

July 2022 –  
June 2027



# ALASKA BREAST + CERVICAL

---

Screening Assistance Program

## Evaluation and Performance Measurement Plan

Anne Remick, Mack Wood, Rasheeda Jamison, Sarah Dahlen

# Table of Contents

Plan Overview .....	2
Figure 1. CDC’s Framework for Program Evaluation.....	2
Evaluation Purpose .....	3
Stakeholders of Evaluation Results.....	3
Table 1. AK B+C Stakeholders.....	4
Program Description .....	5
Figure 2. AK B+C Logic Model.....	7
Evaluation Focus .....	8
Plan for Collecting Data .....	9
Table 2. Data Collection Timeline .....	11
Plan for Analysis and Interpretation.....	11
Table 3. Data and Analysis .....	12
Plans for Dissemination and Use of Findings.....	13
Table 4. Dissemination and Use of Findings .....	13
Evaluation Timeline.....	15
Table 5. Evaluation Timeline .....	15
Data Management Plan .....	17
Purpose.....	17
Data Collection .....	17
Data Storage.....	17
Data Protection .....	17
Data Use .....	18
Data Archiving.....	18
Data Destruction .....	18

## Plan Overview

This plan describes activities to evaluate Alaska’s National Breast and Cervical Cancer Early Detection Program (NBCCEDP), the Alaska Breast and Cervical Screening Assistance Program (AK B+C). The program is funded through a cooperative agreement with the Centers for Disease Control and Prevention (CDC) for the period of July 2022 – June 2027. This evaluation plan follows the CDC Framework for Program Evaluation in Public Health (Figure 1). The plan was developed by the AK B+C Program Evaluator and Program Director.

Figure 1. CDC’s Framework for Program Evaluation



Evaluation will primarily be conducted by the AK B+C Program Evaluator, with support from the Program Director, Data & Systems Manager, and Outreach Manager, as appropriate. AK B+C is focused on evaluating our efforts in the context of:

- 1) Using data to prioritize service delivery therefore reducing disparities in mortality and late-stage disease.
- 2) Supporting partnerships through collaboration with community-based organizations, cancer programs, and other chronic disease and public health programs.
- 3) Supporting the needs of our providers and increasing breast and cervical cancer screening and follow-up service utilization.
- 4) Implementing evidence-based interventions with partnering clinics to increase screening rates.
- 5) Meeting CDC’s nine core indicators with minimal corrections.

This evaluation plan is a living document. The general content of the plan should remain consistent, but details may evolve over time in response to changing program needs. The program team will re-visit the evaluation plan annually using a similar process and outline specific action items for the coming year. This will allow the team to continuously incorporate new knowledge into the plan.

This plan also contains the AK B+C data management plan (DMP) in Appendix A. The DMP includes a description of data, data standards, data sharing policies and use of data standards, and plans for archiving and the long-term preservation of data. This plan will also be reviewed and updated as needed on an annual basis.

## Evaluation Purpose

The purpose of this evaluation is to provide information that the AK B+C program team can leverage to support the continued development and improvement of the:

- Plan: the quality and implementation of AK B+C efforts during the next 5 years.
- Program: the reach and effectiveness of specific AK B+C strategies and activities.

AK B+C is accountable to funders and all Alaskans who are eligible for breast and cervical cancer screening. While the primary goal of this plan is to ensure that Alaskans have access to needed screening services, it will also ensure that funds are being used in an optimal way to reach target populations. This evaluation will utilize both outcome and process measures to assess whether the AK B+C program is reaching its target population and working effectively with internal and external partners. Results of the evaluation will be used to improve programmatic efforts and inform future interventions and activities.

## Stakeholders of Evaluation Results

Team members used an informal stakeholder assessment to identify groups who have an interest in the AK B+C program or results from evaluation. Understanding the interests of these partners informs the development of evaluation questions, generation of useful information to answer those questions, and means of sharing that information. These groups, their interests, and strategies for engagement are described Table 1 on the following page.

Table 1. AK B+C Stakeholders

Stakeholders	Interest	Engagement
<b>CDC</b>	Accountability for funds. Lessons learned to share with other states. Did we do what we planned? What were the benefits? How can we improve? How is AK B+C contributing to Alaska’s public health?	Ongoing project officer communication, quarterly and annual reports.
<b>AK B+C Program Team and State of Alaska, Section of Women’s, Children’s, and Family Health (WCFH) Leadership</b>	Did we do what we planned? What were the benefits? How can we improve? How is AK B+C contributing to Alaska’s public health? How can we collaborate?	Ongoing evaluation-related discussion in the context of regular work. Regular meetings between program staff and evaluator. Quarterly review of workplan and available funds. Briefing meetings with WCFH leadership. Braided funding for collaborative projects where appropriate.
<b>Alaska Cancer Prevention and Control Program Team and Alaska Cancer Leadership Team</b>	Did we do what we planned? How can we coordinate efforts? How can we improve / better support each other?	Ongoing evaluation discussion between AK B+C PD and Comp Cancer Coordinator at regular meetings. Monthly Cancer Leadership Team meetings with leaders from other State cancer/health programs to identify opportunities for collaboration and support. Joint publications and activities.
<b>Alaska Breast &amp; Cervical Health Partnership (ABCHP)</b>	How can we coordinate efforts? Are we reaching all potential populations? How can we pool resources?	Ad hoc calls with four State tribal NBCCEDP grantees. In-person Partnership meeting occur when gathered for wider cancer partnership meetings. Data sharing and collaboration. Joint projects.
<b>Statewide Breast Cancer and HPV Coalitions</b>	How can we coordinate efforts? Are we reaching all potential populations? How can we pool resources?	Quarterly calls with stakeholders across the state including health care providers, patient advocates, and non-profits. Presentations of findings. Joint projects and collaboration. Cancer Plan steering committee participation.
<b>Breast and cervical cancer screening Providers</b>	What are the current screening recommendations? If in AK B+C network, what does the program pay for and how can I get paid for services? How can I increase screening rates among my patients/enroll new clients?	Provider education through presentations, publications, peer-to-peer education, and site visits.  Needs assessments and surveys. Contracts/reimbursement for claims and processing. Provider feedback reports. Outreach for enrollment.
<b>People in Alaska</b>	What is the incidence / mortality of breast and cervical cancer in Alaska? What options are there for prevention, screening, and/or treatment? What services and resources are available?	Public education through presentations, publications. Advertising for program services through small media. Outreach through community service programs. Program information through AK B+C & ABCHP Website. Development of online enrollment form.
<b>Community Service Programs</b>	How can AK B+C help our clients get cancer screening?	Develop partnerships with state and local public health clinics, women’s shelters, prison reentry program, etc. Ongoing communication and AK B+C participation in regular meetings to raise awareness of program services and identify ways to address barriers for unique populations. Encourage use of United Way 211 program to address other needs.

## Program Description

AK B+C has been operating since 1995. The overarching goals of the program are to decrease breast and cervical cancer incidence, morbidity, and mortality and to reduce cancer disparities. The program navigates within a complex environment of a highly dispersed population with many isolated communities, high transportation costs, limited local public health infrastructure, and areas that are medically underserved and addresses the needs of our low-income populations. Since its inception, AK B+C has served over 70,000 people, paid for over 391,000 services with 670 breast cancers detected and 945 cervical pre-cancers detected. The percent of newly enrolled clients who had not been screened for cancer in over 5 years has consistently been over 20%. This rarely or never screened population is difficult to identify in Alaska due to our geographic and health care access challenges. During 2014-2020, the proportion of Alaska women ages 21-65 years who reported having a Pap test in the past 3 years decreased from 78.7% to 69.1%. In 2020, women 21-25, those with moderate household income between \$25,000 and \$49,999, and non-college educated were less likely to report a recent cervical cancer screening. During the same period, the proportion of Alaska women ages 50-74 years who reported having a mammogram in the past 2 years increased from 68.9% to 70.1%. Women over 49 and under 70, and those with low to moderate household income between \$15,000 and \$49,999 were less likely to report a recent mammogram.

Alaska Natives are one of the target populations for Cancer Prevention and Control Program (CPCP) activities in Alaska. A strong partnership exists between the Comprehensive Cancer Control Programs (CCCCP) within the State of Alaska (SOA) and ANTHC. Likewise, a strong partnership exists among the Breast and Cervical Cancer Early Detection Program (BCCEDP) grantees, which is comprised of four Tribal organizations and the SOA. Other CPCP target populations include people who are low income and uninsured or underinsured, people who are rarely or never screened, people with English as a second language (ESL), and disabled people. Program efforts to reach these populations are focused on coordination and collaboration with key external organizations involved with these groups. In 2019, 30.5% of Alaska women aged 21 to 64 (62,006 individuals) had incomes equal to or below the 250% federal poverty threshold. An extensive network of community health centers service low income and medically underserved communities. Efforts also focus on partnering with diverse community-based organizations that serve disparate populations to reach other marginalized groups.

Most resources for AK B+C are provided by a CDC grant, but additional funds from the “Run for Women” nonprofit provide screening for people ages 40-49. The total annual funds are approximately \$2 million per year, which supports approximately 5.75 FTE in addition to services.

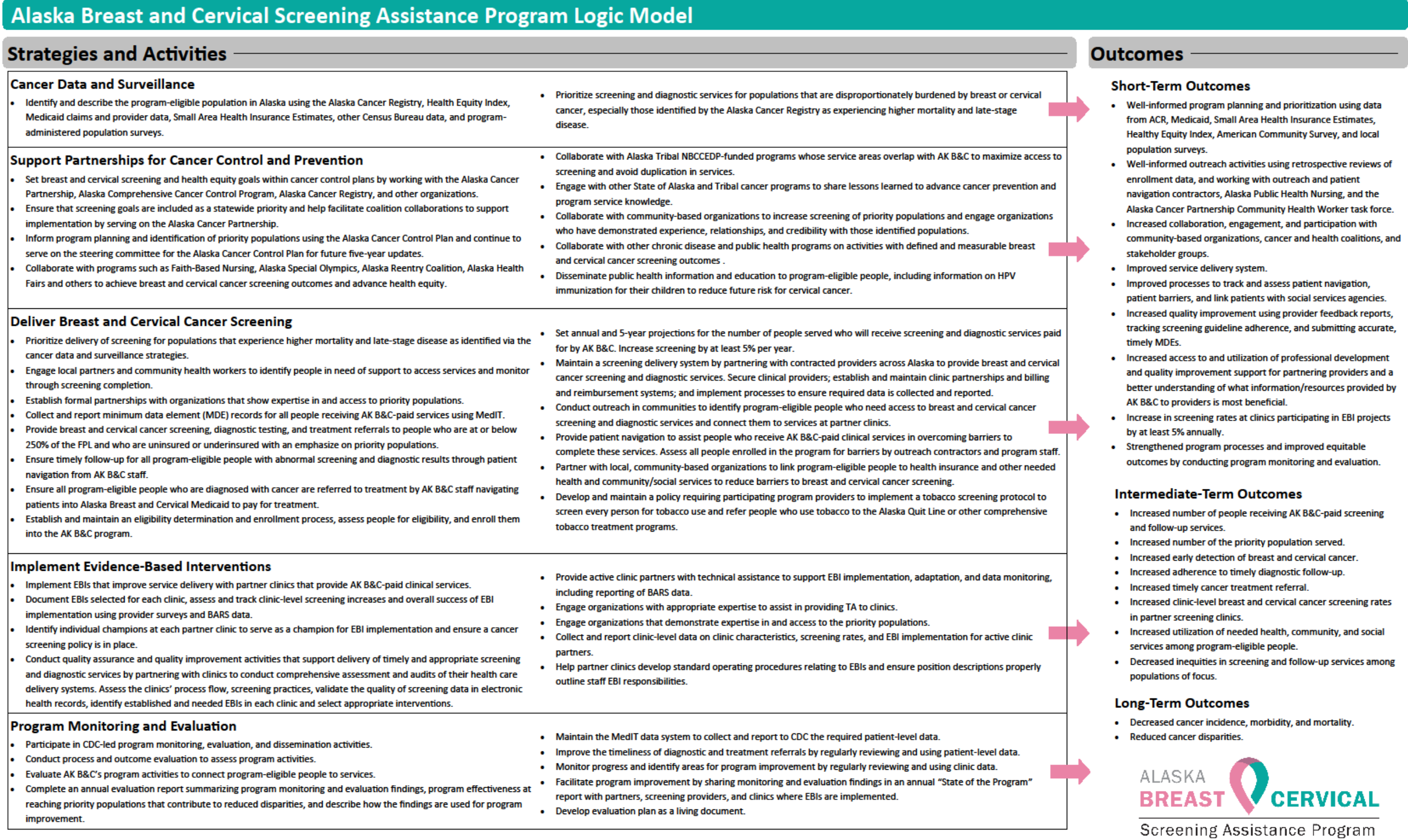
The CDC currently requires that at least 35% of those receiving screening services through the program be classified as having “never” been screened. CDC now identifies people who are rarely or never screened as not having a screening in 10 or more years. If needed after screening, the program will cover the cost for clients to receive additional tests to achieve a diagnosis. Typically, because AK B+C reimburses providers at the Medicare rate, which is lower than average charges, providers contribute the unreimbursed costs as “in-kind” match funds for the grant.

Strategies to accomplish component goals include:

1. **Using Cancer Data and Surveillance**
2. **Supporting Partnerships for Cancer Control and Prevention**
3. **Delivering Breast and Cervical Cancer Screening**
4. **Implementing Evidence Based Interventions**
5. **Evaluating and Monitoring the Program**

The logic model for the AK B+C program is outlined on the following page in Figure 2.

Figure 2. AK B+C Logic Model



## Evaluation Focus

The team developing this evaluation plan used the interests of stakeholders, theoretical framework of the 5 AK B+C strategies, and an understanding of the AK B+C logic model to determine priorities for the evaluation. This section describes the highest priority process and outcome evaluation questions for each of the 5 AK B+C strategies. We note that it is not feasible to address all questions at once, and we expect to focus on a select number at any given point in the program year. Additionally, we recognize that high-priority evaluation questions may emerge during the grant period. In this event, the evaluation plan will be adapted.

### 1. **Cancer Data and Surveillance:**

- a. *Process:* How many data analysis projects did AK B+C complete to inform program planning and prioritization using identified state, federal, and program data?
- b. *Process:* Did AK B+C identify priority populations using state, federal, and program data?
- c. *Outcome:* Was there an increase in people served by AK B+C that are disproportionately burdened by breast and cervical cancer?

### 2. **Support Partnerships for Cancer Control and Prevention:**

- a. *Process:* How many community-based organizations, cancer programs, and other chronic disease/public health programs did AK B+C collaborate with?
- b. *Outcome:* Was there increased early detection in breast and cervical cancer as demonstrated by a decrease in late-stage cancer diagnoses in the ACR?
- c. *Outcome:* To what extent did partnerships with community-based organizations, cancer programs, and other chronic disease/public health programs increase enrollment specifically among the focus populations?

### 3. **Deliver Breast and Cervical Cancer Screening:**

- a. *Process:* How many contracted providers are actively partnering with AK B+C?
- b. *Outcome:* Was there an increase in number of people receiving AK B+C-funded screening and follow-up services?

### 4. **Implement Evidence-Based Interventions:**

- a. *Process:* How many clinics did AK B+C partner with to implement evidence-based interventions?
- b. *Outcome:* Was there an increase in screening rates among those partner clinics?
- c. *Outcome:* Which EBIs were implemented by partnering clinics?

### 5. **Program Monitoring and Evaluation:**

- a. *Process:* Are process and outcome measures assessed annually?
- b. *Outcome:* Were the nine core indicators met with less than 1% edits?

## Plan for Collecting Data

Data collection will primarily be the responsibility of the AK B+C Program Evaluator, but additional support for specific data sets will be provided by the Data & Systems Manager and Program Director. AK B+C does not maintain ownership of many of the datasets it plans to utilize in evaluation efforts. These data will be obtained through either online sources (American Community Survey) or through internal partnerships (Medicaid Claims). All data sets utilized by AK B+C are described below. The specific uses of each data source are further outlined in Table 2. Analysis and Interpretation.

Data sources:

### 1. AK B+C Program Data:

- a. **Med-It database:** Med-It is a web-based database designed and maintained by Oxbow Data Management Systems, LLC. AK B+C utilizes Med-It, which is HIPAA compliant, to store information on people served by the program and report minimum data elements (MDEs) and Breast and Cervical Baseline and Annual Reporting System (B&C-BARS) data. The database is managed by the Data & Systems Manager. Data from Med-It will be used to assist in identifying providers in need of support and understanding how well we are reaching our target populations. It will also be used to measure the impact of Health System Interventions developed.
- b. **Program Management Records:** Information on MOUs, contracts, meetings; feedback from Breast Cancer Coalition, Cancer Leadership Team, and other stakeholders. This is maintained by the Program Director.
- c. **Provider Survey:** AK B+C will design and administer an email provider survey among contracted providers to assess support needs. This survey will also assess evidence-based interventions being used and help identify gaps in services. These data will be managed by the Data & Systems Manager and Program Evaluator. The results of this survey will help inform activities under the strategy to implement evidence-based interventions and future evaluation questions.
- d. **Health Systems Intervention Records:** Baseline and annual system-level data will be collected from participating organizations. This will include screening rates and evidence-based activity tracking.
- e. **Eligible Population Survey:** During year one of the grant cycle, AK B+C will design and implement a survey of 1,000 program-eligible Alaskans to measure their awareness of the program and identify potential barriers to screening. Survey will be administered at baseline, midpoint, and in the final program year. The results of this survey will help inform activities under the strategy to deliver breast and cervical cancer screening and future evaluation questions.

- f. **Alaska Health Equity Index:** The HEI uses ACS demographic data to estimate social vulnerability down to the census tract geography. These data will be used for program administration and prioritization.
2. **State of Alaska Surveillance Data:**
  - a. **Behavioral Risk Factor Surveillance System (BRFSS):** BRFSS is a cross-sectional telephone survey conducted by state health departments that includes information on demographics, risk factors, and breast and cervical cancer screening history. Data from BRFSS will be accessed by the Program Evaluator and used to describe regional screening rates.
  - b. **Alaska Cancer Registry (ACR):** The ACR is a population-based cancer surveillance system that collects data on all newly diagnosed cases of cancer for the State of Alaska. Data from the ACR will be accessed by the Program Evaluator and used to describe regional incidence, mortality rates and to identify disparities.
  - c. **Alaska Medicaid Management Information System (MMIS):** MMIS is the Medicaid claims database for the state of Alaska. The MMIS data system will be queried by the Program Evaluator and data will be used to understand Medicaid screening utilization and to identify potential new AK B+C providers.
3. **Federal Data:**
  - a. **Uniform Data System (UDS):** FQHCs are required to report a core set of information, including data on patient demographics, services provided, clinical indicators, utilization rates, costs, and revenues. These data are available at the state and clinic level through the UDS. Data from UDS will be accessed by the Program Evaluator and used to understand clinic-level cancer screening rates.
  - b. **American Community Survey (ACS):** The ACS is an ongoing survey conducted by the U.S. Census Bureau that gathers information on household demographics, including income and health insurance status. These data will be accessed by the Program Evaluator and used to understand the distribution of AK B+C eligible people in Alaska.
  - c. **Small Area Health Insurance Estimates (SAHIE):** The SAHIE Program, run by the U.S. Census Bureau, produces the only source of data for single-year estimates of health insurance coverage status for all counties in the U.S. by selected economic and demographic characteristics and is used to estimate our eligible population.
  - d. **CDC PLACES:** CDC PLACES is an expansion of the original 500 Cities Project and provides small area estimates for counties, places, census tracts, and zip code tabulation areas. AK B+C will utilize these data to fill gaps estimating screening rates for areas that are suppressed in the Alaska BRFSS results.
4. **Other Data Sources:** As needed.

Table 2. Data Collection Timeline

<b>Data Category</b>	<b>Data Source</b>	<b>Data Collection Timeline</b>
<b><i>AK B+C Program Data</i></b>	Med-It database	Ongoing
	Program Management Records	Ongoing
	Provider Survey	Year 1, 3, 5
	Health Systems Intervention Records	Annual
	Eligible Population Survey	Year 1, 3, 5
<b><i>State of Alaska Surveillance Data</i></b>	Alaska Health Equity Index	Annual
	Behavioral Risk Factor Surveillance System (BRFSS)	Bi-Annual; Available Q2 Subsequent Year
	Alaska Cancer Registry (ACR)	Ongoing; Available on request
	Alaska Medicaid Management Information System (MMIS)	Ongoing; Direct database access
<b><i>Federal Surveillance Data</i></b>	Uniform Data System (UDS)	Annual; Access online
	American Community Survey (ACS)	Annual; Access online
	Small Area Health Insurance Estimates (SAHIE)	Annual; Access online
	PLACES (CDC)	Annual; Access online

## Plan for Analysis and Interpretation

Primary responsibility for the analysis and interpretation of data related to evaluation questions and performance measures will be assumed by the Program Evaluator. Analysis of primary data sources, such as provider surveys and Minimum Data Elements (MDEs), will be facilitated by the Data & Systems Manager. Evaluation activities that involve GIS mapping will be conducted in conjunction with Esri. The Program Director will review the project work plan for upcoming deadlines pertaining to evaluation and monitor progress toward goals. Similarly, the Program Evaluator will be responsible for monitoring and completing evaluation projects within the projected time frame. The analysis process, including data sources, responsible parties, and stakeholder involvement is outlined in Table 3.

Table 3. Data and Analysis

<b>Strategy</b>	<b>Performance Measure</b>	<b>Data Sources</b>	<b>Analysis Methods</b>	<b>Process</b>
<b><i>Cancer Data and Surveillance</i></b>	<i>Process:</i> Number of data analysis projects informing program planning and prioritization.	Program Management Records	Count + Descriptive	Monitoring and interpretation by program director and evaluator.
	<i>Process:</i> Did AK B+C identify priority populations?	Program Management Records	Yes/No + Descriptive	Monitoring and interpretation by program director and evaluator.
	<i>Outcome:</i> Increase in service delivery to those disproportionately burdened.	Med-IT and ACS	Yes/No + Poisson Regression	Annual analysis of Med-IT data by evaluator.
<b><i>Support Partnerships for Cancer Control and Prevention</i></b>	<i>Process:</i> Number of group collaborations.	Program Management Records	Count + Descriptive	Monitoring and interpretation by outreach manager, program director, and evaluator.
	<i>Outcome:</i> Increase in early detection of breast and cervical cancer.	ACR	Yes/No + Regression	Analysis of trends in ACR late-stage diagnosis data at the completion of the grant period by evaluator.
	<i>Outcome:</i> To what extent did partnerships increase enrollment?	Program Management Records and Med-IT	Descriptive + Log-Binomial Regression	Annual analysis of Med-IT data by evaluator.
<b><i>Deliver Breast and Cancer Screening</i></b>	<i>Process:</i> Number of contracted providers.	Program Management Records	Count + Descriptive	Monitoring and interpretation by program director, data manager, and evaluator.
	<i>Outcome:</i> Increase in service delivery.	Med-IT and SAHIE	Yes/No + Log-Binomial Regression	Annual analysis of Med-IT data by evaluator.
<b><i>Implement Evidence-Based Interventions</i></b>	<i>Process:</i> Number of clinic partnerships.	Program Management Records	Count + Descriptive	Monitoring and interpretation by program director, data manager, and evaluator.
	<i>Outcome:</i> Increase in screening rates at partner clinics.	Clinic Data	Yes/No + Logistic Regression	Data collected by data manager and analyzed annually by evaluator.
	<i>Outcome:</i> Which EBIs were implemented by partnering clinics?	Program Management Records	Descriptive	Data collected by data manager and reported by program director.
<b><i>Program Monitoring and Evaluation</i></b>	<i>Process:</i> Assessment of process and outcome measures.	Program Management Records	Yes/No + Descriptive	Monitoring and interpretation by program director and evaluator.
	<i>Outcome:</i> Meeting core indicators.	Program Management Records	Yes/No + Descriptive	Interpretation of core indicator analysis report from CDC.

## Plans for Dissemination and Use of Findings

Findings from this evaluation plan will be used for program design, planning and improvement efforts, gaining support from new partners, sustaining current partnerships, and providing accountability to funders and leaders. The Program Evaluator is primarily responsible for reporting evaluation findings to the AK B+C team. Evaluation meetings are held regularly between the Program Director, Program Evaluator, Data & Systems Manager and Outreach Manager; and all updates will be provided at that time. The Program Director has primary responsibility for disseminating information to external and internal partners and other stakeholders, including the CDC. Feedback received from stakeholders will be reviewed by the AK B+C team and used to inform updates to the work and evaluation plans. Dissemination plans are described, by stakeholder, in Table 4. These plans will be updated as evaluation process and outcome measures are added or changed during the funding cycle.

Table 4. Dissemination and Use of Findings

Stakeholder	Goals	Format and Timeline	Feedback
<b>CDC</b>	Provide detailed information on program progress and outcomes to justify program funding.	Formal evaluation report in Year 5 and annual updates of evaluation plan. Quarterly Update Tool, annual survey, annual B&C-BARS submissions, and bi-annual MDE submissions.	Documented by communications between PD and CDC Program Officer. Will be incorporated into evaluation plan updates, as well as planning for future interventions and grant cycles.
<b>AK B+C Program Team and WCFH Leadership</b>	Review evaluation findings and use them to inform future program efforts. Share successes and lessons learned with WCFH leadership.	Continuous learning through weekly team meetings. Information synthesis through monthly, quarterly, and annual reports to other stakeholders.	Feedback from all team members is documented and considered during weekly team meetings. The program team has input on evaluation activities. Feedback from WCFH leadership is documented through communications with the PD.
<b>Alaska Cancer Prevention and Control Program Team and Cancer Leadership Team</b>	Inform them in real time about the results of GIS mapping and analysis evaluation.	Monthly updates at the Cancer Leadership Meeting. Sharing of mapping and products throughout the process, as well as final GIS web maps that can be distributed.	The Cancer Prevention and Control Program team is collaborating on these efforts. Their feedback is routinely considered and documented at leadership meetings
<b>Statewide Breast Cancer and HPV Coalitions</b>	Collaborate on identifying and increasing screening rates among target populations. Share information about employer, community, and health systems interventions.	Progress updates are provided at quarterly meetings.	The Coalitions are collaborating on multiple efforts. Their feedback is routinely considered and documented at quarterly meetings. It goes into the development and

			implementation of new joint efforts by the Coalitions.
<b>Alaska Breast &amp; Cervical Health Partnership (ABCHP)</b>	Maximize resources and provide seamless delivery of breast and cervical cancer screening by coordinating efforts. Share information about successes and challenges so that programs can learn from one another.	Progress updates are provided during calls and in-person meetings.	ABCHP and AK B+C collaborate on efforts. Feedback from other ABCHP members is routinely considered and documented at meetings.
<b>Breast and cervical cancer screening Providers</b>	Provide them with up-to-date information about screening recommendations, best practices, and Alaska-specific data. Share information about core performance indicators at the provider level.	Format is TBD. Decisions will be made based on the results of the biennial Provider Survey.	Feedback will be documented in the provider survey, which will inform multiple evaluation efforts. Ongoing feedback will also be documented through CQI initiatives with some of the enrolled providers. This information will be used to guide future action steps, program efforts, and evaluations.
<b>Community Service Programs</b>	Provide information on the outcomes of joint efforts, including screening rates at the community or clinic level. Include information on engaging hard-to-reach groups and addressing barriers to screening. Collaborate on community-specific interventions.	Information is shared at regular meetings with representatives from community service programs. There is also regular communication via email.	While most efforts are contracted, efforts are developed with the input of the community service programs. This is documented in the contracts and through meeting notes and emails.
<b>People in Alaska</b>	Provide information on resources and services available for prevention, screening, and treatment. Enroll eligible people in AK B+C program. Refer eligible people who need treatment into Medicaid.	Information is shared on an ongoing basis through the AK B+C websites. Additional outreach and data sharing efforts will be developed based on the eligible population survey and feedback from marketing efforts.	This information will be utilized to inform outreach efforts. The majority of respondents agreed to participate in future focus groups if the AK B+C program needs more detailed feedback on outreach strategies or materials. In addition, informal feedback from AK B+C clients is welcomed and documented.

## Evaluation Timeline

The evaluation timeline outlines the major tasks and deliverables for each evaluation question. Other related work will be ongoing throughout the year. The evaluation timeline will be reviewed and updated annually alongside the evaluation plan.

Table 5. Evaluation Timeline

Grant Year	1 (SFY23)				2 (SFY24)				3 (SFY25)				4 (SFY26)				5 (SFY27)			
Calendar Year	2022		2023		2024		2025		2026		2027									
Grant Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Month	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun
<b>Cancer Data and Surveillance</b>																				
Complete and track data analysis projects	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Update Health Equity Index			█				█				█				█				█	
Conduct eligible population survey				█								█								█
Analyze MMIS data	As Needed				As Needed				As Needed				As Needed				As Needed			
Update eligible population estimates (SAHIE)			█				█				█				█				█	
Analyze Med-IT data (priority population)					█				█				█				█			█
<b>Support Partnerships for Cancer Control and Prevention</b>																				
Collaborate with partners	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Analyze trends in late-stage cancer diagnosis				█									█							█

Grant Year	1 (SFY23)				2 (SFY24)				3 (SFY25)				4 (SFY26)				5 (SFY27)			
Calendar Year	2022		2023				2024				2025				2026				2027	
Grant Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Month	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun
<b>Deliver Breast and Cervical Cancer Screening</b>																				
Track number of contracted providers																				
Conduct provider survey																				
Analyze Med-IT data (overall service delivery)																				
<b>Implement Evidence-Based Interventions</b>																				
Summarize program records of clinic partnerships																				
Analyze clinic screening data																				
<b>Program Monitoring and Evaluation</b>																				
Assess process and outcome measures																				
Assess core indicators																				
Review and update work plan																				
Review and update evaluation plan																				
Submit plans, MDEs, BARS																				

## Data Management Plan

### Purpose

This Data Management Plan (DMP) outlines the processes used to collect, store, protect, use, archive, and destroy data needed in support of the NBCCEDP.

### Data Collection

All data needed to provide the Minimum Data Element (MDE) and Breast and Cervical Baseline and Annual Reporting System (B&C-BARS) data for the NBCCEDP, as well as supplemental data needed to ensure efficient management of the program, support of the participants, and accounting for funding will be collected and stored within the OxBow Data Management Systems (OxBow) application called Med-IT®. This is a web-based application which has been used to support AK B+C since January 2009 and continues to meet our data needs.

The Med-IT® application provides data validation during data entry as well as real-time identification of potential MDE Edit Errors to help guide users in accurate data entry. There are numerous other built-in reports and features which further check data for completeness and accuracy, providing administrators the tools necessary to ensure data integrity.

Additional data will be collected in the form of provider surveys, baseline and annual clinic data collection forms, program needs assessments, and other methods as needed. Datasets collected or received by AK B+C will not contain any protected health information or personally identifiable data and will be maintained on a state server.

### Data Storage

Client data is stored at a dedicated data storage center provided by OxBow. There are no limits on the amount of data we may store within the application and it provides controlled access to all of our contracted providers on a real-time basis. This provides both providers and state administrators the ability to manage and monitor the data seamlessly.

OxBow provides daily backups of data, data restoration if needed, and disaster recovery operations. The data center includes redundant internet access points, on-site power backup, 24-hour video and manned security.

Datasets accessed and downloaded from Med-IT® for analysis purposes are securely stored on an encrypted state server. The Data & Systems Manager and Program Evaluator utilize Direct Secure Messaging (DSM) to share client information if necessary.

### Data Protection

In addition to the physical protection provided at the data center, all data at rest and in transit is encrypted. Access to the Med-IT® application is via a secure web connection. Only authorized users can connect to the Med-IT® application. All login attempts (successful or not) are recorded by the application and available for review by administrators.

Page | 17

Administrators have the ability to define which data sections of the application a user may access as well as what data actions they are allowed to perform. The system tracks all user activity and provides the means to restore prior data if it is altered in error. Users are further restricted to which program participants they may see, ensuring that patients from one provider are not available to other providers.

### Data Use

Data is primarily used to ensure completeness and timeliness of participant breast and cervical cancer screenings and diagnostic follow-up.

Other primary uses include:

- Generation of MDEs and B&C-BARS data and support
- Documentation of funding used to pay service providers
- Management of service provider agreements
- Provide administrators and providers needed reports for other stakeholders
- Patient Tracking Fees
- Fiscal Authorizations
- Claims Reports
- Budget submission to CDC
- Letters to clients: Enrollment, HC Marketplace, Tobacco and Medicaid Referral
- Identification of gaps in service delivery
- Understand evidence-based interventions being utilized in Alaska
- Measuring clinic breast and cervical cancer screening rates

### Data Archiving

Med-IT® does not limit the amount of data which can be maintained in the system. It currently holds all AK B+C's NBCCEDP-related data going back to our original grant.

OxBow is committed to continuing to provide storage for all data through the length of the FOA or as long as AK B+C needs. This includes storage of not only the current data records but history tracking of all data changes.

Program administrators have real-time ability to download any/all data as needed.

Provider survey data will be maintained on state servers for the duration of the NBCCEDP grant.

### Data Destruction

If the NBCCEDP program were to terminate at the end of the FOA, AK B+C has agreements in place with OxBow to transfer all data to AK B+C and destroy all copies of data from their systems including data backups.

The DMP will be reviewed and updated on an annual basis or as needed.

# Alaska Breast and Cervical Screening Assistance Program Logic Model

## Strategies and Activities

### Cancer Data and Surveillance

- Identify and describe the program-eligible population in Alaska using the Alaska Cancer Registry, Health Equity Index, Medicaid claims and provider data, Small Area Health Insurance Estimates, other Census Bureau data, and program-administered population surveys.

- Prioritize screening and diagnostic services for populations that are disproportionately burdened by breast or cervical cancer, especially those identified by the Alaska Cancer Registry as experiencing higher mortality and late-stage disease.

### Support Partnerships for Cancer Control and Prevention

- Set breast and cervical screening and health equity goals within cancer control plans by working with the Alaska Cancer Partnership, Alaska Comprehensive Cancer Control Program, Alaska Cancer Registry, and other organizations.
- Ensure that screening goals are included as a statewide priority and help facilitate coalition collaborations to support implementation by serving on the Alaska Cancer Partnership.
- Inform program planning and identification of priority populations using the Alaska Cancer Control Plan and continue to serve on the steering committee for the Alaska Cancer Control Plan for future five-year updates.
- Collaborate with programs such as Faith-Based Nursing, Alaska Special Olympics, Alaska Reentry Coalition, Alaska Health Fairs and others to achieve breast and cervical cancer screening outcomes and advance health equity.

- Collaborate with Alaska Tribal NBCCEDP-funded programs whose service areas overlap with AK B&C to maximize access to screening and avoid duplication in services.
- Engage with other State of Alaska and Tribal cancer programs to share lessons learned to advance cancer prevention and program service knowledge.
- Collaborate with community-based organizations to increase screening of priority populations and engage organizations who have demonstrated experience, relationships, and credibility with those identified populations.
- Collaborate with other chronic disease and public health programs on activities with defined and measurable breast and cervical cancer screening outcomes.
- Disseminate public health information and education to program-eligible people, including information on HPV immunization for their children to reduce future risk for cervical cancer.

### Deliver Breast and Cervical Cancer Screening

- Prioritize delivery of screening for populations that experience higher mortality and late-stage disease as identified via the cancer data and surveillance strategies.
- Engage local partners and community health workers to identify people in need of support to access services and monitor through screening completion.
- Establish formal partnerships with organizations that show expertise in and access to priority populations.
- Collect and report minimum data element (MDE) records for all people receiving AK B&C-paid services using MedIT.
- Provide breast and cervical cancer screening, diagnostic testing, and treatment referrals to people who are at or below 250% of the FPL and who are uninsured or underinsured with an emphasis on priority populations.
- Ensure timely follow-up for all program-eligible people with abnormal screening and diagnostic results through patient navigation from AK B&C staff.
- Ensure all program-eligible people who are diagnosed with cancer are referred to treatment by AK B&C staff navigating patients into Alaska Breast and Cervical Medicaid to pay for treatment.
- Establish and maintain an eligibility determination and enrollment process, assess people for eligibility, and enroll them into the AK B&C program.

- Set annual and 5-year projections for the number of people served who will receive screening and diagnostic services paid for by AK B&C. Increase screening by at least 5% per year.
- Maintain a screening delivery system by partnering with contracted providers across Alaska to provide breast and cervical cancer screening and diagnostic services. Secure clinical providers; establish and maintain clinic partnerships and billing and reimbursement systems; and implement processes to ensure required data is collected and reported.
- Conduct outreach in communities to identify program-eligible people who need access to breast and cervical cancer screening and diagnostic services and connect them to services at partner clinics.
- Provide patient navigation to assist people who receive AK B&C-paid clinical services in overcoming barriers to complete these services. Assess all people enrolled in the program for barriers by outreach contractors and program staff.
- Partner with local, community-based organizations to link program-eligible people to health insurance and other needed health and community/social services to reduce barriers to breast and cervical cancer screening.
- Develop and maintain a policy requiring participating program providers to implement a tobacco screening protocol to screen every person for tobacco use and refer people who use tobacco to the Alaska Quit Line or other comprehensive tobacco treatment programs.

### Implement Evidence-Based Interventions

- Implement EBIs that improve service delivery with partner clinics that provide AK B&C-paid clinical services.
- Document EBIs selected for each clinic, assess and track clinic-level screening increases and overall success of EBI implementation using provider surveys and BARS data.
- Identify individual champions at each partner clinic to serve as a champion for EBI implementation and ensure a cancer screening policy is in place.
- Conduct quality assurance and quality improvement activities that support delivery of timely and appropriate screening and diagnostic services by partnering with clinics to conduct comprehensive assessment and audits of their health care delivery systems. Assess the clinics' process flow, screening practices, validate the quality of screening data in electronic health records, identify established and needed EBIs in each clinic and select appropriate interventions.

- Provide active clinic partners with technical assistance to support EBI implementation, adaptation, and data monitoring, including reporting of BARS data.
- Engage organizations with appropriate expertise to assist in providing TA to clinics.
- Engage organizations that demonstrate expertise in and access to the priority populations.
- Collect and report clinic-level data on clinic characteristics, screening rates, and EBI implementation for active clinic partners.
- Help partner clinics develop standard operating procedures relating to EBIs and ensure position descriptions properly outline staff EBI responsibilities.

### Program Monitoring and Evaluation

- Participate in CDC-led program monitoring, evaluation, and dissemination activities.
- Conduct process and outcome evaluation to assess program activities.
- Evaluate AK B&C's program activities to connect program-eligible people to services.
- Complete an annual evaluation report summarizing program monitoring and evaluation findings, program effectiveness at reaching priority populations that contribute to reduced disparities, and describe how the findings are used for program improvement.

- Maintain the MedIT data system to collect and report to CDC the required patient-level data.
- Improve the timeliness of diagnostic and treatment referrals by regularly reviewing and using patient-level data.
- Monitor progress and identify areas for program improvement by regularly reviewing and using clinic data.
- Facilitate program improvement by sharing monitoring and evaluation findings in an annual "State of the Program" report with partners, screening providers, and clinics where EBIs are implemented.
- Develop evaluation plan as a living document.

## Outcomes

### Short-Term Outcomes

- Well-informed program planning and prioritization using data from ACR, Medicaid, Small Area Health Insurance Estimates, Healthy Equity Index, American Community Survey, and local population surveys.
- Well-informed outreach activities using retrospective reviews of enrollment data, and working with outreach and patient navigation contractors, Alaska Public Health Nursing, and the Alaska Cancer Partnership Community Health Worker task force.
- Increased collaboration, engagement, and participation with community-based organizations, cancer and health coalitions, and stakeholder groups.
- Improved service delivery system.
- Improved processes to track and assess patient navigation, patient barriers, and link patients with social services agencies.
- Increased quality improvement using provider feedback reports, tracking screening guideline adherence, and submitting accurate, timely MDEs.
- Increased access to and utilization of professional development and quality improvement support for partnering providers and a better understanding of what information/resources provided by AK B&C to providers is most beneficial.
- Increase in screening rates at clinics participating in EBI projects by at least 5% annually.
- Strengthened program processes and improved equitable outcomes by conducting program monitoring and evaluation.

### Intermediate-Term Outcomes

- Increased number of people receiving AK B&C-paid screening and follow-up services.
- Increased number of the priority population served.
- Increased early detection of breast and cervical cancer.
- Increased adherence to timely diagnostic follow-up.
- Increased timely cancer treatment referral.
- Increased clinic-level breast and cervical cancer screening rates in partner screening clinics.
- Increased utilization of needed health, community, and social services among program-eligible people.
- Decreased inequities in screening and follow-up services among populations of focus.

### Long-Term Outcomes

- Decreased cancer incidence, morbidity, and mortality.
- Reduced cancer disparities.

