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# CDC Colorectal Cancer Control Program (CRCCP)

## **Grantee Survey of Program Implementation**

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## 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 9/21/14

# 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 the 2014 survey are:

Re-inserted questions: Last year we deleted items throughout the survey that were unlikely to change since 2012. We have reinserted these questions. We have also added some 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 ProvisionSection 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

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

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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 <a href="mailto:thuytvu@uw.edu">thuytvu@uw.edu</a> or 206-669-0897

# Who can I contact about technical difficulties with the web survey? Please contact Thuy Vu at <a href="mailto:thuytvu@uw.edu">thuytvu@uw.edu</a> 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:

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

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?
Select One  ▼
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)
▶ a. Phone number:  Example: XXX-XXX-XXXX
▶ b. Email: When you complete and submit your survey, an email confirmation will automatically be sent to the address you provide below.
c. Confirm email:
• 4. What is your position with the CRCCP? (Check all that apply.)
<ul> <li>□ Program director (the primary contact for the CRCCP Cooperative Agreement)</li> <li>□ Program manager/coordinator (the day-to-day manager for the CRCCP)</li> <li>□ Other (specify)</li> </ul>
▶ 5. How long have you been working with the CRCCP in your state/tribal organization?
O Less than 6 months

<ul><li>12-23 months</li><li>24-35 months</li><li>3 or more years</li></ul>	
<ul> <li>6. How long have you been working on cancer-related issurding organizations?</li> <li>Less than 1 year</li> <li>1 to 3 years</li> <li>4 to 5 years</li> <li>6 to 9 years</li> <li>10 or more years</li> </ul>	es in your state/tribal organization or in other states/tribal/non-governmental
▶ 7. Has there been a change in either your CRCCP's Program (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 for	m Director (PD) or Program Manager (PM) during the duration of its funding period uring out funding period
SECTION 1: CRCCP MANAGEMENT AND INTEGRATION	
	RCCP was managed in PY5, and whether CRCCP staff were integrated with other CDC-ve ask about the integration of your CRCCP program director, CRCCP program of the funding source used to support them.
A. CRCCP Management & Integration With Other CDC	-Funded Programs
	is the primary program contact for the cooperative agreement), have work ams in your state/tribal organization (regardless of the funding source used to
<ul> <li>□ WISEWOMAN</li> <li>□ Comprehensive Cancer Control Program (CCC)</li> </ul>	
☐ Breast and Cervical Cancer Early Detection Program (	BCCEDP)
Central Cancer Registry	
☐ Other (please specify) ☐ None	
☐ Notice	
2. Was the program manager/coordinator and program d people?	irector in your CRCCP, the same person, or are these two positions filled by different
O The CRCCP program manager/coordinator and CRCCI O The CRCCP program manager/coordinator and CRCCI	
following CDC-funded programs in your state/tribal orgar (Check all that apply.)	he person who is the day-to-day manager), have work responsibilities for any of the lization (regardless of the funding source used to support them?
☐ WISEWOMAN ☐ CCC Program	
□ BCCEDP	
Central Cancer Registry	
☐ Other (please specify) ☐ None	
▶ 3. Were any CRCCP staff* integrated with, or have work organization, (regardless of the funding source used to so	responsibilities for, any of the following CDC-funded programs in your state/tribal upport him/her)? the CRCCP program director or program manager/coordinator.
<ul> <li>WISEWOMAN</li> <li>CCC Program</li> <li>BCCEDP</li> <li>Central Cancer Registry</li> <li>Other CDC-Funded Program</li> </ul>	
O Yes O No	
4. Not including either the CRCCP program director, or pro	ogram manager/coordinator, complete the following sentence to tell us: ove work responsibilities for, any of the CDC-funded programs (listed below) in your embers were integrated.
CDC-funded programs:	
WISEWOMAN     CCC Program     BCCEDP     Central Cancer Registry     Other CDC-Funded Program	
Select One CRCCP staff is/are integrated acros	s
To the table below tall us how often your CDCCD staff	f* nerformed or had work recognicibilities related to the activities listed for other CDC

			your starr is miceg	Tatea With the pr	ogram	listed, but they never	perioriii the activity s	
			WISEWOMAN	CCC Progra	m	BCCEDP	Central Cancer Registry	Other Program, (plea specify)
a. Public edu recruitment	ucation, outreac	h, or	Select One	Select One		Select One	Select One 🗸	Select One 🗸
	ssurance, qualit nt, clinical suppo		Select One	Select One		Select One	Select One 🗸	Select One 🗸
c. Data man	agement	[	Select One	Select One		Select One	Select One 🗸	Select One
d. Patient na	avigation	E	Select One	Select One	🗸	Select One	Select One 🗸	Select One 🗸
e. Other activity, (please specify)			Select One 🗸	Select One		Select One	Select One V	Select One 🗸
	cer Registry Funded Program easy or difficult		integrate your CR	CCP with other C	DC-fun	ded programs, such a	as WISEWOMAN, CCC	Program,
Very easy	Somewhat easy	Neutral	Somewhat difficult	Very difficult				
0	0	0	0	0				
). Describe wl	hat made your (	CRCCP very eas	sy to integrate wit	h other CDC-fund	ded pro	grams.		
Did your orga ot including ca Yes No	ancer programs	nate the deliver or WISEWOMA	ry of <u>any</u> of your ( N)?			blic education) with o	other chronic disease p	programs
heck all that a Diabetes Cardiovascu Community Immunizatio Infectious d	apply.) Ilar health health on/Family health		u your organizatio	ii coordinate, for	uie del	ivery or <u>any</u> or your (	CRUCY ACTIVITIES?	
Other, pleas	nization coordin	nate any staff t	raining or profess	ional developmen	nt with o	other chronic disease	programs?	
	inizacion coordii							

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<ul> <li>Promoting quality assurance (QA)/quality improvement (QI) standards among funded provider sites</li> <li>Identifying and recruiting patients for CRCCP screening</li> <li>Implementing or supporting the use of patient navigation/case management services for screening provision</li> <li>Facilitating access to treatment for cancers diagnosed through your CRCCP</li> <li>This section of the survey includes questions that ask about each of those activities for program year 5 (PY5; July 1, 2013 - June Questions about monitoring and evaluation, including collection of Colorectal Clinical Data Elements (CCDE) are asked later in this section in the section of the survey and provider sites/clinics</li> <li>1.a. What screening test type and provider sites/clinics</li> <li>1.a. What screening tests were used by your CRCCP in PY5?</li> <li>(Check all that apply.)</li> <li>Colonoscopy</li> <li>FOBT</li> <li>FIT</li> <li>Sigmoidoscopy</li> <li>1. What was the primary screening test used in PY5?</li> <li>(Select one.)</li> <li>Primary" refers to the test that your organization supports/reimburses for the majority of providers/clinics .</li> <li>O Colonoscopy</li> <li>FOBT -&gt; Please specify brand(s) if known; if unknown enter, "Don't Know"</li> <li>O FIT -&gt; Please specify brand(s) if known; if unknown enter, "Don't Know"</li> <li>O Sigmoidoscopy</li> </ul>	
<ul> <li>Identifying and recruiting patients for CRCCP screening</li> <li>Implementing or supporting the use of patient navigation/case management services for screening provision</li> <li>Facilitating access to treatment for cancers diagnosed through your CRCCP</li> <li>This section of the survey includes questions that ask about each of those activities for program year 5 (PY5; July 1, 2013 - June Questions about monitoring and evaluation, including collection of Colorectal Clinical Data Elements (CCDE) are asked later in this section of the survey and provider sites/clinics</li> <li>A. Screening test type and provider sites/clinics</li> <li>1.a. What screening tests were used by your CRCCP in PY5?</li> <li>(Check all that apply.)</li> <li>Colonoscopy</li> <li>FOBT</li> <li>FIT</li> <li>Sigmoidoscopy</li> <li>1. What was the primary screening test used in PY5?</li> </ul>	
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<ul> <li>Identifying and recruiting patients for CRCCP screening</li> <li>Implementing or supporting the use of patient navigation/case management services for screening provision</li> </ul>	
Providing or promoting professional development/provider education	
<ul> <li>Providing screening and diagnostic services directly</li> <li>Identifying and contracting with physicians or clinics to deliver screening services</li> </ul>	
he screening provision component of the CRCCP includes activities that your organization implements to provide or support direct flow income, uninsured, and underinsured patients using CDC funds. These activities may include:	CRC screenir
EECTION 2: CRC SCREENING PROVISION	
(Check all that apply.)  Diabetes  Cardiovascular health Immunization/Family health Infectious disease  Other, please specify	
O Yes O No  3.a. With which chronic disease program(s) did your organization coordinate other internal activities?	
3. Did your organization coordinate any other internal activities or services (e.g. data management, planning, communications) chronic disease programs?	with other

	QHCs)							
d. Other, please specify								
ou do not have an "other" you must sel			- 41-4-15	CDC fd		. :2.1		
that is the geographic location of each of the control of the cont					screening ser	vices? I	ror ever	y row item,
								NA - This
			Multi-	Single		Comn	nunity-	clinic type does not
	Regional	State/Tribe- wide	county/ tribe	county/ tribe	City/local		fic e.g. borhood	participate in our
a. Individual PCPs, <b>not including</b>	_	_			_			_
FQHCs								
b. Endoscopy/GI								
c. FQHCs								
d.								
Other, please								
specify								
		<b>^</b>						
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O No O Depends On Individual Providers O N/A - We do not use FOBT/FIT tests	onsistently in	nplement to enco	ourage patien	nts to return F	OBT/FIT kits?			
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O No O Depends On Individual Providers O N/A - We do not use FOBT/FIT tests a. What activities does your program of If your program has used FOBT and/oscreening? O Yes O N/A. My organization has used FOBT, a. What activities does your program in the check all that apply. Black or African-American White Asian American Indian or Alaskan Native Native Hawaiian or other Pacific Islar Hispanic, Latino or Spanish origin Persons in specific geographic areas Rarely or never screened populations Rural populations	r FIT tests for /FIT for scree mplement to o	ening provision for	ision, do you or less than o al FOBT/FIT r	implement sp ne year escreening?		to enco	ourage al	nnual
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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 CRCCP? O Yes O No 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. In the table below, please provide the numbers to complete the following sentence, to tell us how many patient navigators/case managers are supported as part of the CRCCP for screening provision. FTEs (regardless of the number of people) were supported at patient navigators/case managers, or CRCCP-participating sites or clinics in PY5 participating in my organization's CRC screening provision efforts. If your organization supported only per-patient navigation reimbursement or per-case management reimbursement, write-in "Don't Know" (case sensitive) in each applicable field. Patient Navigators/Case Managers FTEs (regardless of the number of people) Sites/Clinics At 3. Please specify any core 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.) O Less than high school O High school diploma or GED equivalent Associate degree O Nursing degree O College degree O Graduate degree Other, please specify O 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 barrier							
_	Patient education about CRC screening			uding bowel p	rep for endos	сору		
_	Making CRC screening reminder calls							
_	Making CRC screening reminder calls		•					
_	Making CRC screening reminder calls Assisting patients to access bowel pre		I/FII KITS					
_	Scheduling CRC screening appointme	•						
_	Arranging transportation to/from CRO		nointments					
_	Peer support for cultural or emotiona		•	na				
_	Arranging dependent care so patients			-				
	Meeting patients at endoscopic appoi		o oci coimig api	50				
	Arranging or providing translation ser		screening appo	intments				
	Making follow-up calls after colonosco							
	Assisting patients diagnosed with can		ancer treatment	t				
	Tracking patients to be sure they con	nplete their co	lonoscopy					
_	Tracking patients to be sure they retu							
	Other, please specify							
_	I do not know what activities are pro-	vided						
	•							
	Did your organization offer any screen	ing provision s	support services	that are not	otherwise pro	vided through	a patient navig	ation or case
	anagement system?							
	Yes							
0	No							
N 82	. Please describe the screening provision	on cupport cor	vices that are n	ot othorwico i	provided throu	igh a nationt r	avigation or ca	50
	anagement system.	on support ser	vices triat are in	iot otherwise i	provided tillot	agir a patierit i	lavigation of ca	SC
Г	, , , , , , , , , , , , , , , , , , ,							
			^					
			~					
110	Grantee staff serving as patient navig In-kind navigators/case managers fro Other (specify)  During PY5, did any of your patient n livered (e.g., number of clients receiving tient navigation contacts per client, per Yes No  During PY5, did your CRCCP program vices delivered? Yes No  During PY5, did your CRCCP program Yes No	avigators/case ng navigation/ rcentage of cli  use some typ	e managers coll case managements navigated e of patient nav	ect and report ent, number of that complete vigation data s	of clients asset of screening).	ect non-clinica	rs, number and	types of vigation t?
U	NO							
C. Pa	atient Recruitment (outreach and c	linic in-reach	for Screening	ng Provision				
	-						_	
that .	hat is the geographic reach of each res apply. If you do not have an "other" th : "In-reach," in the questions below, m	en you must s	till check, "NA.	"				tem, check all
					6: :			A1A 1/1 /
			State/Tribe	Multi-	Single		Community-	NA - We do
		Regional	State/Tribe- wide	county/ tribe	county/ tribe	City/local	specific e.g., neighborhood	not use this resource
	a In-reach recruitment (e.g.	.5.2				,,	. 5	
	a. In-reach recruitment (e.g., recruiting patients of an existing program like the NBCCEDP <i>or</i> patients of a clinic)							
	b. Community health workers							
	c. Community-based organizations							
$\vdash$	d. Faith-based organizations					_		
	a a.tii basea organizations							
- 1		I .	I .	I .	I .	I	l .	·

t t							
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 conductored all that apply.)  Distribution of brochures about colore Tailored letters or communication from Flyers and information about posted in Pre-reviewing records/charts to identifuctorial Other (describe)  None. does not conduct clinic in-reach Professional Development, Quality Astronomy or an activities and program of the Check all that apply.)  Examples of activities may include providing guidelines, or conducting webcasts, amon Endoscopists/gastroenterologists (GIs PCPs/internal medicine specialists/fam Nurses Nurse practitioners/physician assistan Medical assistants  Staff at local health department clinical Other, please specify	ctal cancer so n health care n clinic/hospit fy patients eli- a activities to ssurance and nal developme year 5 (PY5) or your profese ng continuing g other activit ) nilly practice p	provider al/health care igible for scree recruit patient:  d Quality Impent/provider eas part of you medical educaties.	center ning provision s for screening provement ducation and qi r screening pro proment/provider ation (CME) op	and tagging of provided uality assurar vision .	charts for provi	ders y improvement	(QI) activitie
□ NA – We did not provide any profession	onal developm	nent/provider e	education activ	ities in PY5			
	ofessional de	velopment acti	ivities around (	CRC in your st			
NA – We did not provide any profession.  1a. We are interested in learning about provide them. Please use this space to	ofessional de	velopment acti	ivities around (	CRC in your st			
NA – We did not provide any profession.  1a. We are interested in learning about provide them. Please use this space to	ofessional de o describe the	velopment acti se other profe	ivities around ( ssional develop	CRC in your signment activiti	es around CRC	that you may	know of in
NA – We did not provide any profession la. We are interested in learning about prot provide them. Please use this space to your state/tribal area, if any.	ofessional de o describe the o describe the odescribe the odescribe the odescribe the type of the odescribe the type of the odescribe of the o	velopment acti se other profe	ivities around ( ssional develop ional developn of activity you	CRC in your signment activition	es around CRC education proviil then be ask	that you may vided by your a ked some addit	know of in is part of the ional questior
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O Yes	
O No	
→ 3a. Did your CRCCP distribute brochures for profes  O Yes	ssional development as part of the screening provision component?
O No	
3a.i. Generally, how frequently were these brochures	s distributed (across all clinic sites)?
time(s) per Select One	
time(s) per   Select One	•
3a.ii. Please describe the brochure content.	
	^
	<b>~</b>
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	
	visits or webcasts for professional development as part of the screening provision
component?	
O Yes O No	
Bb.i. Generally, what was the frequency of educations	nal outreach visits or webcasts?
time(s) per Select One	lacksquare
3b.ii. Please describe the content of the outreach v	visits or webcasts.
	^
	<b>▽</b>
3b.iii. Who conducted or provided the visits or web	ocasts?
(Check all that apply.)	
☐ Medical Advisory Board members	
☐ Grantee staff	
_	
Contractor	
☐ Contractor ☐ State or tribal medical organization	
<del></del>	
☐ State or tribal medical organization ☐ Other, please specify	
☐ State or tribal medical organization ☐ Other, please specify	or programs, such as the National Colorectal Cancer Round Table Provider Kit, for provision component?
☐ State or tribal medical organization ☐ Other, please specify ☐ 3c. Did your CRCCP distribute <b>physician tool kits o</b>	
☐ State or tribal medical organization ☐ Other, please specify  3c. Did your CRCCP distribute <b>physician tool kits o</b> professional development as part of the screening professional development as part of the screening pr	
State or tribal medical organization Other, please specify  3c. Did your CRCCP distribute <b>physician tool kits or</b> professional development as part of the screening professional development as par	provision component?
State or tribal medical organization  Other, please specify  3c. Did your CRCCP distribute <b>physician tool kits or</b> professional development as part of the screening professional development as pa	r programs distributed (across all clinic sites)?
State or tribal medical organization  Other, please specify  3c. Did your CRCCP distribute <b>physician tool kits or</b> professional development as part of the screening professional development as pa	provision component?
State or tribal medical organization  Other, please specify  3c. Did your CRCCP distribute <b>physician tool kits or</b> professional development as part of the screening professional development as pa	r programs distributed (across all clinic sites)?
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State or tribal medical organization  Other, please specify  3c. Did your CRCCP distribute <b>physician tool kits or</b> professional development as part of the screening professional development as pa	r programs distributed (across all clinic sites)?
State or tribal medical organization  Other, please specify  3c. Did your CRCCP distribute <b>physician tool kits or</b> professional development as part of the screening professional development as pa	r programs distributed (across all clinic sites)?
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□ State or tribal medical organization □ Other, please specify  7-3c. Did your CRCCP distribute physician tool kits or professional development as part of the screening professional development a	r programs distributed (across all clinic sites)?
□ State or tribal medical organization □ Other, please specify  2.3c. Did your CRCCP distribute physician tool kits or professional development as part of the screening professional development a	r programs distributed (across all clinic sites)?
State or tribal medical organization Other, please specify  Care Did your CRCCP distribute physician tool kits or professional development as part of the screening professional development as part	r programs distributed (across all clinic sites)?
☐ State or tribal medical organization ☐ Other, please specify  Professional development as part of the screening professional development as par	r programs distributed (across all clinic sites)?
☐ State or tribal medical organization ☐ Other, please specify  23c. Did your CRCCP distribute physician tool kits or professional development as part of the screening professional development as	r programs distributed (across all clinic sites)?
☐ State or tribal medical organization ☐ Other, please specify  Pac. Did your CRCCP distribute physician tool kits or professional development as part of the screening professional development as	r programs distributed (across all clinic sites)?

time(s) per Select One	lacksquare
3d.ii. Please describe these other physician education	on materials that are distributed as part of your screening provision component.
	^
	y
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	
Did your CPCCP distribute clinical quidalines for	CRC screening as part of the screening provision component in PY5?
O Yes	ore screening as pare of the screening provision component in 175.
O No	
. Generally, how frequently were these clinical guidel	lines for CRC screening distributed (across all clinic sites)?
time(s) per Select One	lacksquare
4b. Please indicate which guideline(s) were distribute (Check all that apply.)	ed.
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 distribut	ted as part of your screening provision component.
	<u>^</u>
	<b>~</b>
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 profess	ssional development/provider education as part of the screening provision
component in PY5?	
O Yes O No	
	of professional development materials or activities provided (across all clinic sites)?
time(s) per Select One	▼
unie(s) per   Select One	
5b. Please describe these other types of professional provision component.	development materials or activities that are provided as part of your screening
provision component.	
	^
5c. Who provided these other types of professional d	development materials or activities?
(Check all that apply.)	
Medical Advisory Board members	
Grantee staff	
Contractor	
State or tribal medical organization	_
Other, please specify	
	types of <b>quality assurance (QA)/quality improvement(QI)</b> activities that your <i>n</i> component during program year 5 (PY5). For each type of activity you specify, you note about that activity.
· · · · · · · · · · · · · · · · · · ·	•

QA/QI activities include academic detail (i.e. education monitoring.	onal outreach for physicians), collecting and monitoring screening data, and performance
☐ Endoscopists/gastroenterologists (GIs)	
☐ PCPs/internal medicine specialists/family practice	e providers/OB-GYN doctors
Nurses	
☐ Nurse practitioners/physician assistants ☐ Medical assistants	
Staff at local health department clinics	
Other, please specify	
☐ N/A - We do not provide any QA/QI activities	
7. Did your CRCCP provide academic detailing as par	t of your screening provision component in PY5?
	cians. Academic detailing is intended to support clinical decision making by providing
	ormation to physicians in a balanced and engaging format.
O Yes	
O No	
Please tell us more about the academic detailing oppo	rtunities that your offered as part of the screening provision component.
7a. Generally, how frequently was academic detailing	provided (across all clinic sites)?
time(s) per Select One	
7b. Please describe the academic detail provided as	part of your screening provision component.
	^
	<b>∀</b>
7c. Where was the academic detailing provided?	
	<b>∨</b>
(Check all that apply.)  Medical Advisory Board members Grantee staff Contractor State or tribal medical organization Other, please specify	
O Yes	OTHER than the required CCDEs for screening or patient navigation in PY5?
O No	
Please tell us more about these clinical data collecting component.	and monitoring activities that your conducted as part of the screening provision
•	contra and internal particular anticontra collection and accordance of accordance of the contract of the contr
od. Generally, now frequently were these data off scre	eening provision or patient navigation collected and monitored (across all clinic sites)?
time(s) per   Select One	lacksquare
▶ 8b. Please describe these data collection and monito	oring activities that you conducted for either screening or patient navigation.
	^
	ce monitoring reports (e.g., using CCDE data to produce screening quality indicator rt of your screening provision component in PY5? Performance monitoring involves using f performance.
•	activities that your conducted as part of the screening provision component.
· · ·	
sa. Generally, now often were performance monitoring	g reports given back to your providers (across all clinic sites)?
time(s) per Select One	V
9b. Please describe these performance monitoring r provision component.	reports that you produced and gave to your providers as part of your screening
	<b>~</b>

				<u></u>					
Other Po	opulation-bas	sed CRC Scree	ening Provi	sion Activit	ies and Support				
					addition to CRCCP, that c <b>cluding</b> Medicaid/Medio				
		other program e program reac			rea that offered CRC scr	eening provisio	n for the und	lerinsured or unin	sured in
				^					
				V					
O Yes O No  2a. Descr	ibe the source	s and amount (	of funds (otl	her than CDC	those from CDC to supp	used to suppo	J.		m July 1,
ZUIS (NIC	Funding source	Approximate Amount	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
Chec	k here, if you	did not receive	additional f	unds (non-Cl	DC) to support CRC scre	ening provision	during July	1, 2013 - June 30	), 2014
2a.i.									
2a.ii.									
2a.iii.									
30/14).  1. What F  0 250%  0 200%  0 Other  2. What p	rederal Poverty	y Level was use	d to determ	nine eligibility	ng provision through you for CRC screening? me form of insurance cov	verage? Write iı	n % or Don't		/13-
4. Did you (Check all US cit Legal Memb	I that apply.) tizens only residents of si pers or defined rs, please spec ram eligibility v	rict program eli tate or territory l affiliation with ify: varies by provic	/ Tribe/triba	,	owing groups?				
			de tital contact.		ring the reporting period	1 (DVE)2			

☐ 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 ☐ Other, please specify:				
,				
<ul> <li>7. During PY5, did your CRCCP program facilitate men/women's enrollment in insurance</li> <li>O Yes, our CRCCP facilitated enrollment in Medicaid</li> <li>O Yes, our CRCCP facilitated enrollment in Medicare</li> <li>O Yes, our CRCCP facilitated enrollment in IHS</li> <li>O Yes, our CRCCP facilitated enrollment in State-based insurance</li> <li>O Yes, our CRCCP facilitated enrollment in Insurance marketplace</li> </ul>	coverage for co	or ectar carr	cer sereeming	Services:
O Yes, our CRCCP facilitated enrollment, but I do not know the specific insurance sour O No	rces			
8. During PY5, what activities did your CRCCP program conduct in order to facilitate me (Check all that apply)  Provided women information about sources of insurance coverage and related cont Insurance Marketplace, provide Medicaid enrollment office phone number)  Conducted assessments of men/women to see if they met eligibility criteria for insu Medicaid, Medicare, IHS, State-based Insurance, Insurance Marketplace  Provided assistance to men/women to complete insurance enrollment processes  Tracked and followed-up with women to see if they successfully enrolled in insurance Other:	tact information urance coverage	(e.g., refer	to website for	r the
9. During PY5, did you count the number of men/women that your CRCCP program ref	erred for insurar	ce coverag	e?	
○ No				
No     s.a. how many women did your CRCCP program refer for insurance coverage in PY5?				
	CDC?			
9.a. how many women did your CRCCP program refer for insurance coverage in PY5?	CDC?	Very	Somewhat	
9.a. how many women did your CRCCP program refer for insurance coverage in PY5?		Very useful	Somewhat useful	Not usefu
9.a. how many women did your CRCCP program refer for insurance coverage in PY5?	N/A - did			Not usefu
9.a. 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	N/A - did not use	useful	useful	
9.a. 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 Webinars (e.g., QSST, PETO)	N/A - did not use	useful O	useful	0
9.a. 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 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	N/A - did not use	Useful O	useful O	0
Pol.a. 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 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	N/A - did not use	useful O O	useful O	0 0
9.a. 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 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	N/A - did not use  O O O	useful O O O	useful O	0 0
P.a. 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 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 usef  O Yes  O No	N/A - did not use  O  O  O  O	useful O O O O	useful	0 0 0 0
10. How useful have you found the following technical assistance resources provided by  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 usef  O Yes	N/A - did not use  O  O  O  O	useful O O O O	useful	0 0 0 0
P.a. 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 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 usef  O Yes  O No	N/A - did not use  O  O  O  O	useful O O O O	useful	0 0 0 0
P.a. 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 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 usef O Yes O No  11.a. Please describe the tools related to health reform that may be useful to others.	N/A - did not use  O  O  O  O	useful O O O O	useful	0 0 0 0
P.a. 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 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 usef  O Yes  O No	N/A - did not use  O  O  O  O	useful O O O O	useful	0 0 0 0
P.a. 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 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 usef O Yes O No  11.a. Please describe the tools related to health reform that may be useful to others.	N/A - did not use  O O O O O O ful to others?	useful O O O O O	useful O O O O O O	0 0 0 0
10. How useful have you found the following technical assistance resources provided by  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 usef  O Yes  O No  11.a. Please describe the tools related to health reform that may be useful to others.	N/A - did not use  O O O O O O ful to others?	useful O O O O O	useful O O O O O O	0 0 0 0
10. How useful have you found the following technical assistance resources provided by  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 usef  O Yes  O No  11.a. Please describe the tools related to health reform that may be useful to others.	N/A - did not use  O O O O O O ful to others?	useful O O O O O	useful O O O O O O	0 0 0 0
10. How useful have you found the following technical assistance resources provided by  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 usef  O Yes  O No  11.a. Please describe the tools related to health reform that may be useful to others.	N/A - did not use  O O O O O O ful to others?	useful O O O O O	useful O O O O O O	0 0 0 0
10. How useful have you found the following technical assistance resources provided by  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 usef  O Yes  O No  11.a. Please describe the tools related to health reform that may be useful to others.	N/A - did not use  O O O O O O ful to others?	useful O O O O O	useful O O O O O O	0 0 0 0
10. How useful have you found the following technical assistance resources provided by  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 usef  O Yes  O No  11.a. Please describe the tools related to health reform that may be useful to others.	N/A - did not use  O O O O O O ful to others?	useful O O O O O	useful O O O O O O	0 0 0 0

rategies include:	dly in the population (rather than strategies focused solely on persons screened through the program); these five
Small media	
Patient or client reminders Provider reminders	
Reducing structural barriers Provider assessment and fee	bdhack
	rtner involvement, if any, in your implementation of each strategy.
Q1. Please describe one of your 2014).	our organization's major screening promotion goals or objectives for the report year (PY5: July 1, 2013 – June 30,
	~
	pulation your organization was trying to reach through the screening promotion goal or objective you described program eligibility requirements)
	~
	ng Promotion  In description of the promotion of the properties of the properties of the promotion of the properties of the promotion of the p
	· · · · · · · · · · · · · · · · · · ·
he CRCCP in program year	k about small media activities for CRC screening promotion that have been implemented as a part of $^{\circ}$ 5 (PY5).
	e small media to promote colorectal cancer screening in PY5? rs to you, your contractors, and other partners.
	mall media to promote CRC screening
O CRCCP contract year).	use small media to promote CRC screening, but we used it in the past (i.e. during any current or previous
O No, we have never used	d small media. If small media to promote CRC screening, and we are not planning or intend to use small media in the next 12
o months.	TSINAI Media to promote CRC screening, and we are not planning or intend to use small media in the next 12
1a. What are the main reas	ons your organization has not used small media to promote CRC screening, to date?
	<b>∀</b>
<ul><li>For how long you impleme</li><li>Partner involvement (if ar</li><li>What type of small media</li></ul>	
<ul><li>For how long you impleme</li><li>Partner involvement (if ar</li><li>What type of small media</li></ul>	ented it ly) was used (e.g. flyers, brochures, videos, etc.)
<ul><li>For how long you impleme</li><li>Partner involvement (if ar</li><li>What type of small media</li></ul>	ented it ly) was used (e.g. flyers, brochures, videos, etc.)
<ul><li>For how long you impleme</li><li>Partner involvement (if ar</li><li>What type of small media</li></ul>	ented it ly) was used (e.g. flyers, brochures, videos, etc.)
- For how long you impleme - Partner involvement (if ar - What type of small media - Where the materials were	ented it iy) was used (e.g. flyers, brochures, videos, etc.) distributed (e.g. provider offices, FQHCs, DOH, etc.)
- For how long you impleme - Partner involvement (if ar - What type of small media - Where the materials were	ented it ly) was used (e.g. flyers, brochures, videos, etc.)
- For how long you impleme - Partner involvement (if ar - What type of small media - Where the materials were	ented it iy) was used (e.g. flyers, brochures, videos, etc.) distributed (e.g. provider offices, FQHCs, DOH, etc.)
- For how long you impleme - Partner involvement (if ar - What type of small media - Where the materials were	ented it iy) was used (e.g. flyers, brochures, videos, etc.) distributed (e.g. provider offices, FQHCs, DOH, etc.)
- For how long you impleme - Partner involvement (if ar - What type of small media - Where the materials were	ented it iy) was used (e.g. flyers, brochures, videos, etc.) distributed (e.g. provider offices, FQHCs, DOH, etc.)
- For how long you impleme - Partner involvement (if ar - What type of small (if ar - What type of small were - Where the materials were  1c. Why did your organization  2. For how long has your organization	ented it iy) was used (e.g. flyers, brochures, videos, etc.) distributed (e.g. provider offices, FQHCs, DOH, etc.)
- For how long you impleme - Partner involvement (if ar - What type of small (if ar - What type of small (if ar - Where the materials were  1c. Why did your organizati  2. For how long has your or - Less than 6 months	ented it (y) was used (e.g. flyers, brochures, videos, etc.) distributed (e.g. provider offices, FQHCs, DOH, etc.)  on stop using small media to promote CRC screening?
- For how long you impleme - Partner involvement (if ar - What type of small media - Where the materials were  1c. Why did your organization  2. For how long has your organization	ented it (y) was used (e.g. flyers, brochures, videos, etc.) distributed (e.g. provider offices, FQHCs, DOH, etc.)  on stop using small media to promote CRC screening?
- For how long you impleme - Partner involvement (if ar - What type of small media - Where the materials were  1c. Why did your organizati  2. For how long has your or - Less than 6 months - 6-11 months	ented it (y) was used (e.g. flyers, brochures, videos, etc.) distributed (e.g. provider offices, FQHCs, DOH, etc.)  on stop using small media to promote CRC screening?
- For how long you impleme - Partner involvement (if ar - What type of small media - Where the materials were  1c. Why did your organizati  1c. Why did your organizati  1c. Ess than 6 months 6-11 months 1-2 years	ented it (y) was used (e.g. flyers, brochures, videos, etc.) distributed (e.g. provider offices, FQHCs, DOH, etc.)  on stop using small media to promote CRC screening?
- For how long you impleme - Partner involvement (if ar - What type of small media - Where the materials were  1c. Why did your organizati  1c. Sharing the state of the state	ented it (y) was used (e.g. flyers, brochures, videos, etc.) distributed (e.g. provider offices, FQHCs, DOH, etc.)  on stop using small media to promote CRC screening?
- For how long you impleme - Partner involvement (if ar - What type of small media - Where the materials were  1c. Why did your organization	ented it (y) was used (e.g. flyers, brochures, videos, etc.) distributed (e.g. provider offices, FQHCs, DOH, etc.)  on stop using small media to promote CRC screening?  organization been using small media to promote colorectal cancer screening?
- For how long you impleme - Partner involvement (if ar - What type of small media - Where the materials were  1c. Why did your organizati  1c. Sharing the state of the state	ented it (y) was used (e.g. flyers, brochures, videos, etc.) distributed (e.g. provider offices, FQHCs, DOH, etc.)  on stop using small media to promote CRC screening?  organization been using small media to promote colorectal cancer screening?
- For how long you impleme Partner involvement (if ar What type of small media - Where the materials were where the materials were labeled to the work of the work	ented it (y) was used (e.g. flyers, brochures, videos, etc.) distributed (e.g. provider offices, FQHCs, DOH, etc.)  on stop using small media to promote CRC screening?  organization been using small media to promote colorectal cancer screening?
- For how long you impleme Partner involvement (if ar what type of small media - Where the materials were labeled where the materials were labeled with the work of the work o	ented it (y) was used (e.g. flyers, brochures, videos, etc.) distributed (e.g. provider offices, FQHCs, DOH, etc.)  on stop using small media to promote CRC screening?  organization been using small media to promote colorectal cancer screening?

Small Media Type Videos Flyers or posters Brochures, booklets or FAQs			Health Care Systems	FQHCs	Medicare	Medicaid	Insurance providers	Local Dept of Health	Workplace	Community eg. CBOs, faith groups, library	NA don thi pro C scre
Flyers or posters											
Brochures, booklets or FAQs											
Newsletters, inserts or bookmarks											
Checklists or questions to ask providers											
Other leave behinds, e.g. tip sheets or business cards											
Electronic media, e.g. text, social media tools (Twitter, Facebook, etc), websites											
Other, please specify											
	you do not		Mı Cour	ılti- nty or	Single	ck, "NA."		munity-	NA - V didn't u this to promo	ise o te	
	you do not  Multi- state	have an "o State/Trib wide	Mı Coui	ılti- nty or		City/local	spe	munity- ecific borhood	didn't u this to promo CRC	ise o te	
Small Media Type Videos	Multi- state	State/Trib wide	Mu Cour De- Mu Tr	ulti- nty or ulti- ibe	Single County or Tribe	City/local	spo (Neigh	ecific borhood	didn't u this to promo CRC screeni	ise o te	
	Multi- state	State/Trit wide	Mu Cour Mu Tr	ulti- nty or ulti- ibe	Single County or Tribe	City/local	spi (Neigh	ecific borhood	didn't u this to promo CRC screeni	ise o te	
Videos Flyers or posters	Multi- state	State/Trib wide	Mu Cour Mu Tr	ulti- nty or ulti- ibe	Single County or Tribe	City/local	spr (Neigh	ecific borhood	didn't u this to promo CRC screeni	ise o te	
Videos	Multi-state	State/Trit wide	Mt Court	ulti- nty or ulti- ibe	Single County or Tribe	City/local	spr (Neigh	ecific borhood	didn't u this to promo CRC screeni	ise o te	
Videos Flyers or posters Brochures, booklets or FAQs	Multi-state	State/Trit wide	Mu Cour Mu Tr	ulti- nty or ulti- ibe	Single County or Tribe	City/local	Spi (Neigh	ecific borhood	didn't u this tu promo CRC Screeni	ise o te	
Videos  Flyers or posters  Brochures, booklets or FAQs  Newsletters, inserts or bookmarks  Checklists or questions to ask providers	Multi-state	State/Trit wide	Mu Court	ulti- nty or ulti- ibe	Single County or Tribe	City/local	Spi (Neigh	ecific borhood	didn't u this tr promo CRC Screeni	ise o te	
Videos  Flyers or posters  Brochures, booklets or FAQs  Newsletters, inserts or bookmarks  Checklists or questions to ask providers  Other leave behinds, e.g. tip sheets or business cards  Electronic media, e.g. text, social	Multi-state	State/Trit wide	Mu Court Mu Tr	ulti- nty or ulti- ibe	Single County or Tribe	City/local	spi (Neigh	ecific borhood	didn't u this tr tr promo CRC Screeni	ise o te	
Flyers or posters  Brochures, booklets or FAQs  Newsletters, inserts or bookmarks  Checklists or questions to ask providers  Other leave behinds, e.g. tip sheets or business cards	Multi-state	State/Trit wide	Mu Court Mu Tr	ulti- nty or ulti- ibe	Single County or Tribe	City/local	spi (Neigh	ecific borhood	didn't u this tr promo CRC Screeni	ise o te	

▶ 10. Which of the following best describes the partner organization(s) you worked with to promote CRC screening through small media in PY5?

n Indian health clinic
n Indian health clinic fice
fice
association in your s
ease specify the numb
ed area.
f partners using sm media in this area
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,
an enhancement to, on educational brochurement that they brochure to a commu brochures as part of a sement to, or as a part CRC Screening Pron
es that your organizat
It to implement
0
0

o 140, we have hever used patient or cheft remind	ders, and we are not planning or intend to use it in the next 12 months.
a. What are the main reasons your organization ha	as <u>not</u> used patient or client reminders to promote CRC screening, to date?
· · ·	
	<b>~</b>
<ul> <li>b. Please describe your organization's previous atterfor how long you implemented it     Partner involvement (if any)</li> <li>What type of patient or client reminders were u     Where they were distributed (e.g. provider offices,</li> </ul>	
	~
c. Why did your organization stop using <b>patient o</b>	r client reminders to promote CRC screening?
	^
	Y
O Less than 6 months O 6-11 months O 1-2 years O 3-4 years	patient or client reminders to promote colorectal cancer screening?
O 5 years or more	
screening promotion activities? (Check all that apply.)  MIYO (Make It Your Own)	
(Check all that apply.)  ☐ MIYO (Make It Your Own)  ☐ Other, please specify  ☐ No, we have not used any of these resources to	to create patient or client reminders as part of our <i>screening promotion</i> activities or client reminders as a part of your CRCCP screening promotion efforts?
(Check all that apply.)  ☐ MIYO (Make It Your Own)  ☐ Other, please specify  ☐ No, we have not used any of these resources to  6. Do you use any of the following types of patient	
(Check all that apply.)  MIYO (Make It Your Own)  Other, please specify  No, we have not used any of these resources to the control of the co	
(Check all that apply.)  MIYO (Make It Your Own)  Other, please specify  No, we have not used any of these resources to the following types of patient and mailed postcards, letters, or greeting cards?  Telephone, texts, or email messages?  6.a.i. Which types of organizations have implement program efforts? (Check all that apply.)	or client reminders as a part of your CRCCP screening promotion efforts?
(Check all that apply.)  MIYO (Make It Your Own)  Other, please specify  No, we have not used any of these resources to the control of the co	or client reminders as a part of your CRCCP screening promotion efforts?
(Check all that apply.)  MIYO (Make It Your Own)  Other, please specify  No, we have not used any of these resources to the following types of patient all mailed postcards, letters, or greeting cards?  Telephone, texts, or email messages?  6.a.i. Which types of organizations have implement program efforts? (Check all that apply.)  Individual physician's office  HS or tribal clinic  Provider group (several or many physicians)	or client reminders as a part of your CRCCP screening promotion efforts?
(Check all that apply.)  MIYO (Make It Your Own)  Other, please specify  No, we have not used any of these resources to the following types of patient Mailed postcards, letters, or greeting cards?  Telephone, texts, or email messages?  6.a.i. Which types of organizations have implement program efforts? (Check all that apply.)  Individual physician's office  HS or tribal clinic  Provider group (several or many physicians)  FQHCS	or client reminders as a part of your CRCCP screening promotion efforts?
(Check all that apply.)  MIYO (Make It Your Own)  Other, please specify  No, we have not used any of these resources to the following types of patient all mailed postcards, letters, or greeting cards?  Telephone, texts, or email messages?  6.a.i. Which types of organizations have implement program efforts? (Check all that apply.)  Individual physician's office  HS or tribal clinic  Provider group (several or many physicians)	or client reminders as a part of your CRCCP screening promotion efforts?
(Check all that apply.)  ☐ MIYO (Make It Your Own)  ☐ Other, please specify ☐ No, we have not used any of these resources to 6. Do you use any of the following types of patient ☐ Mailed postcards, letters, or greeting cards? ☐ Telephone, texts, or email messages?  6.a.i. Which types of organizations have implement program efforts? (Check all that apply.) ☐ Individual physician's office ☐ IHS or tribal clinic ☐ Provider group (several or many physicians) ☐ FQHCS ☐ Health care system	or client reminders as a part of your CRCCP screening promotion efforts?  ted reminder systems using post cards, letters, or greeting cards based on your
(Check all that apply.)  MIYO (Make It Your Own)  Other, please specify  No, we have not used any of these resources to the following types of patient all mailed postcards, letters, or greeting cards?  Telephone, texts, or email messages?  6.a.i. Which types of organizations have implement 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 (Control of the following provides)  State Medicaid Office	or client reminders as a part of your CRCCP screening promotion efforts?  ted reminder systems using post cards, letters, or greeting cards based on your
(Check all that apply.)  MIYO (Make It Your Own)  Other, please specify  No, we have not used any of these resources to the following types of patient all mailed postcards, letters, or greeting cards?  Telephone, texts, or email messages?  6.a.i. Which types of organizations have implement 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 (Companization	or client reminders as a part of your CRCCP screening promotion efforts?  ted reminder systems using post cards, letters, or greeting cards based on your
(Check all that apply.)  MIYO (Make It Your Own)  Other, please specify  No, we have not used any of these resources to the following types of patient all mailed postcards, letters, or greeting cards?  Telephone, texts, or email messages?  6.a.i. Which types of organizations have implement 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 (Constitution)  State Medicaid Office	or client reminders as a part of your CRCCP screening promotion efforts?  ted reminder systems using post cards, letters, or greeting cards based on your
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 $\begin{tabular}{l} \blacktriangleright 1. \ \mbox{Did your organization use provider reminders to promote colorectal cancer screening in PY5?} \end{tabular}$ 

O Yes, we currently use provider reminders to promote CRC screening, but we used to in the past (i.e. during any current previous CRCCP contract year).  No, we have never used provider reminders.  No, we have never used provider reminders.  No, we have never used provider reminders to promote CRC screening, and we are not planning or intend to do use them in the months.  **P.1.a.** What are the main reasons your organization has not used provider reminders to promote CRC screening, to date?  **P.1.b.** Please describe your organization's previous attempts at using provider reminders to promote CRC screening, including:  - For how long you implemented it - Partner involvement (if any)  - What type of provider reminders were used - Where they were distributed (e.g., provider offices, FQHCs, DOH, etc.).  **P.1.c.** Why did your organization stop using provider reminders to promote CRC screening?  - Less than 6 months  - G-11 months  - 1-2 years  - 3-4 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 organization's screening promotion efforts in PYS:  - Check all that apply.)  - Other types of provider reminders used?  - Check all that apply.)  - Individual physician's office - Ill Sor tribal clinic - Provider group - FQHCs - Health care system - My (We implement these reminder systems, ourselves.)  - Other, please specify - Other,	ne next 1
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Other please specify	
Other, please specify	
.a.ii. How many clinic sites implemented chart reminders during PY5? [write-in # or Don't Know]	
.b.i. Where were EMR-based provider reminders used?	
Check all that apply.)  Individual physician's office	
TIHS or tribal clinic	
Provider group	
FQHCs	
Health care system	
My (We implement these reminder systems, ourselves.)	
Other, please specify	
i.b.ii. How many clinic sites implemented provider reminders using an EMR during PY5? (write-in # or Don't Know)	
.c.i. Where were the other provider reminders you mentioned used?	
Check all that apply.)  Individual physician's office	
5.c.i. Where were the other provider reminders you mentioned used?  (*Check all that apply.)  Individual physician's office  IHS clinic or tribe  Provider group	

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5.0	c.ii. How many	clinic sites impl	emented any of	these	e other pro	ovider reminders	s in PY5? [w	rite-in # or Don't I	Know]	
Pro	vider Remino	lers - Partners	;							
P (	Y5? pa	rtners		-		·	·	reminder systems	s to promote CRC scr	reening in
▶6	a. Describe wh	y partners were	not used as par	rt of	your effort	ts to use provide	ers reminder	s to promote CRC	screening.	
s s (i)	ystems in PY5: Check all that a Academic in Advocacy gi American C Another Gra Chronic Disi Comprehen Employers/ Federally qu Indian Heali Individual h Local health Medicare Qu Non-IHS tri Private and, Private heal Professiona Quality assu State office Tribal counc Other (plea: For each geog t area to promi	apply.) apply.) apply.) arstitution roup/ Communication roup/ Comm	within your agen atrol Coalition enter (FQHC) ) Clinic or Board, ider/single praction nent Organization, or health care system e.g., primary cantion	IHS ice (QI facility n) e pro	Urban Inc  O) office  vider asso  , please sp	dian health clinic occiation in your s	alition	medical office)	ing, using provider n	
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Eas	e or Difficult	y of Implemen	nting Provider F	Remi	nders for	CRC Screening	g Promotio	<u>n</u>		
		out the <b>provide</b> nem on average.		ivitie	s that you	r organization in	nplemented	in PY5, rate the le	vel of ease or difficul	ty it took
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2014 CRCCP Survey

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) are may not be compared with a goal or standard.  In many not be compared with a goal or standard.  In many not be compared with a goal or standard.  In compared the compared with a goal or standard.  In compared the compared with a goal or standard.  In compared the compared with space of standard.  In compared the compared the compared the space of the compared th	E. Provider Assessment and Feedback for CRC Scre	ening Promotion
he 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 (PYS).  1. Did your organization offer provider assessment and feedback to promote colorectal cancer screening in PYS?  Your organization* refers to you, your contractors and/or partners.  2. Vex, we used provider assessment and feedback for CRC screening promotion in PYS.  No, we did not use provider assessment and feedback for CRC screening promotion in PYS.  No, we have never used provider assessment and feedback for CRC screening in PYS, but we have in the past (i.e. during any previous CRCCP contract year).  No, we have never used provider assessment and feedback for CRC screening promotion.  1a. What are the main reasons your organization has not used provider assessment and feedback to promote CRC screening, to date?  1b. Please describe your organization's previous attempts at using provider assessment and feedback to promote CRC screening, including, including provider assessment, including what's being assessed, how you've been conducting the assessment, and how those efforts have been going, to date.		
Description		oviders (e.g., average performance for a practice) or an individual provider, and may
Your organization" refers to you, your contractors and/or partners.  Yes, we used provider assessment and feedback for CRC screening promotion in PYS. No, we did not use provider assessment and feedback for CRC screening in PYS, but we have in the past (i.e. during any previous CRC cRC contract year). No, we have never used provider assessment and feedback for CRC screening promotion.  1a. What are the main reasons your organization has not used provider assessment and feedback to promote CRC screening, to date?    Description   Provider		
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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.  5.a.ii. Where is the provider assessment being used?  (Check all that apply.)  FQHCS  Health care system  Insurer  INSURER  INSURER  INDIVIDUAL SOFFICE  Provider group  My organization		
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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 organization	_	
Other, please specify		
ovider Assessment and Feedback - Partners		
6. How many partner organizations did your organiza CRC screening in PY5?	ition work with to implement p	rovider assessment and feedback systems, to promote
O None, we did not partner with any organizations	to implement provides access	pont and foodback systems to promote CDC services
None, we did not partner with any organizations	to implement provider assessn	nent and feedback systems to promote CRC screening.
6a. Describe why partners are not used as part of yo	ur efforts to use provider asses	ssment and feedback for CRC screening promotion.
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	<u> </u>	
Comprehensive Cancer Control Coalition Employers/worksites Federally qualified health center (FQHC) Indian Health Service (IHS) clinic or board, IHS Individual health care provider/single practice Local health department(s) Medicare Quality Improvement Organization (Qincolor) Non-IHS tribal clinic, board, or health care facilierivate and/or non-profit health care system Private health insurer Professional organization (e.g., primary care proficed in the profit of the profit	IO) office ty	s, state medical office)
☐ Other (please specify)		
_ " ' '/	, please specify the number of	f partner sites that used provider assessment and
a. For each geographic designation in the table below		f partner sites that used provider assessment and
a. For each geographic designation in the table below seedback in that area to promote CRC screening in PY	5.	f partner sites that used provider assessment and
a. For each geographic designation in the table below seedback in that area to promote CRC screening in PY!	5. know".	f partner sites that used provider assessment and
a. For each geographic designation in the table below seedback in that area to promote CRC screening in PY!	5. know".	f partner sites that used provider assessment and
a. For each geographic designation in the table below the table below the table below the table to promote CRC screening in PY! dease enter the appropriate numeric value or "don't kinter" "0" if no partners used this EBI in PY5 in the design.	snow". signated area.  # of partner sites using	f partner sites that used provider assessment and
a. For each geographic designation in the table below redback in that area to promote CRC screening in PY!	snow". signated area.  # of partner sites using provider assessment and	f partner sites that used provider assessment and
a. For each geographic designation in the table below edback in that area to promote CRC screening in PY: lease enter the appropriate numeric value or "don't knter" "0" if no partners used this EBI in PY5 in the des	snow". signated area.  # of partner sites using	f partner sites that used provider assessment and
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a. For each geographic designation in the table below pedback in that area to promote CRC screening in PY: lease enter the appropriate numeric value or "don't kinter"0" if no partners used this EBI in PY5 in the designation  Definition  8ai. Large Metro  Counties with a population of 1 million or more 8aii. Medium Metro  Counties with a population of 250,000-999,999  8aiii. Small Metro  Counties with a population of 50,000-249,999  8aiv. Micropolitan	# of partner sites using provider assessment and feedback in this area	f partner sites that used provider assessment and

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Very easy to implement	Somewhat easy	Neutral	Somewhat difficult	Very difficult to implement				
0	0	0	0	0				
educing Stru	ctural Barriers	for CRC Scree	ning Promoti	<u>on</u>				
	are non-economers may facilitate		bstacles that m	nake it difficult fo	people to acces	ss cancer scre	ening. Interventions	designe
Modifying ho Offering serv		meet client nee e or non-clinica	eds al settings			: flow procedu	res, adopting electr	onic medi
following qu	•		ons that have	been impleme	ted to reduce	structural ba	nrriers for CRC scr	eening
	nization use inter		duce structural	barriers to prom	te colorectal ca	ncer screening	j in PY5?	
luded here; Ti		uide has identii	fied these activ	ities as example:	of reducing stru	ictural barrier:	l/or dependent care s. All other patient i f the survey.	
No, we do no any current	or previous CRCC	nterventions to CP contract yea	reduce structur).	ıral barriers to p	omote CRC scree	3,	used to in the past	(i.e. durir
No, we have	never used inter never used inter next 12 months.	ventions to rec					g in PY5 e not planning or int	end to us
a. What are th te?	e main reasons y	our organizatio	on has <u>not</u> used	l interventions to	reduce structura	al barriers to p	promote CRC screer	ing, to
			^					
			^					
or how long yo artner involver	ribe your CRCCP' uu implemented t ment (if any) ructural barriers	he strategy	•	ing structural b	<b>arriers</b> to promo	ote CRC scree	ning, including:	
or how long yo artner involver	ou implemented t ment (if any)	he strategy	•	ing structural b	<b>arriers</b> to promo	ote CRC scree	ning, including:	
or how long yo artner involver	ou implemented t ment (if any)	he strategy	•	ing structural b	<b>arriers</b> to promo	ote CRC scree	ning, including:	
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or how long your artner involver hat type of st	ou implemented t ment (if any) ructural barriers	he strategy were addressed	1.	,	·			
or how long your artner involver hat type of st	ou implemented t ment (if any) ructural barriers	he strategy were addressed	1.	,	·			
or how long yourtner involver hat type of st	ou implemented t ment (if any) ructural barriers	he strategy were addressed	ns to <b>reduce si</b>	tructural barrie	r <b>s</b> to promote Cl	RC screening?		
or how long your artner involver hat type of street had been	un implemented to ment (if any) ructural barriers ir CRCCP stop us in has your organic months	he strategy were addressed	ns to <b>reduce si</b>	tructural barrie	r <b>s</b> to promote Cl	RC screening?		
or how long your arrive involver hat type of sti	un implemented to ment (if any) ructural barriers ir CRCCP stop us in has your organic months	he strategy were addressed	ns to <b>reduce si</b>	tructural barrie	r <b>s</b> to promote Cl	RC screening?		
. For how long  Less than 6  6-11 month  1-2 years  3-4 years	ou implemented to ment (if any) ructural barriers  or CRCCP stop us  or has your organic months  or months	he strategy were addressed	ns to <b>reduce si</b>	tructural barrie	r <b>s</b> to promote Cl	RC screening?		
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ar how long your that type of stimulating of the type of type	more gies for reducing apply.) me of distance be locured in alternation of service to residue in a service to residue in a service to resimplifying acidients assistance	he strategy were addressed ing intervention zation been rec structural barr etween service o meet client no ive or non-clinical ministrative pr	ducing structurations does your delivery settineeds cal settings rocedures and control of the co	al barriers to pro	rs to promote Cl	RC screening?		ment)

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	V	
educing Structural Barriers - Partners		
7 11	CDC countries in DVF2	
partners	partner with to reduce structural barriers to promote CRC screening in PY5?	
	ons to reduce structural barriers to promote CRC screening.	
7 - 6	of your efforts to reduce structural barriers, to promote CRC screening.	
7.a. Describe wity partiters were not used as part of	or your entries to reduce structural barriers, to promote CRC screening.	
	^	
	$\checkmark$	
	er organization(s) you worked with to promote CRC screening by reducing struc	ctural
barriers in PY5? (Check all that apply.)		
☐ Academic institution		
<ul><li>☐ Advocacy group/ Community-based organizatio</li><li>☐ American Cancer Society</li></ul>	ion/Community or health coalition	
☐ Another 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	S Urban Indian health clinic	
☐ Individual health care provider/single practice		
Local health department(s)	OIO) office	
☐ Medicare Quality Improvement Organization (Q☐ Non-IHS tribal clinic, board, or health care facility		
☐ Private and/or non-profit health care system		
☐ Private and/or non-profit health care system☐ Private health insurer		
☐ Private and/or non-profit health care system ☐ Private health insurer ☐ Professional organization (e.g., primary care professional organization)	provider association in your state, state medical office)	
☐ Private and/or non-profit health care system☐ Private health insurer	provider association in your state, state medical office)	
<ul> <li>□ Private and/or non-profit health care system</li> <li>□ Private health insurer</li> <li>□ Professional organization (e.g., primary care professional organization</li> <li>□ Quality assurance organization</li> <li>□ State Medicaid Office</li> <li>□ State Office of Rural Health</li> </ul>	provider association in your state, state medical office)	
<ul> <li>□ Private and/or non-profit health care system</li> <li>□ Private health insurer</li> <li>□ Professional organization (e.g., primary care properties)</li> <li>□ Quality assurance organization</li> <li>□ State Medicaid Office</li> <li>□ State Office of Rural Health</li> <li>□ Tribal council</li> </ul>	provider association in your state, state medical office)	
<ul> <li>□ Private and/or non-profit health care system</li> <li>□ Private health insurer</li> <li>□ Professional organization (e.g., primary care profits)</li> <li>□ Quality assurance organization</li> <li>□ State Medicaid Office</li> <li>□ State Office of Rural Health</li> <li>□ Tribal council</li> <li>□ Other (please specify)</li> </ul>		romot
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## 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 organization'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	e you are not.
These first questions ask about the use of patien are paying for CRC screening directly (screening	at navigators or case managers in organizations $\emph{other than}$ those providers/clinics where you provision).
	ent navigator program(s) in any organizations (e.g., FQHCs, IHS clinics) <b>other than</b> those C screening directly (screening provision) in PY5?
O Yes, we used patient navigation or case m providers/clinics where we were paying for No, we did not use patient navigation or cooproviders/clinics where we were paying for year).	nanagement in PY5 for CRC screening promotion in organizations <b>other than</b> those r CRC screening directly.  ase management in PY5 to promote CRC screening in organizations <b>other than</b> those r CRC screening directly, <u>but we have in the past</u> (i.e. during any previous CRCCP contract
O No, we have never used patient navigation providers/clinics where we were paying for	n or case management for CRC screening promotion in organizations <b>other than</b> those r CRC screening directly.
▶1ai. Please describe your CRCCP's previous att	tempts at using <b>patient navigation or case management</b> in these settings to promote how long you used it, partner involvement (if any), and types of activities or services the
	<b>∨</b>
▶ 1aii. Why did your CRCCP stop using <b>patient</b> r	navigators or case managers to promote CRC screening in these settings?
	^
providers/clinics where you are paying for CR  Less than 6 months  6-11 months  1-2 years  3-4 years  5 years or more	
▶ 1c. How are these patient navigators/case ma (Check all that apply.)	anagers for CRC screening promotion supported?
☐ Reimbursement to providers for FTE supp	port
Per- patient navigation/case managemen	nt reimbursement
Grantee staff serving as patient navigato	· · · · · · · · · · · · · · · · · · ·
☐ In- kind from a community partner/progr	ram
Other (specify)	
▶ 1d. Please specify any core navigation activitic component. (Check all that apply.)	ies that are routinely offered as part of those organizations' CRC screening promotion
□ Patient assessment of barriers to screening	-
Patient education (about anatomy, CRC,	
Assistance with transportation, language	translation, child/eldercare
Assistance with appointment setting	cerooning
<ul> <li>☐ Assistance with identifying payment for s</li> <li>☐ Reminder calls/emails for bowel prep and</li> </ul>	
☐ Reminder calls/emails for return of FOBT,	
☐ Peer support/motivation for screening	
☐ Follow-up with client about next steps for	r CRC screening and ensure understanding of results provided by medical team
	and CRC screening (e.g. Linkages with health fairs and clients in community)
Clinic in-reach activities to promote CRCC Program/CRC screening)	CP and colorectal screening, (e.g., flagging charts for medical providers for those eligible for
	he patient navigators/case managers that are supported in organizations <b>other than</b> those screening directly. In the table below, please provide the numbers to complete the following

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

\_\_ FTEs (regardless of the number of people) are supported at

 $_{\scriptscriptstyle \perp}$  patient navigators/case managers, or  $_{\scriptscriptstyle \perp}$ 

sites or clinics.

•		Patient Navigators/Case Managers
		Full Time Equivalents, i.e., FTEs (regardless of the number of people)
At		Sites/Clinics
		navigators/case managers for screening promotion in these organizations also provide patient oport for your screening provision activities?
0		. , , , , , , , , , , , , , , , , , , ,
0	Yes. Please describe.	
0	Don't Know	
▶1q.	About how many CRC screen	ing patients (total) do these organizations' patient navigators/case managers support in a year?
	1-100 patients	3,
0	101-500 patients	
_	501-1000 patients	
_	1001-5000 patients More than 5000 patients	
	Don't know	
_		organization's use of patient navigators or case management to promote colorectal cancer at
provide	r/clinic sites where <b>you are</b> p	paying for CRC screening directly.
		nt navigation (PN) or case management (CM) to promote colorectal cancer screening <b>at</b> provider/clinic
	where you are paying for CRO es, we used nationt navigation	on or case management in PY5 for CRC screening promotion at provider/clinic sites where we were paying
	or CRC screening directly.	The case management in 115 for exercising promotion at provider/alline sites where we were paying
0		the CDC
	/A - We do not pay for CRC s	nt navigation or case management for CRC screening promotion.
0	,,, To do not pay for one of	discinity an early
	Please describe your organized CRC screening, including:	ation's previous attempts at using patient navigation or case management to promote population-
- Fo	r how long you used it	
	rtner involvement (if any) pes of activities or services th	ne PN/CM was responsible for
	•	
		^
		<b>v</b>
▶2.c.	Why did your organization st	rop using patient navigation or case management to promote CRC screening?
		<b>∀</b>
N3 F	or how long has your organiz	ation been using <b>patient navigators or case managers</b> to promote colorectal cancer screening?
-	Less than 6 months	ation been using patient navigators of case managers to promote colorectal cancer screening:
_	6-11 months	
	1-2 years	
	3-4 years	
0	5 years or more	
▶4. H	ow are these patient navigate	ors/case managers for CRC screening promotion supported?
(Che	eck all that apply.)	
	Reimbursement to providers	for FTE support
		management reimbursement
		ent navigators/case managers
	In- kind from a community pother (specify)	artner/program
	Other (specify)	
	lease specify any <u>core</u> naviga ponent. <i>Check all that apply</i>	tion activities that are routinely offered as part of your organization's CRC screening promotion
	Patient assessment of barrier	's to screening
	Patient education (about ana	tomy, CRC, CRC screening, bowel prep)
	•	n, language translation, child/eldercare
_	Assistance with appointment	
_	Assistance with identifying pa Reminder calls/emails for boy	ayment for screening wel prep and/or appointments
	Reminder calls/emails for ret	
	Peer support/motivation for s	
	-	ext steps for CRC screening and ensure understanding of results provided by medical team
	Clinic in-reach activities to pr Program/CRC screening)	omote CRCCP and colorectal screening, (E.g. flagging charts for medical providers for those eligible for
		note CRCCP and CRC screening (E.g. Linkages with health fairs and clients in community)
		ore about the patient navigators/case managers that are supported <b>at</b> provider/clinic sites where you are
paying	ror CKC screening directly. I	n the table below, please provide the numbers to complete the following sentence:

		s or clinics .	case managers,	OI	FIES (regard	dless of the number of people) are supported at
	ır organizatior	supports only		gation reimburs	sement or per-ca	se management reimbursement, write-in "Don't
iow	" (case sensit	ive) in each app	olicable field.			
			Patient Naviga	tors/Case Mana	agers	
			Full Time Equiv	valents, i.e., FT	Es (regardless o	f the number of people)
At			Sites/Clinics			
Sup O	oport for your No Yes	screening <i>provi</i>	ision activities?	-	-	otion also provide patient navigation/case management creening promotion also provide patient navigation/case
			creening <i>provisio</i>		]	
				^		
				~		
00000	About how ma 1-100 patien 101-500 pati 501-1000 pa 1001-5000 p More than 50 Don't know	ts ents tients atients	ng patients (tota	l) do your patie	ent navigators/ca	ase managers support in a year?
		on - Partners				
<b>▶</b> 8a	a. Describe wh	y partners wer	e not used as pa	rt of your imple	ementation of pa	tient navigation systems.
na		management sy		artner organiza	tion(s) you work	ed with to promote CRC screening using patient
	Academic ir					
		roun/ Communi				Date -
		• •	ity-based organiz	ation/Commur	nity or health coa	HILLIOU
	Another ara	ancer Society	ity-based organiz	ation/Commur	nity or health coa	uition
	Another gra	ancer Society intee	ity-based organiz within your agen		nity or health coa	ilition
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	Chronic Disconnection Comprehen Employers/ Federally qual Indian Heal	ancer Society intee ease programs sive Cancer Cor worksites ualified health c th Service (IHS ealth care prov	within your agen ntrol Coalition center (FQHC) c) clinic or board, rider/single practi	cy IHS Urban Ind		ilition
	Chronic Dis Comprehen Employers/ Federally qu Indian Heal Individual h Local health	ancer Society intee ease programs sive Cancer Cor worksites ualified health c th Service (IHS ealth care prov n department(s)	within your agen ntrol Coalition center (FQHC) c) clinic or board, rider/single practi	cy IHS Urban Ind ice		ilition
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	Chronic Dis Comprehen Employers/ Federally qu Indian Heal Individual h Local health Medicare Qu Non-IHS tri Private and, Private heal Professiona Quality assu State Medic State office	ancer Society intee ease programs sive Cancer Cor worksites ualified health c th Service (IHS lealth care prov department(s) uality Improven bal clinic, board for non-profit h th insurer I organization (durance organiza aid office of rural health cil	within your agen introl Coalition  tenter (FQHC)  c) clinic or board, rider/single practi ) ment Organization d, or health care seleath care system e.g., Primary car	IHS Urban Indice n (QIO) office facility	ian health clinic	
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their Interventions for CRC Screening Promotion section sets about your organization's use of any other interventions to promote colorectal cancer screening to the wider population du any wers CPCS-1 these other interventions may include the beath who been evaluated as having insufficient evidence of effectiveness did not to the Guide to Community Preventive Sorvices.  It is closed to Community Preventive Sorvices.  It is closed to Community Preventive Sorvices.  It is closed to Community Preventive Sorvices.  Provider education/professional development, including physician education.  Provider education (officer than patient navigation activities)  Provider actuation (officer than patient navigation activities)  Plants provider including the Community of the CPC Community of the CPC Community of the CPC Community of CPC CPC Community of CPC CP		0	0		0		0		0	
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The state of the s	<u> </u>
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3.7.iv. Describe any partnership involvement in y they were involved, how they came to be involve	your organization's efforts or activities in PY5, e.g., what partners were involved, how ed, etc.
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. What do you think contributed to the success or effectiveness of this EBI? lease include any details about methods, partners, or processes that you think were processes of your effects.	particularly in	novative or imp	portant that contributed
ne success of your efforts.			
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. What were the biggest challenges you encountered, if any, in implementing this EBI	and how do	ou address the	iem?
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. Is this EBI effort ongoing? If no, please tell us why not.			
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Other Comments - CRC Screening Promotion			
. Is there anything else you'd like us to know about your organization's CRC Screenin	g Promotion e	fforts?	
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TION 4: CANCER SCREENING DATA FROM FOHCS AND THS CLINICS			
FION 4: CANCER SCREENING DATA FROM FQHCs AND IHS CLINICS e next questions are about health centers such as Federally Qualified Health Centers.	(FOHCs) and i	ndian Health S	Services (THS) clinics th
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	Yes	No		
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b. HEDIS data	0	0		
c. CCDE or similar data for patients screened with resources other than CDC funds	0	0		
d. Other CRC data, please describe:	0	0		
. How many health systems, insurers, or other clinics (i.e. not including FQHCs or IHS	s), report th	ese CRC s	creening data to	your C
EASE WRITE-IN THE NUMBER OR ENTER "Don't Know" (case sensitive).  Reported CRC screening data to my CRCCP				
TION 5: TRAINING AND TECHNICAL ASSISTANCE FOR EVIDENCE-BASED INTE	RVENTION	S		
Small media (e.g., brochures, flyers) Reducing structural barriers Patient reminders Provider reminders Provider assessment and feedback systems None Do you have access to someone who can help you interpret and apply research evid Yes No	ence?			
b. With what type of organization is s/he affiliated?				
b. With what type of organization is s/he affiliated?  . How would you rate your desire for training in the following areas?	I			
	<u> </u>		Desire for trainin	_
. How would you rate your desire for training in the following areas?	_	High	Medium	L
. How would you rate your desire for training in the following areas?  Find evidence-based strategies or programs	ess	High O	Medium	L
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. How would you rate your desire for training in the following areas?  Find evidence-based strategies or programs  Assess the strength of the evidence in support of a strategy or program's effectiventh of potential strategies or programs with my population  Assess the fit of potential strategies or programs with my organization's systems, stand resources  Assess organizational capacity to implement selected strategy  Adapt an evidence-based strategy or program to my population or setting  Implement a strategy/program with quality/fidelity  Conduct a process evaluation of an evidence-based strategy  Conduct an outcome evaluation of an evidence-based strategy		High O O O O O O O O O O O O O O O O O O O	Medium	L
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▶ 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.

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2. D	id you offer technical assistance (TA) on how to use any of the five Community Guide-recommended EBIs to increase colorectal cancer
	ening to your partners, subcontractors, community health workers, patient navigators, or provider network in PY5?
0	
0	
0	Don't know
2a. I	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.
	<b>∀</b>
For	which activities do you (your staff most pood technical assistance, training, or other support to enhance program implementation in the
	which activities do you/your staff most need technical assistance, training, or other support to enhance program implementation in the a year?
3a I	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 budget funding
=	Communication
	Integrating programs
	Working with or managing contractors
_	Other, please specify
ш	None. We do not desire any training in this area.
3b. I	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
_	Severing ineffective partnerships
_	Other, please specify
ш	None. We do not desire any training in this area.
3c. 9	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 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 not desire any training in this area.
	none. We do not desire any daming in this area.
<u>3d. (</u>	CRC Data Collection and Evaluation - (Check up to 3.)
	Establish a patient data tracking system screening provision component
	Collect and report patient data and monitor data quality through
_	Collect and report program activity cost data through the CAT
	Develop an evaluation plan for your (e.g., formative, process, outcome, impact)
	Conduct evaluation activities for your

	u data linkagaa and athau numagaa
☐ Implement strategies to document and co	- · · · · ·
	ommunicate program value to stakeholders (e.g. legislators, funders, administrators)
Other (please specify)	
☐ None. We do not desire training in this are	ea.
	not previously covered in this section, that would be helpful to you as you implement any of
the five evidence-based strategies recommend	ded by the Community Guide?
O Yes	
O No	
O Not applicable: My organization is not curr	rently using any Community Guide recommended strategies for CRC screening promotion
4a. Please describe the other resources or mat any of the five evidence-based strategies reco	sterials not previously covered in this section, that would be helpful to you as you implement
any of the live evidence based strategies reco	Thiniciaca by the community editae.
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	· ·
	(TA) that CDC and that in DVF2 To be independent on the contraction of
	sistance (TA) that CDC provided in PY5? Technical assistance refers to any assistance provided stance provided by program consultants and team leads.
O Not at all satisfied	
O Somewhat satisfied	
O Moderately satisfied	
O Very satisfied	
O Extremely satisfied	
O N/A - I have not received CDC TA about C	CRC control, to date
,	
Sa. Please describe how the TA can be improve	red
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	<b>V</b>
O Extremely satisfied O N/A – I have not received CDC trainings a	about CRC control, to date
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□ Washington	
☐ Alaska Native Tribal Health Consortium	
☐ Arctic Slope Native Assoc.	
South Puget Intertribal Planning Agency	
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▶ 7a. How often were you given advice or received information from CRCCP program?	
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O Less than once a month	
O Once or twice a month	
Weekly (1 or more times/week)	
O About once a day	
O More than once a day	
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_	Once or twice a month
	Weekly (1 or more times/week)
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	How often were you given advice or received information from 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
0	More than once a day
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	How often were you given advice or received information from CRCCP program?
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_	Once or twice a month
_	Weekly (1 or more times/week)
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	Once or twice a month
	Weekly (1 or more times/week)
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	How often were you given advice or received information from CRCCP program?
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	Once or twice a month
	Weekly (1 or more times/week)
	About once a day
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72	How often were you given advice or received information from CRCCP program?
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Ö	Once or twice a month
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	) 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
<b>▶</b> 7a	a. How often were you given advice or received information from 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
	What other CRCCP programs did you collaborate with to implement any of the five Community Guide-recommended (evidence-based)
	ategies? neck all that apply.)
	Alabama
	Alaska Native Tribal Health Consortium
	Arctic Slope Native Assoc.
	Arizona
	California
	Colorado
	Connecticut
	Delaware
	Florida
	Georgia
_	Iowa Maine
	Maryland
	Massachusetts
	Michigan
	Minnesota
	Montana
	Nebraska
	Nevada
	New Hampshire
_	New Mexico
	New York
	Oregon Pennsylvania
	South Dakota
	South Puget Intertribal Planning Agency
	Southcentral Foundation
	Utah
	Washington
	None
str	What <b>unfunded CRCCP</b> programs did you collaborate with, if any, to <u>implement</u> any of the five Community Guide-recommended ategies for <b>CRC screening promotion</b> ? neck all that apply.)
	Alaska
	Arkansas
	Cherokee Nation
	Cheyenne River Sioux Tribe
	District of Columbia
	Hawaii Hawai Tabba
	Hopi Tribe Idaho
	Illinois
_	Indiana
_	Kansas
	Kaw Nation
	Kentucky
	Louisiana
	Mississippi
_	Missouri
	Native American Rehabilitation Association of the Northwest, Inc.
	Navajo Nation
	New Jersey
_	North Carolina North Dakota
_	North Dakota Ohio
П	

Oklahoma	
☐ Rhode Island☐ South Carolina	
Southeast Alaska Regional Health Consortium	
☐ Tennessee ☐ Texas	
Vermont	
☐ Virginia ☐ West Virginia	
☐ Wisconsin	
☐ Wyoming	
☐ Yukon-Kuskokwim Health Corporation☐ None	
	ms did you go to, or research, for advice or support to use the five Community Guide-
recommended (evidence-based) strategies?	
	<b>~</b>
C. Comments - TA and Training	
▶ 1. Do you have any other comments about training o	or technical assistance for evidence-based interventions?
	^
	<b>&gt;</b>
ECTION 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 screened by the CRCCP and refer those who smoke to	that requires all contracted providers to both assess the smoking status of every person to their state tobacco quit line?
O Yes	
O No O Don't know	
O Not applicable – my organization does not provid	de direct-CRC screening services
	ening and referral policy to all providers funded through the program to screen men
and women for CRCCP?  O Yes, all providers	
O Yes, some providers	
O No	
O Don't know	
3. Strategies to Support CRC Screening	
1. In program year 5 (PY5), did you execute two or n insurer, or large workplace to facilitate and support <b>C</b>	nore formal agreements (e.g., MOU, MOA, contract) with a health care system, health
The agreement may include things such as:	
1) Data reporting	
<ul><li>2) A formal CRC quality improvement effort</li><li>3) An organizational policy or benefits package to cov</li></ul>	
<ol> <li>An uncompensated screening commitment; and/or</li> <li>Implementation of Community Guide evidenced-base</li> </ol>	
O Yes	
O No	
Please tell us how many formal agreements (MOU, MC screening:	DA, or contract), you executed with each entity below to facilitate and support CRC
<b>▶</b> 1a.	
Health care system:	
Please provide health care system name(s). Write-in	n 'NA' if you entered zero above.
	^
	Y
1b.	
Health insurer:	

Please provide health insurer name(s). Write-in 'NA' if you en	tered zero abov	e.				
	^					
	~					
▶1c. Workplace:						
Please provide workplace name(s). Write-in 'NA' if you entere	ud zero ahove					
Trease provide workplace name(s). Write in two in you entere	a zero ubove.					
2. In program year 5 (PY5), were there any new or revised orgovoides time off for colonoscopy) and systems changes in any that affect colorectal cancer control?  O Yes O No						
2.a. How many new or revised organizational policies have th	ere heen in PY5	that affect co	olorectal can	cer control?		
O 1				227.00		
O 2 O 3						
O 4 or more						
<ul> <li>Of these new or revised policies that affect colorectal cancel uccessful, or that has the potential for most impact:</li> </ul>	r control, please	tell us about	the policy t	hat you view	to be the me	ost
> 2b.i. State the name of the organization						
2b.ii. Indicate the type of organization     Large employer/worksite     Private/nonprofit health care system     FQHCs						
O Private health insurers O Other						
> 2b.iii. Indicate the scope of the organization  O State/tribal organization-wide  O County-wide  O City-wide  O Other						
2b.iv. Describe the policy's major requirements or mandates						
	^					
	_					
2b.v. Describe your CRCCP program's role in supporting its d	evelopment and,	or adoption				
	^					
	<u> </u>					
TION 7: GENERAL PROGRAM MANAGEMENT						
Monitoring and Evaluation						
<u> </u>					<b>.</b>	
<ol> <li>What level of ease or difficulty did you experienced for each past year?</li> </ol>	of the following	monitoring a	and evaluation	on issues for	your CRC ac	tivities in t
	Very Facy	Somewhat	Neutral	Somewhat Difficult	Very Difficult	Not Applicab
	Very Easy	Easy	Neutrai	O	O	О
a. Collecting clinical data for persons screened through our CF					U	
screening provision efforts	_	_		_	_	_
screening provision efforts  b. Conducting program evaluation	0	0	0	0	0	0
screening provision efforts	0	0	0	0	0	0

e. Acquiring claims or HEDIS data	0	0	0	0	0	0
f. Using claims or HEDIS data for program planning or evaluation	0	0	0	0	0	0
g. Acquiring CRC screening rate data from clinics, health systems, or insurers	0	0	0	0	0	0
h. Using CRC screening data for program planning or evaluation	0	0	0	0	0	0
i. Gathering new data (e.g., from providers or specific communities)	0	0	0	0	0	0
j. Analyzing/interpreting new data	0	0	0	0	0	0
k. Acquiring Medicare/Medicaid data	0	0	0	0	0	0
I. Acquiring RPMS data	0	0	0	0	0	0

2. 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

$\cup$	res
$\sim$	No

ı	2.a.	If ves	tell us	what	type of	activity	was	evaluated

Г			^
			~

2.b. How d	id you c	onduct the	evaluation?
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	<b>~</b>	

# **B. Administrative Challenges**

1. What level of ease or difficulty did you experience for each of the following administrative issues related to CRC control activities in PYS?

	Very Easy	Somewhat Easy	Neutral	Somewhat Difficult	Very Difficult	Not Applicable
a. Spending CDC funding	0	0	0	0	0	0
b. Hiring staff for CRC efforts	0	0	0	0	0	0
c. Training staff for CRC efforts	0	0	0	0	0	0
d. Retaining staff for CRC efforts	0	0	0	0	0	0
e. Establishing contracts with other partners	0	0	0	0	0	0
f. Establishing MOAs/MOUs with partners	0	0	0	0	0	0
g. Securing funding from sources other than CDC to support promoting or providing CRC screening	0	0	0	0	0	0
h. Having sufficient funding across funding sources (CDC + other) to support CRCCP program goals	0	0	0	0	0	0
i. Gaining approvals for traveling to CDC or other professional development opportunities	0	0	0	0	0	0
j. Political issues within the state/tribe	0	0	0	0	0	0
k. Immigrant/legal residency issues	0	0	0	0	0	0
I. Securing furloughs	0	0	0	0	0	0

n	▶1.e.i. Describe why establishing contracts with partners was challenging	. For example.	was the contracting	process too burdensome.	dο
		o. example,	mas the contracting	process too baracrisonic,	
	nartners not want to contract with your state/tribe_etc				

partners not want to contract with your state/tribe, etc.	
	^
	<b>\</b>

2014 CRCCP Survey

	<u> </u>			
Final Comments				
. What was the biggest CRC control (	challongo you faced in this last co	ntract year (DV5: 7/1/1	3-6/30/14) and how	did you overcome it?
. What was the biggest circ control of	chanenge you raced in this last con	incract year (1 13, 7/1/1	.5 0/50/14) and now	did you overcome it:
	^			
	<u> </u>			
. What has been your greatest CRC of	control success in this last contrac	t year (PY5; 7/1/13-6/	30/14) and how have	you promoted it?
	_			
	<b>~</b>			
Did you consult with anyone (e.g. co Yes	lleagues, partners, subcontractors	s, etc) to answer any o	f the survey question	is?
Did you consult with anyone (e.g. co ) Yes ) No a. Tell us with whom you consulted t		s, etc) to answer any o	f the survey question	is?
Did you consult with anyone (e.g. co ) Yes ) No a. Tell us with whom you consulted to Check all that apply.)		s, etc) to answer any o	f the survey question	is?
Did you consult with anyone (e.g. co ) Yes ) No a. Tell us with whom you consulted to Check all that apply.)	o complete this survey.	s, etc) to answer any o	f the survey question	is?
Did you consult with anyone (e.g. co ) Yes ) No a. Tell us with whom you consulted to Check all that apply.) CRCCP Program Director CRCCP Program Manager/Coordin	o complete this survey.	s, etc) to answer any o	f the survey question	is?
Did you consult with anyone (e.g. co) Yes No a. Tell us with whom you consulted to Check all that apply.) CRCCP Program Director CRCCP Program Manager/Coordin CRCCP Data Manager	o complete this survey.	s, etc) to answer any o	f the survey question	s?
Did you consult with anyone (e.g. co ) Yes ) No a. Tell us with whom you consulted to Check all that apply.) CRCCP Program Director CRCCP Program Manager/Coordin CRCCP Data Manager CRCCP-participating clinics	o complete this survey.	s, etc) to answer any o	f the survey question	is?
Did you consult with anyone (e.g. co ) Yes ) No  a. Tell us with whom you consulted to Check all that apply.)  CRCCP Program Director  CRCCP Program Manager/Coordin  CRCCP Data Manager  CRCCP-participating clinics  CDC CRCCP Program Staff	o complete this survey.	s, etc) to answer any o	f the survey question	is?
Did you consult with anyone (e.g. co ) Yes ) No  a. Tell us with whom you consulted to Check all that apply.)  CRCCP Program Director  CRCCP Program Manager/Coordin  CRCCP Data Manager  CRCCP-participating clinics  CDC CRCCP Program Staff  CRCCP Administrator	o complete this survey.	s, etc) to answer any o	f the survey question	is?
Did you consult with anyone (e.g. consulted to the consult with anyone (e.g. consulted to the consulted to t	o complete this survey.	s, etc) to answer any o	f the survey question	is?
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Did you consult with anyone (e.g. co ) Yes ) No a. Tell us with whom you consulted to Check all that apply.) CRCCP Program Director CRCCP Program Manager/Coordin CRCCP Data Manager CRCCP-participating clinics CDC CRCCP Program Staff CRCCP Administrator NBCCEDP Staff NBCCEDP Program Director NBCCEDP Program Manager/Coor CCC co-chairs	o complete this survey. ator	s, etc) to answer any o	f the survey question	is?
Did you consult with anyone (e.g. co ) Yes ) No a. Tell us with whom you consulted to Check all that apply.) CRCCP Program Director CRCCP Program Manager/Coordin CRCCP Data Manager CRCCP-participating clinics CDC CRCCP Program Staff CRCCP Administrator NBCCEDP Staff NBCCEDP Program Director NBCCEDP Program Manager/Coor CCC co-chairs Insurer	o complete this survey. ator	s, etc) to answer any o	f the survey question	is?
Did you consult with anyone (e.g. co) Yes No a. Tell us with whom you consulted to Check all that apply.) CRCCP Program Director CRCCP Program Manager/Coordin CRCCP Data Manager CRCCP-participating clinics CDC CRCCP Program Staff CRCCP Administrator NBCCEDP Staff NBCCEDP Program Director NBCCEDP Program Manager/Coor CCC co-chairs Insurer Partner	o complete this survey. ator	s, etc) to answer any o	f the survey question	is?
Did you consult with anyone (e.g. co.) Yes  No  a. Tell us with whom you consulted to Check all that apply.)  CRCCP Program Director  CRCCP Program Manager/Coordin  CRCCP Data Manager  CRCCP-participating clinics  CDC CRCCP Program Staff  CRCCP Administrator  NBCCEDP Staff  NBCCEDP Program Director  NBCCEDP Program Manager/Coordin  CCC co-chairs  Insurer  Partner	o complete this survey. ator	s, etc) to answer any o	f the survey question	is?
Did you consult with anyone (e.g. co. yes) No a. Tell us with whom you consulted to Check all that apply.) CRCCP Program Director CRCCP Program Manager/Coordin CRCCP Data Manager CRCCP-participating clinics CDC CRCCP Program Staff CRCCP Administrator NBCCEDP Staff NBCCEDP Staff NBCCEDP Program Director NBCCEDP Program Manager/Coor CCC co-chairs Insurer Partner Other 1, please specify	o complete this survey. ator	s, etc) to answer any o	f the survey question	is?
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