CDC Colorectal Cancer Control Program (CRCCP)

Grantee Survey of Program Implementation

SURVEY PURPOSE

Thank you for taking the time to complete the 2014 CRCCP Grantee Survey of Program Implementation! This survey is very similar to the one you completed last fall; it will take time, thought, and in some cases investigation on your part to answer the questions thoroughly. The information you provide will help us understand how grantees are implementing the CRCCP, including the evidence-based interventions recommended by the Guide to Community Preventive Services (Community Guide). Results of the survey will be incorporated into a year five CRCCP grantee report for you and other stakeholders.

The purpose of this survey is to:
1. Understand how grantees are implementing CDC's Colorectal Cancer Control Program (CRCCP)
2. Assess how implementation changes each year
3. Collect information related to technical assistance and training needs

INSTRUCTIONS AND SURVEY INFORMATION
Updated: 9/25/14

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 program year 5 (PY5), time period: July 1, 2013 – June 30, 2014.

How is this survey different from last year's survey?
This year's survey is similar to the annual Grantee surveys you've been completing since 2011. The majority of the content is the same. The biggest changes to this survey are:

<u>Re-inserted questions</u>: Last year we deleted items throughout the survey that were unlikely to change since 2012. 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.

What topics are covered in the survey?
The survey covers the same content as in the previous survey years. It is organized into the following sections:
- Background: Respondent Information
- Section 1: *[Re-inserted]* CRCCP Management and Integration with Other Programs
- Section 2: CRC Screening Provision
- Section 3: CRC Screening Promotion
- Section 4: CRC 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)

However, 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. the following groupings may be "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.

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, "your organization" is meant to 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.

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 only want us to talk only about screenings funded through the CRCCP?

For the screening provision/promotion sections of the survey, please include only the contractors that are paid by CRCCP (federal) funds.

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/fed 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?)

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

Yes! Instructions for receiving a copy of your responses will appear at the end of the survey.

Who can I contact with questions about the survey?
Please contact Thuy Vu at thuytvu@uw.edu or206-669-0897

Who can I contact about technical difficulties with the web survey?
Please contact Thuy Vu at thuytvu@uw.edu or 206-669-0897

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:
Click here to download a PDF of the survey. [Sentence is hyperlink]

Right click on the link above and 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 Adobe Reader. Click here to get the free Adobe Reader software.

What are examples of types of questions where I'll need to consult with colleagues or partners to answer them?
Examples of questions that may require consultation with your colleagues or partners are included in the FAQ. You can download the FAQ here, or by clicking on the FAQ link at any time at the top of the survey screen.

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.

RESPONDENT INFORMATION

1. With which grantee state or tribal organization are you affiliated?
[Dropdown list all 29 programs]

2. What is your name? *(for follow-up purposes only; names will not be used in reports)*

3. What is your contact information? *(for follow-up purposes only, if necessary)*

    3a.   Phone number: _____-_____-_____

    3b.   Email. When you complete and submit your survey, an email confirmation will automatically be sent to the address you provide.

    3c.   Confirm email.

4. What is your position with the CRCCP? (*Check all that apply.*)
- Program director (the primary contact for the CRCCP Cooperative Agreement)
- Program manager/coordinator (the day-to-day manager for the CRCCP)
- Other (specify)

5. How long have you been working with the CRCCP in your state/tribal organization?

- Less than 6 months
- 6 -11 months
- 12-23 months
- 24-35 months
- 3 or more years

6. How long have you been working on cancer-related issues in your state/tribal organization or in other states/tribal/non-governmental organizations?

- Less than 1 year
- 1 to 3 years
- 4 to 5 years
- 6 to 9 years
- 10 or more years

7. Has there been a change in either your CRCCP's Program Director (PD) or Program Manager (PM) during the duration of its funding period (through July 2014)? *Check all that apply*
- Yes, the PM changed
- Yes, the PD changed

- No, there has been no change in either the PD or PM during our funding period

SECTION 1: CRCCP MANAGEMENT AND INTEGRATION

These first questions will give us a better idea of how your CRCCP was managed in PY5, and whether CRCCP staff were integrated with other CDC-funded programs or chronic disease programs. Specifically, we ask about the integration of your CRCCP program director, CRCCP program manager/coordinator, and any other CRCCP staff, *regardless of the funding source used to support them.*

A.   CRCCP Management & Integration With Other CDC-Funded Programs

1.   Did the CRCCP program director (i.e., the person who is the primary program contact for the cooperative agreement), have work responsibilities for any of the following CDC-funded programs in your state/tribal organization (regardless of the funding source used to support him/her)? (*Check all that apply.*)

- WISEWOMAN
- Comprehensive Cancer Control Program (CCC)
- Breast and Cervical Cancer Early Detection Program (BCCEDP)
- Central Cancer Registry
- Other (please specify)
- None

2.   Was the program manager/coordinator and program director in your CRCCP, the same person, or are these two positions filled by different people?

- The CRCCP program manager/coordinator and CRCCP program director are the same person. ➔ **GO TO Q3**
- The CRCCP program manager/coordinator and CRCCP program director are different people. ➔ **CONTINUE TO Q2a**

2a.   Did the CRCCP program manager/coordinator, (i.e., the person who is the day-to-day manager), have work responsibilities for any of the following CDC-funded programs in your state/tribal organization (regardless of the funding source used to support them? (*Check all that apply.*)

- WISEWOMAN
- CCC Program
- BCCEDP
- Central Cancer Registry
- Other (please specify)
- None

3. Were any CRCCP staff* integrated with, or have work responsibilities for, any of the following CDC-funded programs in your state/tribal organization, (regardless of the funding source used to support him/her)? *Note: For this question, CRCCP staff should **not** include the CRCCP program director or program manager/coordinator.

- WISEWOMAN
- CCC Program
- BCCEDP
- Central Cancer Registry
- Other CDC-Funded Program

IF YES → CONTINUE TO Q4
IF NO → GO TO Q6

4. Not including either the CRCCP program director, or program manager/coordinator, complete the following sentence to tell us:
1) How many CRCCP staff were also integrated with, or have work responsibilities for, any of the CDC-funded programs (listed below) in your state/tribal organization, and
2) Across how many other programs these CRCCP staff members were integrated.

CDC-funded programs:
- WISEWOMAN
- CCC Program
- BCCEDP
- Central Cancer Registry
- Other CDC-Funded Program

[DROPDOWN: 1-9 (list); 10 or more; Don't know] CRCCP staff is/are integrated across [DROPDOWN: 1-9 (list); 10 or more; Don't know] other CDC-funded Programs.

5. In the table below, tell us how often your CRCCP staff* performed, or had work responsibilities related to, the activities listed for other CDC-funded programs. If there is no "other" program or activity you must still enter "NA" or "none."

*Do not include your program director or program manager/coordinator
**Select "NA" from the drop-down list if your staff is not integrated with the program listed.
***Select "Never" from the drop-down list if your staff is integrated with the program listed, but they never perform the activity specified.

	WISE-WOMAN	CCC Program	BCCEDP	Central Cancer Registry	Other Program (please specify)

a. Public education, outreach, or recruitment	-NA -Never -Sometimes -Often -Always	-NA -Never -Sometimes -Often -Always	-NA -Never -Sometimes -Often -Always	-NA -Never -Sometimes -Often -Always	-NA -Never -Sometimes -Often -Always
b. Quality assurance, quality improvement, clinical support	-NA -Never -Sometimes -Often -Always	-NA -Never -Sometimes -Often -Always	-NA -Never -Sometimes -Often -Always	-NA -Never -Sometimes -Often -Always	-NA -Never -Sometimes -Often -Always
c. Data management	-NA -Never -Sometimes -Often -Always	-NA -Never -Sometimes -Often -Always	-NA -Never -Sometimes -Often -Always	-NA -Never -Sometimes -Often -Always	-NA -Never -Sometimes -Often -Always
d. Patient navigation	-NA -Never -Sometimes -Often -Always	-NA -Never -Sometimes -Often -Always	-NA -Never -Sometimes -Often -Always	-NA -Never -Sometimes -Often -Always	-NA -Never -Sometimes -Often -Always
e. Other activity, (please specify)	-NA -Never -Sometimes -Often -Always	-NA -Never -Sometimes -Often -Always	-NA -Never -Sometimes -Often -Always	-NA -Never -Sometimes -Often -Always	-NA -Never -Sometimes -Often -Always

6. Did your organization coordinate any training or professional development with any of the following CDC-funded programs? Check all that apply.
- WISEWOMAN
- CCC Program
- BCCEDP
- Central Cancer Registry
- Other CDC-Funded Program

7. Overall, how easy or difficult has it been to integrate your CRCCP with other CDC-funded programs, such as WISEWOMAN, CCC Program, BCCEDP, etc.?

1	2	3	4	5
Very easy	Somewhat easy	Neutral	Somewhat difficult	Very difficult

IF 2 through 5 (i.e., Somewhat Easy through Very Difficult) →
7.a.   Describe the difficulties or barriers your organization experienced in trying to

integrate with other CDC-funded programs.   [Open text]

IF 1 (i.e., Very Easy) →
7.b.   Describe what made your CRCCP very easy to integrate with other CDC-funded programs.   [Open text]

B.   Coordination with Other Chronic Disease Programs
1.   Did your organization coordinate the delivery of <u>any</u> of your CRCCP program activities (e.g. public education) with other chronic disease programs (not including cancer programs or WISEWOMAN)?
- Yes → Go to 1.a.
- No → Go to 2

1.a.   With which chronic disease program(s) did your organization coordinate, for the delivery of <u>any</u> of your CRCCP program activities? Check all that apply.
- Diabetes
- Cardiovascular health
- Community health
- Immunization/Family health
- Infectious disease
- Other, please specify

2.   Did your organization coordinate any staff training or professional development with other chronic disease programs?
- Yes → Go to 2.a.
- No → Go to 3.

2.a. With which chronic disease program(s) did your organization coordinate staff training or professional development? Check all that apply.
- Diabetes
- Cardiovascular health
- Community health
- Immunization/Family health
- Infectious disease
- Other, please specify

3.   Did your organization coordinate any other internal activities or services (e.g. data management, planning, communications) with other chronic disease programs?
- Yes → Go to 3.a.
- No → Skip to Section 2: Screening Provision

3.a. With which chronic disease program(s) did your organization coordinate other internal activities? Check all that apply.

- Diabetes
- Cardiovascular health
- Community health
- Immunization/Family health
- Infectious disease
- Other, please specify

SECTION 2: CRC SCREENING PROVISION

The screening provision component of the CRCCP includes activities that your organization implements to provide or support direct CRC screening of low income, uninsured, and underinsured patients using CDC funds. These activities may include:

- Providing screening and diagnostic services directly
- Identifying and contracting with physicians or clinics to deliver screening services
- Providing or promoting professional development/provider education
- Promoting quality assurance (QA)/quality improvement (QI) standards among funded provider sites
- Identifying and recruiting patients for CRCCP screening
- Implementing or supporting the use of patient navigation/case management services for screening provision
- Facilitating access to treatment for cancers diagnosed through your CRCCP

This section of the survey includes questions about each of those activities for **program year 5** (**PY5**; July 1, 2013- June 30, 2014).

Questions about monitoring and evaluation, including collection of Colorectal Clinical Data Elements (CCDE) are asked later in this survey.

A.   Screening Test Type And Provider Sites/Clinics

1.a.   What screening tests were used by your CRCCP in PY5? (*Check all that apply.*)
- Colonoscopy
- FOBT
- FIT
- Sigmoidoscopy

1.   What was the **primary** screening test used in PY5? (*Select one.*)
"Primary" refers to the test that your organization supports/reimburses for the *majority* of your CRCCP-participating providers/clinics.
- Colonoscopy
- FOBT → If FOBT, specify brand(s) if known; if unknown enter, "Don't know"
- FIT   → If FIT, specify brand(s) if known; if unknown enter, "Don't know"
- Sigmoidoscopy

2.   Did the primary screening test changed during PY5?
- Yes → Go to 2.a.
- No → Go to 3

2.a Please explain why your primary screening test changed and, if relevant, indicate whether the change was patient-, provider-, or policy-driven (or other). [open-text]

3. How many CRCCP sites or clinics participate in the *screening provision* component? In the questions below, enter the number of participating sites or clinics according to the type of provider setting, e.g. primary care provider sites or clinics, endoscopy/GI sites, etc.

   We understand that some CRCCPs may have a single contract with an organization that includes numerous sites or clinics and that not all of an organization's sites or clinics may participate in the CRCCP. Please provide the total number of CRCCP-*participating* sites or clinics that actually deliver CDC-funded screening services.

Type of Provider Setting	**For each type of provider setting, enter the number of <u>CRCCP-participating sites or clinics</u> that deliver CDC-funded screening services**	NA – This clinic type does not participate in our CRCCP
a. Individual or groups of primary care provider (PCP) sites or clinics, ***not including FQHCs***		
b. Endoscopy/Gastrointestinal (GI) sites or clinics		
c. Federally Qualified Health Center (FQHCs)		
d. Other, please specify		

4. What is the geographic location of each CRCCP-participating clinic type that delivers CDC-funded screening services? *For every row item, check all that apply. If you do not have an "other" then you must still check, "NA."*

	Mark all that apply						
	Region-al	State-wide	Multi-county/ tribe	Single county/ tribe	City/ local	Communit y-specific e.g. neigh-borhood	NA - *This clinic type does not participa te in our CRCCP*
a. Individual PCPs, ***not including FQHCs***							

b. Endoscopy/GI
c. FQHCs
d. Other, please specify

5.	Since you began your screening efforts, has your CRCCP (including contractors) experienced any challenges in regards to capacity to delivery screening services for the underinsured or uninsured (e.g., not enough endoscopists to provide colonoscopies/sigmoidoscopies, not enough endoscopists in some parts of your state/tribe)? Please describe.

6.	If your program uses FOBT and/or FIT tests for screening provision, do you implement specific activities to encourage patients to return those kits?

- Yes → Go to 6.a.
- No→ Go to 7
- Depends On Individual Providers → Go to 7
- NA – We do not use FOBT/FIT → Go to 8

6.a.	What activities does your program consistently implement to encourage patients to return FOBT/FIT kits?
[OPEN FIELD]

7.	If your program has used FOBT and/or FIT tests for screening provision for more than one year, do you implement specific activities to encourage annual rescreening?

- Yes → Go to 7.a.
- No → Go to 8
- NA. My organization has used FOBT/FIT for screening provision for less than one year (GO TO Q.8)

7.a.	What activities does your program implement to encourage annual FOBT/FIT rescreening?
[OPEN FIELD]

8. What population subgroups are prioritized for CRC screening provision by your program? *(Check all that apply.)*

- Black or African American
- White
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander
  Hispanic, Latino or Spanish origin

- Persons in specific geographic areas
- Rarely or never screened populations
- Rural populations
- Urban populations
- Immigrant/refugee populations
- LGBTQ
- Other_____(please specify)
- N/A – We do not prioritize any population subgroups for screening

B.   Support Services and Patient Navigation for Screening Provision

The following questions relate only to patient navigators/case managers serving patients screened with CDC funds, i.e., used as part of the screening provision component of your CRCCP. Questions about patient navigators/case managers used for screening *promotion* will be asked in a different section of the survey.

1.   Were patient navigators or case managers used for the screening *provision* component of your CRCCP?

     IF YES → Go to 2
     IF NO → Go to Part C

2.   How many patient navigators/case managers were supported as part of the CRCCP for screening *provision*?

We are interested in knowing more about the patient navigators/case managers that were supported as part of the CRCCP screening *provision* component. Using the drop-down menus in the table below, please complete the following sentence:

[Insert number] patient navigators/case managers, or [insert number] FTEs *(regardless of the number of people)* were supported at [insert number] CRCCP-participating sites or clinics in PY5.

If your organization supported only per-patient navigation reimbursement or per-patient case management reimbursement, write-in "Don't Know" (case sensitive) in each applicable field.

    #[Write-in + Don't know] Patient navigators/case managers

    # [Write- In + Don't know] FTEs (regardless of the number of people)

    At [Write-In + Don't know] sites/clinics

3.   Please specify any <u>core</u> navigation activities that were routinely offered as part of your organization's CRC **screening provision** component. *Check all that apply.*

- Patient assessment of barriers to screening
- Patient education (about anatomy, CRC, CRC screening, bowel prep)
- Assistance with transportation, language translation, child/eldercare
- Assistance with appointment setting
- Assistance with identifying payment for screening
- Reminder calls/emails for bowel prep and/or appointments
- Reminder calls/emails for return of FOBT/FIT tests
- Peer support/motivation for screening
- Follow-up with client about next steps for CRC screening and ensure understanding of results provided by medical team
- Community outreach to promote CRCCP and colorectal screening. (E.g. linkages with health fairs and clients in the community)
- Clinic in-reach activities to promote CRCCP and colorectal screening. (E.g. flagging charts for medical providers for those eligible for Program/CRC screening)

4. Where were navigators/case managers who support patients screened by your organization housed? (*Check all that apply.*)
- Within the health department (state department of public health, tribal agency)
- Regional or local agency(ies) (e.g., health department, contractor)
- Screening provider site(s)
- Partnering community agency(ies)
- Other (specify)_____

5. Among the patient navigator/case managers supported by your organization for CRC screening *provision*, what is the highest level of education they typically have? (*Check one.*)
- Less than high school
- High school diploma or GED equivalent
- Associate degree
- Nursing degree
- College degree
- Graduate degree
- Other, please specify
- Don't know

6. Among the patient navigator/case managers supported by your organization for CRC screening *provision*, what type of background or experience do they typically have? (*Check all that apply.*)
- Knowledge of the priority population/community
- Nursing

- Social work
- Health systems
- Public health
- Cancer survivor
- Community lay health/ natural helper
- Other, please specify
- Don't know

7. What types of navigation activities were supported by your organization through the use of patient navigator/case managers for *CRC* screening *provision*? (*Check all that apply.*)

- Patient recruitment for screening
- Patient assessment of patient barriers to screening
- Patient education about CRC screening and testing modalities, including bowel prep for endoscopy
- Making CRC screening reminder calls for bowel prep
- Making CRC screening reminder calls for colonoscopy
- Making CRC screening reminder calls to return FOBT/FIT kits
- Assisting patients to access bowel prep materials
- Scheduling CRC screening appointments
- Arranging transportation to/from CRC screening appointments
- Peer support for cultural or emotional concerns about CRC screening
- Arranging dependent care so patients can go to CRC screening appointments
- Meeting patients at endoscopic appointment
- Arranging or providing translation services for CRC screening appointments
- Making follow-up calls after colonoscopy
- Assisting patients diagnosed with cancer get into cancer treatment
- Tracking patients to be sure they complete their colonoscopy
- Tracking patients to be sure they return their FOBT/FIT kits
- Other, please specify
- I do not know what activities are provided

8. Did your organization offer any *screening provision support services* that are not otherwise provided through a patient navigation or case management system?
- Yes   **IF YES →** 8.a. Please describe.
- No   **IF NO →** Continue

9. How were the patient navigators/case managers for CRC screening *provision* supported? (*Check all that apply.*)
- Reimbursement to providers for FTE support

- Per- patient navigation/case management reimbursement
- Grantee staff serving as patient navigators/case managers
- In-kind navigators/case managers from a community partner/program
- Other (specify) _____

10. During PY5, did any of your patient navigators/case managers collect and report non-clinical screening data 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 PART C

11. During PY5, did your CRCCP program use some type of patient navigation data system to collect non-clinical data about navigation services delivered?
- Yes
- No

12. During PY5, did your CRCCP program collect CCDE data for **non-CRCCP clients** who received navigation/case management?
- Yes
- No

13. During PY5, did your CRCCP encounter challenges related to accessing CCDE data for **non-CRCCP clients** who received navigation/case management?
- Yes
- No

C.   Patient Recruitment (outreach and clinic in-reach) for Screening Provision

| 1. | What is the geographic reach of each resource listed below, to recruit patients for screening provision provided within CRCCP? *For every row item, check all that apply. If you do not have an "other" then you must still check, "NA."* *Note: "In-reach," in the questions below, means direct/indirect targeting of an established patient or client population.* |

				Check all that apply			
	Region-al	State-wide	Multi-county/ tribe	Single county/ tribe	City/ local	Commun ity-specific e.g., neigh-borhood	NA - *We do not use this resour ce*
a. In-reach recruitment (e.g., recruiting patients							

of an existing program like the NBCCEDP *or* patients of a clinic)	
b. Community health workers	
c. Community-based organizations	
d. Faith-based organizations	
e. Public health nurses at local level	
f. IHS Tribal Health Clinic or Board	
g. Non-IHS Tribal Health Clinic or Board	
h. Other, please specify	

2.   What clinic in-reach* activities are conducted to provide information and education about the screening *provision* provided through CRCCP?
 (*Check all that apply*.)

In-reach is direct/indirect targeting of an established patient or client population.

- Distribution of brochures about colorectal cancer screening and CRCCP
- Tailored letters or communication from health care provider
- Flyers and information about CRCCP posted in clinic/hospital/health care center
- Pre-reviewing records/charts to identify patients eligible for CRCCP screening provision and tagging charts for providers
- Other (describe) _____
- None. Our CRCCP program does not conduct clinic in-reach activities to recruit patients for screening provided by the CRCCP

D. Professional Development, Quality Assurance and Quality Improvement

The following questions ask about professional development/provider education and quality assurance (QA)/quality improvement (QI) activities that your organization provided in program year 5 (**PY5**) as part of your CRCCP *screening provision* component.

1. Who was the primary target audience for your professional development/provider education activities in PY5? (*Check all that apply.*)

   Examples of activities may include providing continuing medical education (CME) opportunities, distributing physician tool kits, screening guidelines, or conducting webcasts, among other activities.
   - Endoscopists/gastroenterologists (GIs)
   - PCPs/internal medicine specialists/family practice providers/OB-GYN doctors
   - Nurses
   - Nurse practitioners/physician assistants
   - Medical assistants
   - Staff at local health department clinics
   - Other, please specify _____

   - NA – We did not provide any professional development/provider education activities in PY5 → **Answer Q1.a then Skip to Q6. Intro**

     1a. We are interested in learning about professional development activities around CRC in your state/tribal area even if your organization did not provide them. Please use this space to describe these other professional development activities around CRC that you may know of in your state/tribal area, if any. → Q1. NA respondents: Go to 6 Intro; Q.1 All other respondents: Continue

For the next questions you will be asked to indicate the types of professional development/provider education provided by your CRCCP as part of the screening provision component in program year 5 (PY5). For each type of activity you specify, you will then be asked some additional questions to tell us more about that activity.

2. Did your CRCCP provide **continuing medical education opportunities** (e.g., at physician conferences, through webinars, presentations) as part of the screening provision component in PY5?
   - Yes → IF YES, GO TO Intro/2a. [Programming note: INTRO + 2a-2c should appear on same screen, if not at least INTRO + 2a]
   - No → GO TO Q3

[Intro] Please tell us more about the continuing medical education (CME) opportunities your CRCCP offers as part of the screening provision component.

2a. Generally, how frequently were your CMEs offered?

[WRITE-IN] time(s) per [DROPDOWN: WEEK, MONTH, YEAR, NA – IT WAS A ONE TIME ACTIVITY]

2b. Please describe the CME content.

2c. Who provided the CME training? (Check all that apply.)
- Medical Advisory Board members
- Grantee staff
- Contractor
- State or tribal medical organization
- Other, please specify

3. Did your CRCCP **distribute or provide physician education materials** (not including CRC screening guidelines) as part of the screening provision component in PY5? Examples of physician education materials include brochures, education outreach visits (not academic detailing), webcasts, and physician tool kits, among other materials.
- Yes → IF YES, GO TO 3a.
- No → GO TO Q4

3a. Did your CRCCP distribute **brochures** for professional development as part of the screening provision component?
- Yes → IF YES, GO TO 3a.i
- No → GO TO 3b

3a.i.   Generally, how frequently were these brochures distributed (across all clinic sites)?

[WRITE-IN] time(s) per [DROPDOWN: WEEK, MONTH, YEAR, NA – IT WAS A ONE TIME ACTIVITY]

3a.ii   Please describe the brochure content.

3a.iii.   Who provided these materials? (Check all that apply.)
- Medical Advisory Board members
- Grantee staff
- Contractor
- State or tribal medical organization
- Other, please specify

3b. Did your CRCCP conduct **education outreach visits or webcasts** for professional development as part of the screening provision component?
- Yes → IF YES, GO TO 3b.i
- No → GO TO 3c

3b.i.   Generally, what was the frequency of educational outreach visits or webcasts?

[WRITE-IN] time(s) per [DROPDOWN: WEEK, MONTH, YEAR, NA – IT WAS A ONE TIME ACTIVITY]

3b.ii   Please describe the content of the outreach visits or webcasts.

3b.iii.   Who conducted or provided the visits or webcasts? (Check all that apply.)
- Medical Advisory Board members
- Grantee staff
- Contractor
- State or tribal medical organization
- Other, please specify

3c. Did your CRCCP distribute **physician tool kits or programs**, such as the National Colorectal Cancer Round Table Provider Kit, for professional development as part of the screening provision component?
- Yes → IF YES, GO TO 3c.i
- No → GO TO 3d

3c.i.   Generally, how frequently were these toolkits or programs distributed (across all clinic sites)?
[WRITE-IN] time(s) per [DROPDOWN: WEEK, MONTH, YEAR, NA – IT WAS A ONE TIME ACTIVITY]

3c.ii   Please describe the tool kit or program content.

3c.iii.   Who provided the kit(s) or program(s)? (Check all that apply.)
- Medical Advisory Board members
- Grantee staff
- Contractor
- State or tribal medical organization
- Other, please specify

3d. Did your CRCCP distribute any **other physician education materials** for professional development as part of the screening provision component?
- Yes → IF YES, GO TO 3d.i
- No → GO TO 4

3d.i.   Generally, how frequently were these other physician education materials distributed (across all clinic sites)?

[WRITE-IN] time(s) per [DROPDOWN: WEEK, MONTH, YEAR, NA – IT WAS A ONE TIME ACTIVITY]

3d.ii   Please describe these other physician education materials that were distributed as part of your screening provision component.

3d.iii.   Who provided these other materials? (Check all that apply.)
- Medical Advisory Board members
- Grantee staff
- Contractor
- State or tribal medical organization
- Other, please specify

4. Did your CRCCP distribute **clinical guidelines for CRC screening** as part of the screening provision component in PY5?
- Yes → IF YES, GO TO 4a.
- No → GO TO Q5

4a. Generally, how frequently were these clinical guidelines for CRC screening distributed (across all clinic sites)?

[WRITE-IN] time(s) per [DROPDOWN: WEEK, MONTH, YEAR, NA – IT WAS A ONE TIME ACTIVITY]

4b. Please indicate which guideline(s) were distributed *(Check all that apply.)*
- US Preventive Services Task Force
- American Cancer Society
- Multi-Society Task Force- CRC
- American College of Radiology Guidelines
- American College of Gastroenterology
- National Comprehensive Cancer Network
- Other, please specify

4c. Please describe the guidelines that were distributed as part of your screening provision component.

4d. Who distributed the guidelines? (Check all that apply.)
- Medical Advisory Board members
- Grantee staff
- Contractor
- State or tribal medical organization
- Other, please specify

5. Did your CRCCP provide any **other type of professional development/provider education** as part of the screening provision component in PY5?

- Yes → IF YES, GO TO 5a.
- No → GO TO 6 Intro

5a.   Generally, how frequently were these other types of professional development materials or activities provided (across all clinic sites)?

[WRITE-IN] time(s) per [DROPDOWN: WEEK, MONTH, YEAR, NA – IT WAS A ONE TIME ACTIVITY]

5b.   Please describe these other types of professional development materials or activities that were provided as part of your screening provision component.

5c.   Who provided these other types of professional development materials or activities? (Check all that apply.)

- Medical Advisory Board members
- Grantee staff
- Contractor
- State or tribal medical organization
- Other, please specify

[Intro] For the next questions you will be asked to indicate the types of **quality assurance (QA)/quality improvement (QI)** activities that your organization provided as part of your CRCCP *screening provision* component during program year 5 (PY5). For each type of activity you specify, you will then be asked some additional questions to tell us more about that activity.

6.   Who was the primary target audience for your QA/QI activities in PY5? (*Check all that apply.*)

QA/QI activities include academic detail (i.e., educational outreach for physicians), collecting and monitoring screening data, and performance monitoring.

- Endoscopists/gastroenterologists (GIs)
- PCPs/internal medicine specialists/family practice providers/OB-GYN doctors
- Nurses
- Nurse practitioners/physician assistants
- Medical assistants
- Staff at local health department clinics
- Other, please specify _____

- NA - We do not provide any QA/QI activities → Go to 10

7.   Did your CRCCP provide academic detailing as part of your screening provision component in PY5?

Academic detailing is educational outreach for physicians. Academic detailing is intended to support clinical decision making by providing accurate, up-to-date synthesis of relevant clinical information to physicians in a balanced and engaging format.

- Yes → IF YES, GO TO Intro/7a.
- No → GO TO Q8

[Intro]   Please tell us more about the academic detailing opportunities that your CRCCP offered as part of the screening provision component.

7a.   Generally, how frequently was academic detailing provided (across all clinic sites)?
[WRITE-IN] time(s) per [DROPDOWN: WEEK, MONTH, YEAR, NA – IT WAS A ONE TIME ACTIVITY]

7b.   Please describe the academic detail provided as part of your screening provision component.

7c.   Where was the academic detailing provided?

7d.   Who provided the academic detailing? (Check all that apply.)
- Medical Advisory Board members
- Grantee staff
- Contractor
- State or tribal medical organization
- Other, please specify

8.   Did your CRCCP collect and monitor clinical data OTHER than the required CCDEs, for screening or patient navigation in PY5?
- Yes → IF YES, GO TO Intro/8a.
- No → GO TO Q9

[Intro]   Please tell us more about these other clinical data collecting and monitoring activities that your CRCCP conducted as part of the screening provision component.

8a. Generally, how frequently were these other data (i.e. non-CCDE) on screening provision or patient navigation collected and monitored (across all clinic sites)?
[WRITE-IN] _time(s) per_ [DROPDOWN: WEEK, MONTH, YEAR, NA – IT WAS A ONE TIME ACTIVITY]

8b. Please describe these other data collection and monitoring activities that you conducted for either screening or patient navigation.

9. Did your CRCCP produce provider-level performance monitoring reports (e.g., using CCDE data to produce screening quality indicator reports) and feed them back to your providers as part of your screening provision component in PY5? Performance monitoring involves using data to assess performance on specified indicators of performance.
- Yes → IF YES, GO TO Intro/9a.
- No → GO TO 10.

[Intro] Please tell us more about the performance monitoring activities that your CRCCP conducted as part of the screening provision component.

9a. Generally, how often were performance monitoring reports given back to your providers (across all clinic sites)?
[WRITE-IN] _time(s) per_ [DROPDOWN: WEEK, MONTH, YEAR, NA – IT WAS A ONE TIME ACTIVITY]

9b. Please describe these performance monitoring reports that you produced and gave to your providers as part of your screening provision component.

10. We are interested in learning more about QA/QI activities around CRC in your state/tribal area, even if your organization was not involved in them. Please use this space to describe the other QA/QI activities around CRC that you may know of in your state/tribal area, if any.

E.   Other Population-based CRC Screening Provision Activities and Support

1. Were there any other programs in your state/tribal area, in addition to CRCCP, that offered or supported CRC screening provision *for the underinsured or uninsured* during program year 5 (PY5), *excluding* Medicaid/Medicare or other resources related to the Affordable Care Act?
- Yes → Go to Q.1.a
- No → Go to Q2

1.a.   Please describe the other program(s) in your state/tribal area that offered CRC screening provision for the underinsured or uninsured in PY5. Please describe the program reach and activities.

2.   Did your organization receive financial resources other than those from CDC to support CRC screening provision in PY5?
- Yes → Go to Q.2.a
- No → Go to Part H: Eligibility for CRC Screening Provision

2.a   Describe the sources and amount of funds (other than CDC) that your organization used to support CRC screening provision from July 1, 2013 through June 30, 2014, and check the activities that were supported by those funds.

☐Check here, if you did not receive additional funds (non--CDC) to support CRC screening provision during July 1, 2012--June 30, 2013.

	Funding source	Approximate Amount	Provision-related activities supported by funds (Check all that apply)
2.a.i			Provide checklist for each row:
2.a.ii			- Providing screening and diagnostic services directly - Identifying and contracting with physicians or clinics to deliver screening services
2.a.iii			- Providing or promoting professional development/provider education - Promoting quality assurance (QA)/quality improvement (QI) standards among funded provider sites - Identifying and recruiting patients for CRCCP screening - Implementing or supporting the use of patient navigation/case management services for screening provision - Facilitating access to treatment for cancers diagnosed through your CRCCP

H.   Eligibility for CRC Screening Provision

[Intro] Please answer the following questions about eligibility for screening provision through your CRCCP for the Program Year 5 (PY5; 7/01/12-6/30/13).

1.   What Federal Poverty Level was used to determine eligibility for CRC screening?
- 250%
- 200%

- Other, please specify: _____%

2.   What percentage of clients screened by your CRCCP had some form of insurance coverage? *Write in % or Don't know*

3.   Did your CRCCP require clients to provide any type of verification that they were uninsured or underinsured?
- Yes
- No

4.   Did your CRCCP restrict program eligibility to any of the following groups?
- US citizens only
- Legal residents of state or territory
- Members or defined affiliation with Tribe/tribal council
- Others, please specify _____
- Program eligibility varies by provider site
- N/A –None

5.   Did any of your CRCCP program eligibility criteria change during the reporting period, (PY5)?
- Yes → go to 5a.
- No → continue to 6

   5.a. Which program eligibility criteria changed? (*Check all that apply.*)
- Federal Poverty level
- Insurance status
- Citizenship/residency/Tribal affiliation
- Other, please specify _____

   5b. Why did you change your eligibility criteria? (*Check all that apply*.)
- To reduce the number of adults eligible for CRC screening
- To increase the number of adults eligible for CRC screening
- Funding limitations or reductions
- Expected impact of health reform
- Change in state/territory/tribe regulation
- _____

7. During PY5, did your CRCCP program facilitate men/women's enrollment in insurance coverage for colorectal cancer screening services?
   - Yes, our CRCCP facilitated enrollment in Medicaid
   - Yes, our CRCCP facilitated enrollment in Medicare
   - Yes, our CRCCP facilitated enrollment in IHS
   - Yes, our CRCCP facilitated enrollment in State-based insurance
   - Yes, our CRCCP facilitated enrollment in Insurance marketplace
   - Yes, our CRCCP facilitated enrollment, but I do not know the specific insurance sources
   - No (skip to question 10)

8. During PY5, what activities did your CRCCP program conduct in order to facilitate men/women's enrollment in insurance coverage? *(Check all that apply)*
   - Provided men/women information about sources of insurance coverage and related contact information (e.g., refer to website for the Insurance Marketplace, provide Medicaid enrollment office phone number)
   - Conducted assessments of men/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 men/women to complete insurance enrollment processes
   - Tracked and followed-up with men/women to see if they successfully enrolled in insurance coverage
   - Other:

9. During PY5, did you count the number of men/women that your CRCCP program referred for insurance coverage?
   - ❑ Yes → GO TO 9a.
   - ❑ No → GO TO 10.

9.a. If yes, how many women did your CRCCP program refer for insurance coverage in PY5? _____

10. 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: *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				

11.   Has your CRCCP program developed tools related to health reform that may be useful to others?
   ❑ Yes → GO TO 11.a.
   ❑ No

11.a.   If yes, please describe: _____

G.   Other Comments – CRC Screening Provision

1.   What else would you like us to know about your organization's CRC Screening Provision efforts, including CRCCP screening provision activities funded or supported by sources other than CDC?

SECTION 3 – CRC SCREENING PROMOTION

This section asks about your CRCCP's **CRC screening promotion activities to increase population-based screening implemented during program year 5 (PY5)**. The questions focus primarily on your CRCCP's use of each of the five strategies recommended by the Community Guide to increase CRC screening broadly in the population (rather than strategies focused solely on persons screened through the program); these five strategies include:

1) Small media
2) Patient or client reminders
3) Provider reminders
4) Reducing structural barriers
5) Provider assessment and feedback

We also ask you to describe partner involvement, if any, in your implementation of each strategy.

[Intro] Q1.
Please describe one of your organization's major screening promotion goals or objectives for the report year (PY5: July 1, 2013 – June 30, 2014).

[Intro] Q2.
What was the priority population your organization was trying to reach through the screening promotion goal or objective you described (aside from people meeting program eligibility requirements)?

A.   Small Media for Screening Promotion
Small media include videos and printed materials such as letters, brochures, flyers, and newsletters used to inform and motivate people to be screened for colorectal cancer. Small media can provide information tailored to specific or general audiences.

The following questions ask about small media activities for CRC screening promotion that have been implemented as a part of the CRCCP in program year 5 (PY5).

1.   Did your organization use small media to promote colorectal cancer screening in PY5?
    "Your organization" refers to you, your contractors, and other partners.

- Yes, <u>we currently use</u> small media to promote CRC screening → Go to Q.2.

- No, we do not currently use small media to promote CRC screening, but <u>we used it in the past</u> (i.e. during any current or previous CRCCP

contract year). → Go to Q.1.b.

- No, we have never used small media to promote CRC screening but <u>we are planning or intend to in the next 12 months</u>. → Go to Q.1.a.

- No, we have never used small media to promote CRC screening, and <u>we are not planning or intend to use small media in the next 12 months</u>. → Q.1.a.

1.a. What are the main reasons your organization has <u>not</u> used small media to promote CRC screening, to date?

[1.a. Respondents only → Skip to Part B: Patient Reminders]

1.b. Please describe your CRCCP's previous attempts at using small media to promote CRC screening, including for how long you used them, partner involvement (if any), what type of small media was used (e.g. flyers, brochures, videos, etc.), and where the materials were distributed (e.g. provider offices, FQHCs, DOH, etc.).

[Go to 1.c]

1.c. Why did your CRCCP stop using small media to promote CRC screening?
[Skip to Part B: Patient Reminders]

2. For how long has your organization been using small media to promote colorectal cancer screening?
- Less than 6 months
- 6-11 months
- 1-2 years
- 3-4 years
- 5 years or more

3. Has your organization used any of the following resources to create small media as part of your CRC *screening promotion* activities? (*Check all that apply.*)
- MIYO (Make It Your Own)
- CDC's Screen for Life → IF YES, 3a. Please describe
- Other, please specify
- No, we have not used any of these resources to create small media to promote CRC screening

6. Where did your organization use each of the small media types listed in the table below to promote CRC screening? *For every row item, check all that apply. If you do not have an "other" then you must still check, "NA."*

		Choose all that apply										
		Individual Physician's Office	Provider Group (e.g. XX	Health Care Systems	FQHCs	Medicare	Medicaid	Insurance providers	Local Dept of Health	Workplace	Community *eg. CBOs, faith groups, library*	NA – We don't use this to promote CRC screening
Small Media Type	a. Videos	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	b. Flyers or posters	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	c. Brochures, booklets or FAQs	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	d. Newsletters, inserts or bookmarks	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	e. Checklists or questions to ask providers	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	f. Other leave behinds, e.g. tip sheets or business cards	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	g. Electronic media, e.g. text, social media tools (Twitter, Facebook, etc), websites	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	h. Other, please specify	☐	☐	☐	☐	☐	☐			☐	☐	☐

7. What geographic areas best describe the intended geographic reach of each small media type used by your organization to promote CRC screening? *For every row item, check all that apply. If you do not have an "other" then you must still check, "NA."*

	Choose all that apply						
	Regional	State/tribe-wide	Multi-County or Multi-Tribe	Single County or Tribe	City/local	Community-specific (Neighborho	NA – We don't use this to

Small Media Type								od)	promote CRC screening
	a.	Videos	☐	☐	☐	☐	☐	☐	☐
	b.	Flyers or posters	☐	☐	☐	☐	☐	☐	☐
	c.	Brochures, booklets or FAQs	☐	☐	☐	☐	☐	☐	☐
	d.	Newsletters, inserts or bookmarks	☐	☐	☐	☐	☐	☐	☐
	e.	Checklists or questions to ask providers	☐	☐	☐	☐	☐	☐	☐
	f.	Other leave behinds, e.g. tip sheets or business cards	☐	☐	☐	☐	☐	☐	☐
	g.	Electronic media, e.g. text, social media tools (Twitter, Facebook, etc), websites	☐	☐	☐	☐	☐	☐	☐
	h.	Other, please specify	☐	☐	☐	☐	☐	☐	☐

Small Media - Partners

8. How many partner organizations (e.g., non-funded partners, contractors) did you work with to implement small media activities or disseminate small media materials to promote CRC screening in PY5?

- [WRITE-IN #] partners → Go to Q10.

- None, we did not partner with any organizations to implement small media activities or disseminate small media materials to promote CRC screening → Go to 8.a.

   8.a. Describe why partners were not used as part of your implementation of small media. [Then skip to Q. 17]

10. Which of the following best describes the partner organization(s) you worked with to promote CRC screening through small media in PY5? (*Check all that apply.*)
- Academic institution
- Advocacy group/ Community-based organization/Community or health coalition
- American Cancer Society
- Another CRCCP grantee
- Comprehensive Cancer Control Coalition
- Chronic Disease programs within your agency

- Employers/worksites
- Federally qualified health center (FQHC)
- Indian Health Service (IHS) clinic or board, IHS Urban Indian health clinic
- Individual health care provider/single practice
- Local health department(s)
- Medicare Quality Improvement Organization (QIO) office
- Non-IHS tribal clinic, board, or health care facility
- Private and/or non-profit health care system
- Private health insurer
- Professional organization (e.g., primary care provider association in your state, state medical office)
- Quality assurance organization
- State Medicaid Office
- State Office of Rural Health
- Tribal council
- Other (please specify)

10a. For each geographic designation in the table below, please specify the number of partner organizations who used small media in that area to promote CRC screening in PY5.

Enter the appropriate numeric value or "don't know."
Enter "0" if no partners used this EBI in PY5 in the designated area.

Geographic Designation *Definition*	# of partners using small media in this area
10ai. Large Metro *Counties with a population of 1 million or more*	
10aii. Medium Metro *Counties with a population of 250,000-999,999*	
10aiii. Small Metro *Counties with a population of 50,000-249,999*	
10aiv. Micropolitan *Counties of less than 50,000 that contain all or part of a city of at least 10,000 or more residents*	
10av. Rural *Counties that do not contain any part of a city of 10,000 or more residents*	
10avi. Multiple counties or statewide	

10.b. Did your CRCCP distribute small media materials as an enhancement to, or as a part of any of the following activities during PY5 (*Check all that apply*.)

- Patient navigation (e.g., a navigator gives a patient an educational brochure in addition to addressing other barriers)
- Client reminders (e.g., a postcard sent to a client to remind them that they are due for screening also includes a general educational message about screening)
- One-on-one education (e.g., a health worker gives a brochure to a community member during outreach)
- Group education (e.g., a health educator distributes brochures as part of an educational session)
- Other, please specify: _____
- NA – We did not distribute small media as an enhancement to, or as a part of any of the above activities during PY5

Ease or Difficulty of Small Media Implementation for CRC Screening Promotion

17.   Thinking about the **small media** intervention activities that your CRCCP implemented in PY5, rate the level of ease or difficulty it took to implement them on average.

1 Very easy to implement	2 Somewhat easy	3 Neutral	4 Somewhat difficult	5 Very difficult to implement
☐	☐	☐	☐	☐

B.   Patient or Client Reminders for Population-level CRC Screening Promotion

Patient or client reminders include letters, postcards, or phone calls to alert patients that it is time for their cancer screening. Some reminders note only that the test is due, while other reminders include facts about the screening or offer to help set up an appointment, in addition to including a reminder that the test is due.

The following questions ask about patient or client reminder systems for CRC screening promotion that have been implemented as a part of the CRCCP in program year 5 (PY5).

> 1. Does your organization use patient or client reminders to promote colorectal cancer screening?
>
> **"Your organization" refers to you, your contractors and other partners**.

- Yes, <u>we currently use</u> patient reminders or client reminders to promote CRC screening → Go to Q.2.

- No, we do not currently use patient or client reminders to promote CRC screening, but <u>we used to in the past</u> (i.e. during any current or previous CRCCP contract year). → Go to 1.b.

- No, we have never used patient or client reminders but <u>we are planning or intend to use them in the next 12 months</u> → Go to 1.a.

- No, we have never used patient or client reminders, and <u>we are not planning or intend to use it in the next 12 months.</u> → Go to 1.a.

> 1.a. What are the main reasons your organization has <u>not</u> used patient reminders to promote CRC screening, to date?
>
> [1.a. Respondents only → Skip to Part C: Provider Reminders]

> 1.b. Please describe your CRCCP's previous attempts at using **patient or client reminders** to promote CRC screening, including for how long you used them, partner involvement (if any), what type(s) of patient or client reminders were used, and where they were distributed (e.g. provider offices, FQHCs, DOH, etc.).
>
> [Go to 1.c.]

1.c. Why did your CRCCP stop using **patient or client reminders** to promote CRC screening?

[Skip to Part C: Provider Reminders]

2. For how long has your organization been using patient or client reminders to promote colorectal cancer screening?
- Less than 6 months
- 6-11 months
- 1-2 years
- 3-4 years
- 5 years or more

3. Has your organization used any of the following resources to create patient or client reminders as part of your organization's CRC *screening promotion* activities? (*Check all that apply.*)
- MIYO (Make It Your Own)
- Other, please specify
- No, we have not used any of these resources to create patient or client reminders as part of our CRCCP *screening promotion* activities

6. Do you use any of the following types of patient or client reminders as a part of your CRCCP screening promotion efforts?

a. Mailed postcards, letters, or greeting cards?
- Yes → **GO TO 6.a.i.**
- No

IF YES → 6.a.i. Which types of organizations have implemented reminder systems using post cards, letters, or greeting cards based on your program efforts? (*Check all that apply.*)
- Individual physician's office
- IHS or tribal clinic
- Provider group (several or many physicians)
- FQHCs
- Health care system
- Health insurer
- Medicare Quality Improvement Organization (QIO) office
- State Medicaid Office

- My CRCCP (We implement these reminder systems, ourselves.)
- Other, please specify

b. Telephone, texts, or email messages?
- Yes → **GO TO 6.b.i.**
- No

IF YES → 6.b.i. Which types of organizations have implemented reminder systems using telephone, text, or email messages based on your program efforts? (*Check all that apply.*)
- Individual physician's office
- IHS or tribal clinic
- Provider group (several or many physicians)
- FQHCs
- Health care system
- Health insurer
- Medicare Quality Improvement Organization (QIO) office
- State Medicaid Office
- My CRCCP (We implement these reminder systems, ourselves)
- Other, please specify

Patient or Client Reminders – Partners

7.   How many partner organizations (e.g. non-funded partners, contractors) did you work with to implement patient or client reminder activities to promote CRC screening in PY5?

- [WRITE-IN #] partners   → Go to Q9.

- None. We did not partner with any organizations to implement or disseminate patient reminders to promote CRC screening. → Go to 7.a.

    7.a. Describe why partners were not used as part of your patient reminder efforts for CRC screening. [Then skip to Q.18]

9.   Which of the following best describes the partner organization(s) you worked with to promote CRC screening using patient reminders in PY5? (*Check all that apply.*)
- Academic institution
- Advocacy group/ Community-based organization/Community or health coalition
- American Cancer Society

- Another CRCCP Grantee
- Chronic Disease programs within your agency
- Comprehensive Cancer Control Coalition
- Employers/worksites
- Federally qualified health center (FQHC)
- Indian Health Service (IHS) clinic or board, IHS Urban Indian health clinic
- Individual health care provider/single practice
- Local health department(s)
- Medicare Quality Improvement Organization (QIO) office
- Non-IHS tribal clinic, board, or health care facility
- Private and/or non-profit health care system
- Private health insurer
- Professional organization (e.g., primary care provider association in your state, state medical office)
- Quality assurance organization
- State Medicaid office
- State office of rural health
- Tribal council
- Other (please specify)

9.a. For each geographic designation in the table below, please specify the number of partners that used patient or client reminders in that area to promote CRC screening in PY5.

Enter the appropriate numeric value or "don't know."
Enter "0" if no partners used this EBI in PY5 in the designated area.

Geographic Designation *Definition*	# of partner sites using patient reminders in this area
i. Large Metro *Counties with a population of 1 million or more*	
ii. Medium Metro *Counties with a population of 250,000-999,999*	
iii. Small Metro *Counties with a population of 50,000-249,999*	
iv. Micropolitan *Counties of less than 50,000 that contain all or part of a city of at least 10,000 or more residents*	
v. Rural *Counties that do not contain any part of a city of 10,000 or more residents*	

Geographic Designation *Definition*	# of partner sites using patient reminders in this area
vi. Multiple counties or statewide	

Ease or Difficulty of Implementing Patient or Client Reminders for CRC Screening Promotion

18.   Thinking about the **patient or client reminder** activities that your CRCCP implemented in PY5, rate the level of ease or difficulty it took to implement them on average.

1 Very easy to implement	2 Somewhat easy	3 Neutral	4 Somewhat difficult	5 Very difficult to implement
☐	☐	☐	☐	☐

C.   Provider Reminders for CRC Screening Promotion

Provider reminders inform health care providers that it is time for a client's cancer screening test (called a "reminder") or that the client is overdue for screening (called a "recall"). The reminders can be provided in different ways, such as flagging client charts, building provider reminders into electronic medical record systems or provider office appointment systems, or by e-mail to the provider.

The following questions ask about provider reminder activities for CRC screening promotion that have been implemented as a part of the CRCCP in program year 5 (PY5).

1.   Did your organization use provider reminders to promote colorectal cancer screening in PY5?

"Your organization" refers to you, your contractors and/or partners.

- Yes, <u>we currently use</u> provider reminders to promote CRC screening → Go to 2.

- No, we do not currently use provider reminders to promote CRC screening, but <u>we used to in the past</u> (i.e. during any current or previous CRCCP contract year). → Go to 1.b.

- No, have never used provider reminders <u>but we are planning or intend to use</u>

them in the next 12 months to promote CRC screening→ Go to 1.a.

- No, we have never used provider reminders to promote CRC screening, and we are not planning or intend to do use them in the next 12 months → Go to 1.a.

1.a. What are the main reasons your organization has not used provider reminders to promote CRC screening, to date?

[1.a. Respondents only → Skip to Part D: Reducing Structural Barriers]

1.b. Please describe your CRCCP's previous attempts at using **provider reminders** to promote CRC screening, including for how long you used them, partner involvement (if any), what type of provider reminders were used, and where they were distributed (e.g. provider offices, FQHCs, DOH, etc.).

[Go to 1.c]

1.c. Why did your CRCCP stop using **provider reminders** to promote CRC screening?

[Skip to Part D: Reducing Structural Barriers]

2.   For how long has your organization been using provider reminders to promote colorectal cancer screening?
- Less than 6 months
- 6-11 months
- 1-2 years
- 3-4 years
- 5 years or more

5.   Did you use any of the following types of provider reminders as a part of your CRCCP screening promotion efforts in PY5? (*Check all that apply.*)

a. Patient chart reminders
- Yes → **GO TO 5.a.i.**

- No

- Individual physician's office
- IHS or tribal clinic
- Provider group
- FQHCs
- Health care system
- My CRCCP (We implement these reminder systems, ourselves.)
- Other, please specify

5aii. How many clinic sites implemented chart reminders in PY5? [write-in # or Don't know]

b. Provider reminders built into electronic medical record (EMR) systems?
- Yes → **GO TO 5.b.i.**
- No

- Individual physician's office
- IHS or tribal clinic
- Provider group
- FQHCs
- Health care system
- My CRCCP (We implement these reminder systems, ourselves.)
- Other, please specify

5bii. How many clinic sites implemented provider reminders using an EMR in PY5? [write-in # or Don't know]

c. Other, please describe:_____
- Yes → **GO TO 5.c.i.**
- No

- Individual physician's office
- IHS clinic or tribe
- Provider group
- FQHCs
- Health care system
- My CRCCP (We implement these reminder systems, ourselves.)
- Other, please specify

→ 5cii. How many clinic sites implemented any of these other provider reminders in PY5? [write-in # or Don't know]

Provider Reminders – Partners

6. How many partner organizations did your organization work with to implement provider reminder systems to promote CRC screening in PY5?

- [WRITE-IN #] partners → GO to Q8.

- None, we did not partner with any organizations to implement provider reminder systems to promote CRC screening → Go to 6.a.

  6.a. Describe why partners were not used as part of your efforts to use providers reminders to promote CRC screening. [Then skip to Q.17]

8. Which of the following best describes the partner organization(s) you worked with to promote CRC screening using provider reminder systems in PY5? (*Check all that apply.*)

- Academic institution
- Advocacy group/ Community-based organization/Community or health coalition
- American Cancer Society
- Another CRCCP Grantee
- Chronic Disease programs within your agency
- Comprehensive Cancer Control Coalition
- Employers/worksites
- Federally qualified health center (FQHC)
- Indian Health Service (IHS) Clinic or Board, IHS Urban Indian health clinic
- Individual health care provider/single practice
- Local health department(s)
- Medicare Quality Improvement Organization (QIO) office
- Non-IHS tribal clinic, board, or health care facility
- Private and/or non-profit health care system
- Private health insurer
- Professional organization (e.g., primary care provider association in your state, state medical office)
- Quality assurance organization
- State Medicaid office
- State office of rural health

- Tribal council
- Other (please specify)

_____

8a. For each geographic designation in the table below, please specify the number of partner sites that used provider reminder systems in that area to promote CRC screening in PY5.

Enter the appropriate numeric value or "don't know."
Enter "0" if no partners used this EBI in PY5 in the designated area.

Geographic Designation *Definition*	# of partner sites using provider reminders in this area
i. Large Metro *Counties with a population of 1 million or more*	
ii.Medium Metro *Counties with a population of 250,000-999,999*	
iii.Small Metro *Counties with a population of 50,000-249,999*	
iv. Micropolitan *Counties of less than 50,000 that contain all or part of a city of at least 10,000 or more residents*	
v. Rural *Counties that do not contain any part of a city of 10,000 or more residents*	
vi. Multiple counties or statewide	

Ease or Difficulty of Implementing Provider Reminders for CRC Screening Promotion

17.   Thinking about the **provider reminder** activities that your CRCCP implemented in PY5, rate the level of ease or difficulty it took to implement them on average.

1 Very easy to implement	2 Somewhat easy	3 Neutral	4 Somewhat difficult	5 Very difficult to implement
☐	☐	☐	☐	☐

E. Provider Assessment and Feedback for CRC Screening Promotion

Provider assessment and feedback interventions both evaluate provider performance in delivering or offering screening to clients (assessment) and present providers with information about their performance in providing screening services (feedback).

Feedback may describe the performance of a group of providers (e.g., average performance for a practice) or an individual provider, and may or may not be compared with a goal or standard.

The following questions ask about provider assessment and feedback systems for CRC screening promotion that have been implemented as a part of the CRCCP during program year 5 (PY5).

---

1. Did your organization offer provider assessment and feedback to promote colorectal cancer screening in PY4?

"Your organization" refers to you, your contractors and/or partners.

- Yes, <u>we used</u> provider assessment and feedback for CRC screening promotion in PY4. → Go to Q.2.

- No, we did not use provider assessment and feedback for CRC screening in PY4, <u>but we have in the past</u> (i.e., during any previous CRCCP contract year). → Go to 1.b.

- No, we have never used provider assessment and feedback for CRC screening promotion. → Skip to Section D: Reducing Structural Barriers

---

1.b. Please describe your CRCCP's previous attempts at using **provider assessment and feedback** to promote CRC screening, including for how long you used them, partner involvement (if any), and what type(s) of provider assessment feedback were used.

[Go to 1.c.]

1.c. Why did your CRCCP stop using **provider assessment and feedback** to promote CRC screening?

[Skip to Section D: Reducing Structural Barriers]

---

2. For how long has your organization been using provider assessment and feedback for colorectal cancer screening promotion?
- Less than 6 months
- 6-11 months
- 1-2 years
- 3-4 years
- 5 years or more

5. Did you use any of the following types of *provider assessment and feedback* as a part of your CRCCP screening promotion efforts in PY5? (*Check all that apply.*)

a. Evaluating provider performance in delivering or offering screening to clients (assessment).
- YES → **GO TO 5ai**
- NO

> **IF YES** → 5.a.i. Please describe your provider assessment efforts, including what's being assessed, how you've been conducting the assessment, and how those efforts have been going, to date.
>
> **IF YES** → 5.a.ii. Where is the provider assessment being used? (*Check all that apply.*)

- FQHCs
- Health care system
- Insurer
- IHS or tribal clinic
- Individual physician's office
- Provider group
- My CRCCP
- Other, please specify

b. Presenting providers with information about their performance in providing screening services (feedback).
- YES → **GO TO 5bi**
- NO

> **IF YES** → 5.b.i. Please describe your provider feedback efforts, including what type of feedback is provided, how you've been delivering the feedback, and how those efforts have been going, to date.
>
> **IF YES** → 5.b.ii. Where is the provider feedback being used? (*Check all that apply.*)

- FQHCs
- Health care system
- Insurer
- IHS or tribal clinic
- Individual physician's office
- Provider group
- My CRCCP
- Other, please specify

Provider Assessment and Feedback – Partners

6. How many partner organizations did your organization work with to implement provider assessment and feedback systems to promote CRC screening in PY5?
- [WRITE-IN #] partners → Go to Q8
- None. We did not partner with any organizations to implement provider assessment and feedback systems to promote CRC screening. → Go to 6.a.

    6.a. Describe why partners are not used as part of your efforts to use provider assessment and feedback for CRC screening promotion. [Then skip toQ.15]

8. Which of the following best describes the partner organization(s) you worked with to promote CRC screening using provider assessment and feedback in PY4? (*Check all that apply*.)
- Academic institution
- Advocacy group/ Community-based organization/Community or health coalition
- American Cancer Society
- Another CRCCP grantee
- Chronic Disease programs within your agency
- Comprehensive Cancer Control Coalition
- Employers/worksites
- Federally qualified health center (FQHC)
- Indian Health Service (IHS) clinic or board, IHS Urban Indian health clinic
- Individual health care provider/single practice
- Local health department(s)
- Medicare Quality Improvement Organization (QIO) office
- Non-IHS tribal clinic, board, or health care facility
- Private and/or non-profit health care system
- Private health insurer
- Professional organization (e.g., primary care provider association in your state, state medical office)
- Quality assurance organization

- State Medicaid office
- State office of rural health
- Tribal council
- Other (please specify)

8a. For each geographic designation in the table below, please specify the number of partner sites that used provider assessment and feedback in that area to promote CRC screening in PY4.

Enter the appropriate numeric value or "don't know."
Enter "0" if no partners used this EBI in PY4 in the designated area.

Geographic Designation *Definition*	# of partner sites using provider assessment and feedback in this area
i. Large Metro *Counties with a population of 1 million or more*	
ii. Medium Metro *Counties with a population of 250,000-999,999*	
iii. Small Metro *Counties with a population of 50,000-249,999*	
iv. Micropolitan *Counties of less than 50,000 that contain all or part of a city of at least 10,000 or more residents*	
v. Rural *Counties that do not contain any part of a city of 10,000 or more residents*	
vi. Multiple counties or statewide	

Ease or Difficulty of Implementing Provider Assessment and Feedback Activities for CRC Screening Promotion

15. Thinking about the **provider and assessment** activities for CRC screening promotion that your CRCCP implemented in PY4, rate the level of ease or difficulty it took to implement them on average.

1 Very easy to implement	2 Somewhat easy	3 Neutral	4 Somewhat difficult	5 Very difficult to implement
☐	☐	☐	☐	☐

D.   Reducing Structural Barriers for CRC Screening Promotion

Structural barriers are non-economic burdens or obstacles that make it difficult for people to access cancer screening. Interventions designed to reduce these barriers may facilitate access by:

- Reducing time or distance between service delivery settings and target populations

- Modifying hours of service to meet client needs

- Offering services in alternative or non-clinical settings

- Eliminating or simplifying administrative procedures and other obstacles (e.g., revising clinic flow procedures, adopting electronic medical records systems).

The following questions ask about interventions that have been implemented as a part of the CRCCP to reduce structural barriers for CRC screening promotion in program year 5 (PY5).

---

1.   Did your organization use interventions to reduce structural barriers to promote colorectal cancer screening in PY5?

Please note: *Patient Navigation services that specifically assist with transportation, language translation and/or dependent care should be included here; The Community Guide has identified these activities as examples of reducing structural barriers. All other patient navigation services for screening promotion are asked about in the Patient Navigation for Screening Promotion Section of the survey.*

For these questions, "your organization" refers to you, your contractors or partners.

- Yes, we currently use interventions to reduce structural barriers to promote CRC screening. → Go to 2.

- No, we do not currently use interventions to reduce structural barriers to promote CRC screening, but we used to in the past (i.e. during any current or previous CRCCP contract year). → Go to 1.b.

- No, we have never used interventions to reduce structural barriers to promote CRC screening, but we are planning or intend to in the next 12 months. → Go to 1.a.

- No, we have never used interventions to reduce structural barriers to promote CRC screening, and we are not planning or intend to use them in the next 12 months. → Go to 1.a.

1.b. Please describe your CRCCP's previous attempts at **reducing structural barriers** to promote CRC screening, including for how long you used them, partner involvement (if any), and what type(s) of structural barriers were addressed.

[Go to 1.c.]

1.c. Why did your CRCCP stop using interventions to **reduce structural barriers** to promote CRC screening?

[Skip to Part F: Patient Navigation]

2.   For how long has your organization been reducing structural barriers to promote colorectal cancer screening?
- Less than 6 months
- 6-11 months
- 1-2 years
- 3-4 years
- 5 years or more

3.   Which strategies for reducing structural barriers does your organization use? (*Check all that apply.*)
- Reducing time or distance between service delivery settings and target populations
- Modifying hours of service to meet client needs
- Offering services in alternative or non-clinical settings
- Eliminating or simplifying administrative procedures and other obstacles

5.   Did your organization conduct any assessment of structural barriers *before* implementing strategies to reduce structural barriers to promote your CRC screening activities?
- Yes → 5.a. Please describe
- No

Reducing Structural Barriers – Partners

7.   How many organizations did your organization partner with to reduce structural barriers to promote CRC screening in PY5?

- [WRITE-IN #] partners   → GO to Q9

- None. We did not partner with any organizations to reduce structural barriers to promote CRC screening. → GO to 7.a.

7.a. Describe why partners were not used as part of your efforts to reduce structural barriers to promote CRC screening. [Then skip to Q.16]

9.   Which of the following best describes the partner organization(s) you worked with to promote CRC screening by reducing structural barriers in PY5? (*Check all that apply.*)

- Academic institution
- Advocacy group/ Community-based organization/Community or health coalition
- American Cancer Society
- Another CRCCP grantee
- Chronic disease programs within your agency
- Comprehensive Cancer Control Coalition
- Employers/worksites
- Federally qualified health center (FQHC)
- Indian Health Service (IHS) Clinic or Board, IHS Urban Indian health clinic
- Individual health care provider/single practice
- Local health department(s)
- Medicare Quality Improvement Organization (QIO) office
- Non-IHS tribal clinic, board, or health care facility
- Private and/or non-profit health care system
- Private health insurer
- Professional organization (e.g., Primary care provider association in your state, state medical office)
- Quality assurance organization
- State Medicaid office
- State office of rural health
- Tribal council
- Other (please specify)

9a.   For each geographic designation in the table below, please specify the number of organizations your CRCCP partnered with to promote CRC screening by reducing structural barriers in that area during PY4.

Enter the appropriate numeric value or "don't know."
Enter "0" if no partners used this EBI in PY4 in the designated area.

Geographic Designation *Definition*	# of partners conducting activities to reduce structural barriers in this area
i.Large Metro *Counties with a population of 1 million or more*	
ii.Medium Metro *Counties with a population of 250,000-999,999*	
iii.Small Metro *Counties with a population of 50,000-249,999*	
iv.Micropolitan *Counties of less than 50,000 that contain all or part of a city of at least 10,000 or more residents*	
v. Rural *Counties that do not contain any part of a city of 10,000 or more residents*	
vi. Multiple counties or statewide	

Ease or Difficulty of Reducing Structural Barriers for CRC Screening Promotion

16. Thinking about the activities that your CRCCP implemented in PY4 to **reduce structural barriers** for CRC screening, rate the level of ease or difficulty it took to implement them on average.

1 Very easy to implement	2 Somewhat easy	3 Neutral	4 Somewhat difficult	5 Very difficult to implement
☐	☐	☐	☐	☐

F.   Patient Navigation for CRC Screening Promotion

A patient navigator guides the patient through the process of completing colorectal cancer screening by helping to reduce patient-specific barriers. Some programs may refer to this as case management. Some roles of the patient navigator (PN) include**:**

- Assisting with scheduling appointments, transportation, or dependent care
- Providing patient education about CRC screening and testing modalities for screening (e.g., rationale, importance, bowel prep)
- Reminding patients about their colonoscopy appointment or returning their FOBT/FIT kits
- Providing peer support to help with cultural or emotional concerns (e.g., allay fears)

The following questions ask about your CRCCP's support for patient navigators (PN)/case managers (CM) for CRC screening promotion. We are interested in your support for PN/CMs in settings where you are paying for CRC screening directly (screening provision), and in settings where you are not.

[**Intro**] These first questions ask about the use of patient navigators or case managers in organizations *other than* those providers/clinics where you are paying for CRC screening directly (screening provision).

1.   Did you support the implementation of patient navigator program(s) in any organizations (e.g., FQHCs, IHS clinics) *other than* those providers/clinics where you are paying for CRC screening directly (screening provision) in PY5?

- Yes, we used patient navigation or case management in PY5 for CRC screening promotion in organizations *other than* those providers/clinics where we are paying for CRC screening directly. → **Go to 1b.**

- No, we did not use patient navigation or case management in PY5 to promote CRC screening in organizations *other than* those providers/clinics where we are paying for CRC screening directly, but we have in the past (i.e. during any previous CRCCP contract year). → **Go to 1.ai.**

- No, we have never used patient navigation or case management for CRC screening promotion in organizations *other than* those providers/clinics where we are paying for CRC screening directly. → **Go to [Intro] 2**

1.ai. Please describe your CRCCP's previous attempts at using **patient navigation or case management** in these settings to promote population-based CRC screening, including for how long you used it, partner involvement (if any), and types of activities or services the PN/CM was responsible for.

1.aii. Why did your CRCCP stop using **patient navigators or case managers** to promote CRC screening in these settings?

1.b   For how long has your organization supported **patient navigators or case managers** in organizations *other than* those providers/clinics where you are paying for CRC screening directly (screening provision)?

- Less than 6 months
- 6-11 months
- 1-2 years
- 3-4 years
- 5 years or more

1.c. How are these patient navigators/case managers for CRC screening promotion supported? (*Check all that apply*.)

a.   Reimbursement to providers for FTE support
b.   Per- patient navigation/case management reimbursement
c.   Grantee staff serving as patient navigators/case managers
d.   In- kind from a community partner/program
e.   Other (specify) _____

1.d. Please specify any <u>core</u> navigation activities that are routinely offered as part of those organizations' **CRC screening promotion** component. (*Check all that apply*.)

- Patient assessment of barriers to screening
- Patient education (about anatomy, CRC, CRC screening, bowel prep)
- Assistance with transportation, language translation, child/eldercare
- Assistance with appointment setting
- Assistance with identifying payment for screening
- Reminder calls/emails for bowel prep and/or appointments
- Reminder calls/emails for return of FOBT/FIT tests
- Peer support/motivation for screening
- Follow-up with client about next steps for CRC screening and ensure understanding of results provided by medical team
- Community outreach to promote CRCCP and CRC screening (E.g. Linkages with health fairs and clients in community)

- Clinic in-reach activities to promote CRCCP and colorectal screening, (E.g., flagging charts for medical providers for those eligible for Program/CRC screening)

> 1.e. We are interested in knowing more about the patient navigators/case managers that are supported in organizations *other than* those providers/clinics where you are paying for CRC screening directly. Using the drop-down menus in the table below, please complete the following sentence:
>
> *[Insert number] patient navigators/case managers, or [insert number] FTEs (regardless of the number of people) are supported at [insert number] sites or clinics.*
>
> If your organization supports only per-patient navigation reimbursement or per-patient case management reimbursement, write-in "Don't Know" (case sensitive) in each applicable field.

#[WRITE-IN + Don't Know] Patient Navigators/Case Managers → Go to Q1f IF 1 OR MORE IS SELECTED

#[WRITE-IN + Don't Know] Full Time Equivalents, i.e., FTEs (regardless of the number of people)

At [WRITE-IN + Don't Know] Sites/Clinics

> 1f. Do some or all of the patient navigators/case managers for screening *promotion* also provide patient navigation/case management support for your screening *provision* activities?

- No
- Yes → Please describe. [Open text]
- Don't know

> 1.g. About how many CRC screening patients (total) do these organizations' patient navigators/case managers support in a year?

- 1-100 patients
- 101-500 patients
- 501-1000 patients
- 1001-5000 patients
- More than 5000 patients
- Don't know

[**Intro**] These next questions ask about your organization's use of patient navigators or case management to promote colorectal cancer at provider/clinic sites where **you are paying for CRC screening directly.**

2. Did your organization use patient navigation (PN) or case management (CM) to promote colorectal cancer screening *at* provider/clinic sites where you are paying for CRC screening directly in PY4?

- Yes, we used patient navigation or case management in PY4 for CRC screening promotion at provider/clinic sites where we are paying for CRC screening directly. → **Go to 3.**

- No, we did not use patient navigation or case management in PY4 to promote CRC screening at provider/clinic sites where you are paying for CRC screening directly, <u>but we have in the past</u> (i.e. during anyprevious CRCCP contract year). → Go to 2.b.

- No, we have never used patient navigation or case management for CRC screening promotion. → Skip to Section G: Other Interventions

2.b. Please describe your CRCCP's previous attempts at using **patient navigation or case management** to promote population-based CRC screening, including for how long you used it, partner involvement (if any), and types of activities or services the PN/CM was responsible for.

[Go to 2.c.]

2.c. Why did your CRCCP stop using **patient navigators or case managers** to promote CRC screening?

[Skip to Section G: Other Interventions]

3.   For how long has your organization been using **patient navigators or case managers** to promote colorectal cancer screening?
- Less than 6 months
- 6-11 months
- 1-2 years
- 3-4 years
- 5 years or more

4.   How are these patient navigators/case managers for CRC screening promotion supported? (*Check all that apply.*)
- f.   Reimbursement to providers for FTE support

g. Per- patient navigation/case management reimbursement
h. Grantee staff serving as patient navigators/case managers
i. In- kind from a community partner/program
j. Other (specify) _____

5. Please specify any <u>core</u> navigation activities that are routinely offered as part of your organization's **CRC screening promotion** component. Check all that apply.

- Patient assessment of barriers to screening
- Patient education (about anatomy, CRC, CRC screening, bowel prep)
- Assistance with transportation, language translation, child/eldercare
- Assistance with appointment setting
- Assistance with identifying payment for screening
- Reminder calls/emails for bowel prep and/or appointments
- Reminder calls/emails for return of FOBT/FIT tests
- Peer support/motivation for screening
- Follow-up with client about next steps for CRC screening and ensure understanding of results provided by medical team
- Community outreach to promote CRCCP and CRC screening (E.g. Linkages with health fairs and clients in community)
- Clinic in-reach activities to promote CRCCP and colorectal screening, (E.g. flagging charts for medical providers for those eligible for Program/CRC screening)

6. We are interested in knowing more about the patient navigators/case managers that are supported *at* provider/clinic sites where you are paying for CRC screening directly. Using the drop-down menus in the table below, please complete the following sentence:

[Insert number] patient navigators/case managers, or [insert number] FTEs (regardless of the number of people) are supported at [insert number] CRCCP-participating sites or clinics.

If your organization supports only per-patient navigation reimbursement or per-patient case management reimbursement, write-in "Don't Know" (case sensitive) in each applicable field.

#[WRITE-IN + Don't Know] Patient Navigators/Case Managers → Go to Q6a IF 1 OR MORE IS SELECTED
#[WRITE-IN + Don't Know] Full Time Equivalents, i.e., FTEs (regardless of the number of people)
At [WRITE-IN + Don't Know] Sites/Clinics

6a. Do some or all of your patient navigators/case managers for screening *promotion* also provide patient navigation/case management support for your screening *provision* activities?

- No
- Yes → Please describe. [Open text]

7.   About how many CRC screening patients (total) do your patient navigators/case managers support in a year?

- 1-100 patients
- 101-500 patients
- 501-1000 patients
- 1001-5000 patients
- More than 5000 patients
- Don't know

Patient Navigation – Partners

8.   How many organizations did you partner with to implement patient navigation/case management systems to promote CRC screening in PY4?

- [WRITE-IN #] partners   → Go to Q10

- None. We did not partner with any organizations to implement patient navigation/case management systems to promote CRC screening.→ Go to 8.a.

  8.a. Describe why partners were not used as part of your implementation of patient navigation systems. [Then skip to 19]

10.   Which of the following best describes the partner organization(s) you worked with to promote CRC screening using patient navigator/case management systems in PY4? (*Check all that apply*.)

- Academic institution
- Advocacy group/ Community-based organization/Community or health coalition
- American Cancer Society
- Another CRCCP grantee
- Chronic disease programs within your agency
- Comprehensive Cancer Control Coalition
- Employers/worksites
- Federally qualified health center (FQHC)
- Indian Health Service (IHS) clinic or board, IHS Urban Indian health clinic

- Individual health care provider/single practice
- Local health department(s)
- Medicare Quality Improvement Organization (QIO) office
- Non-IHS tribal clinic, board, or health care facility
- Private and/or non-profit health care system
- Private health insurer
- Professional organization (e.g., Primary care provider association in your state, state medical office)
- Quality assurance organization
- State Medicaid office
- State office of rural health
- Tribal council
- Other (please specify)

Ease or Difficulty of Implementing Patient Navigation or Case Management Activities for CRC Screening Promotion

19. Thinking about the **patient navigation or case management** activities for CRC screening promotion that your CRCCP implemented in PY5, rate the level of ease or difficulty it took to implement them on average.

1 Very easy to implement	2 Somewhat easy	3 Neutral	4 Somewhat difficult	5 Very difficult to implement
☐	☐	☐	☐	☐

G.   Other Interventions for CRC Screening Promotion

This section asks about your organization's use of any other interventions to promote colorectal cancer screening to the wider population during program year 5 (PY5). These other interventions may include those that have been evaluated as having insufficient evidence of effectiveness, according to the *Guide to Community Preventive Services*.

1. Did your organization use any other interventions to *promote* colorectal cancer screening in PY5? These other interventions may include:
- Provider education/professional development, including physician to physician education
- 1:1 education (other than patient navigation activities)
- Group education
- Mass media
- Quality assurance (QA)/Quality improvement (QI), including academic detailing, performance monitoring
- Client or provider incentives

"Your organization" refers to you, your contractors, and your partners.

- Yes, <u>we used</u> other interventions to promote CRC screening in PY4. → **GO TO Q2.**

- No, we did not use other intervention to promote CRC screening in PY4, but <u>have in the past (in any previous CRCCP contract year)</u>. → **GO TO Q2**

- No, we have never used other interventions to promote CRC screening. → **Go to Part H: <u>Highlighting a successful evidence-based intervention (EBI) activity.</u>**

2. Which other interventions did your organization use (or plan to use) for CRC *screening promotion in PY5*? (*Check all that apply*.)

- Provider education/professional development, including physician to physician education → GO TO **PART H**
- 1:1 education → GO TO **PART H**
- Group education → GO TO **PART H**
- Mass media → GO TO **PART H**
- Quality assurance (QA)/Quality improvement (QI), including academic detailing, performance monitoring→ GO TO Q3[x]iii
- Client or provider incentives → GO TO **PART H**
- Other, please specify*: _____* → GO TO PART H
- We do not use any of these other interventions. → **GO TO PART H: <u>Highlighting a successful evidence-based intervention (EBI) activity.</u>**

3[x]iii. Describe your [INSERT CATEGORY INDICATED FROM Q2; USE CATEGORY NAME AS LISTED ABOVE] activity for CRC *screening promotion in PY5*. Include details, such as the formal name (if any) of the effort, type of QA effort, how it was implemented, etc.

3[x]iv. Describe any partnership involvement in your organization's [INSERT CATEGORY INDICATED FROM Q2; USE CATEGORY NAME AS LISTED ABOVE] efforts or activities in PY5, e.g., what partners were involved, how they were involved, how they came to be involved, etc.

3[x]v. For how long has/did your organization been using [INSERT CATEGORY INDICATED FROM Q2; USE CATEGORY NAME AS LISTED ABOVE] to promote colorectal cancer screening?

- Less than 6 months
- 6-11 months
- 1-2 years
- 3-4 years
- 5 years or more

H. Highlighting a successful evidence-based intervention (EBI) activity

We are interested in learning more about a successful EBI activity your organization has implemented for screening promotion since the start of your program. Please tell us about one EBI activity that you think has been the most effective or successful in your CRC screening promotion efforts.

Note: The EBI should be one of the Community Guide-recommended strategies: small media, patient or client reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.

1. Name of activity (as it's referred to by your organization):

2. Please describe the main components of the EBI activity: what you did/do, how you did/do it, who was/is the target audience

3. Who was/is involved in your implementation efforts? (e.g. types of partners, their roll, etc.)

4. Did you adapt an existing intervention for this activity?
   - Yes → Go to 4a.
   - No → Go to 5

   4.a. What was the source for the original intervention?

   4.b. Why did you adapt the intervention? I.e. Why could you not use the intervention "as is?"

   4.c. Describe the process for how you adapted it. (e.g. Were changes based on literature review, needs assessment, Community Advisory Boards, focus groups, etc)

5. What do you think contributed to the success or effectiveness of this EBI? Please include any details about methods, partners, or processes that you think were particularly innovative or important that contributed to the success of your efforts.

6. What were the biggest challenges you encountered, if any, in implementing this EBI and how do you address them?

7. Is this EBI effort ongoing? If no, please tell us why not.

I.   Other Comments – CRC Screening Promotion

1.   What else would you like us to know about your organization's CRC Screening Promotion efforts?

SECTION 4: CANCER SCREENING DATA FROM FQHCs AND IHS CLINICS

These next questions are about health centers such as Federally Qualified Health Centers (FQHCs) and Indian Health Services (IHS) clinics that you may have worked work with in your state/tribal area during program year 5 (PY5).

1. Did any *FQHCs clinics* in your state report the following data to your CRCCP in PY5?

	Yes	No
a. CRC screening rates		
b. HEDIS data from insurers		
c. CCDE or similar data for patients screened with resources *other than CDC funds*		
d. Other CRC data, please describe: _____		

IF YES TO ANY IN TABLE ABOVE: → 1a.　　How many FQHCs reported CRC screening data to your CRCCP?

[WRITE-IN OR DON'T KNOW] FQHC(s) reported CRC screening data to my CRCCP

2. Are there any *IHS clinics* in your state/tribal area?
- Yes → GO TO Q2a.
- No → GO TO Q3
- Don't know → GO TO Q3

IF YES → 2a.　　Did any IHS clinics in your state/tribal area report the following data to your CRCCP in PY5?

	Yes	No
a. CRC screening rates		
b. RPMS data other than screening rates		
c. CCDE or similar data for patients screened with resources *other than CDC funds*		
d. Other CRC data, please describe: _____		

IF YES TO ANY IN TABLE ABOVE: → 2b.　　How many IHS clinics reported CRC screening data to your CRCCP?

[WRITE-IN OR DON'T KNOW] IHS clinic(s) reported CRC screening data to my CRCCP

3. Did any health systems, insurers, or *other clinic types* (i.e., not including FQHCs, IHS or CRCCP-participating clinics that you are funding for screening provision) in your state/tribal area report the following data to your CRCCP in PY5?

	Yes	No
a. CRC screening rates		
b. HEDIS data from insurers		
c. CCDE or similar data for patients screened with resources *other than CDC funds*		
d. Other CRC data, please describe: _____		

IF YES → 3a. How many health systems, insurers, or other clinics (i.e. not including FQHCs or IHSs), report these CRC screening data to your CRCCP?

[WRITE-IN + DON'T KNOW] Reported CRC screening data to my CRCCP

SECTION 5: TRAINING AND TECHNICAL ASSISTANCE FOR EVIDENCE-BASED INTERVENTIONS

A.   Program Training and Technical Assistance on Use of Evidence-Based Interventions

1.   For which of the evidence-based strategies would you like to receive more training or technical assistance? (*Check all that apply.*)
- Small media (e.g., brochures, flyers)
- Reducing structural barriers
- Patient reminders
- Provider reminders
- Provider assessment and feedback systems
- None

2.   Do you have access to someone who can help you interpret and apply research evidence?
- Yes → Go to 2.a
- No → Go to 3

   IF YES →   2a. Who is that person?
                   2b. With what type of organization is s/he affiliated?

3.   How would you rate your desire for training in the following areas?

	Desire for training		
	High=**3**	Medium=**2**	Low=**1**
a. Find evidence-based strategies or programs			
b. Assess the strength of the evidence in support of a strategy or program's effectiveness			
c. Assess the fit of potential strategies or programs with my population			
d. Assess the fit of potential strategies or programs with my organization's systems, staff, and resources			
e. Assess organizational capacity to implement selected strategy			
f. Adapt an evidence-based strategy or program to my population or setting			
g. Implement a strategy/program with quality/fidelity			
h. Conduct a process evaluation of an evidence-based strategy or program			
i. Conduct an outcome evaluation of an evidence-based strategy			

B. Partner and Staff Training and Technical Assistance on Use of Evidence-Based Interventions

1. Did you offer *training* on how to use any of the five Community Guide-recommended evidence-based interventions (EBIs) to increase colorectal cancer screening to your partners, subcontractors, community health workers, patient navigators, or provider network in program year 5 (PY5)?

- Yes → Go to Q 1.a.
   1a. Please describe the training you offered on how to use any of the five Community Guide-recommended EBIs to increase CRC screening. Please describe training content, target audience, etc.
- No
- Don't know

2. Did you offer *technical assistance (TA)* on how to use any of the five Community Guide-recommended EBIs to increase colorectal cancer screening to your partners, subcontractors, community health workers, patient navigators, or provider network in PY5?

- Yes → Go to Q 2.a.
   2a. Please describe the technical assistance (TA) you offered on how to use any of the five Community Guide-recommended EBIs to increase CRC screening. Please describe training content, target audience, etc.
- No
- Don't know

3. In questions 3.a. through 3.d, for which CRCCP activities do you/your staff most need technical assistance, training, or other support to enhance program implementation *in the coming year*?

3.a. Program Management – (*Check up to 3.*)

- Developing program infrastructure
- Staffing
- Recruiting providers for screening provision
- Contract management
- Comprehensive program planning
- Grant writing
- Identifying funding
- Managing CRCCP budget funding
- Communication
- Integrating the CRCCP with other programs
- Working with or managing contractors

- Other, please specify
- None. We do not desire any training in this area.

3.b.   Partnership Development (*Check up to 3.*)

- This area (partnership development) has not been addressed yet by our program.
- Maintain a relationship with CDC-funded programs (e.g. CCC, NBCCEDP, WISEWOMAN)
- Maintain a relationship with the Central Cancer Registry
- Develop and maintain a partnership with your state/tribal organization's CCC coalition
- Develop and maintain partnerships with private and nonprofit health care systems
- Develop and maintain partnerships with private health insurers
- Develop and maintain a partnership with your state State Medicare and Medicaid office
- Develop and maintain a partnership with FQHCs
- Develop and maintain partnerships with professional organizations (e.g., state GI or primary care provider association)
- Develop and maintain partnerships with other organizations. Please specify
- Developing partnership agreements (e.g. MOU/MOA)
- Evaluating partnerships
- Severing ineffective partnerships
- Other, please specify
- None. We do not desire any training in this area.

3.c.   Screening Provision (*Check up to 3.*)

- Establish program infrastructure
- Convene and maintain a Medical Advisory Board
- Convene and maintain a Community Advisory Board
- Recruit underinsured and uninsured individuals for CRC screening with CDC funds
- Implement patient navigation and other support services
- Provide or support the provision of screening and diagnostic services
- Ensure appropriate treatment for complications and cancers
- Support insurance enrollment
- Develop and promote quality control standards and mechanisms among program-funded providers
- Develop and promote CRCCP clinical policies and procedures among program-funded providers
- Develop, promote, or enhance training to educate health care professionals among program-funded providers

- Address or resolve billing issues, e.g., determining Medicare rates/overbilling, dissatisfaction with rates
- Other, (please specify)
- None. We do no desire any training in this area.

3.d.	Data Collection and Evaluation (*Check up to 3.*)

- Establish a patient data tracking system that meets CCDE reporting requirements for screening provision component
- Collect and report patient data and monitor data quality through the CCDEs
- Collect and report program activity cost data through the CAT
- Develop an evaluation plan for your CRCCP (e.g., formative, process, outcome, impact)
- Conduct evaluation activities for your CRCCP
- Identify and collect data from other sources (e.g., CRC screening rates from large health systems)
- Collaborate with central cancer registry for data linkages and other purposes
- Use data for program monitoring and program improvement
- Implement strategies to document and communicate program value to stakeholders (e.g. legislators, funders, administrators)
- Other (please specify)
- None. We do no desire training in this area.

4.	Are there any other resources or materials not previously covered in this section, that would be helpful to you as you implement any of the five evidence-based strategies recommended by the Community Guide?

- Yes → **IF YES**, 4.a Please describe
- No

5.	How satisfied are you with the technical assistance (TA) that CDC provided in PY5? Technical assistance refers to any assistance provided directly to you by CDC staff; for example assistance provided by program consultants and team leads.

1 = Not at all satisfied → 5.a. Please describe how the TA can be improved
2 = Somewhat satisfied → 5.a. Please describe how the TA can be improved
3 = Moderately satisfied→ 5.a. Please describe how the TA can be improved

4 = Very satisfied → Continue
5 = Extremely satisfied → Continue

6.   How satisfied are you with the training(s) that CDC provided or offered in PY5? Trainings may include but are not limited to webinars, workshops at annual meetings, and workgroups.

        1 = Not at all satisfied → 6.a. Please describe how the training can be improved
        2 = Somewhat satisfied → 6.a Please describe how the training can be improved
        3 = Moderately satisfied→ 6.a. Please describe how the training can be improved

        4 = Very satisfied → Continue
        5 = Extremely satisfied → Continue

7.   What other CRCCP programs did you go to for advice or support to use the five Community Guide-recommended (evidence-based) strategies? (*Check all that apply.*)
[List all 29 programs + None]

FOR EACH PROGRAM SELECTED →
7.a.   How often were you given advice or received information from this CRCCP program?

- A couple of times a year
- Less than once a month
- Once or twice a month
- Weekly (1 or more times/week)
- About once a day
- More than once a day

8.   What other CRCCP programs did you collaborate with to <u>implement</u> any of the five Community Guide-recommended (evidence-based) strategies? (*Check all that apply.*)

[List all 29 programs + None]

8.a.   What **unfunded CRCCP** programs did you collaborate with, if any, to <u>implement</u> any of the five Community Guide-recommended strategies for ***CRC screening promotion***? (*Check all that apply*)

[List all UNFUNDED programs + None]

9.   What non CDC-funded colorectal screening programs did you go to, or research, for advice or support to use the five Community Guide-recommended (evidence-based) strategies? [open text]

C. Comments – TA and Training

1. Do you have any other comments about training or technical assistance for evidence-based interventions?

SECTION 6: SCREENING POLICIES & STRATEGIES

A.   Tobacco Screening Policies and Strategies

These next questions ask about policies and strategies to support tobacco screening and referral to quit lines for both CRCCP patients and non-CDC paid patients of CDC-funded program providers.

1. Does your program have a **written** policy in place that requires all contracted providers to both assess the smoking status of every person screened by the CRCCP *and* refer those who smoke to their state tobacco quit line?
   - Yes → Go to 1.a.
   - No → Go to Part B
   - Don't know → Go to Part B

IF YES → 1.a. Has your program distributed this **tobacco screening and referral policy** to all providers funded through the program to screen men and women for CRCCP?
   - Yes, all providers
   - Yes, some providers
   - No
   - Don't know

B.   Strategies to Support CRC Screening

1.   In program year 5 (PY5), did you execute two or more formal agreements (e.g., MOU, MOA, contract) with a health care system, health insurer, or large workplace to facilitate and support **CRC screening**?

The agreement may include things such as:
1) Data reporting
2) A formal CRC quality improvement effort
3) An organizational policy or benefits package to cover screening
4) An uncompensated screening commitment; and/or
5) Implementation of Community Guide evidenced-based interventions

   - Yes → Go to 1a. Intro
   - No → Go to 2.

IF YES → **[Intro]** Please tell us how many formal agreements (MOU, MOA, or contract), you executed with each entity below to facilitate and support **CRC screening**:
1a. Health care system: [write-in] → Please provide health care system name(s). Write-in 'NA' if you entered zero above.
       [open text 3-5 lines]

1b. Health insurer: [write-in] → Please provide health insurer name(s). Write-in 'NA' if you entered zero above.

[open text 3-5 lines]

1c. Workplace: [write-in] → Please provide workplace name(s). Write-in 'NA' if you entered zero above. [open text 3-5 lines]

2. In program year 5 (PY5), were there any new or revised organizational policies (*e.g., insurer reduces co-pay for CRC screening, workplace provides time off for colonoscopy*) and systems changes in any of your partner organizations (e.g., workplaces, Insurers, health systems) that affect colorectal cancer control?
   - Yes → Go to 2a
   - No → Skip to Section 7: General Program Management

   IF YES → 2.a. How many new or revised organizational policies have there been in PY5 that affect colorectal cancer control?

   - 1
   - 2
   - 3
   - 4 or more

   IF YES → 2.b. Of these new or revised policies that affect colorectal cancer control, please tell us about the policy that you view to be the most successful, or that has the potential for most impact:

   | 2b.i. | State the name of the organization _____ |
   | 2.b.ii. | Indicate the type of organization |
   - Large employer/worksite
   - Private/nonprofit health care system
   - FQHCs
   - Private health insurers
   - Other_____

   | 2b.iii. | Indicate the scope of the organization |
   - State/tribal organization-wide
   - County-wide
   - City-wide
   - Other

   2.b.iv.   Describe the policy's major requirements or mandates
   [OPEN FIELD]

   2.b.v.   Describe your CRCCP program's role in supporting its development and/or adoption [OPEN FIELD]

SECTION 7: GENERAL PROGRAM MANAGEMENT

A.   Monitoring and Evaluation

1.   What level of ease or difficulty did you experienced for each of the following monitoring and evaluation issues in the past year?

	Very Easy 1	Somewhat Easy 2	Neutral 3	Somewhat Difficult 4	Very Difficult 5	Not Applicable 77
a. Collecting clinical data for persons screened through our CRC screening provision efforts						
b. Conducting program evaluation						
c. Acquiring BRFSS data						
d. Using BRFSS data for program planning or evaluation						
e. Acquiring claims or HEDIS data						
f. Using claims or HEDIS data for program planning or evaluation						
g. Acquiring CRC screening rate data from clinics, health systems, or insurers						
h. Using CRC screening data for program planning or evaluation						
i. Gathering new data (e.g., from providers or specific communities)						
j. Analyzing/interpreting new data						
k. Acquiring Medicare/Medicaid data						
l. Acquiring RPMS data						

1. Did you conduct any evaluation of your CRC screening promotion or provision activities in program year 5 (PY5)? This could include formative, process, outcome, or impact evaluations (e.g., referrals, screening numbers) of your activities?
    Examples of evaluation types and activities:
    - *Formative – what messages or activities people would like to know/have about CRC*
    - *Process – information about how program activities were implemented*
    - *Impact – knowledge, attitudes, screening behaviors*

- *Outcome – screening rates at state level*

- Yes → Go to 2.a.
- No → Go to Part B

2.a. If yes, tell us what type of activity was evaluated?

2.b. How did you conduct the evaluation?

B. Administrative Challenges

1. What level of ease or difficulty did you experience for each of the following administrative issues in PY5?

	Very Easy	Somewhat Easy	Neutral	Somewhat Difficult	Very Difficult	Not Applicable
a. Spending CDC funding						
b. Hiring staff						
c. Training staff						
d. Retaining staff						
e. Establishing contracts with partners						
f. Establishing MOAs/ MOUs with partners						
g. Securing funding from sources other than CDC to support promoting or providing CRC screening						
h. Having sufficient funding across funding sources (CDC + other) to support CRCCP program goals						
i. Gaining approvals for traveling to CDC or other professional development opportunities						
j. Political issues within the state/tribe						
k. Immigrant/legal residency issues						
l. Securing furloughs						

IF 1.e [RE: CONTRACTS] = SOMEWHAT EASY to VERY DIFFICULT →
> 1.e.i Describe why establishing contracts with partners was challenging. For example, was the contracting process too burdensome, do partners not want to contract with your state/tribe, etc.

IF 1.f [RE: MOAs/MOUs] = SOMEWHAT EASY to VERY DIFFICULT →

> 1.f.i Describe why establishing MOA/MOU with partners was challenging. For example, was the MOA/MOU process too burdensome, do partners not want to formalize an agreement with your state/tribe, etc.

C.   Final Comments

1.   What was the biggest challenge you faced in this last contract year (PY5; 7/1/13-6/30/14) and how did you overcome it?

2.   What has been your greatest success in this last contract year (PY5; 7/1/13-6/30/14) and how have you promoted it?

CLOSING QUESTIONS

1. Did you consult with anyone (e.g. colleagues, partners, subcontractors, etc) to answer any of the survey questions?

- Yes → GO TO 1.a
- No → **END SURVEY**

1a. Tell us with whom you consulted to complete this survey. Check all that apply.

- CRCCP Program Director
- CRCCP Program Manager/Coordinator
- CRCCP Data Manager
- CRCCP-participating clinics
- CDC CRCCP Program Staff
- CRCCP Administrator
- Insurer
- Partner
- Other 1, please specify
- Other 2, please specify
- Other 3, please specify

END SURVEY

That was the last question! Click on the Next button and you will be taken to a summary screen to review and submit your responses. Your survey will not be submitted until you click the "submit" button.

REVIEW & SUBMIT

Below is a summary of your survey responses.

Print, Save, or Email Your Report Summary

Print: Print the summary report below by clicking on the "Print this summary" link that appears at the top and bottom of your report.

Save: Save this summary now as a PDF through your browser window; Go to your browser's "Print" menu and you will see your PDF options (e.g. "Save as PDF" in Firefox or "Open PDF in Preview" in Chrome).

Email: Receive a copy of this summary for your organization's files by email. The email will include a URL to this report summary screen that you can print or save as outlined above. Please provide the email recipient's information. *Required*

       Email recipient name:
       Email recipient email address:

Note: We will automatically provide your CDC Program Consultant with a copy of your survey responses.

If you would like an additional person to receive a copy of your survey responses, please provide their information below. *Optional*

       Email recipient #2 name:
       Email recipient #2 email address:
_____

Submit Your Responses
Once you click the Submit button below, you will have completed the 2014 CRCCP Grantee Survey. ***Your responses will not be recorded until you click Submit.*** You will then receive an email confirming that your survey was successfully submitted.

[LAST SCREEN]
Your responses have been submitted.

Thank you for your time, and for completing the survey! We look forward to sharing a summary of this information with you soon. Please contact your CDC CRCCP Program Officer with any questions.

Thank you!