PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
S1, 1	With which BCDEDP program are you affiliated? (drop down box)	S1, 1	Same			
S1, 2	What is your current position with the BCCEDP program? (check all that apply)	S1, 2	Same			
	Program Director		Same			
	Program Coordinator		Same			
	Other		Same			
S1, 3	How long have you worked with the BCCEDP program in your state/tribe/territory/jurisdiction/organization	S1,3	Same			
	<1 year		Same			
	1-2 years		Same			
	3-5 years		Same			
	6-10 years		Same			
	11+ years		Same			
S2, A.1	In PY1,did your BCCEDP clinics utilize a reminder system for their providers?	S2, A.1.	During PY2, did one or more of your **BCCEDP clinics** utilize a provider reminder system?	Wording changes in question to try and make question more understandable (new skip pattern)		
	Yes		Yes			
	No		**No** – skip to Section B			
S2, A.2	During PY1, did your BCCEDP program have a policy (written or unwritten) that requires or encourages		Not included		During PY2, did your BCCEDP program a) conduct or b) provide funding or technical assistance to support implementation of provider reminder system(s) (Check all that apply)	S2, A.2
	Yes				⬜ Yes, in BCCEDP clinics	
	No				⬜ Yes, in non-BCCEDP clinics	
	⬜ Not applicable, we instituted provider reminders directly with our providers				⬜ No -- skip to question 2.A.4.	
S2, A.3	In PY1, did your BCCEDP program use reminders for non-BCCEDP providers?		Not included		What activities did your BCCEDP program conduct to implement a provider reminder system?	S2, A.3
	Yes				⬜ We sent reminders directly	
	⬜ No – skip to section 2.B				⬜ We provided funding to others to implement	
					⬜ We provided funding to others to implement	
					⬜ Other: _____	

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
S2, A.4	During PY1, what **non-BCCEDP providers** received provider reminders? *(Check all that apply)*	S2, A.4	During PY2, what types of clinics (BCCEDP and/or Non-BCCEDP) implemented provider reminder systems? (Check all that apply)	Includeds both BCCEDP and non-BCCEDP providers		
	Providers in Federally Qualified Health Centers or Community Health Centers		Same			
	Providers in the Indian Health Service or other tribal health organizations		Same			
	☐ Providers in health care systems or associated with insurers (e.g., hospital, VA, Kaiser)		Same			
	☐ Providers in individual offices or clinics, including local health department clinics		☐ Individual offices or clinics	Decategorized		
			☐ Local health department clinics			
	Other (please specify):_____					
		S2, A.5			During PY2, did your BCCEDP program evaluate provider reminder systems? (Check all that apply)	S2, A.5
					☐ Yes, we conducted process evaluation of provider reminder systems (e.g., percentage of patients due for screening that are referred for mammogram by their provider)	
					☐ Yes, we conducted outcome evaluation of provider reminder systems (e.g., changes in clinic-level screening rates)	
					☐ No, we did not evaluate provider reminder systems in PY2	

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
S2, B.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?	S2, B.1.	Same			
	Yes		Yes			
	☐ No -- skip to section 2.B.3		No			
S2, B.2.	During PY1, how frequently did your BCCEDP program distribute these feedback reports to BCCEDP providers or clinics?	S2, B.5	During PY2, how frequently did your BCCEDP program distribute these feedback reports to BCCEDP clinics?		During PY2, did your feedback reports include benchmarks or targets (e.g., 90% of abnormal breast screens with diagnostic evaluation completed) for CDC's core performance indicators?	S2, B.2
	☐ 1-2 times during PY1		☐ 1-2 times		Yes	
	☐ More than 2 times during PY1		☐ More than 2 times		No	
S2, B.3	In PY1, did your BCCEDP program use provider assessment and feedback activities for non-BCCEDP providers?	S2, B.8	During PY2, did your BCCEDP program a) conduct or b) provide funding or technical assistance to support implementation of provider assessment and feedback reports in non-BCCEDP clinics?		During PY2, did the feedback reports include comparisons between BCCEDP clinics or individual providers on specific indicators?	S2, B.3
	Yes		Yes -if Yes to 2.B.1. and No to 2.B.8., skip to 2.B.10;			
	☐ No – skip to section 2.C		No - No to 2.B.8, skip to Section 2.C			
S2, B.4	During PY1, what non-BCCEDP providers received assessment and feedback reports? (Check all that apply)		Not included		During PY2, did the feedback reports include data **other** than some or all of the CDC's 11 core performance indicators?	S2, B.4
	Providers in Federally Qualified Health Centers or Community Health Centers				Yes	
	Providers in the Indian Health Service or other tribal health organizations				No	
	☐ 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 (please specify):_____					

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
		S2, B.5			During PY2, how frequently did your BCCEDP program distribute these feedback reports to BCCEDP clinics?	S2, B.5
					1-2 time	
					More than 2 times	
		S2, B.6			How long has your BCCEDP program been producing and distributing these feedback reports to BCCEDP clinics?	S2, B.6
					1-2 years	
					3-5 years	
					>5 years	
		S2, B.7			During PY2, were data from the feedback reports or other data about provider performance used to inform funding allocations for contracts with BCCEDP clinics?	S2, B.7
					Yes	
					No	
		S2, B.8			During PY2, did your BCCEDP program a) conduct or b) provide funding or technical assistance to support implementation of provider assessment and feedback reports in non-BCCEDP clinics?	S2, B.8
					Yes - if Yes to 2.B.1. and No to 2.B.8., skip to 2.B.10	
					No - No to 2.B.1. and No to 2.B.8, skip to Section 2.C	
		S2, B.9			What activities did your BCCEDP program conduct in relation to provider assessment and feedback? (Check all that apply)	S2, B.9
					☐ We provided funding to others to implement	
					☐ We provided technical assistance to support others to implement	
					☐ Other: _____	

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
		S2, B.10			During PY2, what types of clinics (BCCEDP and/or Non-BCCEDP) received assessment and feedback reports? (Check all that apply)	S2, B.10
					☐ Federally Qualified Health Centers or Community Health Centers	
					☐ Indian Health Service hospital or clinic or other tribal health organizations	
					☐ Health care systems or clinics associated with insurers (e.g., hospital, VA, Kaiser)	
					☐ Individual offices or clinics	
					☐ Local health department clinics	
					☐ Other (please specify):_____	
		S2, B.11			During PY2, did your BCCEDP program evaluate provider assessment and feedback activities? (Check all that apply)	S2, B.11
					☐ Yes, we conducted process evaluation of provider assessment and feedback (e.g., number of providers or clinics receiving assessment and feedback reports for a given time period)	
					☐ Yes, we conducted outcome evaluation of provider assessment and feedback (e.g., changes in clinic-level screening rates)	
					☐ No, we did not evaluate provider assessment and feedback activities in PY2	

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
S2, C.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?	S2, C.1	During PY2, did your BCCEDP program provide professional development/provider education (e.g., training sessions with CME credits, provider tool kits, academic detailing)? By "provide" we mean providing funding or technical assistance to support implementation of these activities, or delivering these activities directly. (Check all that apply)	Included non-BCCEDP providers		
	Yes		☐ Yes, for providers in BCCEDP clinics			
	No		☐ Yes, for providers in non-BCCEDP clinics			
			☐ No – skip to section 2.D			
S2, C.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?		Not included	See S2, C.1 of Year 2 Survey	How did your BCCEDP program implement professional development/provider education (Check all that apply)	S2, C.2
	Yes				☐ We provided professional development activities directly	
					☐ We provided funding to others to implement	
	☐ No –skip to section 2.D				☐ We provided technical assistance to support others to implement	
					Other: _____	
S2, C.3	During PY1, what non-BCCEDP providers received professional development/provider education? [Check all that apply]	S2, C.3	During PY2, which providers received professional development/provider education? (Check all that apply)	Includes BCCEDP and non-BCCEDP providers		
	Providers in Federally Qualified Health Centers or Community Health Centers		Same			
	Providers in the Indian Health Service or other tribal health organizations		Same			
	☐ Providers in health care systems or associated with insurers (e.g., hospital, VA, Kaiser)		Same			
	☐ Providers in individual offices or clinics, including local health department clinics		☐ Providers in individual offices or clinics			
	Other (please specify):_____		Same			
			☐ Local health department clinics			

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
		S2, C.4			During PY2, did your BCCEDP program evaluate professional development/provider education activities? (Check all that apply)	S2, C.4
					☐ Yes, we conducted process evaluation of professional development/provider education (e.g., number of providers receiving CMEs for a given time period)	
					☐ Yes, we conducted outcome evaluation of professional development/provider education (e.g., changes in provider practices such as providers adherence to clinical guidelines)	
					☐ No, we did not evaluate provider assessment and feedback activities in PY2	
S2, D.1.	In PY1, did your BCCEDP clinics utilize client reminders for BCCEDP clients?	S2, D.1.	During PY2, did BCCEDP clients receive client reminders either directly from your BCCEDP program or from BCCEDP clinics? e			
	Yes		Same			
	No		☐ No – skip to section 2.E			
S2, D.2.	During PY1, did your BCCEDP program have a policy (written or unwritten) that requires or encourages all BCCEDP providers to use client reminders?		Not included		During PY2, did your BCCEDP program a) conduct or b) provide funding or technical assistance to support the implementation of client reminder systems? (Check all that apply)	S2, D.2
	Yes				☐ Yes, in BCCEDP clinics	
	No				☐ Yes, in non-BCCEDP clinics	
	☐ Not applicable, we send BCCECDP clients reminders directly				☐ No – –[if No to both 2.D.1 and 2.D.2, skip to section 2.E, If Yes to 2.D.1 and No to 2.D.2, proceed to 2.D.4]	
S2, D.3	In PY1, did your BCCEDP program use client reminders for non-BCCEDP clients?	S2, D.3	Not included		What activities did your BCCEDP program conduct to implement a client reminder system? (Check all that apply)	S2, D.3
	Yes				☐ We sent reminders directly	
	No – skip to section 2.E				☐ We provided funding to others to implement	
					☐ We provided technical assistance to support others to implement	

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
S2, D.4	During PY1, what non-BCCEDP clients received client reminders? (Check all that apply)	S2, D.4	During PY2, who received client reminders? (Check all that apply)	Includes clients and non-clients in the response		
	Federally Qualified Health Centers or Community Health Clinics		Same			
	⬚ Clients who receive healthcare through clinics of the Indian Health Service or other tribal health organizations		Same			
	⬚ Clients who receive healthcare through health care systems or insurers (e.g., hospital, VA, Kaiser)		Same			
	⬚ Clients who receive healthcare through individual physician offices/provider groups, including local health department clinics		Same			
	⬚ Enrollees of Medicaid/Medicare		Enrollees of Medicaid			
			Enrollees of Medicare			
	⬚ Other (please specify):_____		Same			
		S2, D.5			During PY2, did your BCCEDP program evaluate client reminder systems? (Check all that apply)	S2, D.5
					⬚ Yes, we conducted process evaluation of client reminder systems (e.g., number of clinics using client reminder systems)	
					⬚ Yes, we conducted outcome evaluation of client reminder systems, (e.g., changes in clinic-level screening rates)	
					⬚ No, we did not evaluate client reminder systems in PY2	
S2, E.1.	In PY1, did your BCCEDP program use small media (e.g., brochures, social media) with BCCEDP clients?	S2, E.1	During PY2, did your BCCEDP program use small media materials (e.g., educational brochures, targeted emails or social media with a screening promotion message)? (Check all that apply)	Included non-BCCEDP clients		
	Yes		⬚ Yes, for clients in BCCEDP clinics			
	No		⬚ Yes, for clients in non-BCCEDP clinics			
			⬚ No – skip to section 2.D			
S2, E.2.	In PY1, did your BCCEDP program use small media (e.g., brochures, social media) with non-BCCEDP audiences?		Not included	See S2, E.1 of Year 2 Survey		
	Yes					

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
	☐ No – skip to section 2.E.4					

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
S2, E.3	During PY1, what non-BCCEDP audiences received small media materials? (Check all that apply)	S2, E.2	During PY2, who received small media materials through the efforts of your BCCEDP program? (Check all that apply)	Includes BCCEDP and non-BCCEDP clients		
	⬜ Clients who receive healthcare through Federally Qualified Health Centers or Community Health Clinics		Same			
	⬜ Clients who receive healthcare through clinics of the Indian Health Service or other tribal health organizations		Same			
	health care systems or insurers (e.g., hospital, VA, Kaiser)		Same			
	⬜ Clients who receive healthcare through individual physician offices/provider groups, including local health department clinics		Same			
	⬜ Enrollees of Medicaid/Medicare		Enrollees of Medicaid			
			Enrollees of Medicare			
	⬜ Community members/the general public (e.g., religious organizations, workplaces, community-based organizations)		Same			
	⬜ Other (please specify):_____		Same			
S2, E.4	During PY1, did your BCCEDP program distribute small media materials in conjunction with any of the following activities? (Check all that apply)	S2, E.3	Same			
	⬜ Patient navigation/case management (e.g., a navigator gives a patient an educational brochure in addition to addressing other barriers)		Same			
	⬜ 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)		Same			
	gives a brochure to a community member during outreach)		Same			
	distributes brochures as part of an educational session)		Same			
	⬜ We disseminate small media materials as a stand-alone intervention		Same			

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
		S2, E.4			During PY2, did your BCCEDP program evaluate small media activities? (Check all that apply)	S2, E.4
					⬜ Yes, we conducted process evaluation of our small media activities (e.g., number of events where small media materials were distributed)	
					⬜ Yes, we conducted outcome evaluation of small media activities, (e.g., changes in intention to be screened for breast cancer)	
					⬜ No, we did not evaluate small media activities in PY2	
S2, F.1	In PY1, did your BCCEDP program produce or support a mass media campaign?	S2, F.1	Same			
	Yes		Same			
	No		⬜ No -- skip to Section 2.G.			
		S2, F.2			During PY2, what types of mass media were produced by or produced on behalf of your BCCEDP program? (Check all that apply)	S2, F.2
					⬜ Television	
					⬜ Radio	
					⬜ Digital media (e.g., social media campaign, advertising on the internet)	
					⬜ Newspaper/Magazines	
					⬜ Billboards, Transit signs	
					⬜ Other: ¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬_____	
		S2, F.3			During PY2, did your BCCEDP program evaluate your mass media campaign/activities? (Check all that apply)	S2, F.3
					⬜ Yes, we conducted process evaluation of our mass media campaign/activities (e.g., number of times media spot ran on TV during a given time period)	
					⬜ Yes, we conducted outcome evaluation of mass media campaign/activities, (e.g., changes in intention to be screened for breast cancer among specified population)	
					⬜ No, we did not evaluate mass media campaign/activities in PY2	

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
S2, G.1.	In PY1, did your BCCEDP program use activities to reduce structural barriers for BCCEDP clients?	S2, G.1	During PY2, did your BCCEDP program implement strategies to reduce structural barriers? (Check all that apply)			
	Yes		☐ Yes, for BCCEDP clients			
	☐ No – skip to section 2.G.3		☐ Yes, for non-BCCEDP clients in BCCEDP clinics			
			☐ Yes, for clients in non-BCCEDP clinics			
			☐ No – skip to section 2.H.			
S2,G.2.	During PY1, what strategies did your BCCEDP program implement to reduce structural barriers for BCCEDP clients? (Check all that apply)	S2, G.2	During PY2, what strategies did your BCCEDP program implement to reduce structural barriers?	BCCEDP and non-BCCEDP clients included in the response		
	☐ Reducing time or distance between service delivery setting and priority populations		Same			
	☐ Modifying hours of clinical service to better meet client needs		Same			
	Offering services in alternative or non-clinical settings (e.g., mobile mammography, sites with accommodations for those with disabilities)		Same			
	☐ Eliminating or simplifying administrative procedures and other obstacles		Same			
	☐ Providing clients assistance with transportation, language assistance, child/eldercare (e.g., patient navigation/case management)		Same			
	☐ Other (please specify) _____		Same			
			☐ Paying or reimbursing for a patient navigator/case manager			
			☐ Paying or reimbursing for a community health worker			
			☐ Referring or assisting women with insurance enrollment (e.g., Medicaid/Medicare, private insurance, IHS, state-funded insurance, Insurance Marketplace)			

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
S2,G.3	In PY1, did your BCCEDP program implement activities to reduce structural barriers for non-BCCEDP clients?		Not included		During PY2, did your BCCEDP program evaluate your efforts to reduce structural barriers? (Check all that apply)	S2, G.3
	Yes				⬜ Yes, we conducted process evaluation of our efforts to reduce structural barriers (e.g., number of clinics where Saturday hours were added)	
	No – skip to section 2.H				⬜ Yes, we conducted outcome evaluation of our efforts to reduce structural barriers, (e.g., changes in clinic-level screening rates for breast cancer)	
					⬜ No, we did not evaluate our efforts to reduce structural barriers in PY2	
S2, G.4	During PY1, what strategies did your BCCEDP program implement to reduce structural barriers for non-BCCEDP clients? (Check all that apply)		Not included			
	⬜ 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 (please specify) _____					
S2, H.1	In PY1, did your BCCEDP program use Community Health Workers (CHWs)?	S2, H.1	Same			
	Yes		Same			
	⬜ No – skip to section 2.I		Same			

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
S2, H.2	During PY1, what activities were typically conducted by CHWs? (Check all that apply)	S2, H.2	During PY2, what activities were typically conducted by the CHWs paid for or employed by your BCCEDP program? (Check all that apply)			
	Conduct outreach to community organizations/community members		Same			
			☐ Recruit "hard-to-reach" women for screening			
	screening		Same			
	☐ Provide one-on-one education		Same			
	☐ Provide group education		Same			
	☐ Conduct peer counseling and support		Same			
	☐ Connect women to a health care facility		Same			
	☐ Refer or assist women with insurance enrollment (e.g., Medicaid/Medicare, private insurance, IHS, state-funded insurance)		Same			
	☐ Assist women to address barriers to screening (e.g., transportation, language services)		Same			
	☐ Other (please specify):_____		Same			
S2, H.3	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 all that apply)	S2, H.4	Same		During PY2, did your BCCEDP program evaluate these CHW activities? (Check all that apply)	S2, H.3
	Yes, our BCCEDP provided a structured CHW training program in PY1		☐ Yes, our BCCEDP provided CHW classroom training		☐ Yes, we conducted process evaluation of our CHW activities (e.g., geographic reach of CHWs, number/FTEs of CHWs conducting activities)	
	☐ Yes, our BCCEDP paid for CHW training offered by others in PY1		☐ Yes, our BCCEDP provided online training for CHWs		☐ Yes, we conducted outcome evaluation of our CHW activities, (e.g., percent of women reached by CHWs who complete screening)	
	No		☐ Yes, our BCCEDP provided guidance manual/training document for CHWs		☐ No, we did not evaluate our CHW activities in PY2	
			☐ Yes, our BCCEDP paid for CHWs to attend training offered by others			
			☐ Yes, other: _____			
			☐ No, we did not provide training for CHWs in PY2			

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
S2, I.1	In PY1, did your BCCEDP program use patient navigators/case managers to assist BCCEDP clients through cancer SCREENING?	S2, I.1	Same			
	Yes		☐ Yes, for BCCEDP clients			
	No		☐ Yes, for non-BCCEDP clients in BCCEDP clinics			
			☐ Yes, for clients in non-BCCEDP clinics			
			☐ No – skip to question 2.I.3			
S2, I.2	In PY1, did your BCCEDP use patient navigators/case managers to assist non-BCCEDP clients through cancer SCREENING?		Not included			
	Yes					
	No					
S2, I.3	During PY1, what activities were typically delivered by patient navigators/case managers who assisted clients through cancer SCREENING? (Check all that apply)	S2, I.2	Same			
	☐ Assess client barriers to cancer screening		Same			
	☐ Educate clients about screening test procedures		Same			
	☐ Provide peer support/counseling		Same			
	☐ Assist to schedule appointments for screening		Same			
	☐ Arrange/provide transportation, translation (language), child or elder care services		Same			
	☐ Make reminder calls for screening appointments		Same			
	☐ Track/follow-up clients to ensure screening is complete and patient receives results		Same			
	☐ Make recommendations to clinics/health systems on procedural or other changes that support client adherence to screening		Same			
	☐ Collect and report data about navigator/case manager service delivery		Same			
	Other (please specify):_____		Same			
			☐ Conduct clinic in-reach or client outreach to recruit women for screening			

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
			⬚ Addressing socio-cultural barriers/issues			
			⬚ Refer or assist women with insurance enrollment (e.g., Medicaid/Medicare, private insurance, IHS, state-funded insurance, Insurance Marketplace)			
			⬚ Explain test results			
S2, I.4	In PY1, did your BCCEDP program use patient navigators/case managers to assist BCCEDP clients with abnormal screening results through DIAGNOSTIC TESTING?	S2, I.3	During PY2, did your BCCEDP program use patient navigators/case managers to assist clients through DIAGNOSTIC TESTING? (Check all that apply)			
	Yes		⬚ Yes, for BCCEDP clients			
	No		⬚ Yes, for non-BCCEDP clients in BCCEDP clinics			
			⬚ Yes, for non-BCCEDP clients in BCCEDP clinics			
			⬚ No – [if No to 2.I.1. and 2.I.3., skip to Section 2.J.; if No to 2.I.3. only, skip to 2.I.5]			
S2, I.5	5. During PY1, did your BCCEDP program use patient navigators/case managers to assist non-BCCEDP clients with abnormal screening results through DIAGNOSTIC TESTING?		Not included			
	Yes					
	No					

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
S2, I.6	During PY1, what activities were typically delivered by patient navigators/case managers who assisted clients with abnormal screening results through DIAGNOSTIC TESTING? (Check all that apply)	S2, I.4	During PY2, what activities were typically delivered by patient navigators/case managers who assisted clients with abnormal screening results through DIAGNOSTIC TESTING? (Check all that apply)			
	▢ Assess client barriers to diagnostic testing		Same			
	▢ Educate clients about diagnostic testing procedures		Same			
	▢ Provide peer support/counseling		Same			
	▢ Assist to schedule appointments for diagnostic testing		Same			
	▢ Arrange/provide transportation, translation (language), child or elder care services		Same			
	▢ Make reminder calls for diagnostic testing appointments		Same			
	▢ Track/follow-up clients to ensure diagnostic testing is complete and patient receives results		Same			
	▢ Assist clients diagnosed with cancer to get into cancer treatment		Same			
	▢ Make recommendations to clinics/health systems on procedural or other changes that support client adherence to diagnostic testing		Same			
	▢ Collect and report data about navigator/case manager service delivery		Same			
	▢ Other (please specify):_____		Same			
			▢ Addressing socio-cultural barriers/issues			
			▢ Refer or assist women with insurance enrollment (e.g., Medicaid/Medicare, private insurance, IHS, state-funded insurance, Insurance Marketplace)			
			▢ Explain test results			

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
S2, I.7	In PY1, did your BCCEDP program provide training about patient navigation/case management?	S2, I.5	During PY2, did your BCCEDP program provide training for patient navigators/case managers? We are not asking about ad hoc technical assistance that you might provide during the year. (Check all that apply)			
	⬜ Yes, our BCCEDP provided a structured PN/case management training program in PY1		⬜ Yes, our BCCEDP program provided PN/case management training class(es)			
	⬜ Yes, our BCCEDP paid for PN/case management training offered by others in PY1		⬜ Yes, our BCCEDP program provided online training for PN/case managers			
	⬜ No - skip to section 2.J		⬜ Yes, our BCCEDP program provided guidance manual/training document for PN/case managers			
			⬜ Yes, our BCCEDP program paid for PN/case management training offered by others (e.g., Harold Freeman Institute)			
			⬜ Yes, other: _____			
			⬜ No, we did not provide training for PN/case managers in PY2 -- skip to section 2.J.7			

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
S2, I.8	What topics were addressed in the training? (Check all that apply)	S2, I.6	Same			
	⬜ Assessing client barriers		Same			
	⬜ Screening guidelines for breast and cervical cancer		Same			
	⬜ Educating clients on breast and cervical cancer information		Same			
	⬜ Motivating clients to be screened		Same			
	⬜ Addressing structural barriers (e.g., transportation, language translation)		Same			
	Cultural competency		⬜ Ensuring cultural competency			
	⬜ Conducting patient tracking and follow-up		Same			
	⬜ Providing peer support/counseling		Same			
	⬜ Setting appropriate boundaries with clients		Same			
	⬜ Collecting/reporting data for patient navigation/case management		Same			
	⬜ Health systems change strategies		Same			
	⬜ Health reform issues		Same			
	⬜ Other (please specify):_____		Same			
			⬜ Referring or assisting women with insurance enrollment (e.g., Medicaid/Medicare, private insurance, IHS, state-funded insurance, Insurance Marketplace)			
		S2, 1.7			During PY2, did your BCCEDP program evaluate your patient navigation/case management activities? (Check all that apply)	S2, I.7
					⬜ Yes, we conducted process evaluation of our patient navigation/case management activities (e.g., number of women who were formally assessed by patient navigators/case managers)	
					⬜ Yes, we conducted outcome evaluation of our patient navigation/case management activities, (e.g., percent of women served by patient navigators/case managers who completed screening)	
					⬜ No, we did not evaluate our patient navigation/case management activities in PY2	

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
		S2, I.8			During PY2, how did your BCCEDP program pay for patient navigation/case management services for BCCEDP clients? (Check all that apply)	S2, I.8
					☐ Reimbursement to providers/clinics or other contractors for FTE support	
					☐ Reimbursement to providers/clinics on a per-patient navigation/case management basis	
					☐ Grantee staff served as patient navigators/case managers	
					☐ In-kind support from a community partner/program	
					☐ Other (specify): _____	
		S2, I.9			In the table below, please enter the requested information about patient navigators/case managers that worked with clients during PY2.	S2, I.9
					Number of patient navigators/case managers working with clients in PY2, regardless of whether BCCEDP funds were used to pay for clinical services	
					Number of FTE patient navigators/case managers working with clients in PY2, regardless of whether BCCEDP funds were used to pay for clinical services (e.g., you could have three people working 20 hrs/week representing total of 1.5 FTEs)	
		S2, I.10			During PY2, did any of your patient navigators/case managers collect and report non-clinical data to you about navigation services delivered (e.g., number of clients receiving navigation/case management, number of clients assessed for barriers, number and types of patient navigation contacts per client, percentage of clients navigated that completed screening).	S2, I.10
					☐ Yes	
					☐ No – Skip to question 2.I.12	
		S2, I.11			During PY2, did your BCCEDP program use some type of patient navigation data system to collect non-clinical data about navigation services delivered?	S2, I.11
					Yes	
					No	

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
		S2, I.12			During PY2, did your BCCEDP program collect clinical MDE data for non-BCCEDP clients who received navigation/case management?	S2, I.12
					Yes	
					No	
		S2, I.13			During PY2, did your BCCEDP encounter challenges related to accessing clinical screening data for non-BCCEDP clients who received navigation/case management?	S2, I.13
					☐ Yes	
					☐ No – Skip to Section 2.J	
		S2, I.14			What types of challenges have you experienced? _____	S2, I.14
S2, J.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").	S2, J.1	Same			
	Yes		☐ Yes, our BCCEDP facilitated enrollment in Medicaid			
	No		☐ Yes, our BCCEDP facilitated enrollment in Medicare			
			☐ Yes, our BCCEDP facilitated enrollment in IHS			
			☐ Yes, our BCCEDP facilitated enrollment in State-based insurance			
			☐ Yes, our BCCEDP facilitated enrollment in Insurance marketplace			
			☐ Yes, our BCCEDP facilitated enrollment in private insurance plans			
			☐ Yes, our BCCEDP facilitated enrollment, but I do not know the specific insurance sources			
			☐ No (skip to question 2.J.3)			

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
		S2, J.2			During PY2, what activities did your BCCEDP program conduct in order to facilitate women's enrollment in insurance coverage? (Check all that apply)	S2, J.2
					☐ Provided women information about sources of insurance coverage and related contact information (e.g., website for the Insurance Marketplace, Medicaid enrollment office phone number)	
					☐ Conducted assessments of women to see if they met eligibility criteria for insurance coverage through specific sources such as Medicaid, Medicare, IHS, State-based Insurance, Insurance Marketplace	
					☐ Provided assistance to women to help them complete insurance enrollment processes	
					they successfully enrolled in insurance coverage	
					Marketplace or insurance information	
					navigator for assistance	
					☐ Other:	
		S2, J.3			For how many women did your BCCEDP program facilitate enrollment into insurance coverage during PY2? (enter 99999 if unknown) _____	S2, J.3
S3, A.1	During PY1, what Federal Poverty Level (FPL) was used to determine BCCEDP program eligibility for clients supported by CDC BCCEDP funds? (Check only one)	S3, A.1	Same			
	250% FPL		Same			
	200% FPL		Same			
	Other (please specify)_____%		Same			
			Same			
S3, A.2	During PY1, did you require clients to provide any type of documentation (e.g., pay stubs) to determine eligibility based on FPL?	S3, A.2	Same			
	Yes		Same			
	No		☐ No – Skip to question 3.A.4			

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
S3, A.3	During PY1, what insurance status was used to determine BCCEDP program eligibility? (Check only one)		Not included		What type of documentation did your BCCEDP accept as proof of financial eligibility? (Check any that apply)	S3, A.3
	⬚ Only uninsured women were eligible for BCCEDP services [skip to section 3.A.5]				⬚ Pay stubs	
	⬚ 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)				⬚ Tax forms (W-2)	
					⬚ Proof of self-employment income	
					⬚ Proof of eligibility for other social services (e.g. WIC, TANF, Unemployment)	
					⬚ Signed affidavit	
					⬚ Other: _____	
S3, A.4	During PY1, did you track the number of women served by your BCCEDP program that were under-insured?		Not included		During PY2, were under-insured women eligible to receive clinical services through your BCCEDP? (i.e., under-insured are clients who are insured but cannot afford their insurance co-pay or deductible or whose insurance plan does not cover cancer screening)	S3, A.4
	⬚ Yes – and we know the percentage to 3.A.5				No	
	⬚ No – skip to 3.A.5				⬚ Yes, to screening services only	
					⬚ Yes, to diagnostic services only	
					⬚ Yes, both screening and diagnostic	
	If yes, and the percentage is known, what percentage of the number of women served in PY1 were under-insured? _____					
S3, A.5	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):	S3, A.9	During PY2, at what age were average risk women eligible for screening in your program? (Do not report exceptions for special circumstances, e.g., younger women if symptomatic, higher risk, or rarely/never screened; enter 99 if you do not provide the specific testing):		During PY2, among under-insured women, what costs did your BCCEDP program reimburse? (Check all that apply)	S3, A.5
	Minimum age for clinical breast exam: _____		Same		Co-pays	
	Minimum age for mammography screening: _____		Same		Deductibles	
	Minimum age for Pap test: _____		Same		All clinical costs	
	Minimum age for HPV co-testing: _____		Same			

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
S3, A.6	During PY1, was eligibility for the BCCEDP program restricted by any of the following requirements? (Check all that apply)	S3, A.10	During PY2, which of these criteria related to residency or tribal affiliation did your BCCEDP program use/apply to determine eligibility? (Check all that apply)		During PY2, did your program apply any eligibility criteria, in addition to meeting income and age requirements, for under-insured women to receive BCCEDP-funded clinical services?	S3, A.6
	Only U.S. citizens are eligible		⬚ Woman must live in our state or territory		⬚ Yes - please describe: _____	
	⬚ Only residents of our state or territory are eligible		⬚ Woman must live in our state or a bordering states		No	
	⬚ Only members or those with a defined affiliation with a tribe/tribal organization are eligible		⬚ Woman must be affiliated with a specific tribe/tribal organization			
	Other, please specify:_____		⬚ Other, please specify:_____			
	⬚ No, we do not use any of these requirements to restrict eligibility		⬚ We did not use any of these criteria in PY2			
S3, A.7	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)				During PY2, did your BCCEDP program track the insurance status of clients? (check only one)	S3, A.7
	Yes				⬚ Yes – in a data collection system	
	⬚ No - skip to section 3.B				⬚ Yes – manual or paper file only	
					⬚ No – skip to question 3.A.9	
S3, A.8	Which BCCEDP program eligibility criteria were changed during PY1? (Check all that apply)	S3, A.12	Which BCCEDP program eligibility criteria were changed during PY2? (Check all that apply)		During PY2, what percentage of women receiving clinical services through your BCCEDP program were under-insured? (enter 999 if unknown) _____	S3, A.8
	⬚ 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					
	⬚ Other (please specify)_____					
			Residency.Tribal affiliaion			

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
S3, A.9	Why did your BCCEDP program change your program eligibility criteria in PY1? (Check all that apply)	S3, A.13	Same			
	☐ 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 of state, tribe, territory, jurisdiction regulation					
	☐ Implementation of health reform					
	☐ Other (please specify):_____					
		S3, A.11			During PY2, did you change your BCCEDP program eligibility criteria from the previous year, PY1? (Do not report on temporary changes needed to adjust screening budgets)	S3, A.11
					Yes	
					☐ No - skip to question 3.A.14	
		S3, A.13			Why did your BCCEDP program change your program eligibility criteria in PY2? (Check all that apply)	S3, A.13
					☐ In response to 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	
					☐ Due to a change in state/tribe/territory/jurisdiction regulation	
					☐ Because of implementation of health reform	
					☐ Other (please specify):_____	
		S3, A.14			During PY2, did you observe an increase from previous years in the number of women referred to your BCCEDP program for clinical diagnostic services only?	S3, A.14
					Yes	
					☐ No – Skip to question 3.A.16	
		S3, A.15			How has this affected your BCCEDP program? [Open ended, limit # characters]	S3, A.15
		S3, A.16			During PY2, what strategies did your BCCEDP program use to identify and recruit new women to your BCCEDP program for screening? [Open ended, limit # characters]	S3, A.16

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
		S3, A.17			Does your BCCEDP program continue to provide any services to women who have received BCCEDP screenings in the past, but have since transitioned to Medicare?	S3, A.17
					Yes	
					☐ No – Skip to Section 3.B	
		S3, A.18			What types of services does your BCCEDP provide to BCCEDP clients who have transitioned to Medicare? (check all that apply)	S3, A.18
					☐ Client reminders sent from provider	
					☐ Client reminders sent from our BCCEDP program directly	
					☐ Patient navigation/case management services	
S3, B.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")?		Not included		During PY2, did your State Medicaid program discontinue implementation of the Medicaid Treatment Act?	S3, B.1
	Yes				Yes	
	No				☐ No – skip to question 3.B.3.	
		S3, B.2			Have you established a process to ensure women diagnosed with cancer through your BCCEDP have access to cancer treatment?	S3, B.2
					Yes	
					No	
		S3, B.3			During PY2, did your BCCEDP program consult with your state Medicaid office about the Medicaid Treatment Act (not about individual cases)?	S3, B.3
					Yes	
					No	

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
S3, C.1	During PY1, which payment reimbursement model best describes how your BCCEDP program paid for screening and diagnostic clinical services? (Check only one)	S3, C.1	Same			
	⯀ Our organization provides clinical services directly (e.g., some tribal programs)		Same			
	⯀ 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.)		Same			
	⯀ Capitated payment (A uniform reimbursement rate per woman served is established for a specified group of screening and/or diagnostic services.)		Same			
	⯀ Bundled payment (Reimbursement rates are established according to tiered case outcomes and are reimbursed retrospectively)		Same			
	⯀ 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.)		Same			
	⯀ Mixed (A combination of 2 or more of the above) or other payment model (please specify): _____		Same			
			⯀ F -- Other payment model (please specify): _____			
		S3, C.2			During PY2, did your BCCEDP program use performance-based contracting for reimbursing for clinical services (i.e., contract reimbursement contingent upon meeting performance targets or benchmarks)?	S3, C.2
					Yes	
					No	

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
S3, D.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).	S3, D.1	Same			
	Federally Qualified Health Centers or Community Health Centers		Same			
	Indian Health Service or other tribal health organization sites or clinics		Same			
	Individual offices or clinics, including local health departments, not including FQHCs		Same			
	Health care systems, or clinics associated with an insurer (e.g. hospital, VA, Kaiser)		Same			
	Other		Same			
SECTION 4 FROM YR SURVEY NOT INCLUDED IN YR2						

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
S5, 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 all that apply)	S4, 1	Same			
	☐ Federally Qualified Health Centers (FQHC)		Same			
	☐ Community Health Centers (Not FQHC)		Same			
	☐ Hospitals, health systems or insurers in your state/area		Same			
	☐ State Medicaid		Same			
	☐ Medicare		Same			
	☐ Indian Health Service (IHS) or other tribal organizations		Same			
	☐ Local health departments		Same			
	☐ Community-based nonprofit organizations (including faith-based)		Same			
	☐ Employers/worksites in your state/area		Same			
	☐ Accountable Care Organizations		Same			
	☐ Cancer Coalition		Same			
	☐ Other (please specify):_____		Same			
			☐ Faith-based organizations in your state/area			
			similar)			
			☐ Universities			
			☐ Consulates of Mexico			
			assistance for insurance enrollment			
			☐ Area Health Education Centers (AHEC)			

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
		S4, 2			HEALTH CENTERS, HOSPITALS/HEALTH SYSTEMS/INSURERS, STATE MEDICAID, MEDICARE, IHS, EMPLOYERS/WORKSITES, ACCOUNTABLE CARE ORGANIZATIONS, STATE PRIMARY CARE ASSOCIATIONS, ABOVE, ASK THE FOLLOWING QUESTIONS FOR EACH:Was this a new partnership category in PY2?	S4, 2
					Yes	
					No	
		S4, 3			partners within this category in PY2?	S4, 3
					Yes	
					No	
S5, 2	Was the partnership 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.	S4, 4	Same			
	Yes		⬜ Yes, the partnership was formalized during PY2			
	No		⬜ No, the partnership was formalized prior to PY2			
			⬜ No, the partnership is not formalized			

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
S5, 3	In general, what activities did you conduct with this type of partner during PY1? (Check all that apply)	S4, 5	Same			
	☐ Implementing evidence-based screening promotion activities (i.e., small media, client reminders, provider reminders, removing structural barriers, provider assessment/feedback)		Same			
	☐ Conducting CHW activities/patient navigation/case management		Same			
	☐ Conducting mass media		Same			
	☐ Conducting quality improvement/quality assurance activities (that are not an evidence based intervention)		Same			
	☐ Conducting activities to improve the use of data (e.g., assess screening rates, measure screening quality)		Same			
	☐ Facilitating insurance enrollment or 3rd party funding		Same			
	☐ Promoting organizational change (e.g., establishing absentee policy so that workers can take leave for screening appointments)		Same			
	☐ Conducting worksite wellness programming		Same			
	☐ Conducting special events (e.g. breast cancer awareness month activities)		Same			
	☐ Conducting activities related to health reform		☐ Conducting activities related to health reform, including related planning			
	☐ Other (please specify): _____		Same			
			☐ Conducting targeted outreach and recruitment for hard to reach women			
			☐ Conducting professional development or provider education			
			☐ Conducting CHW activities			
			☐ Conducting patient navigation/case management services			
			☐ Establishing data sharing agreements			

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
S6, 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 all data uses that apply)	S5, 1	Same			
S6, 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).	S5,2	Same			
	Yes					
	☐ No – skip to section 7		☐ No – skip to Section 6			
S6, 3	During PY1, to what types of organizations did you and your BCCEDP staff provide this sort of technical assistance? (Check all that apply)	S5, 3	Same			
	☐ Federally Qualified Health Centers or Community Health Centers		Same			
	☐ Indian Health Service or other tribal health organizations		Same			
	☐ Health care systems or insurers (e.g., Kaiser, VA, hospital)		Same			
	☐ Individual offices or clinics, including local health department clinics		Same			
	☐ Other (please specify):_____		Same			

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
S7, 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.	S6, 1	Same			
	Program planning		Same			
	Logic model devlopment and use		Same			
	Systems change		Same			
	Program monitoring & evaluation		Same			
	Data collection, management, & analysis		Same			
	Determining eligible population size for screening through the BCCEDP		Same			
	Provider reminders		Same			
	Provider assessment & feedback		Same			
	Client reminders		Same			
	Small media		Same			
	Reducing structural barriers		Same			
	Professional development/Provider education		Same			
	Use of social media		Same			
	Community health worker strategies		Same			
	Patient navigation/case management		Same			
	Recruiting hard to reach populations		Same			
	Clinical guidelines for screening		Same			
	Clinical guidelines for diagnostic evaluation		Same			
	Quality assurance/quality improvement strategies		Same			
	Establishing a business case for partnering		Same			
	Identifying health systems partners		Same			
	Assessing cancer screening systems		Same			
	Helping health systems use electronic health records to improve cancer screening		Same			
	Partnership development & maintenance		Same			
		S6, 2			What training and TA needs do you have related to health reform?¬¬¬¬_____	S6, 2

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
		S6, 3			How useful have you found the following technical assistance resources provided by CDC	S6, 3
					CDC Webinars (e.g., QSST, PETO)	
					Printed guide: An Action Guide for Working with Health Systems	
					Printed guide: An Action Guide for Engaging Employers and Professional Medical Organizations	
					ACA reference guide and fact sheets	
					ACA messaging tool	
					On-going technical assistance provided by PCs	
					Individual grantee survey reports	
					MDE data review/reports	
					IPR data reports	
					NBCCEDP Partnership toolkit	
					Other: _____	
S8, 1	Do you and your BCCEDP staff know the current size of the eligible BCCEDP population in your state/tribe/territory/jurisdiction?	S7, 1	Do you and your BCCEDP staff know or have you estimated the current size of the eligible BCCEDP population in your state/tribe/territory/jurisdiction?			S7, 1
	Yes		Yes			
	No		No			
S8, 2	Have you estimated the size of the eligible BCCEDP population in your state/tribe/territory/jurisdiction after health reform is implemented?		Not included		If Congress eliminated the 60/40 requirement, would your BCCEDP program spend less than the currently required 60% on clinical service delivery in order to conduct more non-screening activities?	S7, 2
	Yes				Yes	
	No				⬚ No -- Skip to question 7.4	
	N/A					
					To what activities might you shift your resources? (Check all that apply)	S7, 3
					⬚ Patient navigation/case management activities for non-BCCEDP clients	
					⬚ Community health worker activities	
					⬚ Screening surveillance or other data-related efforts	
					⬚ Health systems partnerships	
					⬚ Other? (please name):_____	

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
S8, 3	What are the top 3 challenges that impacted the management of your BCCEDP program during PY1?	S7, 4	Same			
	Staff furloughs/hiring freezes		Staff furloughs/hiring freezes/turnover			
	Significant changes in administrative systems		Significant changes in administrative systems and/or data systems			
	Staff turnover		REGROUPED			
	Loss of Federal funds (other than CDC NBCCEDP funds)		Same			
	Loss of non-Federal funds		Same			
	Loss of in-kind resources		Same			
	Agency reorganization		Same			
	Your state's implementation of provisions of health reform		Not included			
	Changes in clinical guidelines for breast and cervical cancer (e.g., provider adherence to guidelines, data system changes)		Same			
	Identifying women eligible for screening through the BCCEDP		Same			
	Collaborating with state/tribal partners		Same			
	Meeting CDC's 60/40 requirement		Same			
	Other (please specify)		Same			
			Integrating population-based activities into your BCCEDP program			
			Planning for the future of your BCCEDP			
S8, 4	Please list the amount of Federal, State, non-profit, and other funding that supported your BCCEDP program in PY1. Pro-rate funding if needed to associate with PY1.	S7, 5	Same			
	State		Same			
	Tribal		Same			
	Non-profit		Same			
	Other		Same			

PY1 Section, Q#	PY1 Question	PY2 Section, Q#	PY2 Revision	Notes - Changes made in PY2	Question introduced in PY2	PY2 Sec, Q#
S8, 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.					
S8, 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).					
S8, 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).					
S8, 8	Please list up to 3 main challenges you and your staff have faced related to health care reform and your BCCEDP program.					
		S7, 6			Has your BCCEDP program developed tools related to health reform that may be useful to others?	S7, 6
					Yes	
					☐ No – Skip to END	
		S7, 7			Please describe: _____	S7, 7