

Annual Survey of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) Grantees' Program Implementation

The Centers for Disease Control and Prevention (CDC), Division of Cancer Prevention and Control (DCPC) is assessing how states, tribes, tribal organizations and territorial health departments implement the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) during DP12-1205. This survey asks about your program implementation during DP12-1205 **program year 2**, the time period **July 1, 2013 through June 30, 2014**.

The aims of this data collection are to better understand how you are implementing your BCCEDP programs within an evolving healthcare context and to collect information about your training and technical assistance needs. Topics covered include: respondent information, program activities, clinical service delivery, non-screening partnerships, data use, training and technical assistance and program management. Your feedback is extremely important. Your responses to the questions are voluntary and will be kept in a secure manner. Results will be incorporated into individual and summary grantee reports for you and other stakeholders.

Given the evolving health care context, we expect that grantees will make changes in the types of activities implemented over the course of the 5-year program period. We do NOT expect that any program will be doing all of the activities asked about in this data collection.

***It should take approximately 40 minutes to complete the survey in one sitting.
Thank you for your participation.***

Public reporting burden of this collection of information is estimated to average 40 minutes per response including the time for reviewing the instructions and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, NE, MS D-74, Atlanta, GA 30333. ATTN: PRA(0920-XXXX)

INSTRUCTIONS/DEFINITIONS

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.

WHAT TIME PERIOD IS BEING ASSESSED? We are collecting information about the implementation of your DP1205 BCCEDP, program year 2 (PY2). Unless instructed otherwise, **all responses should reflect implementation of your BCCEDP in PY2 ONLY, July 1, 2013 – June 30, 2014.**

WHAT DO WE MEAN BY ‘YOUR BCCEDP PROGRAM’? The term ‘*BCCEDP program*’ refers to all those involved in the implementation of your program/program activities, including you, your contractors, and your other partners, regardless of funding source (e.g., CDC funds, State funds, Komen funds) .

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).

WHAT DO WE MEAN BY ‘BCCEDP CLINICS’?

‘*BCCEDP clinics*’ are sites where BCCEDP-funded *clinical services* are provided.

[Note: ‘BCCEDP-funded’ includes all funding sources supporting your BCCEDP program such as CDC funds, State funds, and/or Komen funds.]

WHAT DO WE MEAN BY ‘NON-BCCEDP CLINICS’?

‘*Non-BCCEDP clinics*’ are those sites where BCCEDP-funded clinical services are **NOT** provided, but where other BCCEDP-funded activities (e.g., patient navigation, client reminders) may take place.

[Note: ‘BCCEDP-funded’ includes all funding sources supporting your BCCEDP program such as CDC funds, State funds, and/or Komen funds.]

WHAT DO WE MEAN BY ‘BCCEDP CLIENTS’?

‘*BCCEDP clients*’ include all persons who receive BCCEDP-funded *clinical screening and diagnostic services*. [Note: ‘BCCEDP-funded’ includes all funding sources supporting your BCCEDP program such as CDC funds, State funds, and/or Komen funds.]

WHAT ARE PROCESS AND OUTCOME EVALUATION?

Process evaluation involves collecting and analyzing information about **how** program activities were implemented (e.g., number of clients assessed by a patient navigator).

Outcome evaluation examines whether expected outcomes were achieved (e.g., changes in clinic-level screening rates).

SECTION 1: RESPONDENT INFORMATION

1. With which BCCEDP program are you affiliated? [Dropdown list of all BCCEDP grantees]
 - Check appropriate GRANTEE NAME

2. What is your current position with the BCCEDP program? (*Check all that apply*)
 - Program director (the primary contact for the BCCEDP cooperative agreement)
 - Program manager/coordinator (the day-to-day manager for the BCCEDP)
 - Other (please specify):_____

3. How long have you worked with the BCCEDP program in your state/tribe/territory/jurisdiction/organization?
 - < 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 BCCEDP's implementation of specific program activities** in program year 2 (PY2). Subsections A-C apply to provider-oriented activities; D-J address client-oriented activities.

A. 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.

1. During PY2, did one or more of your **BCCEDP clinics** utilize a provider reminder system?
 - Yes
 - No** – skip to Section B

2. 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*)
 - Yes, in BCCEDP clinics
 - Yes, in non-BCCEDP clinics
 - No** -- skip to question 2.A.4.

3. What activities did your BCCEDP program conduct to implement a provider reminder system? (*Check all that apply*)
 - We sent reminders directly
 - We provided funding to others to implement
 - We provided technical assistance to support others to implement
 - Other: _____

4. During PY2, what types of clinics (BCCEDP and/or Non-BCCEDP) implemented provider reminder systems? (*Check all that apply*)
 - 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): _____

5. During PY2, did your BCCEDP program evaluate provider reminder systems? (*Check all that apply*)
 - 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

B. 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 about their performance (feedback), sometimes comparing it with a goal or standard.

1. During PY2, did your BCCEDP program use some or all of CDC's 11 core performance indicators to produce provider or clinic-level feedback reports for **BCCEDP clinics**?
 - Yes
 - No** -- skip to question 2.B.8.

2. 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?
 - Yes
 - No

3. During PY2, did the feedback reports include comparisons between **BCCEDP clinics** or individual providers on specific indicators?
 - Yes
 - No

4. During PY2, did the feedback reports include data **other** than some or all of the CDC's 11 core performance indicators?
 - Yes
 - No

5. During PY2, how frequently did your BCCEDP program distribute these feedback reports to **BCCEDP clinics**?
 - 1-2 times
 - More than 2 times

6. How long has your BCCEDP program been producing and distributing these feedback reports to **BCCEDP clinics**?
 - 1-2 years
 - 3-5 years
 - >5 years

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**?
 - Yes
 - No

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**?

- Yes
- No** –

[if Yes to 2.B.1. and No to 2.B.8., skip to 2.B.10; if No to 2.B.1. and No to 2.B.8, skip to Section 2.C]

9. What activities did your BCCEDP program conduct in relation to provider assessment and feedback? *(Check all that apply)*

- We provided funding to others to implement
- We provided technical assistance to support others to implement
- Other: _____

10. During PY2, what types of clinics (BCCEDP and/or Non-BCCEDP) received assessment and feedback reports? *(Check all that apply)*

- 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): _____

11. During PY2, did your BCCEDP program evaluate provider assessment and feedback activities? *(Check all that apply)*

- 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

C. PROFESSIONAL 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).

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)*
 - Yes, for providers in BCCEDP clinics
 - Yes, for providers in non-BCCEDP clinics
 - No – skip to section 2.D

2. How did your BCCEDP program implement professional development/provider education *(Check all that apply)*
 - We provided professional development activities directly
 - We provided funding to others to implement
 - We provided technical assistance to support others to implement
 - Other: _____

3. During PY2, which providers received professional development/provider education? *(Check all that apply)*
 - Providers in Federally Qualified Health Centers or Community Health Centers
 - Providers in the Indian Health Service hospital or clinic 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
 - Local health department clinics
 - Other (please specify): _____

4. During PY2, did your BCCEDP program evaluate professional development/provider education activities? *(Check all that apply)*
 - 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

Now we will ask you about client-oriented activities

D. CLIENT REMINDERS

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

1. During PY2, did **BCCEDP clients** receive client reminders either directly from your BCCEDP program or from BCCEDP clinics?
 - Yes
 - No – skip to section 2.E

2. 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)*
 - Yes, in BCCEDP clinics
 - Yes, in non-BCCEDP clinics
 - 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]

3. What activities did your BCCEDP program conduct to implement a client reminder system? *(Check all that apply)*
 - We sent reminders directly
 - We provided funding to others to implement
 - We provided technical assistance to support others to implement
 - Other: _____

4. During PY2, who received client reminders? *(Check all that apply)*
 - Clients who receive healthcare through Federally Qualified Health Centers or Community Health Clinics
 - Clients who receive healthcare through clinics of the Indian Health Service hospital or clinic 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
 - Enrollees of Medicare
 - Other (please specify): _____

5. During PY2, did your BCCEDP program evaluate client reminder systems? *(Check all that apply)*
 - 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

E. 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.

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)*
 - Yes, for clients in BCCEDP clinics
 - Yes, for clients in non-BCCEDP clinics
 - No** – skip to section 2.F

2. During PY2, who received small media materials through the efforts of your BCCEDP program? *(Check all that apply)*
 - Clients who receive healthcare through Federally Qualified Health Centers or Community Health Clinics
 - Clients who receive healthcare through hospitals or 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
 - Enrollees of Medicare
 - Community members/the general public (e.g., religious organizations, workplaces, community-based organizations)
 - Other (please specify): _____

3. During PY2, did your BCCEDP program distribute small media materials **in conjunction** with any of the following activities? *(Check all 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 community 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)
 - Small media materials are disseminated as a stand-alone intervention

4. During PY2, did your BCCEDP program evaluate small media activities? *(Check all that apply)*
 - 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

F. MASS MEDIA

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

1. During PY2, did your BCCEDP program produce or support a mass media campaign? By “produce or support” we mean providing funding or technical assistance to support production and placement of mass media, or producing these media activities directly.
 - Yes
 - No** -- skip to Section 2.G.

2. During PY2, what types of mass media were produced by or produced on behalf of your BCCEDP program? *(Check all that apply)*
 - Television
 - Radio
 - Digital media (e.g., social media campaign, advertising on the internet)
 - Newspaper/Magazines
 - Billboards, Transit signs
 - Other: _____

3. During PY2, did your BCCEDP program evaluate your mass media campaign/activities? *(Check all that apply)*
 - 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

G. 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.

1. During PY2, did your BCCEDP program implement strategies to reduce structural barriers?
(Check all that apply)
 - Yes, for BCCEDP clients only
 - Yes, for all clients in BCCEDP clinics, including non-BCCEDP clients
 - Yes, for clients in non-BCCEDP clinics
 - No** – skip to section 2.H.

2. During PY2, what strategies did your BCCEDP program implement to reduce structural barriers?
(Check all 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
 - 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)
 - Other (please specify) _____

3. During PY2, did your BCCEDP program evaluate your efforts to reduce structural barriers?
(Check all that apply)
 - Yes, we conducted **process evaluation** of our efforts to reduce structural barriers (e.g., number of clinics where Saturday hours were added)
 - 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

H. 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 (sometimes referred to as Community Health Representatives, or promotoras).

1. During PY2, did your BCCEDP program include Community Health Workers (CHWs)?
 - Yes
 - No** – skip to 2.H.4.

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
 - Recruit “hard-to-reach” women for screening
 - Conduct in-reach to recruit women for screening or 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, Insurance Marketplace)
 - Assist women to address barriers to screening (e.g., transportation, language services)
 - Other (please specify): _____

3. During PY2, did your BCCEDP program evaluate these CHW activities? (*Check all that apply*)
 - Yes, we conducted **process evaluation** of our CHW activities (e.g., geographic reach of CHWs, number/FTEs of CHWs conducting activities)
 - Yes, we conducted **outcome evaluation** of our CHW activities, (e.g., percent of women reached by CHWs who complete screening)
 - No, we did not evaluate our CHW activities in PY2

4. During PY2, did your BCCEDP program provide training for CHWs? We are NOT asking about ad hoc technical assistance for CHWs that you might provide during the year. Note: we will ask about training for patient navigators and case managers separately, in the next section. (*Check all that apply*)
 - Yes, our BCCEDP provided CHW classroom training
 - Yes, our BCCEDP provided online training for CHWs
 - Yes, our BCCEDP provided guidance manual/training document for CHWs
 - Yes, our BCCEDP paid for CHWs to attend training offered by others
 - Yes, other: _____
 - No, we did not provide training for CHWs in PY2

I. 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. During PY2, did your BCCEDP program use patient navigators/case managers to assist clients through cancer **SCREENING**? (Check all that apply)
 - Yes, for BCCEDP clients
 - Yes, for non-BCCEDP clients in BCCEDP clinics
 - Yes, for non-BCCEDP clients in non-BCCEDP clinics
 - No** - skip to question 2.1.3

2. During PY2, what activities were typically delivered by patient navigators/case managers who assisted clients through cancer **SCREENING**? (Check all 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
 - Conduct clinic in-reach or client outreach to recruit women for screening
 - 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
 - Other (please specify): _____

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

3. During PY2, did your BCCEDP program use patient navigators/case managers to assist clients through **DIAGNOSTIC TESTING**? (Check all that apply)
- Yes, for BCCEDP clients
 - Yes, for non-BCCEDP clients in BCCEDP clinics
 - Yes, for non-BCCEDP clients in non-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]
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
 - 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
 - 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
 - Other (please specify): _____

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

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 program provided PN/case management training class(es)
 - Yes, our BCCEDP program provided online training for PN/case managers
 - 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
6. What topics were addressed in the training? *(Check all 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)
 - Ensuring 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
 - Supporting health systems change strategies
 - Understanding health reform issues
 - Referring or assisting women with insurance enrollment (e.g., Medicaid/Medicare, private insurance, IHS, state-funded insurance, Insurance Marketplace)
 - Other (please specify): _____
7. During PY2, did your BCCEDP program evaluate your patient navigation/case management activities? *(Check all that apply)*
- 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

8. During PY2, how did your BCCEDP program pay for patient navigation/case management services for BCCEDP clients? (Check all that apply)
- 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): _____

9. In the table below, please enter the requested information about patient navigators/case managers that worked with clients during PY2.

	If no navigators or case managers were part of your BCCEDP program, enter '0'. If you do not know the number of people or FTEs, enter '9999.'
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)	

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).

- Yes
- No** – Skip to question 2.I.12

11. During PY2, did your BCCEDP program use some type of patient navigation data system to collect non-clinical data about navigation services delivered?

- Yes
- No

12. During PY2, did your BCCEDP program collect clinical MDE data for **non-BCCEDP clients** who received navigation/case management?

Yes

No

13. During PY2, did your BCCEDP encounter challenges related to accessing clinical screening data for **non-BCCEDP clients** who received navigation/case management?

Yes

No - Skip to Section 2.J

14. What types of challenges have you experienced? _____

J. FACILITATING ENROLLMENT IN INSURANCE PROGRAMS FOR CANCER SCREENING

1. During PY2, did your BCCEDP program facilitate women’s enrollment in insurance coverage for breast and cervical cancer screening services? This question is NOT referring to enrolling BCCEDP clients in Medicaid following a cancer diagnosis (commonly referred to as the “Treatment Act”). *(Check all that apply)*
 - Yes, our BCCEDP facilitated enrollment in Medicaid
 - 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)

2. During PY2, what activities did your BCCEDP program conduct in order to facilitate women’s enrollment in insurance coverage? *(Check all that apply)*
 - 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
 - Tracked and followed-up with women to see if they successfully enrolled in insurance coverage
 - Referred women to a partner organization for Marketplace or insurance information
 - Referred women to a trained/certified insurance navigator for assistance
 - Other:

3. For how many women did your BCCEDP program facilitate enrollment into insurance coverage during PY2? (enter 99999 if unknown) _____

SECTION 3: CLINICAL SERVICE DELIVERY

The following questions apply specifically to delivering breast and cervical cancer screening and diagnostic clinical services to **BCCEDP clients**.

A. CLIENT ELIGIBILITY CRITERIA FOR SCREENING

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.

1. During PY2, what Federal Poverty Level (FPL) was used to determine eligibility for clients receiving BCCEDP-funded clinical services? *(Check only one)*
 - 250% FPL
 - 200% FPL
 - Other (please specify): _____%

2. During PY2, did your BCCEDP program require clients to provide any type of documentation (e.g., pay stubs) to determine financial eligibility based on FPL?
 - Yes
 - No – Skip to question 3.A.4

3. What type of documentation did your BCCEDP accept as proof of financial eligibility? *(Check any that apply)*
 - Pay stubs
 - Tax forms (W-2)
 - Proof of self-employment income
 - Proof of eligibility for other social services (e.g. WIC, TANF, Unemployment)
 - Signed affidavit
 - Other: _____

4. 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)
 - No
 - Yes, to screening services only
 - Yes, to diagnostic services only
 - Yes, both screening and diagnostic

5. During PY2, among **under**-insured women, what costs did your BCCEDP program reimburse? *(Check all that apply)*
 - Co-pays
 - Deductibles
 - All clinical costs

- Other (please specify): _____
6. 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?
- Yes - please describe: _____
- No
7. During PY2, did your BCCEDP program track the insurance status of clients?
- Yes - in a data collection system
- Yes - manually or paper form only
- No - skip to question 3.A.9
8. During PY2, what percentage of women receiving clinical services through your BCCEDP program were **under**-insured? (enter 999 if unknown) _____
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*):
- Minimum age for clinical breast exam: _____
- Minimum age for mammography screening: _____
- Minimum age for Pap test: _____
- Minimum age for Pap with HPV co-testing: _____
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*)
- Woman must live in our state or territory
- Woman must live in our state or a bordering state
- Woman must be affiliated with a specific tribe/tribal organization
- Other, please specify: _____
- We did not use any of these criteria in PY2
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*)
- Yes
- No - skip to question 3.A.14
12. Which BCCEDP program eligibility criteria were changed during PY2? (*Check all 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, Pap with HPV co-testing
- Residency/Tribal affiliation
- Other (please specify) _____

13. Why did your BCCEDP program change your program eligibility criteria in PY2? (Check all that apply)
- 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): _____
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**?
- Yes
 - No – Skip to question 3.A.16
15. How has this affected your BCCEDP program? [Open ended, limit # characters]
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]
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?
- Yes
 - No – Skip to Section 3.B
18. What types of services does your BCCEDP provide to BCCEDP clients who have transitioned to Medicare? (check all that apply)
- Client reminders sent from provider
 - Client reminders sent from our BCCEDP program directly
 - Patient navigation/case management services
 - Other _____

B. BREAST AND CERVICAL CANCER PREVENTION AND TREATMENT ACT OF 2000
(Tribes, Tribal Associations and Territories will not be shown this section)

1. During PY2, did your State Medicaid program discontinue implementation of the Medicaid Treatment Act?
 Yes
 No – skip to question 3.B.3.

2. Have you established a process to ensure women diagnosed with cancer through your BCCEDP have access to cancer treatment?
 Yes
 No

3. During PY2, did your BCCEDP program consult with your state Medicaid office about the Medicaid Treatment Act (not about individual cases)?
 Yes
 No

C. BCCEDP CLINIC SERVICE REIMBURSEMENT MODEL

1. During PY2, which payment reimbursement model best describes how your BCCEDP program paid for screening and diagnostic clinical services? *(Check all that apply)*
 - 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.)*
 - Other payment model (please specify): _____

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)?
 - Yes
 - No

D. BCCEDP PROVIDER SITES

1. In the table below, please enter the number of individual **primary care sites** that delivered BCCEDP screening services in PY2 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).

	<p>Number of individual BCCEDP clinic sites that delivered BCCEDP screening services in PY2</p> <p>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'.</p>
Federally Qualified Health Centers or Community Health Centers	
Indian Health Service or other tribal health organization sites or clinics	
Individual offices or clinics, including local health departments, not including FQHCs	
Health care systems, hospitals, or clinics associated with an insurer (e.g. VA, Kaiser)	
Other: _____	

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

SECTION 4: NON-SCREENING PARTNERSHIPS

1. During PY2, which of the following agencies or types of organizations did **you and your BCCEDP staff** collaborate with on BCCEDP-related program efforts, **other than for direct screening services?** *(Check all 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
 - Nonprofit and/or advocacy organizations (e.g., ACS, Komen, a homeless coalition)
 - Employers/worksites in your state/area
 - Accountable Care Organizations
 - Cancer Coalition
 - Faith-based organizations in your state/area
 - State Primary Care Associations (or similar)
 - Universities
 - Consulates of Mexico
 - Consumer programs with in-person assistance for insurance enrollment
 - Area Health Education Centers (AHEC)
 - Other (please specify): _____

IF THE RESPONDENT SELECTED FQHC, COMMUNITY 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:

2. Was the partnership with Federally Qualified Health Centers (FQHC) a new partnership category in PY2?
- Yes (skip to question 4)
 - No
3. Did your BCCEDP program expand the number of partners with Federally Qualified Health Centers (FQHC)?
- Yes
 - No

4. Was the partnership with Federally Qualified Health Centers (FQHC) formalized through a written agreement **during PY2** (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 in PY2.
 - Yes, the partnership was formalized during PY2
 - No, the partnership was formalized prior to PY2
 - No, the partnership is not formalized

5. In general, what activities did you conduct with Federally Qualified Health Centers (FQHC) during PY2? (**Check all that apply**)
 - Implementing evidence-based interventions recommended by The Community Guide (i.e., small media, client reminders, provider reminders, removing structural barriers, provider assessment/feedback)
 - 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 programs
 - Conducting special events (e.g. breast cancer awareness month activities)
 - Conducting activities related to health reform, including related planning
 - 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
 - Other (please specify): _____

6. Was the partnership with Community Health Centers (Not FQHC) a new partnership category in PY2?
 - Yes (skip to question 8)
 - No

7. Did your BCCEDP program expand the number of partnerships with Community Health Centers (Not FQHC) in PY2?
 - Yes
 - No

8. Was the partnership with Community Health Centers (Not FQHC) formalized through a written agreement **during PY2** (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 in PY2.
- Yes, the partnership was formalized during PY2
 - No, the partnership was formalized prior to PY2
 - No, the partnership is not formalized
9. In general, what activities did you conduct with Community Health Centers (Not FQHC) during PY2? (**Check all that apply**)
- Implementing evidence-based interventions recommended by The Community Guide (i.e., small media, client reminders, provider reminders, removing structural barriers, provider assessment/feedback)
 - 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 programs
 - Conducting special events (e.g. breast cancer awareness month activities)
 - Conducting activities related to health reform, including related planning
 - 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
 - Other (please specify): _____
10. Was the partnership with Hospitals, health systems or insurers in your state/area a new partnership category in PY2?
- Yes (skip to question 12)
 - No
11. Did your BCCEDP program expand the number of partners within Hospitals, health systems or insurers in your state/area in PY2?
- Yes
 - No

12. Was the partnership with Hospitals, health systems or insurers in your state/area formalized through a written agreement **during PY2** (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 in PY2.

- Yes, the partnership was formalized during PY2
- No, the partnership was formalized prior to PY2
- No, the partnership is not formalized

13. In general, what activities did you conduct with Hospitals, health systems or insurers in your state/area during PY2? **(Check all that apply)**

- Implementing evidence-based interventions recommended by The Community Guide (i.e., small media, client reminders, provider reminders, removing structural barriers, provider assessment/feedback)
- 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 programs
- Conducting special events (e.g. breast cancer awareness month activities)
- Conducting activities related to health reform, including related planning
- 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
- Other (please specify): _____

14. Was the partnership with State Medicaid a new partnership category in PY2?

- Yes (skip to question 16)
- No

15. Did your BCCEDP program expand the number of partners within State Medicaid in PY2?

- Yes
- No

16. Was the partnership with State Medicaid formalized through a written agreement **during PY2** (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 in PY2.

- Yes, the partnership was formalized during PY2
- No, the partnership was formalized prior to PY2
- No, the partnership is not formalized

17. In general, what activities did you conduct with State Medicaid during PY2? (**Check all that apply**)

- Implementing evidence-based interventions recommended by The Community Guide (i.e., small media, client reminders, provider reminders, removing structural barriers, provider assessment/feedback)
- 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 programs
- Conducting special events (e.g. breast cancer awareness month activities)
- Conducting activities related to health reform, including related planning
- 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
- Other (please specify): _____

18. Was the partnership with Medicare a new partnership category in PY2?

- Yes (skip to question 20)
- No

19. Did your BCCEDP program expand the number of partners within Medicare in PY2?

- Yes
- No

20. Was the partnership with Medicare formalized through a written agreement **during PY2** (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 in PY2.
- Yes, the partnership was formalized during PY2
 - No, the partnership was formalized prior to PY2
 - No, the partnership is not formalized
21. In general, what activities did you conduct with Medicare during PY2? **(Check all that apply)**
- Implementing evidence-based interventions recommended by The Community Guide (i.e., small media, client reminders, provider reminders, removing structural barriers, provider assessment/feedback)
 - 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 programs
 - Conducting special events (e.g. breast cancer awareness month activities)
 - Conducting activities related to health reform, including related planning
 - 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
 - Other (please specify): _____
22. Was the partnership with Indian Health Service (IHS) a new partnership category in PY2?
- Yes (skip to question 24)
 - No
23. Did your BCCEDP program expand the number of partners within Indian Health Service (IHS) in PY2?
- Yes
 - No

24. Was the partnership with Indian Health Service (IHS) formalized through a written agreement **during PY2** (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 in PY2.
- Yes, the partnership was formalized during PY2
 - No, the partnership was formalized prior to PY2
 - No, the partnership is not formalized
25. In general, what activities did you conduct with Indian Health Service (IHS) during PY2? (**Check all that apply**)
- Implementing evidence-based interventions recommended by The Community Guide (i.e., small media, client reminders, provider reminders, removing structural barriers, provider assessment/feedback)
 - 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 programs
 - Conducting special events (e.g. breast cancer awareness month activities)
 - Conducting activities related to health reform, including related planning
 - 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
 - Other (please specify): _____
26. Was the partnership with Employers/worksites in your state/area a new partnership category in PY2?
- Yes (skip to 28)
 - No
27. Did your BCCEDP program expand the number of partners within Employers/worksites in your state/area in PY2?
- Yes
 - No

28. Was the partnership with Employers/worksites in your state/area formalized through a written agreement **during PY2** (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 in PY2.
- Yes, the partnership was formalized during PY2
 - No, the partnership was formalized prior to PY2
 - No, the partnership is not formalized
29. In general, what activities did you conduct with Employers/worksites in your state/area during PY2? (**Check all that apply**)
- Implementing evidence-based interventions recommended by The Community Guide (i.e., small media, client reminders, provider reminders, removing structural barriers, provider assessment/feedback)
 - 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 programs
 - Conducting special events (e.g. breast cancer awareness month activities)
 - Conducting activities related to health reform, including related planning
 - 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
 - Other (please specify): _____
30. Was the partnership with Accountable Care Organizations a new partnership category in PY2?
- Yes (skip to question 32)
 - No
31. Did your BCCEDP program expand the number of partners within Accountable Care Organizations in PY2?
- Yes
 - No

32. Was the partnership with Accountable Care Organizations formalized through a written agreement **during PY2** (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 in PY2.

- Yes, the partnership was formalized during PY2
- No, the partnership was formalized prior to PY2
- No, the partnership is not formalized

33. In general, what activities did you conduct with Accountable Care Organizations during PY2?
(Check all that apply)

- Implementing evidence-based interventions recommended by The Community Guide (i.e., small media, client reminders, provider reminders, removing structural barriers, provider assessment/feedback)
- 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 programs
- Conducting special events (e.g. breast cancer awareness month activities)
- Conducting activities related to health reform, including related planning
- 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
- Other (please specify): _____

34. Was the partnership with State Primary Care Associations (or similar) a new partnership category in PY2?

- Yes (skip to question 36)
- No

35. Did your BCCEDP program expand the number of partners within State Primary Care Associations (or similar) in PY2?

- Yes
- No

36. Was the partnership with State Primary Care Associations (or similar) formalized through a written agreement **during PY2** (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 in PY2.

- Yes, the partnership was formalized during PY2
- No, the partnership was formalized prior to PY2
- No, the partnership is not formalized

37. In general, what activities did you conduct with State Primary Care Associations (or similar) during PY2? (**Check all that apply**)

- Implementing evidence-based interventions recommended by The Community Guide (i.e., small media, client reminders, provider reminders, removing structural barriers, provider assessment/feedback)
- 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 programs
- Conducting special events (e.g. breast cancer awareness month activities)
- Conducting activities related to health reform, including related planning
- 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
- Other (please specify): _____

SECTION 5: DATA USE

1. 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)*

Data Source	Did not use in PY2	Measure screening rates	Measure clinical quality	Monitor and evaluate an activity	Assessment and planning
State or Regional Cancer Plan					
BRFSS					
State cancer registry, SEER data, 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 or aggregate/summary patient data (e.g., within clinics or health systems, RPMS for tribal programs)					
Primary data collection (e.g., pre- & post-tests, provider survey, patient satisfaction survey)					
National or state health survey data (e.g., American Community Survey)					

Other (please specify):					
Other (please specify):					

2. During PY2, 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., improving use of provider or health system data to assess screening rates (EMR), measure screening quality)? We are **not** referring to BCCEDP specific data (MDEs).
- Yes
 - No - skip to Section 6
3. During PY2, to what types of organizations did you and your BCCEDP staff provide this sort of technical assistance? (*Check all 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
 - Local health department clinics
 - Other (please specify): _____

SECTION 6: TRAINING AND TECHNICAL ASSISTANCE

1. Using a scale of high to low, please rate the **current** need for training (not limited to PY2) among you and your BCCEDP staff in the areas listed below.

Area of Training/Technical Assistance	Level of Need for Training		
	High	Medium	Low
Management activities			
Program planning			
Logic model development & use			
Systems change			
Program monitoring & evaluation			
Data collection, management, & analysis			
Determining eligible population size for screening through the BCCEDP			
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 worker strategies			
Patient navigation/case management			
Recruiting hard to reach populations			
Quality Assurance/Quality Improvement			
Clinical guidelines for screening			
Clinical guidelines for diagnostic evaluation			
Quality assurance/quality improvement strategies			
Health Systems Partnerships			
Establishing a business case for partnering			
Identifying health systems partners			
Assessing cancer screening systems			
Helping health systems use electronic health records to improve cancer screening			

Other			
Partnership development & maintenance			

2. What training and TA needs do you have related to health reform? _____

3. How useful have you found the following technical assistance resources provided by CDC?

	N/A - did not use	Very useful	Somewhat useful	Not useful
CDC Webinars (e.g., QSST, PETO)				
Printed guide: <i>An Action Guide for Working with Health Systems</i>				
Printed guide: <i>An Action Guide for Engaging Employers and Professional Medical Organizations</i>				
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: _____				

Section 7: Program Management

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?
 - Yes
 - No

2. 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?
 - Yes
 - No -- Skip to question 7.4

3. To what activities might you shift your resources? *(Check all that apply)*
 - Evidence-based strategies to increase population-based screening (e.g., provider assessment and feedback, client reminders)
 - 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 specify): _____

4. During PY2, what were the top 3 challenges that impacted the management of your BCCEDP program?

Management challenges	Check top 3
Staff furloughs/hiring freezes/turnover	
Significant changes in administrative systems and/or data systems	
Loss of Federal funds (other than CDC NBCCEDP funds)	
Loss of non-Federal funds (e.g., State funds)	
Loss of in-kind resources	
Agency reorganization	
Health care reform	
Changes in clinical guidelines for breast and cervical cancer (e.g., provider adherence to guidelines)	
Identifying women eligible for screening through the BCCEDP and meeting screening projections	
Collaborating with state/tribal partners	

Meeting the 60/40 requirement	
Integrating population-based activities into your BCCEDP program	
Planning for the future of your BCCEDP	
Other (please specify):	

5. Please list the amount of Federal, State, non-profit, and other funding that supported your BCCEDP program in PY2. Pro-rate funding if needed to associate with PY2.

Funding Source	Amount Received in PY2
Federal (Do not include funds received from CDC through the NBCCEDP DP12-1205)	\$
State	\$
Tribal	\$
Non-profit (e.g., ACS, Komen for the Cure, LIVESTRONG)	\$
Other - please specify:	\$

We are asking about your experience to date (not limited to the time period of PY2).

6. Has your BCCEDP program developed tools related to health reform that may be useful to others?

- Yes
- No - Skip to END

7. Please describe: _____

Thank you VERY MUCH for your time in completing this survey. The data provide a systematic assessment of NBCCEDP grantee implementation activities. Your program will receive a report summarizing your data along with aggregate data for the program in the near future. If you have any questions, please contact Stephanie Melillo at 770.488.4294 or bcu6@cdc.gov.

END OF SURVEY