ATTACHMENT F

FREQUENTLY ASKED QUESTIONS (FAQ)

CDC Colorectal Cancer Control Program (CRCCP)
Annual Grantee Survey of Program Implementation

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What is the purpose of the survey?

The purpose of this survey is to:
1. Understand how grantees are implementing CDC's Colorectal Cancer Control Program (CRCCP)
2. Establish a baseline to assess how implementation changes each year
3. Collect information related to technical assistance and training needs
4. *New!* Compare CRC screening provision and promotion activities between funded CRCCP states/tribes and unfunded states/tribes.

Who should complete the survey?

The person responsible for day-to-day management of the program should complete this survey. He or she is encouraged to consult with others as needed to answer the questions as completely as possible.

For what time period am I reporting?

Please answer all questions for the time period: Program Year 5 (PY5), July 1, 2013 – June 30, 2014.

How is this survey different from last year's survey?

This survey is similar to the annual Grantee surveys that your program has been completing since 2011. The majority of the content is the same. The biggest changes to this survey are:

Survey time period: This survey asks you to report on activities for Program Year 4 (PY5) July 1, 2013 – June 30, 2014.

Re-inserted questions: In previous surveys we deleted items throughout the survey that were unlikely to change between 2012 –2013. We have reinserted these questions. We have also added new questions to help us continue to understand how your CRCCP may be affected by Affordable Care Act (ACA) legislation.

Can I download and print out a hard copy of the survey?

Yes! You may find it helpful to download the survey and skim through it first. This will add some time up-front, but it will give you an idea not just of the questions being asked, but of where you might need to consult with your colleagues to answer the questions as accurately as possible.

If you identify questions where you'll need to consult with your colleagues, copy and paste the question(s) from the print document (PDF) into a new document or email, or print the document and flag the item(s) or page(s) to show your colleague; unfortunately you cannot email specific questions directly from the web survey.

The printed version of the survey will look long, but keep in mind that it includes every question, even the ones that you will not need to answer. (In the web survey, as you answer each question, you will be shown only the next question that you need to answer. As a result, question numbering in the online survey may not seem sequential, as some questions will be skipped.)

To download and print the survey:

Access the online survey. At the top of the survey screen, right click on the link, "Download Survey PDF." Choose "Save link as" to save the PDF to a specific location on your computer.

Open the PDF by double clicking it and click the print button. (If you do not have Adobe Reader, you will have to install it; there is a link at the top of the survey screen to download Adobe PDF Reader.)

What topics are covered in the survey?

The survey covers the same main topics as in previous years. It is organized into the following sections:
- Background: Respondent Information
- Section 1:   CRCCP Management and Integration with Other Programs
- Section 2:   CRC Screening Provision
- Section 3:   CRC Screening Promotion
- Section 4:   Cancer Screening Data from FQHCs and IHS Clinics
- Section 5:   Training and Technical Assistance for Evidence-Based Interventions
- Section 6:   Screening Policies and Strategies
- Section 7:   General Program Management (i.e., Monitoring and Evaluation, Administrative Issues)

Some questions may not pertain to your organization and in such cases you may skip those sections.

Given the length of the survey, you may wish to complete the survey in several sittings. Your colleagues who pilot-tested the survey identified the following "natural" chunks:
- Background + Sections 1 and 2
- Sections 3 and 4
- Sections 5, 6, and 7

If you leave the survey or close your Internet browser, the next time you visit the survey link, you will be directed to the same page from which you left.

What are types of questions that will require consultation with my colleagues or partners?

There are several types of questions where you may need to consult your colleagues or partners in order to answer them.   Here are *examples* of the types of questions by survey section.

Section 1: CRCCP Management and Integration

CRCCP management and integration with other CDC-funded programs
1. Did you or your CRCCP staff have work responsibilities for any other CDC-funded program, e.g. WISEWOMAN, CCC Program, BCCEDP, Central Cancer Registry. If yes, how many staff and how often (sometimes, often, always)?
Coordination with other Chronic Disease Programs
2. Did your CRCCP coordinate the delivery of any of your CRCCP program activities (e.g. public education) with other chronic disease programs (not including cancer programs or WISEWOMAN)? If yes, which programs?

Section 2: CRC Screening Provision (i.e. screening paid for with CRCCP dollars)

Test type & participating clinics
1. Screening test types used; primary type; change to test type in past year + why?
2. What population subgroups are prioritized by your program
Professional development (prof. dev.), quality assurance (QA) and quality indicators (QI)
3. Target audience (for prof. dev., QA, and QI)
4. Types of prof. dev., QA, and QI offered/conducted
Other population-based screening provision activities and funding support
5. Description of other (non-CRCCP) CRC activities in your area
6. Description of non-CDC funding support for CRCCP-related activities
Eligibility for CRC screening provision
7. What Federal Poverty Level was used to determine eligibility for CRC screening?
8. What percentage of clients screened by your CRCCP had some form of insurance coverage?
9. Did your CRCCP program facilitate men/women's enrollment in insurance coverage for colorectal cancer screening services? If yes, what activities did your program conduct?
10. Did your program count the number of men/women that your CRCCP

program referred for insurance coverage? If yes, how many?

Section 3: CRC Screening Promotion (i.e. promoting screening population-wide)

For each evidence-based intervention (EBI): Small Media, Client Reminders, Provider Reminders, Reducing Structural Barriers, Provider Assessment & Feedback

1. Use of each EBI (yes, no but used to, no); If yes, example/type(s) of EBI used (e.g. if small media used: video, flyers, posters)
2. Reasons for use/no longer use, resources used to develop/adopt EBI activities
3. Where EBIs are used, intended geographic reach of each EBI
4. Ease or difficulty of EBI implementation; why
5. EBI Partner(s): How many partners used to implement EBI; geographic reach of partner
6. For patient/client- and provider reminders only: Number of clinics implementing reminder systems.

Patient navigation and support services for screening promotion

7. Use of patient navigators/case managers in *both* organizations where you pay and do not pay for screening provision; how many; how they're supported; where they're housed.
8. PN background experience and education
9. Types of navigation activities supported; core PN activities
10. Other support services not provided via PNs
11. Patient navigation partners: same items as above, for EBI Partners

Other Interventions, i.e. Non-EBI

12. Use of non-EBIs (yes, no but planning to, no); If yes or planning to, examples/types of non-EBIs used
13. For each non-EBI used: reasons for use, geographic reach of non-EBIs, description of EBI activities (open-text), description of partnership involvement

Section 4: Cancer Screening Data From FQHCs, IHS Clinics, Health Systems, Etc.

FQHC Clinics & IHS Clinics

1. Types of data reported to CRCCP program (e.g. CRC screening rates, HEDIS data, CCDE or similar)
2. How many clinics (by type, i.e. FQHC or IHS) report these data to CRCCP

Health Systems, Insurers, other clinic types

3. Types of data reported to CRCCP program (e.g. CRC screening rates, HEDIS data, CCDE or similar)
4. How many entities (systems, insurers, other) report these CRC screening data to CRCCP

Tobacco screening policies and strategies
1. Existence of written policy requiring providers to assess smoking status of all screened through CRCCP <u>and</u> provider referral to state quit line; distribution of policy to CRCCP-funded providers

Strategies to support CRC screening
2. Execution of 2 or more formal agreements with health care system, insurer, or large workplace to facilitate and support CRC screening; If yes, how many formal agreements per entity
3. Any new or revised policies in any partner organizations that affect CRC control; how many policies; describe one policy that has most potential for impact/most successful (name/type/scope of org; policy description, CRCCP role in policy development and/or adoption)

Can I save my survey progress and continue it at a later time?

Yes! If you leave the survey or close your Internet browser, the next time you visit the survey link, you will be directed to the same page from which you left.

Can I go back and review or change my answers?

Yes. Use the "Previous" button at the bottom of each screen to go back and review or update your response.

Please note that at the end of the survey you will be able to review a summary of all the answers you provided.

Are you including contractors and partner organizations when you refer to my CRCCP?

For purposes of simplicity, the survey will refer to all grantees' programs as the CRCCP, even though most grantees have given their programs a unique name. Questions will also refer to your CRCCP as "your organization." In *all* instances questions include the organization that is the main cooperative agreement recipient, as well as any of your contractors. We understand that you may also be working with unfunded partner organizations to implement your CRCCP. The survey includes questions that will ask about partners, whether funded or unfunded.

Can I receive a summary of my survey results for our files?

Yes! When you submit your completed survey, follow the prompts for receiving a report summary for your files.

Who can I contact with questions about the survey?

Please contact Thuy Vu at thuytvu@uw.edu or 206-669-0897

Who can I contact about technical difficulties with the web survey?

Please contact Thuy Vu at thuytvu@uw.edu or 206-669-0897

Survey-specific questions

Sections 2 and 3 – My State's CRCCP program is funded by both state and federal funds. All of our contractors use state funds to fund their colorectal cancer screening, but only some use federal funds. When speaking of screening (promotion or provision), do you want us to talk only about screenings funded through the CRCCP (i.e. federal funds)?

For the screening provision/promotion sections of the survey, please include only the contractors that are paid by CRCCP (federal) funds. Section 2 includes a question that asks about additional funding support from non-federal sources.

However, to help us get a more complete picture of your state's screening efforts, at the end of the appropriate provision or promotion section(s), you'll be asked to tell us "anything else" about your CRC provision/promotion efforts; please use these boxes to tell us about your state's CRCCP overall screening services that are funded by both state/federal funds together, e.g. funding source proportion, anything about your other contractors, their combined and/or separate reach, etc. If only some contractors receive federal CRCCP funds, please also provide information in the comments areas regarding why those contractors were chosen by your CRCCP, and based on what selection criteria they were chosen, (e.g. was having contractors deal with CDC data collection of CDEs an issue?)

Sections 3 – Re: Patient navigation and reporting FTES. My state's CRCCP program is fully integrated [with other programs] and FTEs are not only supported by CRC. I am worried about reporting inaccurate information.

RE: Patient Navigation (Part 3, Section F) – For these screening provision/promotion sections of the survey regarding patient navigation, please describe how many FTEs are supported by the entire (integrated) program, and note in the open-ended field at the end of each section that additional resources are being used to support this resource/activity. This will give us a better sense of how patient navigation is supported in your state or tribal area. When we look at the data, we'll look at this together with your response to Section 2 questions about additional funding sources that supported screening provision.

Section 5 Part B – Question 1: In the question, "Did you offer training on how to use any of the five Community Guide recommended evidence-based interventions (EBIs) to increase colorectal cancer screening…" Please confirm which Guide-recommended strategies you're referring to.

The five Community Guide recommended strategies[1] referred to in the question are:
1. Small media
2. Reducing structural barriers
3. Patient reminders
4. Provider reminders
5. Provider assessment and feedback systems

My program has had decreases in personnel since it began. How do I capture the number of personnel who are working on the grant?

Please provide information about how many people were working on the grant during the program year specified. If there have been meaningful changes in staff turnover, please report this in the appropriate open-ended question at the end of each section.

When asking about non-screening activities: we are working with Comp Cancer, and we are a decentralized program that may not work directly with providers on things like patient or provider reminders. However we may be contracting with others to do this work. How do we capture this in the survey?

For the screening promotion activities, "your organization" refers to your program, contractors, and other partners (including Comp Cancer). Therefore, please include the activities of those you contract with, so that these activities are captured in the survey.

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[1] The Community Guide added one-on-one education as a recommended intervention in 2010; the survey does not ask about this intervention.