

WELCOME

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2024 NBCCEDP SURVEY COPY

The Centers for Disease Control and Prevention (CDC), Division of Cancer Prevention and Control (DCPC) is assessing how DP22-2202 recipients implement the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). This survey asks about your program implementation during **program year 2** (PY2), the time period **July 1, 2023 through June 30, 2024**.

The aims of this data collection are to better understand how you are implementing your BCCEDP; therefore, your feedback is extremely important. **You should respond to this survey based upon the work conducted by your program in year 2 only.**

If you have any questions about the survey content while completing it, please contact Stephanie Melillo at 770.488.4294 or bcu6@cdc.gov or Kristy Kenney at 770.488.0963 or hsl7@cdc.gov. If you have technical issues in completing the survey, please contact Information Management Services, Inc. at support@nbccedp.org.

*The survey should take approximately **45** minutes to complete in one sitting.*

Thank you for your participation.

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

[Click here](#) to download a PDF copy of the annual survey orientation webinar slides.

Public reporting burden of this collection of information is estimated to average 46 minutes per response including the time for reviewing the instructions and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, NE, MS D-74, Atlanta, GA 30333. ATTN: PRA (0920-1046).

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 DP22-2202 NBCCEDP, program year 2 (PY2). **All responses should reflect implementation of your NBCCEDP in PY2 ONLY, July 1, 2023 – June 30, 2024.**

WHAT DO WE MEAN BY 'YOUR BCCEDP'?

The term '*Your BCCEDP*' refers to the implementation of your NBCCEDP program/program activities, and those involved including you (recipient organization), your consultants and/or contractors, and your partners, regardless of the source of program funds.

WHAT ARE THE STRATEGIES AND ACTIVITIES OF INTEREST?

The NBCCEDP implements a comprehensive and coordinated approach to increase access to breast and cervical cancer screening services for individuals in partner clinical settings. These strategies include using cancer data and surveillance to identify program-eligible populations and inform screening projections, supporting partnerships for cancer control and prevention, delivering breast and cervical screening, implementing evidence-based interventions (EBIs), and conducting program monitoring and evaluation. A logic model detailing how these strategies work together to achieve program outcomes can be found in Appendix B of the *NBCCEDP DP22-2202 Program Manual Part I*.

Instructions, continued

WHAT ARE EVIDENCE-BASED INTERVENTIONS?

Our program considers evidence-based interventions (EBIs) to be those strategies that have been reviewed and recommended by the Community Guide to Preventive Services Task Force (Community Guide). Definition for these strategies (Provider Assessment and Feedback (PAF), Provider Reminders (PR), Reducing Structural Barriers (RSB), Patient (Client) Reminders (CR), Interventions that engage Community Health Workers (CHWs), Patient Navigation (PN), Small Media (SM), Group Education (GE), One on One Education (OOE) and Reducing out of Pocket Costs (ROPC)) can be found on the *Community Guide* website: <https://www.thecommunityguide.org/topic/cancer>.

WHAT IS PATIENT NAVIGATION?

Patient navigation is a strategy to assist individuals with barriers to cancer screening. It helps to ensure that these individuals complete screening and diagnostic services and initiate cancer treatment when needed. All individuals enrolled in the NBCCEDP for clinical services must be assessed to determine if patient navigation services are needed and provided with these services according to CDC guidance (e.g., assessment, education, barrier reduction, follow-up).

CERTIFICATION

*Please read and acknowledge the statement below. You must check the box in order to be able to submit your responses once you complete this assessment.

☒ I am certifying that, to the best of my knowledge, the answers provided on this questionnaire accurately represent how my BCCEDP program implemented the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) in DP22-2202 **program year 2**, the time period **July 1, 2023 through June 30, 2024**.

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SECTION 1: RESPONDENT INFORMATION

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

🔗 Select all that apply

☐ Program director *(the primary contact for the BCCEDP cooperative agreement)*

☐ Program manager/coordinator *(the day-to-day manager for the BCCEDP)*

☐ Other *(please specify only if applicable, do not enter 'N/A' or 'NONE'):*

2. Are you the person who responded to this survey last year?

🔗 Choose one of the following answers

☐ Yes

☐ No

SECTION 2: PROGRAM MANAGEMENT

1. Using the following response options: "Did not use", "Used, but not helpful", and "Helpful", how useful did you find the following resources in PY2?

Program Resources	1 - Did Not Use	2 - Used, But Not Helpful	3 - Helpful
NBCCEDP website for recipients	☐	☐	☐
Evidence Based Intervention Planning Guides (EPGs)	☐	☐	☐
Health Equity 1-pager	☐	☐	☐
SMARTIE objective 1-pager	☐	☐	☐
Strategy 1-pagers	☐	☐	☐
Ask Dr. Miller Newsletter	☐	☐	☐
DCPC Cancer Screening Change Packages	☐	☐	☐
MDE Data Users' Manual (including MDE data dictionaries)	☐	☐	☐
MDE Feedback Reports	☐	☐	☐
Clinic Data Reports in B&C-BARS	☐	☐	☐
NBCCEDP Evaluation Network (evaluation listserv)	☐	☐	☐
CDC/NACDD Peer-to-Peer (P2P) Webinars	☐	☐	☐
TA provided by CDC Program Consultants	☐	☐	☐
TA provided by Evaluation Team and/or IMS	☐	☐	☐
TA provided by Office of Financial Resources (OFR)	☐	☐	☐
FY24 Annual Performance/Progress Report (APR) Debrief Webinar	☐	☐	☐
Other Resource <i>(please specify one resource or select 'did not use' if you have no other resource to add)</i>	☐	☐	☐

Section 2, continued

2. Please list the amount of Federal (do not include CDC NBCCEDP funds, which are displayed **in red** above the table), State, Tribal, non-profit, university and other funding that supported or supplemented your BCCEDP in PY2. Please pro-rate funding if needed to associate with PY2, July 1, 2023 – June 30, 2024. Do not include in-kind resources.

BCCEDP DP22-2202 award for PY2: \$4,300,000

 Your answer must be an integer between 0 and 99999999. Enter '0' if funding was not received (for **any** of the options below, including Other).

Non-BCCEDP Federal Funds	\$		.00
State	\$		.00
Tribal	\$		.00
Non-profit (e.g. American Cancer Society, LIVESTRONG)	\$		.00
University (e.g. other grant funds, internal university funds)	\$		.00
Other funding sources (please specify or enter 0 if no other funding sources)	\$		.00

SECTION 3: PARTNERSHIPS

1. Please indicate which of the following CDC funded programs your BCCEDP partnered with during PY2.

 Select all that apply

- ☐ Other NBCCEDP funded programs
- ☐ Colorectal Cancer Control Program (CRCCP)
- ☐ Comprehensive Cancer Control Program (CCC) (including State Cancer Coalition)
- ☐ National Program for Cancer Registries (NPCR)
- ☐ WISEWOMAN
- ☐ Million Hearts Program
- ☐ Diabetes Prevention Program
- ☐ National Tobacco Control Program
- ☐ State Physical Activity and Nutrition Program (SPAN)
- ☐ National Immunization Program (NIP)
- ☐ We did not partner with any of these programs

2. Please indicate the number of partners (*up to ten*) that provided support (e.g., quality improvement, practice facilitation or other technical assistance) to clinics implementing your program activities in PY2. Partners can include both those that you fund (e.g., contract) and those that collaborate with your program but are not funded by you to do so.

 Only numbers may be entered in this field.

Please enter an integer between 0 and 10.

partner(s)

Section 3, continued

The following five questions will be asked for each of the partners specified in question #2.

3. What is the name of partner #1?

4. Is partner #1 a new partner in PY2?

Choose one of the following answers

☐ Yes

☐ No

5. How much funding did you provide to partner #1?

Your answer must be an integer between 0 and 99999999. Enter '0' if funding was not received (for **any** of the options below, including Other).

NBCCEDP \$.00

Other funding sources (please specify or enter 0 if no other funding sources) \$.00

6. Did you have a Memorandum of Understanding (MOU) or contract in place with partner #1 in PY2?

Choose one of the following answers

☐ Yes

☐ No

Section 3, continued

7. Which of the following activities did partner #1 conduct in PY2?

? Select all that apply

- ☐ Conduct implementation readiness assessment
- ☐ Improve usability of EHRs
- ☐ Provide TA for clinic QI efforts
- ☐ Provide TA for EBI implementation
- ☐ Provide patient navigation services
- ☐ Collect CDC-required clinic data or MDE data
- ☐ Plan and/or conduct evaluation
- ☐ Conduct outreach to program-eligible individuals, including by CHWs, and connect them to screening services
- ☐ Conduct outreach to specific *populations of focus*, including by CHWs, and connect them to screening services
- ☐ Connect individuals to needed health (other than breast and cervical cancer screening services), community, and social services
- ☐ Other (please describe only if applicable, do not enter 'N/A' or 'NONE');

SECTION 4: DELIVERING BREAST AND CERVICAL CANCER SCREENING

A. ELIGIBILITY CRITERIA

Please describe who was eligible for NBCCEDP-funded screening and diagnostic services through your BCCEDP, based on your program's **general** eligibility requirements, including Federal Poverty Level, age, and insurance status.

1. During PY2, what Federal Poverty Level (FPL) was used to determine eligibility for individuals receiving NBCCEDP-funded clinical (*screening/diagnostic*) services?

Choose one of the following answers

Please enter a positive integer for the 'Other' response, except for 200 or 250 since those are provided choices.

☐ 250% FPL

☐ 200% FPL

☐ Other % FPL (*please specify*):

2. During PY2, at what age were **average risk individuals** eligible for screening in your program? (*Do not report age exceptions for symptomatic or high risk.*)

Please enter an integer between 18 and 99. If you do not provide the specific testing, enter 'UNK'.

Minimum age for mammography screening years

Minimum age for Pap testing years

Minimum age for Pap with HPV co-testing years

Minimum age for primary HPV testing years

Section 4, continued

3. During PY2, were **under**-insured individuals eligible to receive clinical services through your BCCEDP? *(this includes those who cannot afford their insurance co-pay or deductible or whose insurance plan does not cover cancer screening)*

Choose one of the following answers

☒ Yes

☐ No

4. During PY2, what percentage of individuals receiving clinical services through your BCCEDP were **under**-insured?

Please enter an integer between 0 and 100. If you do not know the percentage, enter 'UNK'.

Percentage of under-insured individuals

%

Section 4, continued

5. During PY2, which payment reimbursement model best describes how your BCCEDP paid for screening and diagnostic clinical services?

? Select all that apply

- ☐ Our organization provides clinical services directly
- ☐ Fee for service (Provider bills and is reimbursed for services/procedures performed; may be managed internally by the recipient or externally by contractor, third party payer, etc.)
- ☐ Capitated payment (A uniform reimbursement rate per person served is established for a specified group of screening and/or diagnostic services.)
- ☐ Bundled payment (Reimbursement model where rates are established according to tiered case outcomes and are reimbursed retrospectively)
- ☐ Employed/Contracted Service Provider (Recipient uses NBCCEDP 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 only if applicable, do not enter 'N/A' or 'NONE'):

6. Does your BCCEDP require program-eligible individuals to pay some amount of money toward screening services?

? Choose one of the following answers

- ☒ Yes, using sliding scale
- ☐ Yes, using other process
- ☐ No

Section 4, continued**C. BCCEDP PROVIDER SITES**

7. In the table below, please enter the number of individual **primary care sites** that delivered BCCEDP screening/diagnostic services in PY2 according to the type of provider setting. **Primary care sites** are where patients go to receive day-to-day health care, including cancer screening, from a health care provider. Please provide the total number of individual **sites or clinics**, not the number of contracts. Do **not** include imaging centers, labs or primary care sites that only serve populations not eligible for the program (i.e., pediatric). A site/clinic should be categorized in one of the four groups below, do **not** include a single clinic in more than one category.

Previous Year Responses:

FQHCs - 13

IHS - 0

Hospitals/PCPs - 190

Other - 0

 Please enter an integer between 0 and 9999. 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 'UNK'.

Federally Qualified Health Centers (FQHCs) or Community Health Centers (CHCs)

sites

Primary care sites affiliated with tribal health organizations or Indian Health Service (*any FQHC/CHC that are also IHS sites should be included here instead of FQHC category*)

sites

Hospitals, health care systems, or any primary care provider (PCP) sites or clinics, not including FQHCs

sites

Other primary care sites (*please specify below, enter 0 if no other sites*)

sites

Section 4, continued

The following 3 questions will only be shown to state recipients and the District of Columbia.

D. Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Medicaid Treatment Act)

8. Congress passed the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Medicaid Treatment Act) and we would like to assess its current status in each state. Is the Medicaid Treatment Act currently in place in your state?

Choose one of the following answers

☒ Yes

☐ No

9. Who is eligible in your state to receive this special Medicaid coverage for breast or cervical cancer treatment in your state?

Choose one of the following answers

☐ Only individuals enrolled in your BCCEDP who are diagnosed with cancer or a precancerous condition

☐ Any individual diagnosed with cancer or a precancerous condition at a screening site that provides BCCEDP screening services

☐ Any individual diagnosed with cancer or a precancerous condition who would be eligible for the BCCEDP but may not have been screened with Federal funds

☐ Other (please describe; do not enter 'N/A' or 'NONE'):

Section 4, continued

10. Do you have a process to ensure individuals diagnosed with cancer through your BCCEDP have access to cancer treatment if your state/jurisdiction does not offer coverage through Medicaid Treatment Act?

 Choose one of the following answers

☐ Yes, please describe this process:

☐ No

Section 4, continued**E. OUTREACH AND ASSISTANCE TO PROGRAM-ELIGIBLE WOMEN**

Outreach refers to activities that meet individuals where they are in the community, inform them about cancer screening, facilitate their access to clinical services with the goal of ensuring screening completion.

11. Did your program's staff do any of the following as part of their outreach efforts in PY2?

🔍 Select all that apply

- ☐ Use state or local data to identify program eligible individuals and/or populations of focus
- ☒ Contact program eligible individuals in the community
- ☐ Refer and link individuals to breast and cervical cancer services
- ☐ Connect individuals to needed health (other than breast and cervical cancer screening), community and social services
- ☐ Partner with organizations that serve populations of focus, including program-eligible individuals
- ☐ Partner with organizations that implemented efforts to link program eligible individuals to breast or cervical cancer services, or other health, community and social services
- ☐ No, we did none of these activities

12. Were community-based patient navigators or other community-based workers (e.g., health educator, community health worker, community nurse, promotora) used to identify, reach out to, or connect your population(s) of focus to needed health, community, and social services during PY2?

🔍 Choose one of the following answers

- ☐ Yes
- ☒ No

Section 4, continued

13. In PY2, how many individuals were reached through these outreach activities by your BCCEDP?

📘 Please report the number of individuals reached, regardless of the number of times they were contacted. An individual contacted separately for both breast and cervical screening should only be counted once. Do not include individuals who were reached through "inreach", that is, activities conducted within clinics or health systems to get individuals screened. Please enter an integer between 1 and 50000. If you do not know the number of individuals, enter 'UNK'.

Individuals reached through outreach
activities

14. Among those individuals reached through outreach activities, how many of them completed breast and/or cervical cancer screening?

📘 Please enter an integer between 0 and 50000. If you do not know the number of individuals, enter 'UNK'. The number for **completion** must not exceed the number **reached** through outreach activities reported in the question above.

Individuals who completed screening

15. In PY2, how did you confirm screening completion for individuals reached through these activities?

📘 Select all that apply

☐ Based on medical records

☐ Based on self-report

☐ Billing system

☐ Linkage with MDEs

SECTION 5: IMPLEMENTATION SUPPORT

1. During PY2, who provided implementation support (*i.e., technical assistance*) for EBI-related activities to your partner health systems and/or clinics?

 Select all that apply

☒ BCCEDP staff members

☐ Partner organization(s)

☐ Did not provide

2. What modes are used by you and/or your partners to deliver implementation support/TA for EBI-related activities to clinics?

 Select all that apply

☐ Peer learning, including learning collaboratives with representatives from multiple clinics

☐ In person or virtual site visits

☐ Phone/conference calls

☐ Webinars

☐ Trainings, classes, seminars, professional conferences

☐ Guidance documents, publications or reports

☐ Other (*please describe only if applicable, do not enter 'N/A' or 'NONE'*):

Section 5, continued

3. In PY2, did your program use a structured approach to implement the NBCCEDP with each of your partner clinics? For example, an approach that involves an assessment period for the clinic, followed by active TA while EBIs are enhanced or newly implemented, and then ending the partnership.

🔍 Choose one of the following answers

☒ Yes

☐ No

4. On average, how long does your structured approach allow for active TA with each clinic?

🔍 Choose one of the following answers

☒ Less than 1 year

☐ 1 year

☐ 2 years

☐ More than 2 years

☐ Length of active TA is based on benchmarks rather than time

Section 5, continued

5. Based on your experience, please indicate which of the follow factors you consider critical to support program sustainability?

 Select all that apply

- ☐ Using readiness assessment results to inform implementation
- ☐ Providing ongoing support for optimal electronic health record (EHR) use
- ☐ Engaging clinic leadership to support EBI implementation and sustainment
- ☐ Adopting a team-based approach among clinic staff and cross-training clinic staff
- ☐ Integrating EBI implementation into existing clinic workflows, policies, and standard operating procedures
- ☐ Identifying and supporting a clinic champion
- ☐ Establishing quality improvement (QI) practices
- ☐ Ongoing funding to support EBI implementation
- ☐ Ongoing training and technical assistance to support sustainment
- ☐ Other (please describe only if applicable, do not enter 'N/A' or 'NONE');