Assessment of STLT Public Health Agencies to Guide the Update of CDC/ATSDR Cancer Cluster Guidelines

CSTLTS Generic Data collection Request
OMB No. 0920-0879

Supporting Statement – Section B

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Section B – Data collection Procedures

1. Respondent Universe and Sampling Methods

Electronic Assessment
Data will be collected from 3,070 respondents across 3,070 (50 state, 3000 local, 12 tribal epidemiology centers, 5 territorial and 3 freely associated state) health departments. Participants will include individuals designated as "epidemiologists" within their agencies for the electronic assessment, or those most knowledgeable on the processes and procedures for assessing and responding to cancer cluster inquiries at the agency. There will be only one respondent per health department and the respondent will complete the electronic assessment from the point of view of the health department.

Sampling methods will not be used, as the entire universe of United States state, tribal, local, and territorial (STLT) health departments will be included in this collection. We have chosen not to sample for several reasons, including widely differing health department structures/operations across different STLTs; a lack of knowledge about innovative practices (which may be missed if we sampled); and a desire to allow all STLT health departments to have the opportunity to provide their feedback on the current federal guidelines for assessing and responding to cancer cluster inquiries.

Focus Groups
Data will be collected from up to 120 multi-disciplinary STLT public health agency staff representing 50 state, five territorial, and two freely associated state health departments. A representative from each health department in each of ATSDR's ten regional offices will be invited to participate in the focus groups (see **Figure 1. ATSDR Regional Office Map**). ATSDR regional office directors will identify the appropriate representative from health departments in each region, based on the potential representative's experience with assessing and responding to cancer cluster inquiries in their health department. Ten focus groups will be held – one for each of the ten ATSDR regional offices (see **Attachment G - ATSDR Regions**). The multi-disciplinary staff will include any staff involved in assessing and responding to cancer cluster inquiries, which could include health communicators, epidemiologists, program coordinators, cancer registry administrators and directors, cancer program managers, or research and statistical analysts.

2. Procedures for the Collection of Information

Electronic Assessment
Data will be collected via electronic assessment using REDCap, and respondents will be invited through a notification (see **Attachment D – Invitation Email**) to the respondent universe. The notification email will explain:

- The purpose of the data collection, and why their participation is important
- Instructions for participating
- Method to safeguard their responses
- That participation is voluntary
- The expected time to complete the instrument
- Contact information for the project team

The email will also include a link to the instrument. Respondents will be asked to complete the assessment within a four-week period. Respondents may complete the assessment in multiple sessions, if necessary.

Reminder emails (see **Attachment E – Reminder Email**) encouraging participation in the electronic survey will be distributed during week 2 of the information collection period. Those who do not respond by the end of the 4-week information collection period will be considered non-responders.

Once the 4-week data collection period has closed, respondent data will be downloaded, exported to an Excel spreadsheet, and stored in a secure environment maintained by CDC. Data will be analyzed using Microsoft Excel and/or REDCap to create summary reports showing the frequency and counts of responses for each question of the electronic assessment. Descriptive statistical analyses will be conducted on responses to multiple-choice questions and qualitative analyses on responses to open-ended questions. Data collected during the assessment will be shared only in aggregate form.

Focus groups

A representative from each health department included within ATSDR's ten regional offices will be invited to participate in focus group discussions (see **Attachment G – ATSDR Regions**). Focus group discussions will occur after the electronic assessment has closed. Participants in the focus group discussions may have completed the electronic assessment on behalf of their agency. However, since only one electronic assessment is completed per agency and the focus group discussions may include up to two representatives from each health department, there may be some focus group participants who did not complete the electronic assessment on behalf of their agency. Completing the electronic assessment is not a requirement or prerequisite for participating in the focus group discussions. Results from the electronic assessment may inform the focus group discussion.

Following OMB PRA clearance and administration of the electronic assessment, ICF will conduct ten focus group discussions (one for each ATSDR region) via a web conferencing software. Participants will be able to join the discussion through their phones or audio on their personal computers while following along with a visual presentation. The facilitator will display the questions on the screen and lead the discussion via audio.

The focus groups will be recorded by ICF, who will store the recordings on a password-protected system for transcription. ICF will also take detailed notes during the focus groups, which will be stored on their password-protected computers and secure ICF server. ICF will remove any PII from the focus group transcriptions, such as participant names. The de-identified Microsoft Excel data and focus group documents will be shared with NCEH/ATSDR via secure email. NCEH/ATSDR will download all documents on their personal password-protected CDC-issued computers and share them on a SharePoint page accessible to only CDC staff directly involved in this project.

3. Methods to Maximize Response Rates Deal with Nonresponse

Although participation in the data collection is voluntary, the project team will make every effort to maximize the rate of response. The electronic assessment was designed with particular focus on streamlining questions to allow for skipping questions based on responses to previous questions, thereby minimizing response burden.

Following the distribution of the invitation to participate in the electronic assessment, (see **Attachment D – Invitation Email**), respondents will have four weeks to complete the instrument. A reminder email will be sent to all participants two weeks after the invitation email (see **Attachment E – Reminder Email**), urging them to complete the instrument. Those who do not respond within two weeks from the reminder email will be considered non-responders.

A reminder email (see **Attachment F – Focus Group Discussion Reminder Email**) will be sent two days before each focus group discussion to maximize response rate for the discussions. In order to account for schedule conflicts and no shows, up to two participants from each health department represented in the ATSDR region will be invited, with a target to achieve an ideal number 8-10 participants in each focus group discussion.

4. Test of Procedures or Methods to be Undertaken

The estimate for burden hours is based on a pilot test of the electronic assessment by five public health professionals. In the pilot test, the average time to complete the instrument including time for reviewing instructions, gathering needed information and completing the instrument, was approximately 25 minutes (range: 20 to 30 minutes). For the purposes of estimating burden hours, the upper limit of this range (i.e., 30 minutes) is used.

The estimate for burden hours of the focus group virtual interview is based on a subject matter expert review conducted by three public health professionals. In the review, the average time determined to complete the focus group interviews (inclusive of focus group questions and probes) was determined by subject matter experts to be approximately 90 minutes. For the purpose of estimating burden hours, 90 minutes is used.

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

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LIST OF ATTACHMENTS – Section B

Note: Attachments are included as separate files as instructed.

- **Attachment D – Invitation Email**
- **Attachment E – Reminder Email**
- **Attachment F – Focus Group Discussion Reminder Email**
- **Attachment G – ATSDR Regions**