

ATTACHMENT D2 - Data Collection Instrument: Web Version

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



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

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WELCOME

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

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

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

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

It should take approximately 40 minutes to complete the survey in one sitting.

Thank you for your participation.

[Click here](#) to download a PDF copy of this survey.

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

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INSTRUCTIONS AND DEFINITIONS

WHO SHOULD COMPLETE THIS DATA COLLECTION?

The person responsible for the day-to-day management of the program and/or with the most program knowledge should complete this data collection.

WHAT TIME PERIOD IS BEING ASSESSED?

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

WHAT DO WE MEAN BY 'YOUR BCCEDP PROGRAM'?

The term '*BCCEDP program*' refers to all those involved in the implementation of your program/program activities including you, your contractors, and your other partners, regardless of funding source (e.g., CDC funds, State funds, Komen funds).

WHAT DO WE MEAN BY 'YOU AND YOUR BCCEDP STAFF'?

'You and your BCCEDP staff' include those people working within your organization (e.g., State health department, tribal program) that work with the BCCEDP program, regardless of funding source (e.g., CDC funds, State funds, Komen funds).

WHAT DO WE MEAN BY 'BCCEDP CLINICS'?

'BCCEDP clinics' are sites where BCCEDP-funded *clinical services* are provided. [Note: 'BCCEDP-funded' includes all funding sources supporting your BCCEDP program such as CDC funds, State funds, and/or Komen funds.]

Instructions and Definitions, continued

WHAT DO WE MEAN BY 'NON-BCCEDP CLINICS'?

'Non-BCCEDP clinics' are sites where BCCEDP-funded clinical services are **NOT** provided, but where other BCCEDP-funded activities (e.g., patient navigation, client reminders) may take place. [Note: 'BCCEDP-funded' includes all funding sources supporting your BCCEDP program such as CDC funds, State funds, and/or Komen funds.]

WHAT DO WE MEAN BY 'BCCEDP CLIENTS'?

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

WHAT ARE PROCESS AND OUTCOME EVALUATION?

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

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

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SECTION 1: RESPONDENT INFORMATION

1. With which BCCEDP program are you affiliated?

Choose one of the following answers

Please choose... ▼

2. What is your current position with the BCCEDP program?

Check any that apply

- Program director (the primary contact for the BCCEDP cooperative agreement)
- Program manager/coordinator (the day-to-day manager for the BCCEDP)
- Other (please specify):

3. How long have you worked with the BCCEDP program in your state / tribe / territory / jurisdiction / organization?

Choose one of the following answers

- < 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- 11+ years

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SECTION 2: PROGRAM ACTIVITIES

In the following sections, you will be asked questions about **your BCCEDP's implementation of specific program activities** in program year 2 (PY2). Subsections A-C apply to provider-oriented activities; D-J address client-oriented activities.

SECTION 2A: PROVIDER REMINDERS

A provider reminder is used to inform a health care provider that a specific client is due or overdue for a cancer screening test. The reminder to a provider can be made in different ways such as in client charts, in client electronic medical records, or by e-mail.

1. During PY2, did one or more of your **BCCEDP clinics** utilize a provider reminder system?

Choose one of the following answers

- Yes
- No

2. During PY2, did your BCCEDP program a) conduct or b) provide funding or technical assistance to support implementation of provider reminder system(s)?

Check any that apply

- Yes, in BCCEDP clinics
- Yes, in non-BCCEDP clinics
- No

Section 2A, continued

3. What activities did your BCCEDP program conduct to implement a provider reminder system?

Check any that apply

- We sent reminders directly
- We provided funding to others to implement
- We provided technical assistance to support others to implement
- Other (please specify):

4. During PY2, what types of clinics (BCCEDP and/or Non-BCCEDP) implemented provider reminder systems?

Check any that apply

- Federally Qualified Health Centers or Community Health Centers
- Indian Health Service hospital or clinic or other tribal health organizations
- Health care systems or clinics associated with insurers (e.g., hospital, VA, Kaiser)
- Individual offices or clinics
- Local health department clinics
- Other (please specify):

5. During PY2, did your BCCEDP program evaluate provider reminder systems?

Check any that apply

- Yes, we conducted **process evaluation** of provider reminder systems (e.g., percentage of patients due for screening that are referred for mammogram by their provider)
- Yes, we conducted **outcome evaluation** of provider reminder systems (e.g., changes in clinic-level screening rates)
- No, we did not evaluate provider reminder systems in PY2

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SECTION 2B: PROVIDER ASSESSMENT AND FEEDBACK

Provider assessment and feedback interventions evaluate provider performance (assessment) in delivering cancer screening to clients and then present providers with information about their performance (feedback), sometimes comparing it with a goal or standard.

1. During PY2, did your BCCEDP program use some or all of CDC's 11 core performance indicators to produce provider or clinic-level feedback reports for **BCCEDP clinics**?

Choose one of the following answers

- Yes
- No

2. During PY2, did your feedback reports include benchmarks or targets (e.g., 90% of abnormal breast screens with diagnostic evaluation completed) for CDC's core performance indicators?

Choose one of the following answers

- Yes
- No

3. During PY2, did the feedback reports include comparisons between **BCCEDP clinics** or individual providers on specific indicators?

Choose one of the following answers

- Yes
- No

Section 2B, continued

4. During PY2, did the feedback reports include data **other** than some or all of the CDC's 11 core performance indicators?

Choose one of the following answers

- Yes
- No

5. During PY2, how frequently did your BCCEDP program distribute these feedback reports to **BCCEDP clinics**?

Choose one of the following answers

- 1-2 times
- More than 2 times

6. How long has your BCCEDP program been producing and distributing these feedback reports to **BCCEDP clinics**?

Choose one of the following answers

- 1-2 Years
- 3-5 Years
- >5 Years

7. During PY2, were data from the feedback reports or other data about provider performance used to inform funding allocations for contracts with **BCCEDP clinics**?

Choose one of the following answers

- Yes
- No

8. During PY2, did your BCCEDP program a) conduct or b) provide funding or technical assistance to support implementation of provider assessment and feedback reports in **non-BCCEDP clinics**?

Choose one of the following answers

- Yes
- No

Section 2B, continued

9. What activities did your BCCEDP program conduct in relation to provider assessment and feedback?

Check any that apply

- We provided funding to others to implement
- We provided technical assistance to support others to implement
- Other (please specify):

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

Check any that apply

- Federally Qualified Health Centers or Community Health Centers
- Indian Health Service hospital or clinic or other tribal health organizations
- Health care systems or clinics associated with insurers (e.g., hospital, VA, Kaiser)
- Individual offices or clinics
- Local health department clinics
- Other (please specify):

11. During PY2, did your BCCEDP program evaluate provider assessment and feedback activities?

Check any that apply

- Yes, we conducted **process evaluation** of provider assessment and feedback (e.g., number of providers or clinics receiving assessment and feedback reports for a given time period)
- Yes, we conducted **outcome evaluation** of provider assessment and feedback (e.g., changes in clinic-level screening rates)
- No, we did not evaluate provider assessment and feedback activities in PY2

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SECTION 2C: PROFESSIONAL DEVELOPMENT/PROVIDER EDUCATION

Professional development and/or provider educational activities are designed to improve the knowledge, attitudes, cancer screening care, and counseling behaviors of healthcare providers and can be applied in a range of settings (e.g., pharmacies, physician offices, medical schools).

1. During PY2, did your BCCEDP program provide professional development/provider education (e.g., training sessions with CME credits, provider tool kits, academic detailing)? By "provide" we mean providing funding or technical assistance to support implementation of these activities, or delivering these activities directly.

Check any that apply

- Yes, for providers in BCCEDP clinics
- Yes, for providers in non-BCCEDP clinics
- No

2. How did your BCCEDP program implement professional development/provider education?

Check any that apply

- We provided professional development activities directly
- We provided funding to others to implement
- We provided technical assistance to support others to implement
- Other (please specify):

Section 2C, continued

3. During PY2, which providers received professional development/provider education?

Check any that apply

- Providers in Federally Qualified Health Centers or Community Health Centers
- Providers in the Indian Health Service hospital or clinic or other tribal health organizations
- Providers in health care systems or associated with insurers (e.g., hospital, VA, Kaiser)
- Providers in individual offices or clinics
- Providers in local health department clinics
- Other (please specify):

4. During PY2, did your BCCEDP program evaluate professional development/provider education activities?

Check any that apply

- Yes, we conducted **process evaluation** of professional development/provider education (e.g., number of providers receiving CMEs for a given time period)
- Yes, we conducted **outcome evaluation** of professional development/provider education (e.g., changes in provider practices such as providers adherence to clinical guidelines)
- No, we did not evaluate provider assessment and feedback activities in PY2

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Now we will ask you about client-oriented activities.

SECTION 2D: CLIENT REMINDERS

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

1. During PY2, did **BCCEDP clients** receive client reminders either directly from your BCCEDP program or from BCCEDP clinics?

Choose one of the following answers

- Yes
- No

2. During PY2, did your BCCEDP program a) conduct or b) provide funding or technical assistance to support the implementation of client reminder systems?

Check any that apply

- Yes, in BCCEDP clinics
- Yes, in non-BCCEDP clinics
- No

3. What activities did your BCCEDP program conduct to implement a client reminder system?

Check any that apply

- We sent reminders directly
- We provided funding to others to implement
- We provided technical assistance to support others to implement
- Other (please specify):

Section 2D, continued

4. During PY2, who received client reminders?

Check any that apply

- Clients who receive healthcare through Federally Qualified Health Centers or Community Health Clinics
- Clients who receive healthcare through clinics of the Indian Health Service hospital or clinic or other tribal health organizations
- Clients who receive healthcare through health care systems or insurers (e.g., hospital, VA, Kaiser)
- Clients who receive healthcare through individual physician offices/provider groups, including local health department clinics
- Enrollees of Medicaid
- Enrollees of Medicare
- Other (please specify):

5. During PY2, did your BCCEDP program evaluate client reminder systems?

Check any that apply

- Yes, we conducted **process evaluation** of client reminder systems (e.g., number of clinics using client reminder systems)
- Yes, we conducted **outcome evaluation** of client reminder systems, (e.g., changes in clinic-level screening rates)
- No, we did not evaluate client reminder systems in PY2

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SECTION 2E: SMALL MEDIA

Small media include videos and printed materials such as letters, brochures, and newsletters that can **be used to inform and motivate people** to be screened for cancer. Small media materials can provide information tailored to specific individuals or targeted to general audiences.

1. During PY2, did your BCCEDP program use small media materials (e.g., educational brochures, targeted emails or social media with a screening promotion message)?

Check any that apply

- Yes, for clients in BCCEDP clinics
- Yes, for clients in non-BCCEDP clinics
- No

2. During PY2, who received small media materials through the efforts of your BCCEDP program?

Check any that apply

- Clients who receive healthcare through Federally Qualified Health Centers or Community Health Clinics
- Clients who receive healthcare through hospitals or clinics of the Indian Health Service or other tribal health organizations
- Clients who receive healthcare through health care systems or insurers (e.g., hospital, VA, Kaiser)
- Clients who receive healthcare through individual physician offices/provider groups, including local health department clinics
- Enrollees of Medicaid
- Enrollees of Medicare
- Community members/the general public (e.g., religious organizations, workplaces, community-based organizations)
- Other (please specify):

Section 2E, continued

3. During PY2, did your BCCEDP program distribute small media materials **in conjunction** with any of the following activities?

Check any that apply

- Patient navigation/case management (e.g., a navigator gives a patient an educational brochure in addition to addressing other barriers)
- Client reminders (e.g., a postcard sent to a client to remind them that they are due for screening also includes a general educational message about screening)
- One-on-one education (e.g., a community health worker gives a brochure to a community member during outreach)
- Group education (e.g., a health educator distributes brochures as part of an educational session)
- Small media materials are disseminated as a stand-alone intervention

4. During PY2, did your BCCEDP program evaluate small media activities?

Check any that apply

- Yes, we conducted **process evaluation** of our small media activities (e.g., number of events where small media materials were distributed)
- Yes, we conducted **outcome evaluation** of small media activities, (e.g., changes in intention to be screened for breast cancer)
- No, we did not evaluate small media activities in PY2

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SECTION 2F: MASS MEDIA

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

1. During PY2, did your BCCEDP program produce or support a mass media campaign? By “produce or support” we mean providing funding or technical assistance to support production and placement of mass media, or producing these media activities directly.

Choose one of the following answers

- Yes
- No

2. During PY2, what types of mass media were produced by or produced on behalf of your BCCEDP program?

Check any that apply

- Television
- Radio
- Digital media (e.g., social media campaign, advertising on the internet)
- Newspaper/Magazines
- Billboards, Transit signs
- Other (please specify):

3. During PY2, did your BCCEDP program evaluate your mass media campaign/activities?

Check any that apply

- Yes, we conducted **process evaluation** of our mass media campaign/activities (e.g., number of times media spot ran on TV during a given time period)
- Yes, we conducted **outcome evaluation** of mass media campaign/activities, (e.g., changes in intention to be screened for breast cancer among specified population)
- No, we did not evaluate mass media campaign/activities in PY2

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SECTION 2G: REDUCING STRUCTURAL BARRIERS

Structural barriers are non-economic obstacles that make it difficult for people to access cancer screening (e.g., inconvenient hours or days of clinical service, transportation costs, unpaid sick leave). Interventions are designed to reduce these barriers in order to facilitate access to cancer screening services.

1. During PY2, did your BCCEDP program implement strategies to reduce structural barriers?

Check any that apply

- Yes, for BCCEDP clients
- Yes, for non-BCCEDP clients in BCCEDP clinics
- Yes, for non-BCCEDP clients in non-BCCEDP clinics
- No

2. During PY2, what strategies did your BCCEDP program implement to reduce structural barriers?

Check any that apply

- Reducing time or distance between service delivery setting and priority populations
- Modifying hours of clinical service to better meet client needs
- Offering services in alternative or non-clinical settings (e.g., mobile mammography, sites with accommodations for those with disabilities)
- Eliminating or simplifying administrative procedures and other obstacles
- Paying or reimbursing for a patient navigator/case manager
- Paying or reimbursing for a community health worker
- Referring or assisting women with insurance enrollment (e.g., Medicaid/Medicare, private insurance, IHS, state-funded insurance, Insurance Marketplace)
- Other (please specify):

3. During PY2, did your BCCEDP program evaluate your efforts to reduce structural barriers?

Check any that apply

- Yes, we conducted **process evaluation** of our efforts to reduce structural barriers (e.g., number of clinics where Saturday hours were added)
- Yes, we conducted **outcome evaluation** of our efforts to reduce structural barriers, (e.g., changes in clinic-level screening rates for breast cancer)
- No, we did not evaluate our efforts to reduce structural barriers in PY2

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SECTION 2H: COMMUNITY HEALTH WORKERS

Community health workers (CHWs) are **lay health educators** with a deep understanding of the community and are often from the community being served. CHWs work in community settings, in collaboration with a health promotion program, clinic, or hospital, to educate women about cancer screening, promote cancer screening, and provide peer support to women referred to cancer screening (sometimes referred to as Community Health Representatives, or promotoras).

1. During PY2, did your BCCEDP program include Community Health Workers (CHWs)?

Choose one of the following answers

- Yes
- No

2. During PY2, what activities were typically conducted by the CHWs paid for or employed by your BCCEDP program?

Check any that apply

- Conduct outreach to community organizations/community members
- Recruit "hard-to-reach" women for screening
- Conduct in-reach to recruit women for screening or re-screening
- Provide one-on-one education
- Provide group education
- Conduct peer counseling and support
- Connect women to a health care facility
- Refer or assist women with insurance enrollment (e.g., Medicaid, Medicare, private insurance, IHS, state-funded insurance, Insurance Marketplace)
- Assist women to address barriers to screening (e.g., transportation, language services)
- Other (please specify):

Section 2H, continued

3. During PY2, did your BCCEDP program evaluate these CHW activities?

Check any that apply

- Yes, we conducted **process evaluation** of our CHW activities (e.g., geographic reach of CHWs, number/FTEs of CHWs conducting activities)
- Yes, we conducted **outcome evaluation** of our CHW activities, (e.g., percent of women reached by CHWs who complete screening)
- No, we did not evaluate our CHW activities in PY2

4. During PY2, did your BCCEDP program provide training for CHWs? We are NOT asking about ad hoc technical assistance for CHWs that you might provide during the year. Note: we will ask about training for patient navigators and case managers separately, in the next section.

Check any that apply

- Yes, our BCCEDP provided CHW classroom training
- Yes, our BCCEDP provided online training for CHWs
- Yes, our BCCEDP provided guidance manual/training document for CHWs
- Yes, our BCCEDP paid for CHWs to attend training offered by others
- Yes, other (please specify):
- No, we did not provide training for CHWs in PY2

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SECTION 2I: PATIENT NAVIGATION AND CASE MANAGEMENT

Patient navigators/case managers typically assist clients to overcome their individual barriers to cancer screening. Some BCCEDP programs use patient navigators/case managers to assist women through both cancer screening and diagnostic testing while other programs only use patient navigators/case managers to assist women through diagnostic testing, and if diagnosed with cancer, into cancer treatment.

The next set of questions asks about the use of patient navigators or case managers for cancer SCREENING. Questions about use of patient navigators/case managers for diagnostic testing will be asked later.

1. During PY2, did your BCCEDP program use patient navigators/case managers to assist clients through cancer **SCREENING**?

Check any that apply

- Yes, for BCCEDP clients
- Yes, for non-BCCEDP clients in BCCEDP clinics
- Yes, for non-BCCEDP clients in non-BCCEDP clinics
- No

2. During PY2, what activities were typically delivered by patient navigators/case managers who assisted clients through cancer **SCREENING**?

Check any that apply

- Assess client barriers to cancer screening
- Educate clients about screening test procedures
- Provide peer support/counseling
- Assist to schedule appointments for screening
- Arrange/provide transportation, translation (language), child or elder care services
- Make reminder calls for screening appointments
- Track/follow-up clients to ensure screening is complete and patient receives results
- Make recommendations to clinics/health systems on procedural or other changes that support client adherence to screening
- Collect and report data about navigator/case manager service delivery
- Conduct clinic in-reach or client outreach to recruit women for screening
- Addressing socio-cultural barriers/issues
- Refer or assist women with insurance enrollment (e.g., Medicaid/Medicare, private insurance, IHS, state-funded insurance, Insurance Marketplace)
- Explain test results
- Other (please specify):

Section 2I, continued

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

3. During PY2, did your BCCEDP program use patient navigators/case managers to assist clients through **DIAGNOSTIC TESTING**?

Check any that apply

- Yes, for BCCEDP clients
- Yes, for non-BCCEDP clients in BCCEDP clinics
- Yes, for non-BCCEDP clients in non-BCCEDP clinics
- No

4. During PY2, what activities were typically delivered by patient navigators/case managers who assisted clients with abnormal screening results through **DIAGNOSTIC TESTING**?

Check any that apply

- Assess client barriers to diagnostic testing
- Educate clients about diagnostic testing procedures
- Provide peer support/counseling
- Assist to schedule appointments for diagnostic testing
- Arrange/provide transportation, translation (language), child or elder care services
- Make reminder calls for diagnostic testing appointments
- Track/follow-up clients to ensure diagnostic testing is complete and patient receives results
- Assist clients diagnosed with cancer to get into cancer treatment
- Make recommendations to clinics/health systems on procedural or other changes that support client adherence to diagnostic testing
- Collect and report data about navigator/case manager service delivery
- Addressing socio-cultural barriers/issues
- Refer or assist women with insurance enrollment (e.g., Medicaid/Medicare, private insurance, IHS, state-funded insurance, Insurance Marketplace)
- Explain test results
- Other (please specify):

Section 2I, continued

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

5. During PY2, did your BCCEDP program provide training for patient navigators/case managers? We are **not** asking about ad hoc technical assistance that you might provide during the year.

Check any that apply

- Yes, our BCCEDP program provided PN/case management training class(es)
- Yes, our BCCEDP program provided online training for PN/case managers
- Yes, our BCCEDP program provided guidance manual/training document for PN/case managers
- Yes, our BCCEDP program paid for PN/case management training offered by others (e.g., Harold Freeman Institute)
- Yes, other (please specify):
- No, we did not provide training for PN/case managers in PY2

6. What topics were addressed in the training?

Check any that apply

- Assessing client barriers
- Screening guidelines for breast and cervical cancer
- Educating clients on breast and cervical cancer information
- Motivating clients to be screened
- Addressing structural barriers (e.g., transportation, language translation)
- Ensuring cultural competency
- Conducting patient tracking and follow-up
- Providing peer support/counseling
- Setting appropriate boundaries with clients
- Collecting/reporting data for patient navigation/case management
- Supporting health systems change strategies
- Understanding health reform issues
- Referring or assisting women with insurance enrollment (e.g., Medicaid/Medicare, private insurance, IHS, state-funded insurance, Insurance Marketplace)
- Other (please specify):

Section 2I, continued

7. During PY2, did your BCCEDP program evaluate your patient navigation/case management activities?

Check any that apply

- Yes, we conducted **process evaluation** of our patient navigation/case management activities (e.g., number of women who were formally assessed by patient navigators/case managers)
- Yes, we conducted **outcome evaluation** of our patient navigation/case management activities, (e.g., percent of women served by patient navigators/case managers who completed screening)
- No, we did not evaluate our patient navigation/case management activities in PY2

8. During PY2, how did your BCCEDP program pay for patient navigation/case management services for BCCEDP clients?

Check any that apply

- Reimbursement to providers/clinics or other contractors for FTE support
- Reimbursement to providers/clinics on a per-patient navigation/case management basis
- Grantee staff served as patient navigators/case managers
- In-kind support from a community partner/program
- Other (please specify):

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

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

Only numbers may be entered in these fields.

Each answer must be between 0 and 9999

Number of patient navigators/case managers working with clients in PY2, regardless of whether BCCEDP funds were used to pay for clinical services:

Number of **FTE** patient navigators/case managers working with clients in PY2, regardless of whether BCCEDP funds were used to pay for clinical services (e.g., you could have three people working 20 hrs/week representing total of 1.5 FTEs):

10. During PY2, did any of your patient navigators/case managers collect and report non-clinical data to you about navigation services delivered (e.g., number of clients receiving navigation/case management, number of clients assessed for barriers, number and types of patient navigation contacts per client, percentage of clients navigated that completed screening).

Choose one of the following answers

- Yes
- No

Section 2I, continued

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

Choose one of the following answers

- Yes
- No

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

Choose one of the following answers

- Yes
- No

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

Choose one of the following answers

- Yes
- No

14. What types of challenges have you experienced?

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SECTION 2J: FACILITATING ENROLLMENT IN INSURANCE PROGRAMS FOR CANCER SCREENING

1. During PY2, did your BCCEDP program facilitate women's enrollment in insurance coverage for breast and cervical cancer screening services? This question is NOT referring to enrolling BCCEDP clients in Medicaid following a cancer diagnosis (commonly referred to as the "Treatment Act").

Check any that apply

- Yes, our BCCEDP facilitated enrollment in Medicaid
- Yes, our BCCEDP facilitated enrollment in Medicare
- Yes, our BCCEDP facilitated enrollment in IHS
- Yes, our BCCEDP facilitated enrollment in State-based insurance
- Yes, our BCCEDP facilitated enrollment in Insurance marketplace
- Yes, our BCCEDP facilitated enrollment in private insurance plans
- Yes, our BCCEDP facilitated enrollment, but I do not know the specific insurance sources
- No

2. During PY2, what activities did your BCCEDP program conduct in order to facilitate women's enrollment in insurance coverage?

Check any that apply

- Provided women information about sources of insurance coverage and related contact information (e.g., website for the Insurance Marketplace, Medicaid enrollment office phone number)
- Conducted assessments of women to see if they met eligibility criteria for insurance coverage through specific sources such as Medicaid, Medicare, IHS, State-based Insurance, Insurance Marketplace
- Provided assistance to women to help them complete insurance enrollment processes
- Tracked and followed-up with women to see if they successfully enrolled in insurance coverage
- Referred women to a partner organization for Marketplace or insurance information
- Referred women to a trained/certified insurance navigator for assistance
- Other (please specify):

Section 2J, continued

3. For how many women did your BCCEDP program facilitate enrollment into insurance coverage during PY2? **Enter "99999" if unknown.**

Each answer must be between 0 and 99999

Only an integer value may be entered in this field.

women

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0%  100%

SECTION 3: CLINICAL SERVICE DELIVERY

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

SECTION 3A: CLIENT ELIGIBILITY CRITERIA FOR SCREENING

Please describe who was eligible to receive breast and cervical cancer clinical services in your BCCEDP program, based on your program's **general** eligibility requirements, including Federal Poverty Level, insurance status, residency/citizenship/affiliation, and age.

1. During PY2, what Federal Poverty Level (FPL) was used to determine eligibility for clients receiving BCCEDP-funded clinical services?

Choose one of the following answers

Only numbers may be entered in "Other % FPL (please specify):" accompanying text field.

- 250% FPL
- 200% FPL
- Other % FPL (please specify):

2. During PY2, did your BCCEDP program require clients to provide any type of documentation (e.g., pay stubs) to determine financial eligibility based on FPL?

Choose one of the following answers

- Yes
- No

3. What type of documentation did your BCCEDP accept as proof of financial eligibility?

Check any that apply

- Pay stubs
- Tax forms (W-2)
- Proof of self-employment income
- Proof of eligibility for other social services (e.g. WIC, TANF, Unemployment)
- Signed affidavit
- Other (please specify):

Section 3A, continued

4. During PY2, were **under**-insured women eligible to receive clinical services through your BCCEDP? (i.e., under-insured are clients who are insured but cannot afford their insurance co-pay or deductible or whose insurance plan does not cover cancer screening)

Choose one of the following answers

- No
- Yes, to screening services only
- Yes, to diagnostic services only
- Yes, both screening and diagnostic

5. During PY2, among **under**-insured women, what costs did your BCCEDP program reimburse?

Check any that apply

- Co-pays
- Deductibles
- All clinical costs
- Other (please specify):

6. During PY2, did your program apply any eligibility criteria, **in addition to** meeting income and age requirements, for **under**-insured women to receive BCCEDP-funded clinical services?

Choose one of the following answers

- Yes (please describe):
- No

7. During PY2, did your BCCEDP program track the insurance status of clients?

Choose one of the following answers

- Yes - in a data collection system
- Yes - manually or paper form only
- No

8. During PY2, what percentage of women receiving clinical services through your BCCEDP program were **under**-insured? **Enter "999" if unknown.**

Each answer must be between 0 and 100, or 999

Only an integer value may be entered in this field.

%

Section 3A, continued

9. During PY2, at what age were average risk women eligible for screening in your program? **(Do not report exceptions for special circumstances, e.g., younger women if symptomatic, higher risk, or rarely/never screened; enter "99" if you do not provide the specific testing)**

Only numbers may be entered in these fields.

Each answer must be between 18 and 99

Minimum age for clinical breast exam: years

Minimum age for mammography screening: years

Minimum age for Pap test: years

Minimum age for Pap with HPV co-testing: years

10. During PY2, which of these criteria related to residency or tribal affiliation did your BCCEDP program use/apply to determine eligibility?

Check any that apply

- Woman must live in our state or territory
- Woman must live in our state or a bordering state
- Woman must be affiliated with a specific tribe/tribal organization
- Other (please specify):
- We did not use any of these criteria in PY2

11. During PY2, did you change your BCCEDP program eligibility criteria from the previous year, PY1? *(Do not report on temporary changes needed to adjust screening budgets)*

Choose one of the following answers

- Yes
- No

12. Which BCCEDP program eligibility criteria were changed during PY2?

Check any that apply

- Federal poverty level
- Insurance status
- Minimum age, clinical breast exam
- Minimum age, mammogram
- Minimum age, Pap test (excluding a change from age 18 to 21 per clinical guidelines)
- Minimum age, Pap with HPV co-testing
- Residency/Tribal affiliation
- Other (please specify):

Section 3A, continued

13. Why did your BCCEDP program change your program eligibility criteria in PY2?

Check any that apply

- In response to new clinical guidelines
- To reduce or narrow the number of women eligible for the program
- To expand the number of women eligible for the program
- Due to a change in state/tribe/territory/jurisdiction regulation
- Because of implementation of health reform
- Other (please specify):

14. During PY2, did you observe an increase from previous years in the number of women referred to your BCCEDP program for clinical **diagnostic services only**?

Choose one of the following answers

- Yes
- No

15. How has this affected your BCCEDP program?

16. During PY2, what strategies did your BCCEDP program use to identify and recruit new women to your BCCEDP program for screening?

Section 3A, continued

17. Does your BCCEDP program continue to provide any services to women who have received BCCEDP screenings in the past, but have since transitioned to Medicare?

Choose one of the following answers

- Yes
- No

18. What types of services does your BCCEDP provide to BCCEDP clients who have transitioned to Medicare?

Check any that apply

- Client reminders sent from provider
- Client reminders sent from our BCCEDP program directly
- Patient navigation/case management services
- Other (please specify):

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SECTION 3B: BREAST AND CERVICAL CANCER PREVENTION AND TREATMENT ACT OF 2000

Tribes, Tribal Associations and Territories will not be shown this section.

1. During PY2, did your State Medicaid program discontinue implementation of the Medicaid Treatment Act?
Choose one of the following answers

Yes
 No

2. Have you established a process to ensure women diagnosed with cancer through your BCCEDP have access to cancer treatment?
Choose one of the following answers

Yes
 No

3. During PY2, did your BCCEDP program consult with your state Medicaid office about the Medicaid Treatment Act (not about individual cases)?
Choose one of the following answers

Yes
 No

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SECTION 3C: BCCEDP CLINIC SERVICE REIMBURSEMENT MODEL

1. During PY2, which payment reimbursement model best describes how your BCCEDP program paid for screening and diagnostic clinical services? If you used a mixed model, please check all that apply.

Check any that apply

- Our organization provides clinical services directly (e.g., some tribal programs)
- Fee for service (*Provider bills and is reimbursed for services/procedures performed; may be managed internally by the grantee or externally by contractor, third party payer, etc.*)
- Capitated payment (*A uniform reimbursement rate per woman served is established for a specified group of screening and/or diagnostic services.*)
- Bundled payment (*Reimbursement rates are established according to tiered case outcomes and are reimbursed retrospectively*)
- Employed/Contracted Service Provider (*Grantee uses BCCEDP funds to employ or contract with service providers for screening and/or diagnostic services; uses other vendor for cytology, radiology, etc.*)
- Other payment model (please specify):

2. During PY2, did your BCCEDP program use performance-based contracting for reimbursing for clinical services (i.e., contract reimbursement contingent upon meeting performance targets or benchmarks)?

Choose one of the following answers

- Yes
- No

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SECTION 3D: BCCEDP PROVIDER SITES

1. In the table below, please enter the number of individual **primary care sites** that delivered BCCEDP screening services in PY2 according to the type of provider setting. Please provide the number of **sites or clinics**, not the number of contracts. Do **not** include specialty clinics (e.g., imaging centers, labs).

If no sites of this type participated, enter "0". If this type of site participated, but you do not know the number of sites, enter "9999".

Only numbers may be entered in these fields.

Each answer must be between 0 and 9999

Federally Qualified Health Centers or Community Health Centers:	<input type="text"/>	sites
Indian Health Service or other tribal health organization sites or clinics:	<input type="text"/>	sites
Individual offices or clinics, including local health departments, not including FQHCs :	<input type="text"/>	sites
Health care systems, or clinics associated with an insurer (e.g. hospital, VA, Kaiser):	<input type="text"/>	sites
Other sites or clinics (please specify):	<input type="text"/>	sites

1a. Other sites or clinics (please specify):

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

SECTION 4: NON-SCREENING PARTNERSHIPS

1. During PY2, which of the following agencies or types of organizations did **you and your BCCEDP staff** collaborate with on BCCEDP-related program efforts, **other than for direct screening services?**

Check any that apply

- Federally Qualified Health Centers (FQHC)
- Community Health Centers (Not FQHC)
- Hospitals, health systems or insurers in your state/area
- State Medicaid
- Medicare
- Indian Health Service (IHS) or other tribal organizations
- Local health departments
- Nonprofit and/or advocacy organizations (e.g., ACS, Komen, a homeless coalition)
- Employers/worksites in your state/area
- Accountable care organizations
- Cancer Coalition
- Faith-based organizations in your state/area
- State Primary Care Associations (or similar)
- Universities
- Consulates of Mexico
- Consumer programs with in-person assistance for insurance enrollment
- Area Health Education Centers (AHEC)
- Other (please specify):
- Our program did not collaborate with any agencies or organizations on BCCEDP-related program efforts, other than for direct screening services during PY2

Section 4, continued

2. Was the partnership with **Federally Qualified Health Centers (FQHC)** a new partnership category in PY2?

Choose one of the following answers

- Yes
- No

3. Did your BCCEDP program expand the number of partnerships with **Federally Qualified Health Centers (FQHC)** in PY2?

Choose one of the following answers

- Yes
- No

4. Was the partnership with **Federally Qualified Health Centers (FQHC)** formalized through a written agreement **during PY2** (e.g., memoranda of understanding, memoranda of agreement, contract, grant)? Respond "yes" if you collaborated with one or more partners of this type and at least one partnership was formalized in PY2.

Choose one of the following answers

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

Section 4, continued

5. In general, what activities did you conduct with **Federally Qualified Health Centers (FQHC)** during PY2?

Check any that apply

- Implementing evidence-based interventions recommended by The Community Guide (i.e., small media, client reminders, provider reminders, removing structural barriers, provider assessment/feedback)
- Conducting mass media
- Conducting quality improvement/quality assurance activities (that are not an evidence based intervention)
- Conducting activities to improve the use of data (e.g., assess screening rates, measure screening quality)
- Facilitating insurance enrollment or 3rd party funding
- Promoting organizational change (e.g., establishing absentee policy so that workers can take leave for screening appointments)
- Conducting worksite wellness programs
- Conducting special events (e.g. breast cancer awareness month activities)
- Conducting activities related to health reform, including related planning
- Conducting targeted outreach and recruitment for hard to reach women
- Conducting professional development or provider education
- Conducting CHW activities
- Conducting patient navigation/case management services
- Establishing data sharing agreements
- Other (please specify):

6. Was the partnership with **Community Health Centers (Not FQHC)** a new partnership category in PY2?

Choose one of the following answers

- Yes
- No

7. Did your BCCEDP program expand the number of partnerships with **Community Health Centers (Not FQHC)** in PY2?

Choose one of the following answers

- Yes
- No

Section 4, continued

8. Was the partnership with **Community Health Centers (Not FQHC)** formalized through a written agreement **during PY2** (e.g., memoranda of understanding, memoranda of agreement, contract, grant)? Respond "yes" if you collaborated with one or more partners of this type and at least one partnership was formalized in PY2.

Choose one of the following answers

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

9. In general, what activities did you conduct with **Community Health Centers (Not FQHC)** during PY2?

Check any that apply

- Implementing evidence-based interventions recommended by The Community Guide (i.e., small media, client reminders, provider reminders, removing structural barriers, provider assessment/feedback)
- Conducting mass media
- Conducting quality improvement/quality assurance activities (that are not an evidence based intervention)
- Conducting activities to improve the use of data (e.g., assess screening rates, measure screening quality)
- Facilitating insurance enrollment or 3rd party funding
- Promoting organizational change (e.g., establishing absentee policy so that workers can take leave for screening appointments)
- Conducting worksite wellness programs
- Conducting special events (e.g. breast cancer awareness month activities)
- Conducting activities related to health reform, including related planning
- Conducting targeted outreach and recruitment for hard to reach women
- Conducting professional development or provider education
- Conducting CHW activities
- Conducting patient navigation/case management services
- Establishing data sharing agreements
- Other (please specify):

10. Was the partnership with **Hospitals, health systems or insurers in your state/area** a new partnership category in PY2?

Choose one of the following answers

- Yes
- No

Section 4, continued

11. Did your BCCEDP program expand the number of partnerships with **Hospitals, health systems or insurers in your state/area** in PY2?

Choose one of the following answers

- Yes
- No

12. Was the partnership with **Hospitals, health systems or insurers in your state/area** formalized through a written agreement **during PY2** (e.g., memoranda of understanding, memoranda of agreement, contract, grant)? Respond "yes" if you collaborated with one or more partners of this type and at least one partnership was formalized in PY2.

Choose one of the following answers

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

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

Check any that apply

- Implementing evidence-based interventions recommended by The Community Guide (i.e., small media, client reminders, provider reminders, removing structural barriers, provider assessment/feedback)
- Conducting mass media
- Conducting quality improvement/quality assurance activities (that are not an evidence based intervention)
- Conducting activities to improve the use of data (e.g., assess screening rates, measure screening quality)
- Facilitating insurance enrollment or 3rd party funding
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- Conducting special events (e.g. breast cancer awareness month activities)
- Conducting activities related to health reform, including related planning
- Conducting targeted outreach and recruitment for hard to reach women
- Conducting professional development or provider education
- Conducting CHW activities
- Conducting patient navigation/case management services
- Establishing data sharing agreements
- Other (please specify):

Section 4, continued

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

Choose one of the following answers

- Yes
- No

15. Did your BCCEDP program expand the number of partnerships with **State Medicaid** in PY2?

Choose one of the following answers

- Yes
- No

16. Was the partnership with **State Medicaid** formalized through a written agreement **during PY2** (e.g., memoranda of understanding, memoranda of agreement, contract, grant)? Respond "yes" if you collaborated with one or more partners of this type and at least one partnership was formalized in PY2.

Choose one of the following answers

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

Section 4, continued

17. In general, what activities did you conduct with **State Medicaid** during PY2?

Check any that apply

- Implementing evidence-based interventions recommended by The Community Guide (i.e., small media, client reminders, provider reminders, removing structural barriers, provider assessment/feedback)
- Conducting mass media
- Conducting quality improvement/quality assurance activities (that are not an evidence based intervention)
- Conducting activities to improve the use of data (e.g., assess screening rates, measure screening quality)
- Facilitating insurance enrollment or 3rd party funding
- Promoting organizational change (e.g., establishing absentee policy so that workers can take leave for screening appointments)
- Conducting worksite wellness programs
- Conducting special events (e.g. breast cancer awareness month activities)
- Conducting activities related to health reform, including related planning
- Conducting targeted outreach and recruitment for hard to reach women
- Conducting professional development or provider education
- Conducting CHW activities
- Conducting patient navigation/case management services
- Establishing data sharing agreements
- Other (please specify):

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

Choose one of the following answers

- Yes
- No

19. Did your BCCEDP program expand the number of partnerships with **Medicare** in PY2?

Choose one of the following answers

- Yes
- No

Section 4, continued

20. Was the partnership with **Medicare** formalized through a written agreement **during PY2** (e.g., memoranda of understanding, memoranda of agreement, contract, grant)? Respond "yes" if you collaborated with one or more partners of this type and at least one partnership was formalized in PY2.

Choose one of the following answers

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

21. In general, what activities did you conduct with **Medicare** during PY2?

Check any that apply

- Implementing evidence-based interventions recommended by The Community Guide (i.e., small media, client reminders, provider reminders, removing structural barriers, provider assessment/feedback)
- Conducting mass media
- Conducting quality improvement/quality assurance activities (that are not an evidence based intervention)
- Conducting activities to improve the use of data (e.g., assess screening rates, measure screening quality)
- Facilitating insurance enrollment or 3rd party funding
- Promoting organizational change (e.g., establishing absentee policy so that workers can take leave for screening appointments)
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- Conducting special events (e.g. breast cancer awareness month activities)
- Conducting activities related to health reform, including related planning
- Conducting targeted outreach and recruitment for hard to reach women
- Conducting professional development or provider education
- Conducting CHW activities
- Conducting patient navigation/case management services
- Establishing data sharing agreements
- Other (please specify):

22. Was the partnership with **Indian Health Service (IHS) or other tribal organizations** a new partnership category in PY2?

Choose one of the following answers

- Yes
- No

Section 4, continued

23. Did your BCCEDP program expand the number of partnerships with **Indian Health Service (IHS) or other tribal organizations** in PY2?

Choose one of the following answers

- Yes
- No

24. Was the partnership with **Indian Health Service (IHS) or other tribal organizations** formalized through a written agreement **during PY2** (e.g., memoranda of understanding, memoranda of agreement, contract, grant)? Respond "yes" if you collaborated with one or more partners of this type and at least one partnership was formalized in PY2.

Choose one of the following answers

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

25. In general, what activities did you conduct with **Indian Health Service (IHS) or other tribal organizations** during PY2?

Check any that apply

- Implementing evidence-based interventions recommended by The Community Guide (i.e., small media, client reminders, provider reminders, removing structural barriers, provider assessment/feedback)
- Conducting mass media
- Conducting quality improvement/quality assurance activities (that are not an evidence based intervention)
- Conducting activities to improve the use of data (e.g., assess screening rates, measure screening quality)
- Facilitating insurance enrollment or 3rd party funding
- Promoting organizational change (e.g., establishing absentee policy so that workers can take leave for screening appointments)
- Conducting worksite wellness programs
- Conducting special events (e.g. breast cancer awareness month activities)
- Conducting activities related to health reform, including related planning
- Conducting targeted outreach and recruitment for hard to reach women
- Conducting professional development or provider education
- Conducting CHW activities
- Conducting patient navigation/case management services
- Establishing data sharing agreements
- Other (please specify):

Section 4, continued

26. Was the partnership with **Employers/worksites in your state/area** a new partnership category in PY2?

Choose one of the following answers

- Yes
- No

27. Did your BCCEDP program expand the number of partnerships with **Employers/worksites in your state/area** in PY2?

Choose one of the following answers

- Yes
- No

28. Was the partnership with **Employers/worksites in your state/area** formalized through a written agreement **during PY2** (e.g., memoranda of understanding, memoranda of agreement, contract, grant)? Respond "yes" if you collaborated with one or more partners of this type and at least one partnership was formalized in PY2.

Choose one of the following answers

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

Section 4, continued

29. In general, what activities did you conduct with **Employers/worksites in your state/area** during PY2?

Check any that apply

- Implementing evidence-based interventions recommended by The Community Guide (i.e., small media, client reminders, provider reminders, removing structural barriers, provider assessment/feedback)
- Conducting mass media
- Conducting quality improvement/quality assurance activities (that are not an evidence based intervention)
- Conducting activities to improve the use of data (e.g., assess screening rates, measure screening quality)
- Facilitating insurance enrollment or 3rd party funding
- Promoting organizational change (e.g., establishing absentee policy so that workers can take leave for screening appointments)
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- Conducting activities related to health reform, including related planning
- Conducting targeted outreach and recruitment for hard to reach women
- Conducting professional development or provider education
- Conducting CHW activities
- Conducting patient navigation/case management services
- Establishing data sharing agreements
- Other (please specify):

30. Was the partnership with **Accountable Care Organizations** a new partnership category in PY2?

Choose one of the following answers

- Yes
- No

31. Did your BCCEDP program expand the number of partnerships with **Accountable Care Organizations** in PY2?

Choose one of the following answers

- Yes
- No

Section 4, continued

32. Was the partnership with **Accountable Care Organizations** formalized through a written agreement **during PY2** (e.g., memoranda of understanding, memoranda of agreement, contract, grant)? Respond "yes" if you collaborated with one or more partners of this type and at least one partnership was formalized in PY2.

Choose one of the following answers

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

33. In general, what activities did you conduct with **Accountable Care Organizations** during PY2?

Check any that apply

- Implementing evidence-based interventions recommended by The Community Guide (i.e., small media, client reminders, provider reminders, removing structural barriers, provider assessment/feedback)
- Conducting mass media
- Conducting quality improvement/quality assurance activities (that are not an evidence based intervention)
- Conducting activities to improve the use of data (e.g., assess screening rates, measure screening quality)
- Facilitating insurance enrollment or 3rd party funding
- Promoting organizational change (e.g., establishing absentee policy so that workers can take leave for screening appointments)
- Conducting worksite wellness programs
- Conducting special events (e.g. breast cancer awareness month activities)
- Conducting activities related to health reform, including related planning
- Conducting targeted outreach and recruitment for hard to reach women
- Conducting professional development or provider education
- Conducting CHW activities
- Conducting patient navigation/case management services
- Establishing data sharing agreements
- Other (please specify):

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

Choose one of the following answers

- Yes
- No

Section 4, continued

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

Choose one of the following answers

- Yes
- No

36. Was the partnership with **State Primary Care Associations (or similar)** formalized through a written agreement **during PY2** (e.g., memoranda of understanding, memoranda of agreement, contract, grant)? Respond "yes" if you collaborated with one or more partners of this type and at least one partnership was formalized in PY2.

Choose one of the following answers

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

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

Check any that apply

- Implementing evidence-based interventions recommended by The Community Guide (i.e., small media, client reminders, provider reminders, removing structural barriers, provider assessment/feedback)
- Conducting mass media
- Conducting quality improvement/quality assurance activities (that are not an evidence based intervention)
- Conducting activities to improve the use of data (e.g., assess screening rates, measure screening quality)
- Facilitating insurance enrollment or 3rd party funding
- Promoting organizational change (e.g., establishing absentee policy so that workers can take leave for screening appointments)
- Conducting worksite wellness programs
- Conducting special events (e.g. breast cancer awareness month activities)
- Conducting activities related to health reform, including related planning
- Conducting targeted outreach and recruitment for hard to reach women
- Conducting professional development or provider education
- Conducting CHW activities
- Conducting patient navigation/case management services
- Establishing data sharing agreements
- Other (please specify):

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SECTION 5: DATA USE

1. In the table below, for each data source that you and your BCCEDP staff used (e.g., BRFSS), please check the box or boxes that reflect how those data were used (e.g., measure screening rates).

Select "**did not use in PY2**" for any type of data your program did not use, including other.

Check any that apply

Data Source	Did not use in PY2	Measure screening rates	Measure clinical quality	Monitor and evaluate an activity	Assessment and planning
State or Regional Cancer Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BRFSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State cancer registry, SEER data, or U.S. Cancer Statistics (USCS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State or local screening registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Census data (including Small Area Health Insurance Estimates)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IHS GPRA data (Government Performance and Results Act)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private insurer data (e.g., Kaiser, Blue Cross/Blue Shield)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All payor claims database	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient records or aggregate/summary patient data (e.g., within clinics or health systems, RPMS for tribal programs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary data collection (e.g., pre- & post-tests, provider survey, patient satisfaction survey)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National or state health survey data (e.g., American Community Survey)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 1 (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 2 (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5, continued

1a. Other 1 (please specify)

1b. Other 2 (please specify)

2. During PY2, did you and your BCCEDP staff provide technical assistance to providers or staff of health systems to improve the use of their own data (e.g., improving use of provider or health system data to assess screening rates (EMR), measure screening quality)? We are **not** referring to BCCEDP specific data (MDEs).

Choose one of the following answers

- Yes
- No

3. During PY2, to what types of organizations did you and your BCCEDP staff provide this sort of technical assistance?

Check any that apply

- Federally Qualified Health Centers or Community Health Centers
- Indian Health Service or other tribal health organizations
- Health care systems or insurers (e.g., Kaiser, VA, hospital)
- Individual offices or clinics
- Local health department clinics
- Other (please specify):

Resume later

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SECTION 6: TRAINING AND TECHNICAL ASSISTANCE

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

Area of Training/Technical Assistance	High	Medium	Low
Management Activities			
Program planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Logic model development & use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Systems change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program monitoring & evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data collection, management, & analysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determining eligible population size for screening through the BCCEDP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Activities (Evidence-based)			
Provider reminders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provider assessment & feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client reminders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reducing structural barriers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Activities (Other)			
Professional development/Provider education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community health worker strategies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient navigation/case management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recruiting hard to reach populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality Assurance/Quality Improvement			
Clinical guidelines for screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical guidelines for diagnostic evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality assurance/quality improvement strategies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Systems Partnerships			
Establishing a business case for partnering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying health systems partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessing cancer screening systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping health systems use electronic health records to improve cancer screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other			
Partnership development & maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 6, continued

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

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

Technical Assistance Resource	N/A - did not use	Very useful	Somewhat useful	Not useful
CDC Webinars (e.g., QSST, PETO)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed guide: <i>An Action Guide for Working with Health Systems</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed guide: <i>An Action Guide for Engaging Employers and Professional Medical Organizations</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACA reference guide and fact sheets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACA messaging tool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-going technical assistance provided by PCs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual grantee survey reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MDE data review/reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IPR data reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NBCCEDP Partnership toolkit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3a. Other (please specify):

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SECTION 7: PROGRAM MANAGEMENT

1. Do you and your BCCEDP staff know or have you estimated the current size of the eligible BCCEDP population in your state/tribe/territory/jurisdiction?

Choose one of the following answers

- Yes
- No

2. If Congress eliminated the 60/40 requirement, would your BCCEDP program spend **less** than the currently required 60% on clinical service delivery in order to conduct more non-screening activities?

Choose one of the following answers

- Yes
- No

3. To what activities might you shift your resources?

Check any that apply

- Evidence-based strategies to increase population-based screening (e.g., provider assessment and feedback, client reminders)
- Patient navigation/case management activities for non-BCCEDP clients
- Community health worker activities
- Screening surveillance or other data-related efforts
- Health systems partnerships
- Other (please specify):

Section 7, continued

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

Please select at most 3 answers

- Staff furloughs/hiring freezes/turnover
- Significant changes in administrative systems and/or data systems
- Loss of Federal funds (other than CDC NBCCEDP funds)
- Loss of non-Federal funds (e.g., State funds)
- Loss of in-kind resources
- Agency reorganization
- Health care reform
- Changes in clinical guidelines for breast and cervical cancer (e.g., provider adherence to guidelines)
- Identifying women eligible for screening through the BCCEDP and meeting screening projections
- Collaborating with state/tribal partners
- Meeting the 60/40 requirement
- Integrating population-based activities into your BCCEDP program
- Planning for the future of your BCCEDP
- Other (please specify):

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

Enter "0" if funding was not received (for any of the five options below, including "other").

Only numbers may be entered in these fields.

Each answer must be between 0 and 10000000

Federal (Do not include funds received from CDC through the NBCCEDP DP12-1205)	\$ <input type="text"/> .00
State	\$ <input type="text"/> .00
Tribal	\$ <input type="text"/> .00
Non-profit (e.g., ACS, Komen for the Cure, LIVESTRONG)	\$ <input type="text"/> .00
Other funding sources (please specify)	\$ <input type="text"/> .00

Section 7, continued

5a. Other funding sources (please specify)

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

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

Choose one of the following answers

- Yes
- No

7. Please describe any tools your BCCEDP program has developed related to health reform that may be useful to others.

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