of the contractor represents an estimated 75% (\$247,487.33) of total annual contract funds (\$329,983) allocated for evaluation activities. The contractor is responsible for leading all data collection, including recruitment, scheduling and facilitating the focus groups, administering the web-based survey, and cleaning and analyzing the data. The estimated annualized cost (CDC FTEs plus contract costs) to the federal government is \$259,603.33. The fully loaded cost, accounting for CDC FTE full cost of labor (including benefits and indirect costs) is \$271,719. Table A14-A describes how the cost estimate was calculated.

Table A14.-A. Estimated Cost to the Federal Government

Cost Category	Estimated Annualized Cost	Wage Rate Multiplier	Fully Loaded Cost
Federal Staff ⁷	\$12,116		\$24,232
GS-13 public health advisor at 5% FTE, \$5553.60			
GS-14 public health advisor at 5% FTE, \$6562.40			
Contractor Staff*	\$247,487		\$247,487
Total	\$259,603		\$271,719

*Contractor labor cost is a firm-fixed price and material rate that incorporates all overheads.

A15. Explanation for Program Changes or Adjustments

This is a request for reinstatement with change. The title of this information collection request has been changed from “Assessment of Technical Assistance and Training Approaches to Accelerate Comprehensive Cancer Control Outcomes” to “Evaluating the Impact of Training and Technical Assistance Programs on NCCCP Efforts” to better align with the focus of the evaluation.

The change in focus groups methodology provides qualitative, contextual information about how the TTA offerings build the capacity of individual NCCCP staff and organizations to implement their CCC plans and achieve their stated outcomes. The focus groups will also help capture information on challenges with accessing or using the TTA offerings while filling an information gap identified in the evaluation of the previous TTA cycle.

The average annualized burden for this data collection is 96 hours, an increase of 45 hours from the previous 51 hours. This increase is due to changing from five case study interviews (7 hours) to three 1.5-hour focus groups with five participants each (52 hours), which also includes the added nomination process. Compared to the previous package, the survey time increased from 15 to 30 minutes, while respondents per NCCCCP recipient decreased from four to two, resulting in no change in the overall annualized survey burden hours.

A16. Plans for Tabulation and Publication and Project Time Schedule

During the evaluation study period, the focus groups will be conducted annually, and the web-based survey will be administered biennially. In the two years that both methods are used, the web-based survey will be conducted several months before the focus groups, allowing the evaluation team to use survey findings to set priorities for the focus group discussions.

Quantitative analyses will include descriptive statistics to determine frequency distributions and corresponding variances for responses to each web-based survey question. Data management and analysis will be conducted using statistical software. Qualitative thematic analyses will be conducted on open-ended survey questions and focus group questions. Analysis will focus on describing: (1) the nature of the TTA provided and the extent to which they were able to achieve planned short-term outcomes and (2) the extent to which TTA efforts contributed to NCCCCP recipients' achievement in program outcomes. Data validation, analysis, and report preparation will follow each data collection method. CDC plans to disseminate the outcomes of the study within and outside the federal government in the form of presentations, peer-reviewed publications, briefs, data visualizations, and other tools and resources for TTA providers.

OMB approval is requested for three years. The project timeline is outlined in Table A16. If data collection is not initiated by July 15, 2026, the follow-up timeline will need to be compressed to ensure data collection is completed by the end of the contract. Compressing the data collection timeline may impact response rates and the quality of the follow-up data with less time to assess changes that occurred throughout the cooperative agreement.

Table A.16. Estimated Time Schedule for Project Activities

Activity	Timeline*
Year 1	
Introductory Focus Group and Web Survey Email from CDC sent to NCCCP Program Directors	Within 1-2 weeks of OMB approval
Introductory Focus Group and Web Survey Email from ICF and Focus Group and Web Survey Nomination Form sent to NCCCP Program Directors	Within 2-3 weeks of OMB approval
Web-Based Survey Pre-Notification Email from CDC sent to potential survey respondents	Within 2 months of OMB approval
Launch survey	Within 3 months of OMB approval
Close survey	Within 4 months of OMB approval
Analyze survey data	Within 5 months of OMB approval
Focus Group Invitation Email sent to potential focus group participants	Within 4 months of OMB approval
Conduct focus groups	Within 5 months of OMB approval
Analyze focus group data	Within 6 months of OMB approval
Synthesize data	Within 8 months of OMB approval
Year 2	
Introductory Focus Group Email from CDC sent to NCCCP Program Directors	Within 12 months of OMB approval
Introductory Focus Group Email from ICF and Focus Group Nomination Form sent to NCCCP Program Directors	Within 13 months of OMB approval
Focus Group Invitation Email sent to potential focus group participants	Within 14 months of OMB approval
Conduct focus groups	Within 15 months of OMB approval
Analyze focus group data	Within 17 months of OMB approval
Synthesize data	Within 20 months of OMB approval
Year 3	

Activity	Timeline*
Introductory Focus Group and Web Survey Email from CDC sent to NCCCP Program Directors	Within 18 months of OMB approval
Introductory Focus Group and Web Survey Email from ICF and Focus Group and Web Survey Nomination Form sent to NCCCP Program Directors	Within 19 months of OMB approval
Web-Based Survey Pre-Notification Email from CDC sent to potential survey respondents	Within 20 months of OMB approval
Launch survey	Within 21 months of OMB approval
Close survey	Within 23 months of OMB approval
Analyze survey data	Within 24 months of OMB approval
Focus Group Invitation Email sent to potential focus group participants	Within 26 months of OMB approval
Conduct focus groups	Within 27 months of OMB approval
Analyze focus group data	Within 29 months of OMB approval
Synthesize data	Within 32 months of OMB approval

**Assumes OMB approval is received by July 15, 2026*

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

The OMB expiration date will be displayed on all information collection instruments.

A18. Exceptions to Certification for Paperwork Reduction Act Submission

There are no exceptions to the certification.

REFERENCES

- ¹ Brownson RC, Fielding JE, Green LW. Building Capacity for Evidence-Based Public Health: Reconciling the Pulls of Practice and the Push of Research. *Annu Rev Public Health*. 2018 Apr 1; 39:27-53. doi: 10.1146/annurev-publhealth-040617-014746.
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