ATTACHMENT C - Data Collection Instrument: Web Version

Assess Breast and Cervical Cancer Screening Program Activities to Expand Access to Screening

NATIONAL
Breast & Cervical
Cancer Early Detection Program
SCREENING WOMEN, SAVING LIVES

Assessing Breast and Cervical Cancer Screening Programs' Activities

The Centers for Disease Control and Prevention (CDC), Division of Cancer Prevention and Control (DCPC) is assessing how state, tribal and territorial health departments implemented the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) in DP1205 program year 1, the time period July 1, 2012 through June 30, 2013.

Specifically, the purpose of this data collection is to better understand how you are implementing your BCCEDP programs to an expanded target population within an evolving healthcare context and to collect information about your training and technical assistance needs. Your feedback is extremely important. Your responses to the questions are voluntary, anonymous, and will be kept in a secure manner. Results will be incorporated into individual and summary grantee reports for you and other stakeholders.

CDC will **NOT** use these data to make funding decisions. These data will provide a baseline on the activities you are implementing. Given the evolving health care context, we expect that grantees will make changes in the types of activities implemented over the course of the DP1205 5-year program. We do NOT expect that any program will be doing all of the activities asked about in this data collection.

Thank you for your participation.

| Exit and clear survey | Load unfinished survey | Next › |

WHO SHOULD COMPLETE THIS DATA COLLECTION?

The person responsible for the day-to-day management of the program and/or with the most program knowledge should complete this data collection. **Topics covered include:** respondent information, program activities, clinical service delivery, evaluation, non-screening partnerships, data use, training and technical assistance and program management.

WHAT TIME PERIOD IS BEING ASSESSED?

We are collecting information about the implementation of your DP1205 BCCEDP, program year 1 (PY1). Unless instructed otherwise, *all responses should reflect implementation of your BCCEDP in PY1 ONLY , July 1, 2012 – June 30, 2013.*

WHAT DO WE MEAN BY 'YOUR BCCEDP PROGRAM'?

The term *'BCCEDP program'* refers to all those involved in the implementation of the activity including you, your contractors, and your other partners.

WHAT DO WE MEAN BY 'BCCEDP PROVIDERS'?

'BCCEDP providers' include all practitioners or contractors reimbursed (or otherwise funded as part of the program) for clinical services, including patient navigation/case management, through your BCCEDP program regardless of funding source (e.g., CDC funds, State funds, Komen funds).

WHAT DO WE MEAN BY 'BCCEDP CLIENTS'?

'BCCEDP clients' include all persons who receive screening and/or patient navigation/case management through your BCCEDP program regardless of funding source (e.g., CDC funds, State funds, Komen funds).

Instructions, continued

WHAT DO WE MEAN BY 'NON-BCCEDP' PROVIDERS?

'Non-BCCEDP providers' include all practitioners who are not reimbursed for clinical services, including patient navigation/case management, through your BCCEDP program, but who receive some intervention (e.g., provider assessment and feedback) through your program.

WHAT DO WE MEAN BY 'NON-BCCEDP' CLIENTS?

'Non-BCCEDP clients' include all persons who do not receive screening and/or patient navigation/case management through your BCCEDP program, but who receive some other program intervention (e.g., group education) through your program.

WHAT DO WE MEAN BY 'YOU AND YOUR BCCEDP STAFF'?

'You and your BCCEDP staff' include those people working within your organization (e.g., State health department, tribal program) that work with the BCCEDP program, regardless of funding source (e.g., CDC funds, State funds, Komen funds).

SECTION 1: RESPONDENT INFORMATION

1. With which BCCEDP program are you affiliated?
Choose one of the following answers

[Please choose...   ⌄]

2. What is your current position with the BCCEDP program?
Check any that apply

☐ Program director (the primary contact for the BCCEDP cooperative agreement)
☐ Program manager/coordinator (the day-to-day manager for the BCCEDP)
☐ Other position (please specify)

2a. Other position (please specify)

[   ]

3. How long have you worked with the BCCEDP program in your state/tribe/territory/jurisdiction organization?
Choose one of the following answers

○ < 1 year
○ 1-2 years
○ 3-5 years
○ 6-10 years
○ 11+ years

SECTION 2: PROGRAM ACTIVITIES

In the following sections, you will be asked questions about your implementation of specific program activities in program year 1 (PY1). Subsections A-C apply to provider-oriented activities; D-J address client-oriented activities.

SECTION 2A: PROVIDER REMINDERS

A provider reminder is used to inform a health care provider that a specific client is due or overdue for a cancer screening test. The reminder to a provider can be made in different ways such as in client charts, in client electronic medical records, or by e-mail.

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1. In PY1, did your BCCEDP program use reminders for BCCEDP providers?
Choose one of the following answers

○ Yes

○ No

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2. During PY1, did your BCCEDP program have a policy (written or unwritten) that requires or encourages all BCCEDP providers to use provider reminders?
Choose one of the following answers

○ Yes

○ No

○ Not applicable, we instituted provider reminders directly with our providers

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Section 2A, continued

3. In PY1, did your BCCEDP program use reminders for **non-BCCEDP providers**?
Choose one of the following answers

○ Yes

○ No -- skip to section 2.B

4. During PY1, what **non-BCCEDP providers** received provider reminders?
Check any that apply

☐ Providers in Federally Qualified Health Centers or Community Health Centers

☐ Providers in the Indian Health Service or other tribal health organizations

☐ Providers in health care systems or associated with insurers (e.g., hospital, VA, Kaiser)

☐ Providers in individual offices or clinics, including local health department clinics

☐ Other non-BCCEDP providers (please specify)

4a. Other **non-BCCEDP providers** (please specify)

[   ]

SECTION 2B: PROVIDER ASSESSMENT AND FEEDBACK

Provider assessment and feedback interventions evaluate provider performance (assessment) in delivering cancer screening to clients and then present providers with information (feedback) about their performance, sometimes comparing it with a goal or standard.

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1. In PY1, did your BCCEDP program use clinical program data (e.g., MDEs) to produce provider or clinic-level feedback reports on some or all of CDC's 11 core performance indicators (e.g., timeliness to diagnostic resolution, completeness) for **BCCEDP providers**?
Choose one of the following answers

○ Yes

○ No -- skip to section 2.B.3

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2. During PY1, how frequently did your BCCEDP program distribute these feedback reports to **BCCEDP providers** or clinics?
Choose one of the following answers

○ 1-2 times during PY1

○ More than 2 times during PY1

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3. In PY1, did your BCCEDP program use provider assessment and feedback activities for **non-BCCEDP providers**?
Choose one of the following answers

○ Yes

○ No -- skip to section 2.C

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4. During PY1, what **non-BCCEDP providers** received assessment and feedback reports?
Check any that apply

☐ Providers in Federally Qualified Health Centers or Community Health Centers

☐ Providers in the Indian Health Service or other tribal health organizations

☐ Providers in health care systems or associated with insurers (e.g., hospital, VA, Kaiser)

☐ Providers in individual offices or clinics, including local health department clinics

☐ Other non-BCCEDP providers (please specify)

4a. Other **non-BCCEDP providers** (please specify)

[   ]

SECTION 2C: PROFESSION DEVELOPMENT/PROVIDER EDUCATION

Professional development and/or provider educational activities are designed to improve the knowledge, attitudes, cancer screening care, and counseling behaviors of healthcare providers and can be applied in a range of settings (e.g., pharmacies, physician offices, medical schools).

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1. In PY1, did your BCCEDP program provide professional development/provider education (e.g., training sessions with CME credits, provider tool kits, academic detailing) for **BCCEDP providers**?
Choose one of the following answers

○ Yes
○ No

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2. In PY1, did your BCCEDP program provide professional development/provider education (e.g., training sessions with CME credits, provider tool kits, academic detailing) for **non-BCCEDP providers**?
Choose one of the following answers

○ Yes
○ No -- skip to section 2.D

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3. During PY1, what **non-BCCEDP providers** received professional development/provider education?
Check any that apply

☐ Providers in Federally Qualified Health Centers or Community Health Centers
☐ Providers in the Indian Health Service or other tribal health organizations
☐ Providers in health care systems or associated with insurers (e.g., hospital, VA, Kaiser)
☐ Providers in individual offices or clinics, including local health department clinics
☐ Other non-BCCEDP providers (please specify)

3a. Other **non-BCCEDP providers** (please specify)

[   ]

SECTION 2D: CLIENT REMINDERS

Client (or patient) reminders are written, electronic or telephone messages advising people that they are due for cancer screening.

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1. In PY1, did your BCCEDP program use client reminders for BCCEDP clients?
Choose one of the following answers

○ Yes

○ No

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2. During PY1, did your BCCEDP program encourage BCCEDP providers to use client reminders?
Choose one of the following answers

○ Yes

○ No

○ Not applicable, we send BCCEDP clients reminders directly

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3. In PY1, did your BCCEDP program use client reminders for non-BCCEDP clients?
Choose one of the following answers

○ Yes

○ No -- skip to section 2.E

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4. During PY1, what non-BCCEDP clients received client reminders?
Check any that apply

☐ Clients who receive healthcare through Federally Qualified Health Centers or Community Health Centers

☐ Clients who receive healthcare through clinics of the Indian Health Service or other tribal health organizations

☐ Clients who receive healthcare through health care systems or insurers (e.g., hospital, VA, Kaiser)

☐ Clients who receive healthcare through individual physician offices/provider groups, including local health department clinics

☐ Enrollees of Medicaid/Medicare

☐ Other non-BCCEDP clients (please specify)

4a. Other non-BCCEDP clients (please specify)

[   ]

SECTION 2E: SMALL MEDIA

Small media include videos and printed materials such as letters, brochures, and newsletters that can be used to inform and motivate people to be screened for cancer. Small media materials can provide information tailored to specific individuals or targeted to general audiences.

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1. In PY1, did your BCCEDP program use small media (e.g., brochures, social media) with **BCCEDP clients**?
Choose one of the following answers

○ Yes
○ No

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2. In PY1, did your BCCEDP program use small media (e.g., brochures, social media) with **non-BCCEDP audiences**?
Choose one of the following answers

○ Yes
○ No -- skip to section 2.E.4

(If 'No' to both questions above, skip to section 2.F)

Section 2E, continued

3. During PY1, what **non-BCCEDP audiences** received small media materials?
Check any that apply

☐ Clients who receive healthcare through Federally Qualified Health Centers or Community Health Centers

☐ Clients who receive healthcare through clinics of the Indian Health Service or other tribal health organizations

☐ Clients who receive healthcare through health care systems or insurers (e.g., hospital, VA, Kaiser)

☐ Clients who receive healthcare through individual physician offices/provider groups, including local health department clinics

☐ Enrollees of Medicaid/Medicare

☐ Community members/the general public (e.g., religious organizations, workplaces, community-based organizations)

☐ Other non-BCCEDP audiences (please specify)

3a. Other **non-BCCEDP audiences** (please specify)

[   ]

4. During PY1, did your BCCEDP program distribute small media materials in conjunction with any of the following activities?
Check any that apply

☐ Patient navigation/case management (e.g., a navigator gives a patient an educational brochure in addition to addressing other barriers)

☐ Client reminders (e.g., a postcard sent to a client to remind them that they are due for screening also includes a general educational message about screening)

☐ One-on-one education (e.g., a health worker gives a brochure to a community member during outreach)

☐ Group education (e.g., a health educator distributes brochures as part of an educational session)

☐ We disseminate small media materials as a stand-alone intervention

SECTION 2F: MASS MEDIA

Mass media—including television, radio, newspapers, magazines, and billboards—are used to communicate educational and motivational information about cancer screening.

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1. In PY1, did your BCCEDP program implement a mass media campaign?
Choose one of the following answers

○ Yes

○ No

SECTION 2G: REDUCING STRUCTURAL BARRIERS

Structural barriers are non-economic obstacles that make it difficult for people to access cancer screening (e.g., inconvenient hours or days of clinical service, transportation costs, unpaid sick leave). Interventions are designed to reduce these barriers in order to facilitate access to cancer screening services.

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1. In PY1, did your BCCEDP program implement activities to reduce structural barriers for BCCEDP clients?
Choose one of the following answers

○ Yes

○ No -- skip to section 2.G.3

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2. During PY1, what strategies did your BCCEDP program implement to reduce structural barriers for BCCEDP clients?
Check any that apply

☐ Reducing time or distance between service delivery setting and priority populations

☐ Modifying hours of clinical service to better meet client needs

☐ Offering services in alternative or non-clinical settings(e.g., mobile mammography, sites with accommodations for those with disabilities)

☐ Eliminating or simplifying administrative procedures and other obstacles

☐ Providing clients assistance with transportation, language assistance, child/eldercare (e.g., patient navigation/case management)

☐ Other strategies for BCCEDP clients (please specify)

2a. Other strategies for BCCEDP clients (please specify)

[_____]

Section 2G, continued

3. In PY1, did your BCCEDP program implement activities to reduce structural barriers for non-BCCEDP clients?
Choose one of the following answers

○ Yes

○ No -- skip to section 2.H

4. During PY1, what strategies did your BCCEDP program implement to reduce structural barriers for non-BCCEDP clients?
Check any that apply

☐ Reducing time or distance between service delivery setting and priority populations

☐ Modifying hours of clinical service to better meet client needs

☐ Offering services in alternative or non-clinical settings (e.g., mobile mammography, sites with accommodations for those with disabilities)

☐ Eliminating or simplifying administrative procedures and other obstacles

☐ Providing clients assistance with transportation, language assistance, child/eldercare (e.g., patient navigation/case management)

☐ Other strategies for non-BCCEDP clients (please specify)

4a. Other strategies for non-BCCEDP clients (please specify)

[   ]

SECTION 2H: COMMUNITY HEALTH WORKERS

Community health workers (CHWs) are lay health educators with a deep understanding of the community and are often from the community being served. CHWs work in community settings, in collaboration with a health promotion program, clinic, or hospital, to educate women about cancer screening, promote cancer screening, and provide peer support to women referred to cancer screening.

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1. In PY1, did your BCCEDP program use Community Health Workers (CHWs)?
Choose one of the following answers

○ Yes

○ No -- skip to section 2.I

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2. During PY1, what activities were typically conducted by CHWs?
Check any that apply

☐ Conduct outreach to community organizations/community members

☐ Conduct in-reach to contact women for re-screening

☐ Provide one-on-one education

☐ Provide group education

☐ Conduct peer counseling and support

☐ Connect women to a health care facility

☐ Refer or assist women with insurance enrollment (e.g., Medicaid/Medicare, private insurance, IHS, state-funded insurance)

☐ Assist women to address barriers to screening (e.g., transportation, language services)

☐ Other activities (please specify)

2a. Other activities (please specify)

[   ]

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3. In PY1, did your BCCEDP program provide training for CHWs? Note: we will ask about training for patient navigators and case managers separately, in the next section.
Check any that apply

☐ Yes, our BCCEDP provided a structured CHW training program in PY1

☐ Yes, our BCCEDP paid for CHW training offered by others in PY1

☐ No

SECTION 2I: PATIENT NAVIGATION AND CASE MANAGEMENT

Patient navigators/case managers typically assist clients to overcome their individual barriers to cancer screening. Some BCCEDP programs use patient navigators/case managers to assist women through both cancer screening and diagnostic testing while other programs only use patient navigators/case managers to assist women through diagnostic testing, and if diagnosed with cancer, into cancer treatment.

The next set of questions asks about the use of patient navigators or case managers for cancer SCREENING. *Questions about use of patient navigators/case managers for diagnostic testing will be asked later.*

1. In PY1, did your BCCEDP program use patient navigators/case managers to assist **BCCEDP clients** through cancer **SCREENING**?
Choose one of the following answers

○ Yes
○ No

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2. In PY1, did your BCCEDP use patient navigators/case managers to assist **non-BCCEDP clients** through cancer **SCREENING**?
Choose one of the following answers

○ Yes
○ No

(If 'No' to both questions above, skip to section 2.I.4)

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3. During PY1, what activities were typically delivered by patient navigators/case managers who assisted clients through cancer **SCREENING**?
Check any that apply

☐ Assess client barriers to cancer screening
☐ Educate clients about screening test procedures
☐ Provide peer support/counseling
☐ Assist to schedule appointments for screening
☐ Arrange/provide transportation, translation (language), child or elder care services
☐ Make reminder calls for screening appointments
☐ Track/follow-up clients to ensure screening is complete and patient receives results
☐ Make recommendations to clinics/health systems on procedural or other changes that support client adherence to screening
☐ Collect and report data about navigator/case manager service delivery
☐ Other activities (please specify)

3a. Other activities (please specify)

[   ]

The next set of questions asks about the use of patient navigators or case managers for
DIAGNOSTIC TESTING.

4. In PY1, did your BCCEDP program use patient navigators/case managers to assist BCCEDP clients with abnormal screening results through DIAGNOSTIC TESTING?
Choose one of the following answers

○ Yes
○ No

5. During PY1, did your BCCEDP program use patient navigators/case managers to assist non-BCCEDP clients with abnormal screening results through DIAGNOSTIC TESTING?
Choose one of the following answers

○ Yes
○ No

(If 'No' to both questions above, skip to section 2.I.7)

6. During PY1, what activities were typically delivered by patient navigators/case managers who assisted clients with abnormal screening results through DIAGNOSTIC TESTING?
Check any that apply

☐ Assess client barriers to diagnostic testing
☐ Educate clients about diagnostic testing procedures
☐ Provide peer support/counseling
☐ Assist to schedule appointments for diagnostic testing
☐ Arrange/provide transportation, translation (language), child or elder care services
☐ Make reminder calls for diagnostic testing appointments
☐ Track/follow-up clients to ensure diagnostic testing is complete and patient receives results
☐ Assist clients diagnosed with cancer to get into cancer treatment
☐ Make recommendations to clinics/health systems on procedural or other changes that support client adherence to diagnostic testing
☐ Collect and report data about navigator/case manager service delivery
☐ Other activities (please specify)

6a. Other activities (please specify)

[   ]

The next set of questions asks about training for patient navigators or case managers.

7. In PY1, did your BCCEDP program provide training about patient navigation/case management?
Check any that apply

☐ Yes, our BCCEDP provided a structured PN/case management training program in PY1
☐ Yes, our BCCEDP paid for PN/case management training offered by others in PY1
☐ No -- skip to section 2.J

8. What topics were addressed in the training?
Check any that apply

☐ Assessing client barriers
☐ Screening guidelines for breast and cervical cancer
☐ Educating clients on breast and cervical cancer information
☐ Motivating clients to be screened
☐ Addressing structural barriers (e.g., transportation, language translation)
☐ Cultural competency
☐ Conducting patient tracking and follow-up
☐ Providing peer support/counseling
☐ Setting appropriate boundaries with clients
☐ Collecting/reporting data for patient navigation/case management
☐ Health systems change strategies
☐ Health reform issues
☐ Other topics (please specify)

8a. Other topics (please specify)

[   ]

SECTION 2J: FACILITATING ENROLLMENT IN INSURANCE PROGRAMS FOR CANCER SCREENING

1. During PY1, did your BCCEDP program facilitate women's enrollment in insurance coverage for breast and cervical cancer screening services (e.g., Medicaid, Medicare, IHS, state-based insurance)? This question is NOT referring to enrolling BCCEDP clients in Medicaid following a cancer diagnosis (commonly referred to as the "Treatment Act").

Choose one of the following answers

○ Yes

○ No

SECTION 3: CLINICAL SERVICE DELIVERY

The following questions apply specifically to delivering breast and cervical cancer screening and diagnostic clinical services to **BCCEDP clients.** Clinical services include patient navigation and case management.

SECTION 3A: CLIENT ELIGIBILITY CRITERIA FOR SCREENING

During PY1, please describe who was eligible to receive breast and cervical cancer clinical services in your BCCEDP program, based on your program's **general** eligibility requirements, including Federal Poverty Level, insurance status, residency/citizenship/affiliation, and age.

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1. During PY1, what Federal Poverty Level (FPL) was used to determine BCCEDP program eligibility for clients supported by CDC BCCEDP funds?
Choose one of the following answers

○ 250% FPL

○ 200% FPL

○ Other % (please specify)

1a. Other % (please specify)
Each answer must be at least 0

[_____] % FPL

Only numbers may be entered in this field.

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2. During PY1, did you require clients to provide any type of documentation (e.g., pay stubs) to determine eligibility based on FPL?
Choose one of the following answers

○ Yes

○ No

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3. During PY1, what insurance status was used to determine BCCEDP program eligibility?
Choose one of the following answers

○ Only uninsured women were eligible for BCCEDP services -- skip to section 3.A.5

○ Both uninsured and under-insured women were eligible for BCCEDP services (i.e., under-insured are clients that are insured but cannot afford their insurance co-pay or deductible)

Section 3A, continued

4. During PY1, did you track the number of women served by your BCCEDP program that were under-insured?
Choose one of the following answers

○ Yes -- if yes, what percentage of the number of women served in PY1 were under-insured?

○ No

4a. What percentage of the number of women served in PY1 were underinsured?
Each answer must be between 0 and 100

[   ] %

Only numbers may be entered in this field.

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5. During PY1, what minimum age for routine screening was used to determine BCCEDP program eligibility? (Do not report exceptions for special circumstances, e.g. younger women if symptomatic, higher risk, or rarely/never screened)
Each answer must be between 0 and 65

Only numbers may be entered in these fields

Minimum age for clinical breast exam: [   ] years of age
Minimum age for mammography screening: [   ] years of age
Minimum age for Pap test: [   ] years of age
Minimum age for HPV co-testing: [   ] years of age

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6. During PY1, was eligibility for the BCCEDP program restricted by any of the following requirements?
Check any that apply

☐ Only U.S. citizens are eligible
☐ Only residents of our state or territory are eligible
☐ Only members or those with a defined affiliation with a tribe/tribal organization are eligible
☐ Other restrictions (please specify)
☐ No, we do not use any of these requirements to restrict eligibility

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6a. Other restrictions (please specify)

[   ]

Section 3A, continued

7. During PY1, did you change your BCCEDP program eligibility criteria from a previous period? (Do not report on temporary changes needed to adjust screening budgets)
Choose one of the following answers

○ Yes
○ No -- skip to section 3.B

8. Which BCCEDP program eligibility criteria were changed during PY1?
Check any that apply

☐ Federal poverty level
☐ Insurance status
☐ Minimum age, clinical breast exam
☐ Minimum age, mammogram
☐ Minimum age, Pap test (excluding a change from age 18 to 21 per clinical guidelines)
☐ Minimum age for HPV co-testing
☐ Citizenship/residency/Tribal affiliation
☐ Other criteria (please specify)

8a. Other criteria (please specify)

[   ]

9. Why did your BCCEDP program change your program eligibility criteria in PY1?
Check any that apply

☐ New clinical guidelines
☐ To reduce or narrow the number of women eligible for the program
☐ To expand the number of women eligible for the program
☐ Change in state/tribe/territory/jurisdiction regulation
☐ Implementation of health reform
☐ Other reasons (please specify)

9a. Other reasons (please specify)

[   ]

SECTION 3B: BREAST AND CERVICAL CANCER PREVENTION AND TREATMENT ACT OF 2000
Tribes and Territories will not be shown this section.

1. During PY1, did your State Medicaid program allow for clients diagnosed with cancer through your BCCEDP to enroll in Medicaid for their cancer treatment (commonly referred to as the "Treatment Act")?
Choose one of the following answers

○ Yes
○ No

_____

SECTION 3C: BCCEDP CLINIC SERVICE REIMBURSEMENT MODEL

1. During PY1, which payment reimbursement model best describes how your BCCEDP program paid for screening and diagnostic clinical services?
Choose one of the following answers

○ Our organization provides clinical services directly (e.g., some tribal programs)
○ Fee for service (Provider bills and is reimbursed for services/procedures performed; may be managed internally by the grantee or externally by contractor, third party payer, etc.)
○ Capitated payment (A uniform reimbursement rate per woman served is established for a specified group of screening and/or diagnostic services.)
○ Bundled payment (Reimbursement rates are established according to tiered case outcomes and are reimbursed retrospectively)
○ Employed/Contracted Service Provider (Grantee uses BCCEDP funds to employ or contract with service providers for screening and/or diagnostic services; uses other vendor for cytology, radiology, etc.)
○ Mixed (a combination of 2 or more of the above) or other payment model (please specify)

1a. Mixed (a combination of 2 or more of the above) or other payment model (please specify)

SECTION 3D: BCCEDP PROVIDER SITES

1. In the table below, please enter the number of individual **primary care sites** that delivered BCCEDP screening services in PY1 according to the type of provider setting. Please provide the number of **sites or clinics**, not the number of contracts. Do **not** include specialty clinics (e.g., imaging centers, labs).

If no sites of this type participated, enter "0". If this type of site participated, but you do not know the number of sites, enter "9999".
Each answer must be between 0 and 9999

Only numbers may be entered in these fields

Federally Qualified Health Centers or Community Health Centers:		sites
Indian Health Service or other tribal health organization sites or clinics:		sites
Individual offices or clinics, including local health departments, **not including FQHCs:**		sites
Health care systems or clinics associated with an insurer (e.g. hospital, VA, Kaiser)		sites
Other clinics		sites

1. During PY1, did your BCCEDP program conduct any evaluation of BCCEDP program activities? Please complete the table below by checking √ the appropriate response for each activity.

Process Evaluation: Collecting and analyzing information about how program activities were implemented (e.g., number of clients assessed by patient navigators)

Outcome Evaluation: Collecting and analyzing information about whether expected outcomes were achieved (e.g., changes in provider knowledge, client intentions, or screening rates)

Check any that apply

	Did not use	Used but did not evaluate	Conducted Process Evaluation	Conducted Outcome Evaluation
Provider reminders	☐	☐	☐	☐
Provider assessment & feedback	☐	☐	☐	☐
Professional development/Provider education	☐	☐	☐	☐
Patient or client reminders	☐	☐	☐	☐
Small media	☐	☐	☐	☐
Mass media	☐	☐	☐	☐
Reducing structural barriers	☐	☐	☐	☐
Community health worker activities	☐	☐	☐	☐
Patient navigation/case management	☐	☐	☐	☐
Training for patient navigation/case management	☐	☐	☐	☐
Other program activities (please specify)	☐	☐	☐	☐

1a. Other program activities (please specify)

[   ]

SECTION 5: NON-SCREENING PARTNERSHIPS

For the remainder of the data collection, the questions will focus on the staff members within your organization who work with the BCCEDP program.

1. During PY1, did **you and your BCCEDP staff** collaborate with any of the following agencies or types of organizations on BCCEDP-related program efforts, **other than for direct screening services?**
Check any that apply

☐ Federally Qualified Health Centers (FQHC)

☐ Community Health Centers (not FQHC)

☐ Hospitals, health systems or insurers in your state/area

☐ State Medicaid

☐ Medicare

☐ Indian Health Service (IHS) or other tribal organizations

☐ Local health departments

☐ Community-based nonprofit organizations (including faith-based)

☐ Employers/worksites in your state/area

☐ Accountable Care Organizations

☐ Cancer Coalition

☐ Other agencies or organizations (please specify)

1a. Other agencies or organizations (please specify)

[   ]

Section 5, continued

Was the partnership with **Federally Qualified Health Centers (FQHC)** formalized through a written agreement during PY1 *(e.g., memoranda of understanding, memoranda of agreement, contract, grant)*? Respond "yes" if you collaborated with one or more partners of this type and at least one partnership was formalized.
Choose one of the following answers

○ Yes

○ No

In general, what activities did you conduct with **Federally Qualified Health Centers (FQHC)** during PY1?
Check any that apply

☐ Implementing evidence-based screening promotion activities (i.e., small media, client reminders, provider reminders, removing structural barriers, provider assessment/feedback)

☐ Conducting CHW activities/patient navigation/case management

☐ Conducting mass media

☐ Conducting quality improvement/quality assurance activities (that are not an evidence based intervention)

☐ Conducting activities to improve the use of data (e.g., assess screening rates, measure screening quality)

☐ Facilitating insurance enrollment or 3rd party funding

☐ Promoting organizational change (e.g., establishing absentee policy so that workers can take leave for screening appointments)

☐ Conducting worksite wellness programming

☐ Conducting special events (e.g. breast cancer awareness month activities)

☐ Conducting activities related to health reform

☐ Other activities (please specify)

Other activities conducted with **Federally Qualified Health Centers (FQHC)** (please specify)

Was the partnership with **State Medicaid** formalized through a written agreement during PY1 *(e.g., memoranda of understanding, memoranda of agreement, contract, grant)*? Respond "yes" if you collaborated with one or more partners of this type and at least one partnership was formalized.
Choose one of the following answers

○ Yes

○ No

In general, what activities did you conduct with **State Medicaid** during PY1?
Check any that apply

☐ Implementing evidence-based screening promotion activities (i.e., small media, client reminders, provider reminders, removing structural barriers, provider assessment/feedback)

☐ Conducting CHW activities/patient navigation/case management

☐ Conducting mass media

☐ Conducting quality improvement/quality assurance activities (that are not an evidence based intervention)

☐ Conducting activities to improve the use of data (e.g., assess screening rates, measure screening quality)

☐ Facilitating insurance enrollment or 3rd party funding

☐ Promoting organizational change (e.g., establishing absentee policy so that workers can take leave for screening appointments)

☐ Conducting worksite wellness programming

☐ Conducting special events (e.g. breast cancer awareness month activities)

☐ Conducting activities related to health reform

☐ Other activities (please specify)

Other activities conducted with **State Medicaid** (please specify)

[   ]

Section 5, continued

Was the partnership with **Medicare** formalized through a written agreement during PY1 *(e.g., memoranda of understanding, memoranda of agreement, contract, grant)*? Respond "yes" if you collaborated with one or more partners of this type and at least one partnership was formalized.
Choose one of the following answers

○ Yes
○ No

In general, what activities did you conduct with **Medicare** during PY1?
Check any that apply

☐ Implementing evidence-based screening promotion activities (i.e., small media, client reminders, provider reminders, removing structural barriers, provider assessment/feedback)
☐ Conducting CHW activities/patient navigation/case management
☐ Conducting mass media
☐ Conducting quality improvement/quality assurance activities (that are not an evidence based intervention)
☐ Conducting activities to improve the use of data (e.g., assess screening rates, measure screening quality)
☐ Facilitating insurance enrollment or 3rd party funding
☐ Promoting organizational change (e.g., establishing absentee policy so that workers can take leave for screening appointments)
☐ Conducting worksite wellness programming
☐ Conducting special events (e.g. breast cancer awareness month activities)
☐ Conducting activities related to health reform
☐ Other activities (please specify)

Other activities conducted with **Medicare** (please specify)

[   ]

Was the partnership with **Indian Health Service (IHS) or other tribal organizations** formalized through a written agreement during PY1 *(e.g., memoranda of understanding, memoranda of agreement, contract, grant)*? Respond "yes" if you collaborated with one or more partners of this type and at least one partnership was formalized.
Choose one of the following answers

○ Yes
○ No

In general, what activities did you conduct with **Indian Health Service (IHS) or other tribal organizations** during PY1?
Check any that apply

☐ Implementing evidence-based screening promotion activities (i.e., small media, client reminders, provider reminders, removing structural barriers, provider assessment/feedback)

☐ Conducting CHW activities/patient navigation/case management

☐ Conducting mass media

☐ Conducting quality improvement/quality assurance activities (that are not an evidence based intervention)

☐ Conducting activities to improve the use of data (e.g., assess screening rates, measure screening quality)

☐ Facilitating insurance enrollment or 3rd party funding

☐ Promoting organizational change (e.g., establishing absentee policy so that workers can take leave for screening appointments)

☐ Conducting worksite wellness programming

☐ Conducting special events (e.g. breast cancer awareness month activities)

☐ Conducting activities related to health reform

☐ Other activities (please specify)

Other activities conducted with **Indian Health Service (IHS) or other tribal organizations** (please specify)

[   ]

Was the partnership with **Accountable Care Organizations** formalized through a written agreement during PY1 *(e.g., memoranda of understanding, memoranda of agreement, contract, grant)*? Respond "yes" if you collaborated with one or more partners of this type and at least one partnership was formalized.
Choose one of the following answers

○ Yes
○ No

In general, what activities did you conduct with **Accountable Care Organizations** during PY1?
Check any that apply

☐ Implementing evidence-based screening promotion activities (i.e., small media, client reminders, provider reminders, removing structural barriers, provider assessment/feedback)
☐ Conducting CHW activities/patient navigation/case management
☐ Conducting mass media
☐ Conducting quality improvement/quality assurance activities (that are not an evidence based intervention)
☐ Conducting activities to improve the use of data (e.g., assess screening rates, measure screening quality)
☐ Facilitating insurance enrollment or 3rd party funding
☐ Promoting organizational change (e.g., establishing absentee policy so that workers can take leave for screening appointments)
☐ Conducting worksite wellness programming
☐ Conducting special events (e.g. breast cancer awareness month activities)
☐ Conducting activities related to health reform
☐ Other activities (please specify)

Other activities conducted with **Accountable Care Organizations** (please specify)

[   ]

SECTION 6: DATA USE

1. During PY1, did **you and your BCCEDP staff** use data (other than MDE data)? In the table below, for each data source that you and your BCCEDP staff used (e.g., BRFSS), please check the box or boxes that reflect how those data were used (e.g., measure screening rates).
Check any that apply

	Did not use in PY1	Measure screening rates	Measure clinical quality	Monitor and evaluate an activity	Assessment and planning
State Cancer Plan	☐	☐	☐	☐	☐
BRFSS	☐	☐	☐	☐	☐
State cancer registry or U.S. Cancer Statistics (USCS)	☐	☐	☐	☐	☐
State or local screening registry	☐	☐	☐	☐	☐
Census data (including Small Area Health Insurance Estimates)	☐	☐	☐	☐	☐
IHS GPRA data (Government Performance and Results Act)	☐	☐	☐	☐	☐
Medicaid data	☐	☐	☐	☐	☐
Medicare data	☐	☐	☐	☐	☐
Private insurer data (e.g., Kaiser, Blue Cross/Blue Shield)	☐	☐	☐	☐	☐
All payor claims database	☐	☐	☐	☐	☐
Patient records (e.g., within clinics or health systems, RPMS for tribal programs)	☐	☐	☐	☐	☐
Primary data collection (e.g., pre-& post-tests, patient satisfaction survey)	☐	☐	☐	☐	☐
Other 1 (please specify)	☐	☐	☐	☐	☐
Other 2 (please specify)	☐	☐	☐	☐	☐

1a. Other 1 (please specify)

[   ]

1b. Other 2 (please specify)

[   ]

Section 6, continued

2. During PY1, did you and your BCCEDP staff provide technical assistance to providers or staff of health systems to improve the use of their own data (e.g., assess screening rates, measure screening quality)? We are **not** referring to BCCEDP specific data (MDEs).
Choose one of the following answers

○ Yes

○ No -- skip to section 7

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3. During PY1, to what types of organizations did you and your BCCEDP staff provide this sort of technical assistance?
Check any that apply

☐ Federally Qualified Health Centers or Community Health Centers

☐ Indian Health Service or other tribal health organizations

☐ Health care systems or insurers (e.g., Kaiser, VA, hospital)

☐ Individual offices or clinics, including local health department clinics

☐ Other organizations (please specify)

3a. Other organizations (please specify)

[   ]

SECTION 7: TRAINING AND TECHNICAL ASSISTANCE

1. Using a scale of high to low, please rate **the current need for training (not limited to PY1)** among you and your BCCEDP staff in the areas listed below.

	High	Medium	Low
Management Activities			
Program planning	○	○	○
Logic model development & use	○	○	○
Systems change	○	○	○
Program monitoring & evaluation	○	○	○
Data collection, management, & analysis	○	○	○
Program Activities (Evidence-based)			
Provider reminders	○	○	○
Provider assessment & feedback	○	○	○
Client reminders	○	○	○
Small media	○	○	○
Reducing structural barriers	○	○	○
Program Activities (Other)			
Professional development/Provider education	○	○	○
Use of social media	○	○	○
Community health workers	○	○	○
Patient navigation/case management	○	○	○

	High	Medium	Low
Quality Assurance/Quality Improvement			
Clinical guidelines for screening	○	○	○
Clinical guidelines for diagnostic evaluation	○	○	○
Quality assurance/quality improvement strategies	○	○	○
Other			
Partnership development & maintenance	○	○	○
Health insurance exchanges/Marketplace	○	○	○
Medicaid expansion in your State	○	○	○
Health reform and covered preventive services	○	○	○
Other (please specify)	○	○	○

1a. Other (please specify)

_____

1. Do you and your BCCEDP staff know the current size of the eligible BCCEDP population in your state/tribe/territory/jurisdiction?
Choose one of the following answers

○ Yes
○ No

2. Have you estimated the size of the eligible BCCEDP population in your state/tribe/territory/jurisdiction after health reform is implemented?
Choose one of the following answers

○ Yes
○ No
○ N/A

3. What are the **top 3** challenges that impacted the management of your BCCEDP program during PY1? **Choose up to 3 from the list below.**
Please select at most 3 answers

☐ Staff furloughs/hiring freezes
☐ Significant changes in administrative systems
☐ Staff turnover
☐ Loss of Federal funds (other than CDC NBCCEDP funds)
☐ Loss of non-Federal funds
☐ Loss of in-kind resources
☐ Agency reorganization
☐ Your state's implementation of provisions of health reform
☐ Changes in clinical guidelines for breast and cervical cancer (e.g., provider adherence to guidelines, data system changes)
☐ Identifying women eligible for screening through the BCCEDP
☐ Collaborating with state/tribal partners
☐ Meeting CDC's 60/40 requirement
☐ Other challenges (please specify)

3a. Other challenges (please specify)

[   ]

4. Please list the amount **(in dollars)** of Federal, State, non-profit, and other funding that supported your BCCEDP program in PY1. Pro-rate funding if needed to associate with PY1.
Each answer must be at least 0

Only numbers may be entered in these fields

Federal (Do **not** include funds received from CDC through the NBCCEDP DP12-1205-01 or through the PPHF DP12-1218)	$ [ ]	.00
State	$ [ ]	.00
Non-profit (e.g. ACS, Komen for the Cure, Livestrong)	$ [ ]	.00
Other funding sources (please specify)	$ [ ]	.00

4a. Other funding sources (please specify)

[   ]

The last 4 questions in this section are open-ended. We are asking about your experience to date (not limited to the time period of PY1).

5. Please list how you and your staff have participated in activities related to the Insurance Marketplace/exchange (e.g., attended training or meetings, participated on workgroups, where and if appropriate, discussed how you will coordinate benefits). If applicable, include information about how your BCCEDP is collaborating with the insurance navigators who are enrolling people into the insurance exchanges.

[   ]

6. If your State is expanding Medicaid as part of health reform, please list how you and your staff have participated in activities related to Medicaid expansion in your State (e.g., attended training or meetings, participated on workgroups or in policy discussions).

7. Please list any activities, procedures, or processes that your BCCEDP has established related specifically to **BCCEDP clients** and health reform (e.g., mailing materials to **BCCEDP clients** about the Insurance Marketplace, tracking **BCCEDP clients** transferred into Medicaid expansion, referring existing or potential **BCCEDP clients** to insurance navigators with the Insurance Marketplace, etc).

8. Please list up to 3 main challenges you and your staff have faced related to health care reform and your BCCEDP program.

i.

ii.

iii.