

ATTACHMENT 3b

MDE and STAR Data Items and Definitions Required for Reporting

Upon OMB approval, this instrument will be updated to reference the new OMB expiration date and a revised address of MS D-74 in the burden advisory contact information for Reports Clearance Officer.

05/31/2006

STAR CONTENT MANUAL

for the

National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

STAR Web Version 2.0
October 2002

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention
and Health Promotion
Division of Cancer Prevention and Control

Public reporting burden of this collection of information is estimated to average 25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0571).

System for Technical Assistance Reporting (STAR) Questions/Formats for the October 2002 Submission August 5, 2002

Management/Planning

Infrastructure A 1

Select up to three functional job titles that best describes EACH BCCEDP staff position, the percent of effort, up to three major activities performed, the primary source of funding for time dedicated to the BCCEDP, and the status (filled or vacant, contract or agency FTE) of the position during this reporting period. Enter any staff position that contributes to the BCCEDP, regardless of the funding source. Note: staff identifier does not need to include names, but will be used to help identify the position for future editing/printing.

Fields: Staff Identifier, **Functional Title**, Percent Time, **Major Activities**, **Funding Source**, **Position Status**.
Input: User will enter EACH BCCEDP staff position. User is encouraged to enter **up to three** Functional Titles and **up to three** Major Activities per Staff Identifier. Staff Identifier does not need to include names, but could be any 'text' that helps the Program identify the position (Data Analyst I, Program Manager, etc).
Edits: Before submission can be finalized, at least one staff position must be completed. For each staff entered, all fields must be completed. For each staff, at least one activity and at least one functional title must be completed. Percent time must be greater than 0 and less than or equal to 100.

Infrastructure A 2

Indicate 1) the type of organizations with which you have contracts, and/or formal consulting agreements, 2) the total number of each, 3) the total amount of CDC funds spent on each agreement for the project year, and 4) the primary functional cost center (NBCCEDP program component) that the contract/agreement is charged to in your budget during this reporting period. Do not include match items or match funds.

Fields: **Organization**, **Cost Center**, Number of Contracts, Dollar Amount
Input: For each organization, user will enter number of contracts and amount spent for each cost center.
Edits: Dollar amounts can only be entered if the number of contracts is completed. If an organization has more than 0 contracts, then a positive dollar amount must be present for at least one 'cost center'. Also, if a cost center has a positive dollar amount, the number of contracts must have a non-zero entry. Before submission can be finalized, at least one organization must be completed.

Infrastructure A 3

Indicate the approximate amount of CDC funding you have allocated for each functional cost center (NBCCEDP program component) during this current reporting period. The total should equal your total grant award, including any carry over funds you received during the year.

Fields: **Category**, **Cost Center**, Dollar Amount
Input: For each category, user will enter amount allocated for each cost center.
Edits: During submission processing, a warning will be logged for each category that does not have at least one positive dollar amount. At least one 'category' has to be completed (non-zero amount) before the submission is finalized.

Infrastructure A 4

Indicate how much in-kind and monetary contributions have been received toward your projected matching funds.

Fields: **Source**, Projected Amount, Actual Amount Received
Input: For each source, user will enter projected and actual dollar amounts.
Edits: Before submission can be finalized, at least one source must be completed.

Infrastructure A 5

Select the eligibility requirements used to enroll women into your program for breast and cervical cancer early detection screening services during this reporting period.

Fields: **Type, Minimum Age, Income, Residency, Symptoms**

Input: For each type, user will enter Minimum Age, Income, Residency and Symptoms. User can enter **up to three** Residency responses.

Edits: Before submission can be finalized, at least one type must be completed. Types '01' – '04' and '05' are mutually exclusive. During submission processing, a warning will be logged for each type that is not completed (as long as 'All' is not completed). For each type completed, each field must be completed. At least one 'residency' must be completed. If 'No residency requirement' is selected for 'residency', no other responses can be listed for that field.

Public Education and Outreach

Infrastructure B 1

Indicate the total number of paid staff people and the total number of Full Time Employees (FTE) that are dedicated to public education and outreach in each of the listed local settings.

Fields: **Local Setting, Total number of people, Total number of FTE**

Input: For each local setting, user will enter total number of people and total number of FTE.

Edits: Total number of FTE can not be greater than Total number of people. Before submission can be finalized, at least one local setting must be completed, with non-zero entries. For each local setting completed, each field must be completed.

Infrastructure B 2

Select and rank up to ten primary strategies your program used to promote screening and rescreening at the local/regional/tribal level within priority populations. Strategies should be entered by effectiveness. Leave blank if not appropriate.

Fields: **Priority Populations, Strategies, Rank**

Input: For each priority population, user will enter and rank **up to ten** strategies used.

Edits: Before submission can be finalized, at least one priority population must be completed. For each priority population entered, at least one strategy must be completed. Strategies can only be listed once per population.

Professional Education

Infrastructure C 1

Indicate the training provided during this reporting period, the category of personnel that received each training, the number of program and non-program personnel that participated, the funding source for the training, and whether evaluation was conducted for the training.

Fields: **Training Topic, Number of Trainings, Participants, Number of Program participants, Number of non-program participants, Evaluation, Funding Source**

Input: For each topic, user will enter number of trainings provided, types of participants attending (can be multiple), number of program and non-program participants, whether evaluation was performed, and the funding source for the training.

Edits: During submission processing, a warning will be logged if no topic records are located. For each topic completed, all fields must be completed. For each topic completed, at least one participant must be selected.

Clinical Services - Service Delivery

Clinical Services 1

Indicate the number of sites providing clinical screening and diagnostic services for program eligible women paid for by program funds (including match) for this reporting period. The total number of unduplicated sites is not necessarily equal to the sum of the other categories.

Fields: **Type of Service**, Number of sites

Input: For each type of service, user will enter number of sites.

Edits: Before submission is finalized, each type of service must be completed, even if the entry is 0.

Clinical Services 2

Indicate the date clinical guidelines and protocols were developed for your program and when they were last reviewed.

Fields: **Guidelines/Protocols, Developed by**, Development Date, Date of Last Review

Input: For each Guideline/Protocol, user will enter developer, the development date, and the date of last of review.

Edits: Before submission is finalized, each 'Guidelines/Protocols' entry must be completed. At minimum the 'developed by' field must be completed. If Development Date is completed, then 'developed by' must be completed. Date of Last Review must be on or after Development Date (if both are completed). Dates are optional.

Collaborations A – Advisory Groups and Subcommittees

Collaborations A 1

Select the types of groups or subcommittees that advise your program. If more than zero, indicate the types of groups or subcommittees that are active, along with the frequency with which they met during the reporting period.

Fields: Number of groups, **Type, Active, Frequency**

Input: User will enter total number of groups or subcommittees. If greater than zero, user will enter whether each type exists, by indicating 'Yes' for the 'Active' field. If active, user will enter the frequency that they meet.

Edits: Before submission is finalized, number of groups or subcommittees must be completed. If number of groups or subcommittees is zero, 'type' entries should not be completed. If number of groups or subcommittees is more than zero, at least one 'type' entry must be set to 'active'. If 'active' = 'yes', then frequency must be completed, and vice versa.

Collaborations A 2

Select the statement that best describes the status of the activities, products or outcomes of your advisory groups or subcommittees, during this reporting period.

Fields: **Activities, Program Status, Local Status, Tribal Status**

Input: For each activity, user will enter the status for each of the Program, Local, and Tribal Groups or Subcommittees.

Edits: Section should be completed only if the number of groups or subcommittees from A1 is more than zero. Before submission is finalized, at least one activity must be completed (at least one of the status columns completed).

Collaborations A 3

Indicate the member representation on your program's comprehensive BCCEDP advisory committee.

Fields: **Members Representing, Representation**

Input: User will indicate whether each member is represented in their committee.

Edits: Section should be completed only if the number of groups from A1 is more than zero. Before submission is finalized, at least one group must have the representation field completed.

Collaborations B - Partnerships

Collaborations B 1

Indicate the number of organizations with which you entered an informal or formal non-screening partnership and select up to three statements that best describe the activities and products or outcomes during this reporting period.

Fields: **Organization**, Number of informal partnerships, Number of formal partnerships, **Products/Outcomes**

Input: For each organization, user will enter number of informal and formal partnerships, along with **up to three** products/outcomes.

Edits: During submission processing, a warning will be logged for each Organization that is not completed. If either number is more than zero, then at least one 'products/outcomes' must be completed, and vice versa.

Program Information Screen

Each program will update a program information page for each STAR submission. The following information will be collected (all fields are required unless otherwise noted):

- Cooperative Agreement Number
- Recipient (Name of Program)
- Program Director
- Address
- Phone Number (extension is optional) and Fax Number
- Funding Year (first year of current project period, e.g. 1999)
- Is your Program using the Medicare maximum? (the amount Medicare is willing to pay) (yes, no, N/A)
- Does your B&C Program use a sliding fee scale for women to charge for screening and diagnostic services funded by the CDC/NBCCEDP? (yes/no)

If the above is yes, then the Program will answer the follow question:

- What is this scale based upon? (drop down list, populated with "Federal Poverty Guidelines", "Income")
- Does your B&C Program have additional funds (not including CDC/match \$) to provide breast and cervical cancer screening? These dollars could be state funds, tax dollars, etc. (yes/no)

If the above is yes, then the Program will answer the next two questions:

- Please specify the source for the additional funding. (drop down list, populated with "Special grant", "State Funds", "Contributions")
- What is the approximate amount of additional funds received per year? (user will enter \$\$ amount)