NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM

Program Manual: Part II Monitoring and Evaluation

DP22-2202 Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations

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Chapter 1: Introduction

The NBCCEDP Evaluation and Performance Measurement section of the Program Manual is intended to help you successfully evaluate your DP22-2202 National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and participate in the CDC-led evaluation of the overall NBCCEDP. The role of the CDC Evaluation Team is to work with you to conduct meaningful program evaluation activities that can be used to monitor and improve programs and demonstrate program effectiveness in increasing screening among women with lower incomes who are prioritized for services in the recipient-area. In the following sections, we outline the evaluation requirements for DP22-2202 and provide information for each. Support from the CDC Evaluation Team will be driven by a set of guiding principles described in **Exhibit 1**.

EXHIBIT 1: CDC Evaluation Team's Guiding Principles

Evaluation is a collaboration between CDC and NBCCEDP recipients. We will support recipients in conducting program-specific monitoring and evaluation. Recipients will support CDC by participating in the CDC-led evaluation of the overall NBCCEDP and submitting various data. The data reported to CDC should be used by both recipients and CDC in their respective evaluation efforts.

Evaluators and program implementers must collaborate throughout the project period. Evaluation and implementation are two sides of the same coin. Implementation provides the experience and program activities that evaluation examines, and evaluation provides the evidence to make sense of what is happening. Therefore, evaluators and implementers must collaborate throughout the full project period.

Health equity considerations are woven throughout evaluation aims and activities. CDC, NBCCEDP recipients, and their partners should work to assess the effect of program activities on populations of focus by addressing social determinants of health and promoting equity in health services and outcomes.

CDC is focused on data utilization. Evaluation should be designed to ensure that findings are *useful* in answering meaningful evaluation questions. Findings from the CDC-led evaluation should inform CDC technical assistance to recipients, development of CRCCP program policies, and future program planning. Continuous quality improvement cycles based on regular data review processes strengthen utilization of monitoring and evaluation data.

Accountability is a two-way street. We recognize the hard work and effort it takes to provide CDC with high quality data. In turn, we support transparency to foster a shared understanding of our evaluation plans and findings.

Chapter 2: Awardee Evaluation Requirements

Overview of NBCCEDP DP22-2202 Evaluation Requirements

Evaluation and performance measurement help demonstrate achievement of project outcomes; build a stronger evidence base for specific interventions; clarify applicability of the evidence base to different populations, settings, and contexts; and drive continuous program improvement. Evaluation and performance measurement also determine if the intended populations are reached, if activities are implemented as planned, and whether program impact is achieved. CDC requires ongoing evaluation and performance measurement under DP22-2202. CDC expects you to maintain sufficient staffing and analytic capacity to meet these requirements. The evaluation requirements specified in DP22-2202 are summarized in **Exhibit 2**.

EXHIBIT 2: Evaluation Requirements for NBCCEDP Recipients

Policy E1. Recipients must have staff (or staff from a partner organization) with expertise in evaluation, data collection, data management, and data reporting. Recipients are required to have 0.5 FTE (at minimum) data manager and .5 FTE (at minimum) evaluator.

Policy E2. Recipients must develop an evaluation and performance measurement plan within 6 months of award and submit it to CDC by December 31, 2020. The plan must include process and outcome evaluation questions. The plan should be updated and resubmitted to CDC at the end of program year (PY) 3.

Policy E3. Recipients must evaluate all major program components over the course of the 5-year project period. Recipients should evaluate their effectiveness at reaching identified populations that are disproportionately burdened by breast and cervical cancer with screening and diagnostic services that contribute to reducing cancer health disparities.

Policy E4. Recipients must take part in the CDC-led evaluation of the overall NBCCEDP, including participating in five unique data collections:

- Minimum data elements (MDEs)
- NBCCEDP quarterly program update
- NBCCEDP annual awardee survey
- NBCCEDP baseline and annual clinic data records
- NBCCEDP annual service projections

Policy E1: Include Staff with Evaluation and Data Management Expertise

Consistent with **Policy E1,** recipients must have staff with adequate expertise to effectively evaluate your CRCCP program and manage your program data. Those conducting evaluation may be a direct hire or secured via a contract (See *Guide for Hiring and Working with Evaluators*). At minimum, staff working on NBCCEDP evaluations must have expertise in evaluation, data collection, data management, analysis, and data reporting. Recipients are required to have a 0.5 FTE evaluator and a 0.5 FTE data manager. In addition, we recommend that your program have staff with expertise to assist partner clinics implementing EBIs to extract population health data from electronic health records (EHRs) and improve the quality of EHR data, or that you partner with an organization that has such expertise. **Exhibits 3, 4 and 5** provide examples of recommended evaluation, data management, and EHR skills.

EXHIBIT 3: Examples of Evaluation Skills

- Familiarity with evaluation frameworks
- Understanding of equity-oriented and culturally appropriate evaluation approaches
- Knowledge of the program area (e.g., cancer screening programs)
- Ability to plan evaluations including engaging stakeholders, developing program logic models, crafting evaluation questions, and determining appropriate evaluation methods to address those questions
- Experience with quantitative and qualitative data collection and analysis methods
- Understanding of how to build evaluation capacity among staff
- Knowledge of varied evaluation dissemination strategies appropriate to unique audience types

EXHIBIT 4: Examples of Data Management Skills

- Understanding of CDC's data collection and reporting requirements and developing a plan for collection and reporting of timely, high-quality data
- Expertise to maintain a data collection system for the minimum data elements (MDEs)
- Expertise to collect, review, and report data to CDC through CDC's specified reporting systems
- Ability to collaborate with partner clinics and ensure their capacity to collect baseline and annual clinic data records
- Knowledge to develop and adhere to procedures to ensure security of data collected
- Experience to ensure completeness and accuracy of data submitted

EXHIBIT 5: Examples of EHR skills

- Ability to assess EHR data quality and identify potential issues
- Expertise in extracting population health data from EHRs
- Ability to improve the quality of EHR data
- Expertise in integrating EBIs (e.g., provider reminders) into the EHR

Policy E2: Develop a NBCCEDP Evaluation and Performance Measurement Plan

Developing an Evaluation and Performance Measurement Plan

Policy E2 requires recipients to develop and maintain an Evaluation and Performance Measurement Plan. The purpose of this plan is to document how your program will monitor program implementation, demonstrate program outcomes, and use results, including using your data to identify areas for improvement. You are encouraged to use **CDC's Framework for Program Evaluation (Figure 1)** as the foundation for developing your plan. By developing an evaluation plan at the start of the funding cycle, you can establish stakeholder priorities, determine what evaluation questions you want to answer, identify data sources to answer those questions, consider analysis approaches, and plan for use of evaluation findings.

Figure 1. CDC's Framework for Program Evaluation

One of the guiding principles stated at the start of this Manual is, **"Evaluators and program implementers must collaborate throughout the project period."** In order to effectively plan and evaluate your program, evaluators must have an intimate understanding of how your NBCCEDP is designed and implemented. Consequently, evaluators must rely on implementers to provide critical input to developing your evaluation plan. Likewise, implementers must rely on evaluators to provide needed data to identify potential implementation problems so that course corrections can be made. Together, evaluators and implementers can make decisions on what data should be collected, how to collect it, and when. Evaluators and implementers must also work together to make meaning of the evaluation data (analysis) to make program-related decisions that can improve overall effectiveness.

DP20-2002 requires that you conduct process and outcome evaluation. Your evaluation plan should, therefore, include process and outcome evaluation questions (e.g., questions that address implementation of program activities, including screening delivery; questions that address outcomes of program activities including increased adherence to timely diagnostic follow-up). Finally, consistent with our guiding principle, "**CDC is focused on data utilization,"** you are also expected to plan for analyzing and using your program data for continuous

program improvement and to inform replication and sustainability. Therefore, your evaluation plan should articulate how you will use and disseminate findings.

Finally, **recipients are required to update and resubmit your evaluation and performance measurement plan at the end of PY3.** This submission allows your program to review your existing evaluation plan, make updates based on your program's first few years of work, current needs and expectations, and resubmit to CDC for review and feedback. This is also an opportunity to update or add more rigorous elements to your evaluation activities (e.g., cost analysis).

As a reminder, to help you in planning and evaluating the EBIs and patient navigation, CDC has developed individual logic models **(See Program Manual, Part I)** for each activity. You are encouraged to refine these logic models based on your own implementation approach. For example, you can work with your implementers to review the logic model for patient navigation to ensure that your planned activities will sensibly lead to intended outcomes. Your logic models should also be used to develop appropriate measures to answer evaluation questions related to implementation processes (e.g., What barriers did patient navigation address?) and outcomes (e.g., Did women receiving navigation complete their screening?).

For additional information on developing your Evaluation and Performance Measurement Plan, please refer to the **CDC NBCCEDP Guidance for Developing an Evaluation and Performance Measurement Plan (Appendix A)**. If you need assistance in developing your plan, contact your CDC Program Consultant and ask for technical assistance (TA) from a CDC Evaluation Team member.

What should your Evaluation and Performance Measurement Plan include?

DP22-2202 requires that your evaluation plan include the main components listed below. See **Appendix A** for a complete list of the recommended elements.

- A **description of program collaborators**, including their role and how they will use your evaluation findings. Consider engaging individuals or groups experiencing health inequities.
- A **program logic model** specific to your program: Your program logic model should reflect an understanding of how *your* program works and should not simply reiterate CDC's overall NBCCEDP logic model. It should also reflect your program's health equity activities and goals.
- Both **process and outcome evaluation questions**: Questions should assess program implementation (e.g., how screening services are delivered) and outcomes (e.g., timely diagnostic follow-up). Be sure to include evaluation questions that assess your program's effectiveness in addressing health inequity.

- A **description of your evaluation methods**: Your methods should detail data sources, data collection methods, and approaches for analysis and interpretation. Describe any culturally-appropriate approaches or tools needed.
- Plans for **evaluation findings will be used**, including potential audiences, formats, and frequency of dissemination.

When are your Evaluation and Performance Measurement Plans due to CDC?

Evaluation and Performance Measurement Plans are due to CDC by **December 31, 2022**. Updated plans are due to CDC at the end of PY3. Instructions on where to submit plans and the date for submission will be confirmed via email communication.

How will CDC review your Evaluation and Performance Measurement Plans?

CDC has a defined process for reviewing and providing feedback to you on your Evaluation and Performance Measurement Plan. The CDC Evaluation Team will identify strengths and areas for revision to strengthen your plan. Your CDC Program Consultant will provide the written feedback to you when the review is complete. If you have questions about the feedback from CDC, ask your CDC program consultant to facilitate a meeting with a CDC Evaluation Team member.

Are you required to revise and re-submit your initial and updated Evaluation and Performance Measurement Plans?

If CDC evaluators identify extensive areas of concern, your PC may request that you submit a revision of your plan. In such instances, we will also encourage that you ask your CDC program consultant to facilitate a meeting with a CDC Evaluation Team Member for technical assistance. As noted, you are required to submit an updated Evaluation and Performance Measurement Plan at the end of PY3.

How should you use your Evaluation and Performance Measurement Plans?

These plans should guide your NBCCEDP evaluation efforts. Your plan is a dynamic document; therefore, we encourage you to revisit your evaluation plan each PY to confirm that your evaluation questions, data sources, data collection activities, and planned uses of evaluation findings remain appropriate for your program. You should regularly update your plan with changes to your stakeholders, data collection, analysis, or dissemination based on your

program's current needs and expectations. Engage key stakeholders in this process to ensure that your evaluation purpose and use of findings aligns with stakeholder priorities. While you do **not** need to submit an updated evaluation plan to CDC each year, you will submit an updated plan at the end of PY3.

How will CDC use your Evaluation and Performance Measurement Plans?

Aside from reviewing your plans to provide feedback, CDC will use the review process to identify strong evaluation plan elements that can serve as examples for other recipients, identify common challenges that may indicate a need for a specific type of training for recipients, and identify innovative evaluation approaches that should be shared with others.

Implementing the Evaluation and Performance Measurement Plan

You are expected to carry out your Evaluation and Performance Measurement Plan and use results to inform continuous program improvement, demonstrate program outcomes, and inform program replication and sustainability.

You are expected to share your evaluation and performance measurement results with CDC. Recipients will submit an annual evaluation report following each PY. Guidance and deadlines for that report will be provided by email. Also, you will share your evaluation results with CDC as part of your Annual Performance Report (APR) and through submitting CRCCP Success Stories. Providing your results are part of our guiding principle for ***Accountability.***

How will CDC use your evaluation results?

CDC will use your evaluation results to highlight successful strategies and disseminate your learning to others. CDC will also use your results to identify recipients that may need TA.

Policy E3: Recipients must evaluate all major program components over the course of the 5-year project period.

Policy E3 requires that recipients assess all major NBCCEDP program activities over the course of the 5-year project period. You do not have to evaluate all components at one time; you may evaluate components over time in a phased approach. Your evaluation plan should ensure that all major activities will be evaluated over time. As a reminder, the data your report to CDC as part of CDC's national evaluation of the NBCCEDP, such as MDEs and clinic data, will also be used in your own evaluation efforts. However, the data you report to CDC are, alone, insufficient for conducting your own evaluation. For instance, the MDE data you report to CDC do not provide adequate detail to allow for monitoring implementation of screening services. While CDC's MDE data may tell you if a woman did not receive timely diagnostic follow-up, the MDEs do not tell you why timeliness was not achieved. And knowing the "why" will allow you to identify deficiencies and make adjustments to program implementation to improve breast and/or cervical screening in your program.

According to the NOFO, recipients should evaluate their effectiveness at reaching identified populations that are disproportionately burdened by breast and cervical cancer with screening and diagnostic services that contribute to reducing cancer health disparities. The annual Service Projections that include categories for racial and ethnic groups and rurality, are intended to help ensure that those groups impacted most severely by breast and cervical cancer are prioritized for services in your program. Your evaluation activities should assess whether you are able to effectively screen these women.

Policy E4: Data Reporting Requirements for Participating in CDC's Overall Evaluation of the NBCCEDP

CDC's Program Evaluation Team will lead the evaluation of the overall NBCCEDP in collaboration with you and with support from our data contractor and Information Management Services, Inc. (IMS). This joint effort is reflected in one of our guiding principles, ***Evaluation is a collaboration between CDC and NBCCEDP recipients.***

CDC's NBCCEDP Evaluation Plan (Appendix B) details our national NBCCEDP evaluation approach. The **CDC Evaluation Plan Executive Summary** (Appendix C) provides an abbreviated version of that plan. CDC's plan is grounded in **CDC's Framework for Program Evaluation (Figure 1)**. You are encouraged to read our evaluation plan and review the evaluation questions CDC will address through our evaluation.

To address some of CDC's evaluation questions, we will collect standardized data from all NBCCEDP recipients. Additionally, CDC may design and conduct **special studies** over the course of the project period – some of you may be invited to participate in those studies. CDC has designed five unique, standardized data collections that require your collaboration; all collections have been approved by the Office of Management and Budget (OMB):

- **NBCCEDP Minimum Data Elements**
- **NBCCEDP Quarterly Program Update**
- **NBCCEDP Annual Awardee Survey**
- **NBCCEDP Baseline and Annual Clinic Data**
- **NBCCEDP Annual Service Projections**

Recipients use the resource webpage (nbccedp.cdc.gov) that is managed by IMS to submit the MDEs, Quarterly Program Update, Baseline and Annual Clinic Data, and Annual Service Projections. The NBCCEDP Annual Awardee Survey is web-based and administered by IMS. Data collection and reporting periods are detailed in **Table 1** below. The subsequent sections detail the specifics for each of these unique data collection efforts.

Table 1. NBCCEDP Data Reporting Timeline

Data Collection Type	Dates	Notes
Annual Service Projections	Submit Service Projections annually with the continuation funding application package (typically February).	Projections should be submitted via nbccedp.cdc.gov. The projections include those for the total number of women to be served, served for Breast cancer, served for Cervical cancer, and served for Patient Navigation-only. These totals should be further delineated by race/ethnic groups, rurality, and any other optional populations of focus.
NBCCEDP Quarterly Program Update	Qtr 1 of each PY*: October Qtr 2 of each PY: January Qtr 3 of each PY: April Qtr 4 of each PY: July	Web-based instrument administered quarterly, every PY. Data are submitted through nbccedp.cdc.gov. Data collection begins the first business day of the respective month. Recipients have 10 business days to complete the QPU.
Minimum Data Elements	Cumulative MDE files are submitted on April 15th and October 15th each year.	MDE files are submitted on nbccedp.cdc.gov
NBCCEDP Baseline and Annual Clinic Data		
Baseline Clinic Data Records	Baseline clinic records may be submitted at any time during the PY, as clinics are recruited. Baseline records for clinics recruited during a given PY, must be reported by June 30th.	Data are submitted via B&C-BARS** at nbccedp.cdc.gov
Annual Clinic Data Records	Annual clinic records are submitted each year between July – September, with a deadline of September 30th.	Data are submitted via B&C-BARS at nbccedp.cdc.gov.
Breast and Cervical Cancer Clinic-	Any outstanding breast and/or cervical cancer screening rates that could not be reported with the annual clinic records in	Updated screening rates are submitted via B&C-BARS at nbccedp.cdc.gov; recipients should edit the appropriate annual clinic records to add the screening rates.

level Screening Rates	September, should be reported by the following March 31st.	
Annual Awardee Survey	PY1 survey – August 2023	Web-based survey conducted annually in August. Web link emailed to program directors/managers the first business day in August. Recipients have 20 business days to complete the survey.
	PY2 survey – August 2024	
	PY3 survey – August 2025	
	PY4 survey – August 2026	
	PY5 survey – August 2027	

*PY: PY (July – June); **B&C-BARS: Breast & Cervical Clinic Baseline and Annual Reporting System

NBCCEDP Annual Service Projections

What is the purpose of the NBCCEDP Annual Service Projections?

NBCCEDP Annual Service Projections are used to set performance expectations at the start of the Program Year, monitor implementation, and facilitate the provision of timely, rapid, and informed technical assistance. Service Projections also emphasize health equity by asking you to report the number of women expected to be served by race and ethnicity, rurality, and any othe optional population of focus, thereby increasing the likelihood that that priority populations are reached by the program. Approach these projections as a goal setting opportunity in that projections should be data driven and realistic but also ambitious. As such, you are encouraged to set projections slightly above the number of women you previously reached and strive to reach those ambitious goals. As required in DP22-2202, projections should increase by 5% each year.

What information are collected in the NBCCEDP Annual Service Projections?

In the Service Projections, you are asked to project the total number of women served by your program in four categories: served, served for breast cancer, served for cervical cancer, and served for only patient navigation services. Within these four categories, you are asked to project the number served by race and ethnicity and rurality. Projections for race and ethnicity and rurality must equal the total number served in the broader category. These terms are defined in the Service Projections data entry system and in **Appendix D**.

You may also optionally choose to report on up to three additional populations of focus (e.g., women who are living with disabilities, LGBTQ+, women who are low literacy, Amish women). Projections for these women do not need to equal the total number of women per broad service delivery category. You will report the number of women reached by your program in any optional category you identify through the Quarterly Program Update.

Who should complete the NBCCEDP Annual Service Projections?

Service Projections should be data driven. As such, your data manager, an epidemiologist in your agency, or other staff familiar with population-based data sources may be helpful in calculating Service Projections, especially when delineating race and ethnicity and rurality. The service data projections should be submitted by a person with access to the https://nbccedp.cdc.gov site (e.g., data manager, program manager).

When should you submit NBCCEDP Annual Service Projections?

Service Projections should be submitted annually with your continuing application package.

How should you submit NBCCEDP Annual Service Projections?

You will submit annual service projections during the continuing application period. Navigate to https://nbccedp.cdc.gov, log in, then select the *Projections* tab. Follow the on-screen instructions to enter projections for the number of women to be served, served for Breast cancer, served for Cervical cancer, and served with navigation-only. Remember, you must delineate the number of women served per category by race and ethnic group and rurality. Use the Print to PDF function to print/download a PDF of the projections you entered. Submit this PDF with your continuation application.

How are the NBCCEDP Annual Service Projections used by CDC?

As specified in the Notice of Funding Opportunity, CDC managers may use Service Projections, and other programmatic data, to inform funding decisions in Program Year 2-5. Program Consultants and CDC managers will use these data and data submitted through the QPU during the program year to routinely monitor progress in meeting projections, inform technical assistance, and advance health equity goals. Your Annual Service Projections will be compared to the actual number of women served using MDE data. Due to the MDE data lag, comparisons to MDE data are not available until the second half of PY2 in January 2024.

NBCCEDP Quarterly Program Update (QPU)

What is the purpose of the NBCCEDP QPU?

The purpose of the **NBCCEDP Quarterly Program Update (QPU)** is to support timely reporting of standardized programmatic data to inform delivery of TA by CDC.

What information are collected through the QPU?

The QPU is included as **Appendix E** and information in five areas are collected:

- Federal award spending
- Service delivery and patient navigation-only provision
- Staff vacancies
- Program successes and challenges
- Current TA needs

Who should complete the QPU?

The person most familiar with the day-to-day operations of the program should complete the QPU; however, we encourage you to engage other staff members as needed to answer all questions as accurately as possible.

When is the QPU administered?

The QPU is administered four times per year – starting the first business day of October, January, April, and July. Recipients have 10 business days to complete the short survey. To respond to the QPU, navigate to the program website https://nbccedp.cdc.gov, select the QPU tab, and enter your responses. Read the instructions at the top of the instrument before starting and make sure to hit **SUBMIT** when you are finished. All of your prior QPU responses are available in this section of the program website for reference purposes.

Spending should be reported cumulatively from the start of each PY. For instance, on the QPU administered in January, report the funds spent for the first 6-months of the PY, July – December. Data for women served and patient navigated-only should also be reported cumulatively. Note, you will be asked to report on the number of women served and receiving patient navigation-only services by racial and ethnic group, rurality, and any other population of focus you included in your Service Projections.

For questions related to staffing, successes and challenges, and TA needs, the information you provide should represent the most recent quarter. For instance, on the QPU administered in January, your responses to these topics should reflect the period October – December.

Quarterly submission allows for better program monitoring and facilitates the timely provision of TA by your Program Consultant.

How will the QPU be administered?

The process for conducting the QPU is described below:

STEP 1 – BLAST email from CDC

CDC will send out a Blast email 1 week in advance of administering the QPU from DCPCprogramservices@cdc.gov to announce when the QPU will open at https://nbccedp.cdc.gov | QPU tab.

STEP 2 – Recipients complete the QPU

You will have 10 business days to complete the web-based QPU survey. CDC will send a Blast reminder email to complete the QPU five business days after the instrument is released from DCPCprogramservices@cdc.gov.

STEP 3 – Data validation

CDC will validate the reported data, primarily examining spending and service delivery/patient-navigation only. Based on CDC's analysis, you may be asked to confirm your response(s) as entered or revise your response(s) directly in the QPU survey. CDC will email the program director/manager if validation is required. You will have up to four business days to validate any responses.

STEP 4 – Analysis

You may access all of your prior QPU responses at https://nbccedp.cdc.gov on the QPU tab. Your QPU data are available to CDC program consultants through Tableau dashboards. QPU data are also aggregated across all recipients and summarized for program consultants and managers.

How are data from the QPU used by CDC?

Data from the QPU allow CDC program consultants and managers to:

- Regularly monitor spending, service delivery, and staff vacancies
- Highlight recipient successes
- Identify program management and implementation challenges
- Inform provision of tailored technical assistance on quarterly calls and site visits
- Inform development of TA webinars and resources

NBCCEDP Minimum Data Elements (MDEs)

What is the purpose of the NBCCEDP MDEs?

The purpose of the **NBCCEDP Minimum Data Elements (MDEs)** is to collect standardized data on the breast and cervical screening provided by the program.

What information are collected in the MDEs?

The MDEs have unique sections for breast and cervical cancer as follows:

- Program, Patient and Record Location
- Patient Demographics
- Patient Navigation
- Screening Information
- Diagnosis Information
- Cancer Treatment Information
- Cancer Registry Data

More details on each of the MDE fields are found in the MDE Data User's Manual.

Who should manage the MDEs?

The data manager should manage, review, and validate the MDE data for your program. When a submission is due, the data manager will extract and convert data into the standard MDE format required by CDC. The cumulative MDE file and Submission Narrative can be uploaded on nbccedp.cdc.gov | "Submit MDEs" tab.

When are the MDEs due?

The MDEs are submitted twice a year – April 15th and October 15th via nbccedp.cdc.gov. More details on the MDE submissions can be found in the MDE Data User's Manual available on the https://nbccedp.cdc.gov MDEs tab.

How is MDE data quality maintained?

Following the submission of MDEs, CDC and IMS conduct various edit checks to examine data quality. This review includes the MDE Edits, which looks for invalid values, missing items, and cross-item edits, as well as a comparison with the previous submission. A series of feedback

reports are generated to assess the completeness and accuracy of these data, as well as to document the percentage of abnormal screening results that have complete and timely diagnostic and treatment data to assess program Core Indicators.

Additionally, at least one time a year, IMS and CDC lead a call with you to review various data reports and address data quality concerns.

How are data from the MDEs used by CDC?

Data from the MDEs allow CDC to:

- Report to the public and Congress on the number of women served by the program
- Monitor Completeness and Timeliness indicators on the screening services provided by the program
- Evaluate who is being served by the program

NBCCEDP Baseline and Annual Clinic Data

What is the purpose of the NBCCEDP Baseline and Annual Clinic Data?

The purpose of **NBCCEDP Baseline and Annual Clinic Data** is to collect standardized, longitudinal data for each participating breast or cervical EBI implementation clinic in order to answer many of CDC's evaluation questions, including those related to implementation of program activities (e.g., EBIs) and changes in clinic-level breast and cervical cancer screening rates over time. The NBCCEDP clinic data will also be central to your own program evaluations, providing the data you need to address some of your own evaluation questions. Clinic data are not collected for those clinics that are only participating as direct screening providers (not implementing EBIs).

CDC has developed a **NBCCEDP Baseline and Annual Clinic Data Users' Manual** that includes detailed information on all aspects of this clinic data collection. The NBCCEDP Baseline and Annual Clinic Data Users' Manual is available on the nbccedp.cdc.gov website. While information about the baseline and annual clinic data are provided here, please refer to the NBCCEDP Baseline and Annual Clinic Data Users' Manual for more details.

What information are collected in the NBCCEDP Baseline and Annual Clinic Data?

NBCCEDP Baseline and Annual Clinic Data must be collected for each individual EBI implementation clinic, not for the parent health system. The **NBCCEDP Clinic Baseline and Annual Data Dictionary** is included in the **NBCCEDP Baseline and Annual Clinic Data Users' Manual** (available on the https://nbccedp.cdc.gov website). The clinic data include items in the following areas:

- Health system, clinic, and patient characteristics
- Baseline and annual breast and cervical cancer screening rates
- Breast and cervical cancer screening practices
- Monitoring and quality improvement activities
- EBIs and other clinic activities
- COVID-19 effects on clinic activities (if necessary)

What time periods are represented in the NBCCEDP Baseline and Annual Clinic Data records?

Baseline clinic data record: You will collect a **baseline clinic data record** at the time a new clinic is recruited. All data reported in the baseline record represent activities in place *prior* to implementing NBCCEDP EBI activities. A clinic-level baseline breast or cervical screening rate is reported as part of the baseline clinic data record. The recipient establishes a 12-month

screening rate measurement period for calculating that screening rate at baseline. The measurement period does not need to align with the PY; for example, the 12-month calendar year is often used to measure the annual screening rate. CDC provides guidance on measuring CRC screening rates in ***Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics*** (included in the **NBCCEDP Baseline and Annual Clinic Data Users' Manual**, available on the nbccedp.cdc.gov website).

Annual clinic data record: You will collect and report an **annual clinic data record** at the end of each PY for all clinics participating in the program during that PY. All data reported in the annual record represent the **12-month PY** (July – June) *except* for the breast or cervical cancer screening rate which reflects the 12-month screening rate measurement period established at baseline.

Who should collect the NBCCEDP Baseline and Annual Clinic Data?

We recommend that you assign a staff person (e.g., data manager, evaluator) to manage the clinic data for your program. Staff involved in collecting the clinic data should be well versed with the **NBCCEDP Clinic Baseline and Annual Data Dictionary** and understand all data items and their definitions. It is critical that you understand how data items are defined in order to collect and report accurate, high quality clinic data. If your partner clinics collect and report these clinic data to you, be sure to provide them the **NBCCEDP Baseline and Annual Clinic Data Users' Manual.**

When do you report NBCCEDP Baseline and Annual Clinic Data records to CDC?

Baseline Clinic Records: You are required to collect and report to CDC a baseline clinic data record at the time a new clinic is recruited. The baseline records should be submitted via the **Breast & Cervical Clinic Baseline and Annual Reporting System (B&C-BARS)** at any time during the PY. All baseline clinic data records for clinics recruited in a given PY must be submitted by June 30th.

Annual Clinic Records: You are required to collect and report to CDC an annual clinic data record for each of your partner clinics by September 30th of each year. The annual clinic data record reflects the PY (except for the breast or cervical cancer screening rate which reflects the 12-month screening rate measurement period established at baseline). Therefore, you have 3-months each year, July through September, to collect and report annual clinic data records for all clinics that participated during the PY. Depending on a clinic's 12-month screening rate measurement period, you may not have an updated breast or cervical cancer screening rate for a particular clinic when they submit the annual clinic record. That's OK. However, you should still submit your annual record by the September 30th date and, instead of providing an updated breast or cervical cancer screening rate with that record, you will provide a date for when the

updated screening rate will be available. Once the updated screening rate is available, you will go into B&C-BARS and update the annual clinic record with the new screening rate. All unreported screening rates are due by March 31st of the following year.

Let's Review the Timeline for Reporting NBCCEDP Baseline and Annual Clinic Data!

- **Baseline Clinic Data Records –** Submit baseline clinic data records when a new clinic is recruited. You can submit a baseline record at any time during the PY. Baseline records for clinics recruited in a given PY are due by June 30th.
- **Annual Clinic Data Records** – Submit annual clinic data for all clinics that participated in the PY. All annual clinic data records are due by September 30th each year.
- Breast or Cervical Cancer **Screening Rates** – If you do not have an updated screening rate for a clinic when you report the annual clinic record in September, you must update the clinic record in CBARS by March 31st of the following year to provide that information.

Please note that a detailed data reporting timeline is included in the NBCCEDP Baseline and Annual Clinic Data Users' Manual available at nbccedp.cdc.gov**.**

How are the NBCCEDP Baseline and Annual Clinic Data submitted to CDC?

NBCCEDP baseline and annual clinic data are submitted to CDC electronically through an electronic system called **B&C-BARS**. B&C-BARS can be accessed via the nbccedp.cdc.gov website where you can click on the B&C-BARS tab to enter clinic data. CDC will host and record a webinar on using the B&C-BARS system and a recording will be available at the nbccedp.cdc.gov website. The B&C-BARS system can generate reports for you. We encourage you to explore that function in B&C-BARS and use those reports to monitor progress and data quality.

How is data quality for the NBCCEDP Baseline and Annual Clinic Data monitored?

Every fall, CDC will lead a process to review your clinic data records with the aim of improving data quality. This is a continuous quality improvement cycle that includes the following steps:

STEP 1: CDC/IMS review of clinic records

Your clinic data are reviewed by CDC/IMS and data notes are created listing all data quality issues identified.

STEP 2: Call Scheduling and Save the Dates

IMS TCs send an initial email to schedule individual one-hour conference calls with NBCCEDP awardees to include a CDC evaluator, awardee staff responsible for managing clinic data, the awardee program director and/or program manager. Once a date and time are determined, IMS TCs send a "Save the Date" email with call information.

STEP 3: Disseminate data notes

At least 3 working days in advance of the scheduled call, IMS TCs send an email to participants with the completed Data Notes with instructions for participants to review the Data Notes in advance of the call

STEP 4: Data review conference call

A conference call is conducted and data notes are reviewed and discussed. Outstanding issues are documented as **action items** requiring your follow-up. Action items are emailed to you for review and follow-up.

STEP 5: Response to action items

You are required to provide a written response using the Action Item document and completing the "Awardee Resolution" column. You will have 6 weeks to address all Action Items.

STEP 6: CDC confirmation of required changes

CDC confirms that any/all revisions/edits to the data requested in the action items have been completed. If CDC finds that some action items were unresolved or incorrectly resolved, you will be contacted and provided with updated action items.

How are the NBCCEDP Baseline and Annual Clinic Data analyzed?

CDC creates an analytic data set twice annually – in the fall following the submission of annual clinic records and in the spring following the submission of any outstanding breast or cervical cancer screening rates. These data sets are used to populate various data dashboards that allow CDC to monitor overall NBCCEDP program reach [number of clinics, number of screening eligible patients, clinic characteristics, implementation of EBIs, screening rate change, and other factors (e.g., clinic champions, screening policy)].

Evaluators also use the clinic dataset to conduct analyses to answer some evaluation questions detailed in CDC's evaluation plan related to overall program effectiveness and drivers of breast or cervical cancer screening rate change.

How are the NBCCEDP Baseline and Annual Data used by CDC?

CDC evaluators, program consultants, and managers use the clinic data to monitor progress in recruiting clinics, implementing EBIs, and increasing breast or cervical cancer screening rates. As noted above, evaluators at CDC analyze aggregate clinic data to evaluate overall program effectiveness. And program data are regularly disseminated to stakeholders, including Congress, through our NBCCEDP CDC website, reports, and presentations.

NBCCEDP Annual Awardee Survey

What is the purpose of the NBCCEDP Annual Awardee Survey?

The purpose of the **NBCCEDP Annual Awardee Survey** is to collect standardized information from all NCCCEDP recipients, helping CDC discern what TA resources are utilized by recipients, , understand with whom you partner, monitor program eligibility used by recipients, and learn about your program management and implementation.

What information are collected through the Annual Awardee Survey?

The Annual Awardee Survey is included as **Appendix F** and collects information in several areas:

- Program management
- Partnerships
- Delivering Breast and Cervical Cancer Screening
- EBI Implementation
- COVID-19 Impact

Who should complete the Annual Awardee Survey?

The person most familiar with the day-to-day operations of the program should complete the Annual Awardee Survey; however, we encourage you to engage other staff members as needed to answer all questions as accurately as possible.

When is the Annual Awardee Survey administered?

The survey is administered after the end of each PY, in August, and you will have 20 business days to complete the survey. When completing the survey, report data for the prior PY (i.e., the PY that just ended). The first survey will be administered in August 2023 and collect data for the first PY, July 2202 through June 2023.

How is the Annual Awardee Survey be administered?

The process for administering the survey is described below:

STEP 1 – BLAST email from CDC

CDC will send out a Blast email 1 week in advance of administering the Annual Awardee Survey to announce that you should expect an email with a link to the

survey. The blast email will also contain survey orientation slides and a copy of the full survey.

STEP 2 -- Invitation email sent to Program Director

The awardee Program Director (or Program Manager) will receive an email with instructions and a web link to complete the Annual Awardee Survey. The email will be sent the first week of August each year, beginning in August 2023.

STEP 3 – Recipients complete the Annual Awardee Survey

You have 20 business days to complete the web-based survey. Reminder emails are sent to non-responders half-way through the administration period and as we get closer to the closing deadline, CDC Program Consultants are notified of any recipients that have not completed in the survey. To ensure you provide complete and accurate data reporting, do not wait until the deadline to complete the survey.

STEP 4 – Data Validation and Analysis

During the month following the close of the survey, CDC will conduct limited validation of your survey responses. The CDC Evaluation Team may contact you to address any missing, incomplete, or inconsistent responses. You may also be asked to provide more data or clarification on some qualitative responses.

If any survey responses require validation, you will be asked to:

- revise any survey responses directly in the survey instrument
- complete and submit an action item checklist to the CDC Evaluation Team, noting whether you are confirming or revising your response(s).

Once data are validated, the CDC evaluation team will conduct descriptive analysis of the survey data. Recipients will be able to access a report of their survey responses – posted to nbccedp.cdc.gov. The Annual Awardee Survey data and analyses are made available to CDC program consultants and managers through Tableau dashboards and displayed both by recipient and in aggregate across all recipients. The CDC evaluation team reviews data and conducts varied analysis as part of the national evaluation of the NBCCEDP.

How are data from the Annual Awardee Survey used by CDC?

The data from the Annual Awardee Survey allow CDC program consultants, managers and evaluators to:

- Assess non-NBCCEDP funds received by recipients supporting the NBCCEDP

- Learn about the utilization of technical assistance resources
- Identify the partners involved in NBCCEDP implementation, their activities, and funding they receive
- Describe eligibility criteria used by recipients and the provider networks
- Understand the impact of COVID-19 on recipients

NBCCEDP Special Studies

CDC may lead special studies over the course of the five-year project period. These studies are often in response to specific issues or questions that arise (e.g., How did COVID-19 impact screening volumn in the NBCCEDP?) You may be invited to participate in these special studies, and we hope that you will agree.

Chapter 3: NBCCEDP Evaluation Website

CDC's data contractor, IMS, manages a website for NBCCEDP recipients at www.nbccedp.cdc.gov. All program directors (or program managers) will be given access to this website and they can then provide permissions for other staff members to access it. The website is focused on monitoring and evaluation. Resources are organized by the specific data collection. For instance, the MDE data dictionary and Data Users Manual can be found in the MDE tab. Important resources that can be found on the website include:

- NBCCEDP Policy Manual, Part II
- NBCCEDP MDE Data Users' Manual
- NBCCEDP Clinic Data Users' Manual
- Access to B&C-BARS to enter NBCCEDP Baseline and Annual Clinic Data
- Access to data entry systems for the QPU and Service Projections
- Data collection instruments (QPU, Annual Awardee Survey, Service Projections, Clinic data collection forms)
- Evaluation-related webinar recordings
- Evaluation-related resources

Appendices

Appendix A: Guidance for Developing an NBCCEDP Evaluation and Performance Measurement Plan

Guidance for Developing a NBCCEDP Evaluation and Performance Measurement Plan

The information and resources below will guide you in developing your program's Evaluation and Performance Measurement Plan. Your plan is due to your CDC Program Consultant (PC) 6 months post-award, December 31, 2022.

Why does my program need an Evaluation and Performance Measurement Plan?

Evaluation, or the systematic collection of information about how a program operates and its impact, is an important part of program management. A good evaluation enables you to monitor program implementation, demonstrate the success of programmatic activity in achieving outcomes, and identify areas for improvement.[1]

Evaluation involves thoughtful planning to decide what questions you want to answer[2] and how you will gather data to answer those questions.[3] An evaluation plan guides your efforts based on partner priorities, time and resource constraints, and skills required to successfully accomplish evaluation goals.[4] Written evaluation plans should be developed with partner involvement to encourage transparency and create a shared understanding about the evaluation purpose and use of evaluation results.[5,6] Written evaluation plans have additional benefits, including fostering buy-in about evaluation methods, drawing connections between multiple evaluation activities, facilitating evaluation capacity-building, and smoothing transitions during staff turnover.[4]

Whether conducted by internal staff or an external contractor, evaluations are significantly enhanced by having a written plan that outlines essential details, including important programmatic context. While evaluation planning is a process, evaluation itself does not have to be expensive, time-consuming, or overly complicated. Well-focused evaluations can be completed with limited resources and supported by internal staff who are not professional evaluators.[1] Evaluation training and resources are widely available (see CDC's Program Performance and Evaluation website at http://www.cdc.gov/eval/ and the NBCCEDP program website at here for general and program specific information, tools, and resources). For assistance developing or amending your evaluation plan or to discuss other evaluation related questions, please enter a TA request in AMP so your PC can schedule a conference call with a member of the Program Evaluation Team.

What are CDC's requirements?

1. **Use an evaluation planning process** — The evaluation planning process is integrated into the CDC's Framework for Program Evaluation in Public Health3 (Figure 1). In developing evaluation plans, awardees should engage partners, describe the program, and focus the evaluation design (steps 1-3). Awardees' program logic models are an important part of step 2, describing the program. Logic models specify outputs and outcomes for measurement. The last three steps in the CDC Framework also have relevance for planning as awardees must consider how data will be collected and analyzed and, ultimately, how evaluation findings will be used.

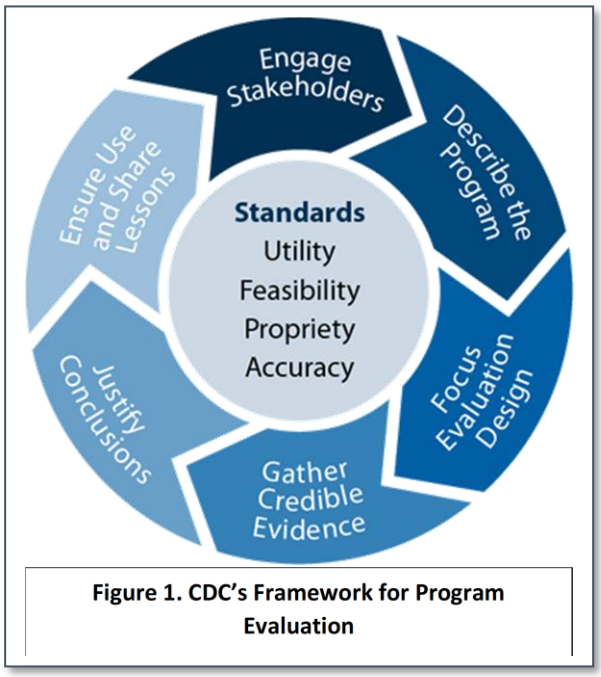


Figure 1. CDC's Framework for Program Evaluation

2. **Plan to assess process and outcomes** — The evaluation plan should include evaluation questions that address process (i.e., how the activity or intervention is being delivered) and anticipated outcomes depicted in the logic model (i.e., what is expected to change as a result of the activity).

   For example, evaluation questions about a patient navigation (PN) initiative might include:

   - *Process:* What is the average number of PN contacts for patients requiring follow-up biopsy?
   - *Outcome:* What percentage of patients receiving PN for follow-up biopsy complete diagnostic testing?

   Evaluation questions about a client reminder (i.e., health systems change) intervention might include:

- *Process:* What percentage of patients due for breast cancer screening is receiving client reminders?
- *Outcome:* Do clinic-level breast cancer screening rates increase after implementation of client reminders?

3. **Include basic elements in the evaluation plan** — While the format of written evaluation plans can vary, the elements below are recommended.[4] Suggested page limits for each section are also provided (excluding appendices). Where applicable, listing items (e.g., partners) with bullet points is appropriate and can help to communicate a clear picture of your plan.

   - **Title page**, showing awardee and program name, program component to be evaluated, and dates (e.g., program years) covered (1 page)
   - **Plan overview**, presenting the general approach to the evaluation and a high-level summary of evaluation questions (1/2 page)
   - **Evaluation Purpose,** specifying purpose(s) of the evaluation (e.g., program improvement, accountability) (1/2 page)
   - **Partners with interest in evaluation results**, including names, role of partner, and partners' use of evaluation results (1 page)
   - **Program description**, including a logic model of the program components to be evaluated and a brief narrative describing the activities, priority population(s), and how beneficiaries are impacted by programmatic activities (2 pages)
   - **Evaluation focus**, detailing evaluation questions and a brief description of how evaluation questions were determined and prioritized (e.g., based on logic model, partner interests, evaluation purpose, feasibility) (1/2 page)
   - **Plan for collecting data**, including summary of methods (qualitative and/or quantitative) that align with evaluation questions, and specifying relevant indicators, performance measures, data sources, and who has data collection responsibilities. This can be presented in a table format. (1 page)
   - **Plan for data management**, including how data quality will be addressed and how data will be secured (e.g., storage) and shared (1 page)

- **Plan for analysis and interpretation**, describing the types of analysis and intended process for drawing appropriate, data-based conclusions, and who has data analysis and interpretation responsibilities (including relevant partner involvement) (1 page)
- **Plan for dissemination and use of findings**, detailing communication strategies, audience (e.g., providers), format (e.g., standardized feedback reports), who has dissemination responsibilities (e.g., regular monthly data reviews), and how audience feedback and action steps will be documented and monitored (2 pages)
- **Evaluation timeline,** summarizing dates for data collection, analysis, and dissemination (1 page)

4. **Submit the evaluation plan –** Your program will submit your evaluation plan to CDC via AMP by December 31, 2022, which is approximately 6 months post-award. The CDC evaluation team will conduct a review of your evaluation plan and provide you with feedback and suggestions for strengthening your plan. For assistance on developing your plan or to discuss any CDC feedback more in-depth, contact your CDC PC via AMP to schedule a meeting with a member of the Evaluation Team. In PY3 you are required to submit an updated evaluation plan via AMP.

5. **Stay engaged** — Whether evaluation activities are conducted by internal staff or an external contractor or consultant, your program should be substantially involved in developing the evaluation plan. Typically, your program is the most knowledgeable source of information for describing your program's activities and intended outcomes (i.e., step 2 in the CDC Evaluation Framework). Your program plays a key role in ensuring evaluations provide credible evidence to answer the most important and relevant questions. To be meaningful, evaluation results must be interpreted, used, and shared[5,7] — all of which require partner involvement and a plan of action.

What are some tips for successful evaluation planning?

The following tips are offered as general guidance:

- **Connect the dots.** Evaluation plans connect program planning and evaluation by highlighting program goals, clarifying measurable objectives, and linking program activities with intended outcomes. Therefore, evaluation plans, work plans, and logic models work in tandem. Work plans should reflect the inputs and activities included in the logic model. And, your evaluation plan should

detail the evaluation questions and data collection plans that are linked to outputs and outcomes in your logic model. Ideally, evaluation planning should occur simultaneously with program planning. This helps ensure that program activities lead to expected outcomes. Also, conducting evaluation and program planning concurrently helps ensure that evaluation efforts are well integrated from the start. Finally, align the work plan and the evaluation plan so that feedback loops are in place to make use of evaluation information for program monitoring and improvement.[4]

- **Take context into account**. Focus on process and outcome evaluation as programmatic context dictates. At earlier stages of implementing an activity, it is sound practice to focus first on process evaluation before progressing to outcome evaluation at a later, more mature stage. For example, if implementing a quality improvement (QI) activity, a program might first plan to assess provider satisfaction with QI activities before determining whether the QI changes made a longer-term difference in, for instance, provider behavior (e.g., adherence to screening guidelines).
- **Consider strength of evidence**. CDC recognizes that awardees have limited evaluation resources and cannot always implement highly rigorous evaluation designs (e.g., matched designs). However, strive to provide the strongest evidence possible within programmatic constraints. Go beyond process evaluation and advance to examination of outcomes.
- **Treat your evaluation plan as a living document**. Like logic models, evaluation plans are meant to represent current thinking. As priorities and internal and external factors change, evaluation plans should be updated and revised as appropriate. Although CDC only requires you to update your evaluation plan in PY 3, you can update your evaluation plan as often as you see a need for it.
- **Engage your PC.** Throughout the development process, talk with your PC. PCs are a great resource for maximizing limited resources, ensuring you are going in the right direction, and sharing practice wisdom from other awardee programs. PCs are also familiar with evaluation plan requirements, and they connect daily with Evaluation Team members at CDC.
- **Do not recreate the wheel**. Sample templates are available in several toolkits listed below[1,4,8,9] (e.g., pp. 88-97 of *Developing an Effective Evaluation Plan*).

How will evaluation plans be used?

- **By awardees** — Evaluation plans should be implemented! Evaluations should be carried out once planning is completed, and evaluation results should be **used** for program management and program improvement.
- **By PCs** — Your evaluation plan will help your CDC PC and CDC evaluators tailor technical assistance and provide support for evaluation plan implementation. PCs will also use your evaluation plan to assess program monitoring and evaluation performance objectives described for the NBCCEDP in DP22-2202. Successful completion of the evaluation plan may also be used as a criterion in future funding award decision-making.
- **By CDC** — Looking across awardees, evaluation plans and resulting evaluation products will be used to assess, summarize, document, and communicate the achievements and challenges of the NBCCEDP to CDC partners (e.g., Congress, CDC and Department of Health and Human Services leadership). Further, evaluation results will inform future technical assistance, program development, performance management, and strategic planning efforts.

Where can I find more information?

Several evaluation guides are listed below to help you develop your Evaluation and Performance Measurement Plan. **Table 1** provides an overview of the resource(s) within each evaluation guide that may be the most helpful to you in developing specific sections of your plan. Recommended tools follow CDC's Framework for Program Evaluation[3]; include program examples to illustrate concepts; and provide templates, worksheets, or checklists to facilitate the development process and completion of a written evaluation plan.

- *Learning and Growing Through Evaluation: State Asthma Program Evaluation Guide*. Centers for Disease Control and Prevention, National Center for Environmental Health, Division of Environmental Hazards and Health Effects, Air Pollution and Respiratory Health Branch, 2010. Available at: http://www.cdc.gov/asthma/program_eval/guide.htm
- *WISEWOMAN Program Evaluation Toolkit.* Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Cancer Prevention and Control, Comprehensive Cancer Control Branch, 2015. Available at: https://www.cdc.gov/wisewoman/evaluation_toolkit.htm

- *How to Evaluate Activities to Increase CRC Screening and Awareness: Evaluation Toolkit.* Developed for the National Colorectal Cancer Roundtable by Wilder Research, 2018. Available at: https://nccrt.org/resource/evaluation-toolkit/
- *Comprehensive Cancer Control Branch Program Evaluation Toolkit*. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Cancer Prevention and Control, Comprehensive Cancer Control Branch, 2010. Available at: http://www.cdc.gov/cancer/ncccp/prog_eval_toolkit.htm
- *Evaluation Checklists.* Western Michigan University, The Evaluation Center. Available at: https://wmich.edu/evaluation/checklists
- *Evidence-Based Intervention Planning Guides*. Centers for Disease Control and Prevention, Community Guide Task Force, 2020. Available at: https://www.cdc.gov/screenoutcancer/ebi-planning-guides/index.htm
- Evidence-Based Interventions. Centers for Disease Control and Prevention, Community Guide Task Force. Available at: https://www.thecommunityguide.org/topic/cancer
- The Peer-to-Peer website. Available at: www.chronicdisease.org/page/p2plearning.

Additional evaluation resources are located on the NBCCEDP program website at https://nbccedp.cdc.gov.

Table 1: Useful Evaluation Resources from Each Evaluation Guide

Evaluation activity or step	Evaluation Guide				
	Asthma	WISEWOMAN	NCCRT	NCCCP	WMU
Engage Partners					
Partner engagement plan		X		X	
Evaluating partnerships	X				
Describe the program					
Describe the program		X	X		
Developing a logic model		X	X		X
Focus the evaluation design					
Framework for evaluation		X	X		X
Evaluation purpose		X			
Types of evaluations		X			
Prioritizing evaluation questions		X		X	
Organizing the evaluation	X		X		
Evaluation budget		X	X		
Gather credible evidence					
Sample evaluation methods matrix				X	
Indicator checklists		X		X	
Identifying data sources		X		X	
Data collection methods		X	X	X	
Data collection plan		X	X		
Justify conclusions					
Data analyses plan		X			
Ensure use and share lessons learned					
Disseminating and assuring data use		X			X
Communication methods	X	X			

Glossary[10]

Evaluation / Program Evaluation: The systematic collection of information about the activities, characteristics, and outcomes of programs (e.g., interventions, policies, specific projects) to make judgments about that program, improve program effectiveness and efficiency, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted; how the findings will likely be used; and the design, data collection sources, and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done.

Logic Model: A visual representation documenting a program's theory of change and showing the sequence of related events connecting the inputs and activities of a program with the program's desired outcomes and results.

Outcome: The results of program operations or activities (i.e., the effects triggered by the program). Examples include: increased knowledge, changed attitudes or beliefs, increased screening adherence, reduced morbidity and mortality.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress towards pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products or services delivered by a program (outputs), or the results of those products and services (outcomes).

Program: Any activity, project, function, or policy that has an identifiable purpose or set of objectives.

References

1. *Evaluation toolkit: How to evaluate activities intended to increase awareness and use of colorectal cancer screening*. Developed for the National Colorectal Cancer Roundtable by Wilder Research, 2012. Available at: http://nccrt.org/about/public-education/evaluation-toolkit/

2. Centers for Disease Control and Prevention. Good Evaluation Questions: A Checklist to Help Focus Your Evaluation. Atlanta, GA: CDC, National Asthma Control Program, 2013. Available at: http://www.cdc.gov/asthma/program_eval/other_resources.htm

3. Centers for Disease Control and Prevention. (1999, September). Framework for program evaluation in public health. *Morbidity and Mortality Weekly Report, 48(RR-11).* Available at: https://www.cdc.gov/eval/framework/index.htm

4. *Developing an effective evaluation plan*. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; Division of Nutrition, Physical Activity, and Obesity, 2011. Available at: http://www.cdc.gov/obesity/downloads/cdc-evaluation-workbook-508.pdf

5. Patton, MQ. (1997). *Utilization-focused evaluation: The new century text* (3rd ed). Thousand Oaks, CA: Sage Publications.

6. Centers for Disease Control and Prevention. *Finding the right people for your program evaluation team: Evaluator and planning team job descriptions.* Atlanta, GA: CDC, National Asthma Control Program, 2013. Available at: http://www.cdc.gov/asthma/program_eval/other_resources.htm

7. Torres, R. T., Preskill, H. S., & Piontek, M. E. (1996). *Evaluation strategies for communicating and reporting: Enhancing learning in organizations*. Thousand Oaks, CA: Sage.

8. *Comprehensive Cancer Control Branch program evaluation toolkit*. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Cancer Prevention and Control, Comprehensive Cancer Control Branch, 2010. Available at: http://www.cdc.gov/cancer/ncccp/prog_eval_toolkit.htm

9. *Learning and growing through evaluation: State Asthma Program evaluation guide*. Centers for Disease Control and Prevention, National Center for Environmental Health, Division of Environmental Hazards and Health Effects, Air Pollution and Respiratory Health Branch, 2010. Available at: https://www.cdc.gov/asthma/program_eval/guide.htm

10. *Program Evaluation: Key Terms and Concepts. GAO-21-404SP.* (2021). U.S. Government Accountability Office. Available at: https://www.gao.gov/products/gao-21-404sp

Appendix B: CDC Evaluation Plan

NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM

CDC Evaluation Plan
Version 1.0

DP-22 2202 Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations

July 2022

Table of Contents

Introduction

Cancer is the second leading cause of death in the United States (U.S.).[1] In 2019, more than 1.7 million people were diagnosed with cancer, and more than 599,000 people died from cancer.[1] Both breast and cervical cancer are prevalent in the U.S. – in 2019, there were more than 264,000 new cases of female breast cancer and more than 12,000 new cases of cervical cancer in the U.S.[1] Evidence shows that deaths from both breast and cervical cancers can be avoided by increasing screening services – mammography and pap tests – among women. However, screening rates are lower among individuals who are uninsured or have only public health insurance coverage; no regular source of healthcare; lower educational attainment; and lower incomes.[2] As a longstanding priority within chronic disease prevention, the Centers for Disease Control and Prevention (CDC) focuses on increasing access to these cancer screenings, particularly among women who may be at increased risk.

The CDC's recent funding opportunity announcement (FOA) *Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations* (DP22-2202) supports planning and implementation of evidence-based cancer surveillance, prevention, and control strategies in communities that improve the provision of clinical preventive services, and cancer survivorship. The FOA is comprised of three distinct national programs: (1) the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), (2) the National Comprehensive Cancer Control Program (NCCCP); and (3) the National Program of Cancer Registries (NPCR). These three programs are intended to work together through partnerships, leveraging resources, coordinating efforts, consistent communication, and community involvement. Ongoing assessment of the FOA is essential to determine whether program strategies and activities are effective in achieving the overall, long-term goals of the program, including decreasing cancer incidence, mortality, and advancing health equity. This written plan describes how CDC will carry out a national evaluation of the NBCCEDP only.

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

Directed by the Breast and Cervical Cancer Mortality Prevention Act of 1990[3], CDC created the NBCCEDP to support low-income, under-insured, and uninsured woman in gaining access to breast and cervical screening and diagnostic services. NBCCEDP recipients (i.e., state health departments or their bona fide agents; territories; tribal organizations) are charged with providing breast and cervical cancer screening, diagnostic services, and treatment referrals to eligible women, and implementing evidence-based strategies to reduce structural barriers to cancer screening within health systems.

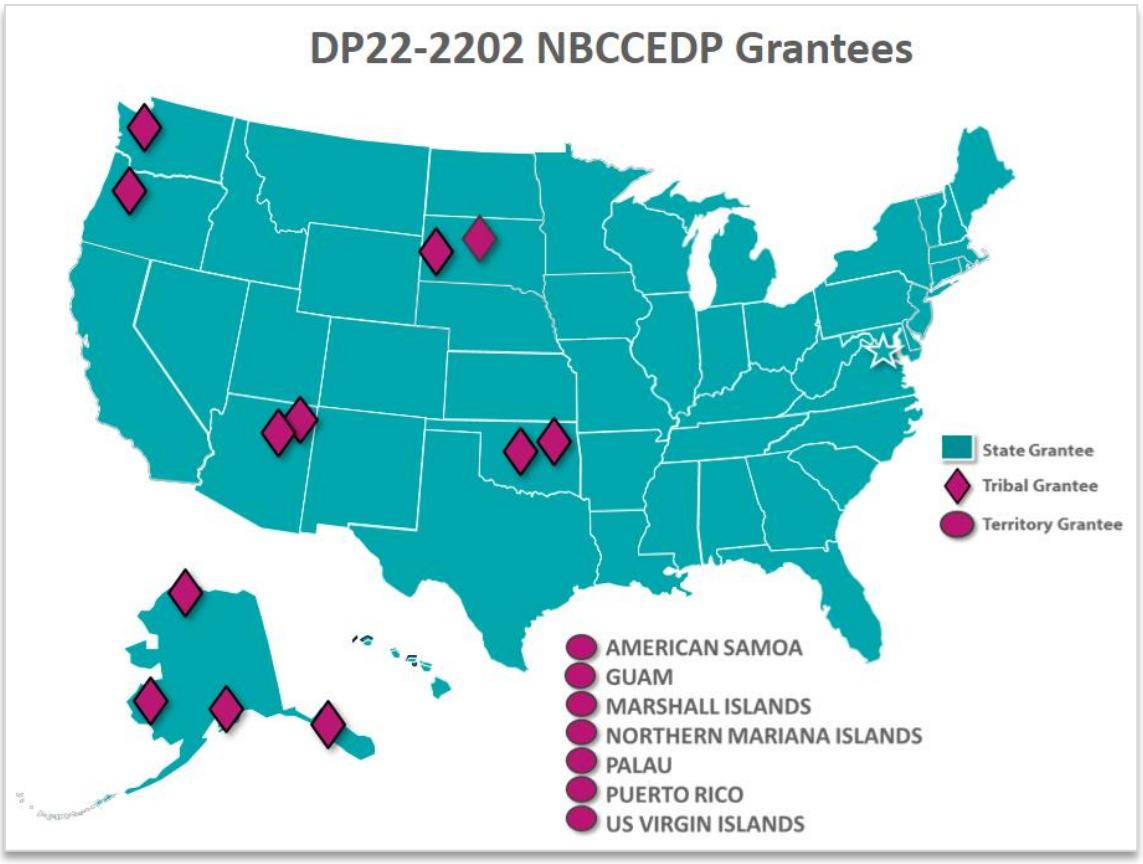
[1] U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2021 submission data (1999-2019): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz, released in June 2022.
[2] Sabatino SA Thompson TD, White MC, et al. Cancer screening test receipt – United States, 2018. MMWR Morb Wkly Rep 2021;70:29—35. DOI: https://www.cdc.gov/mmwr/volumes/70/wr/mm7002a1.htm?s_cid=mm7002a1_w.

[3] Breast and Cervical Cancer Mortality Prevention Act of 1990. Retrieved on 10 May 2022 from http://uscode.house.gov/statutes/pl/101/354.pdf.

Priority populations for the NBCCEDP include women residing within defined geographical locations (as determined by the funded program) who are (1) at or below 250% of the federal poverty level; (2) aged 40-64 years for breast cancer services or aged 21-64 years for cervical cancer services; and (3) under- or uninsured. Applicants are required to use available data to describe their populations of focus (e.g., by race, socioeconomic status, health literacy). Recipients are required to prioritize reaching and providing services to populations that are disproportionately burdened by breast and cervical cancer, particularly populations that experience higher mortality and late-stage disease.

The NBCCEDP funds 70 recipients, including all 50 states, the District of Columbia, seven U.S. territories, and 12 American Indian/Alaska Native tribes or tribal organizations (**Figure 1**).

Figure 1: U.S. Map of DP22-2202 Recipients



A Health Equity Lens

Health equity is "the state in which everyone has a fair and just opportunity to attain their highest level of health." The NBCCEDP and other CDC programs work to achieve health equity by addressing social, economic, geographic, and environmental disadvantages to eliminate cancer disparities. Equity in cancer prevention and control is when all people have an equal opportunity to prevent cancer, find it early, and get the proper treatment and follow-up care after treatment is completed.[4, 5]

A *guiding principle* of CDC's evaluation team is to integrate health equity considerations throughout each step of our evaluation. CDC, NBCCEDP recipients, and their partners will work to identify and serve populations of focus by addressing social determinants of health and promoting equity when implementing their programs. In turn, the CDC evaluation team will assess recipients' progress in reaching populations of focus and reducing disparities in screening, follow-up care, and, ultimately, cancer mortality. Health equity considerations are highlighted throughout this plan.

[4] Centers for Disease Control and Prevention (2022). Equity in Cancer Prevention and Control. Retrieved on 14 June 2022 from https://www.cdc.gov/cancer/health-equity/equity.htm

[5] Centers for Disease Control and Prevention – Division of Community Health. *A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease*. Atlanta, GA: US Department of Health and Human Services; 2013.

Evaluation of the NBCCEDP

Evaluation is a systematic method for collecting, analyzing, and using data to examine program processes and outcomes, while also informing continuous program improvement. This evaluation plan focuses on CDC's approach for monitoring and evaluating the NBCCEDP component of DP22-2202 and is based on CDC's Framework for Program Evaluation (**Figure 2**[6]). This national evaluation is guided by three distinct purposes used to shape the evaluation questions and design, as well as plan for dissemination of findings. The purposes of this evaluation include to:

Figure 2: CDC's Framework for Program Evaluation

- improve recipient programs
- strengthen CDC's accountability to the public and Congress, as well as recipients' accountability to CDC
- inform future programmatic planning and policymaking

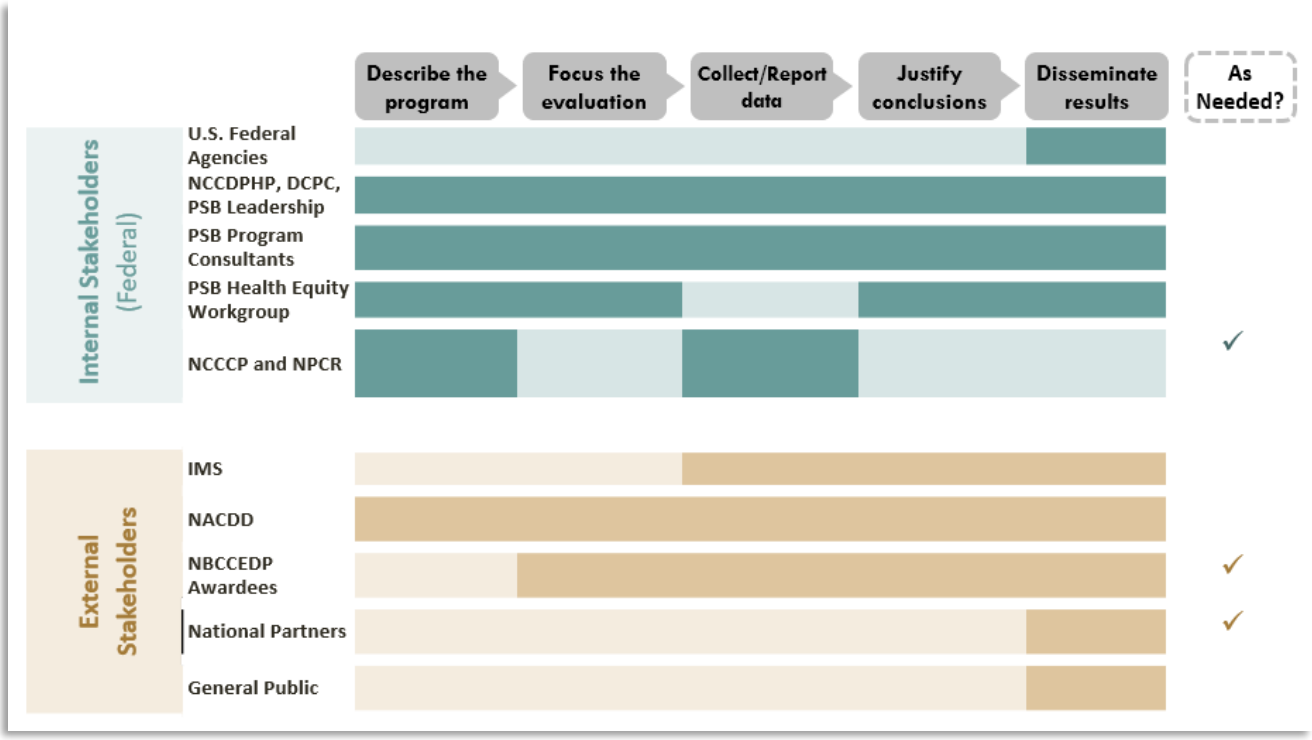
The plan is intended to support transparency and create a shared understanding about CDC's evaluation purpose and use of evaluation results. This plan should be considered a 'living document' and may be revised over time as new evaluation needs emerge.

Engaging Collaborators

It is critical to CDC's efforts that collaborators are meaningfully engaged throughout the evaluation so that multiple perspectives are considered, and findings are useful for program improvements, planning, and policy change. A variety of internal and external collaborators will be engaged during evaluation planning, implementation, and dissemination of findings and lessons learned (**Figure 3**).

[6] Centers for Disease Control and Prevention. Framework for program evaluation in public health. MMWR 1999; 48(No. RR-11).

Figure 3. Collaborator Engagement throughout the Evaluation Process



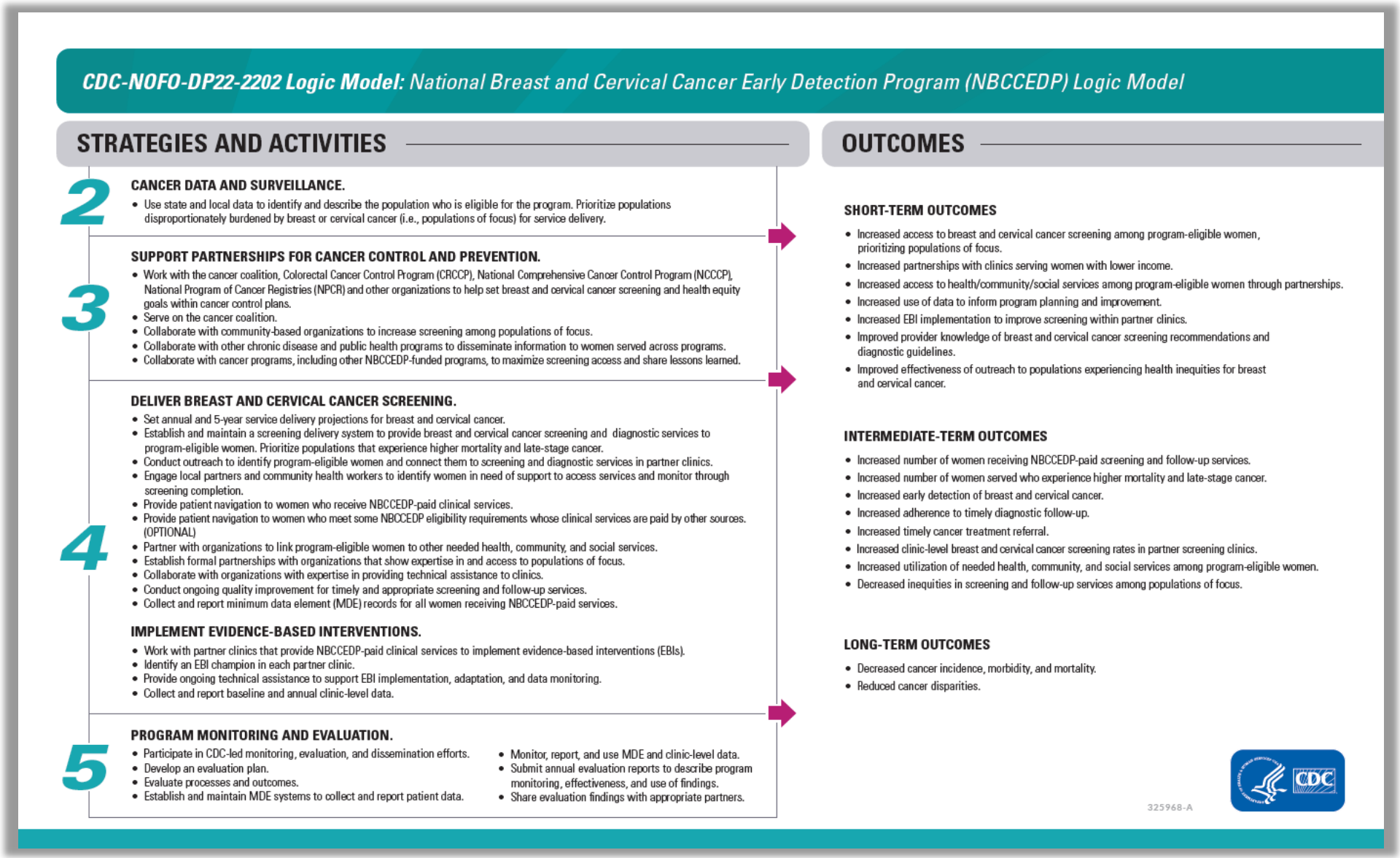
NBCCEDP Logic Model

The Division of Cancer Prevention and Control (DCPC)'s Program Services Branch (PSB) developed a logic model for the NBCCEDP, which was included in the FOA (**Figure 4**). The logic model provides a visual representation of program strategies and activities aligned with the outputs and short-, intermediate, and long-term outcomes for the NBCCEDP. Recipients are expected to partner with health systems and clinics to implement five broad strategies, including using cancer data and surveillance, supporting external partnerships, delivering breast and cervical cancer screenings, implementing EBIs, and conducting program monitoring and evaluation. Implementation of these strategies is expected to lead to several short-term and intermediate outcomes –increased breast and cervical cancer screening among populations of focus – with the ultimate long-term goal of decreasing cancer incidence, mortality, and disparities.

Describing the Program: Health Equity at the Forefront

The Program Services Branch (PSB)'s Health Equity Workgroup was engaged in development of the NBCCEDP logic model to ensure that all health-equity related activities and outcomes were embedded throughout the diagram. This enabled buy-in from a diverse set of collaborators with a shared understanding of the program's intended effects on health equity. The logic model serves as the foundation for our evaluation questions, data collections, analysis, and dissemination.

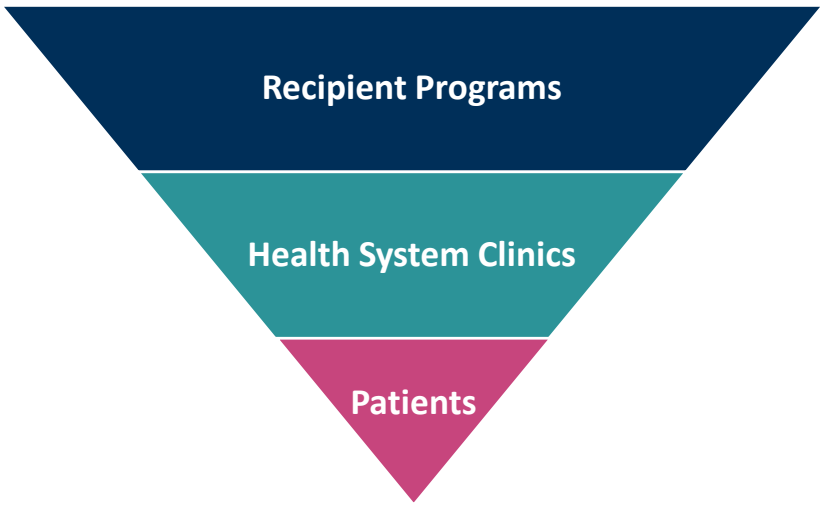
Figure 4: NBCCEDP Logic Model



Evaluation Design

The CDC evaluation team will conduct a multi-component process and outcome evaluation of the NBCCEDP. Data will be collected at multiple levels - patient, health system clinic, and recipient program– to measure processes and outcomes at the various levels of implementation (**Figure 5**). This multi-level approach will involve assessment of the management practices and implementation of key program strategies, as well as patient and clinic outcomes, associated with the NBCCEDP over time.

Figure 5: Multi-Level Evaluation Approach



Evaluation Questions

Using the evaluation purposes and NBCCEDP logic model as a foundation, CDC developed a comprehensive list of process and outcome evaluation questions, sub-questions, potential indicators, and data sources (**Table 1**). While the primary outcome of interest is to increase breast and cervical screening among low income, under- and uninsured women, CDC is also interested in learning about how NBCCEDP programs are implemented with respect to breast and cervical screening services and EBI implementation efforts and reaching recipient-specific populations of focus identified as having the highest need for NBCCEDP services. All indicators will be assessed in aggregate and by recipient, when possible, in addition to any analysis noted for individual indicators. *Sections and item numbers for data sources are noted in parentheses to demonstrate alignment.*

The CDC evaluation team may also conduct special studies, such as examinations of program costs and cost-effectiveness, and qualitative studies to explore how recipients are implementing program strategies. These special studies may identify promising practices that could be adapted by other NBCCEDP recipients to further enhance the positive impact of the NBCCEDP cooperative agreement.

Asking Questions that Reflect our Health Equity Goals

NBCCEDP's health equity goals are reflected in our evaluation approach, questions, and data collection methods. Our evaluation questions and sub-questions, particularly those that assess recipients' ability to reach, serve, and reduce disparities among their populations of focus, help CDC determine what processes have worked in reaching NBCCEDP intended outcomes. We have also identified many indicators that provide a road map for how each data source will allow us to answer each of these questions.

Table 1: NBCCEDP Process and Outcome Evaluation Question Matrix

Evaluation Question	Indicators	Data Sources
Support Partnerships for Cancer Control and Prevention		
1. To what extent are recipients partnering with other CDC-funded programs?	• #/% recipients partnering with CDC-funded program(s), by program type	Survey
2. What is the nature of recipients' partnerships with partners? • To what extent are partners providing support to reach populations of focus?	• Avg. #, median #, and range of partners for recipients (limit 10) • #/% partners with MOU or contract • #/% partners receiving CDC funds • Avg. amount, median amt, and range of CDC funds received by partners	Survey
Deliver Breast and Cervical Cancer Screening		
3. What eligibility criteria for clinical services delivery are used by recipients? • Are under-insured women provided clinical services by recipients?	• #/% of recipients, by federal poverty level requirement • #/% of recipients by age eligibility requirement for breast and cervical • #/% of recipients providing clinical services to "under-insured" • Range in % of under-insured women served by recipients	Survey
4. What is the composition of the NBCCEDP provider network?	• Total # screening provider sites • #/% of screening provider sites by type • Avg. #, median, range of screening provider sites per recipient	Survey MDEs
5. Is the Medicaid Treatment Act currently in place in NBCCEDP-recipient states? • Who is eligible to receive coverage through the Medicaid Treatment Act in states that have adopted it? • Do states without the Treatment Act have a process to ensure treatment for women diagnosed with cancer through the program?	• #/% of state recipients with Tx Act in place • #/% of state recipients by Medicaid Tx Act eligibility category (e.g.., only women enrolled in BCCEDP) • #/% of state recipients without Tx Act in place that have process to ensure women diagnosed with cancer receive treatment	Survey

Evaluation Question	Indicators	Data Sources
6. What are the characteristics of recipients' screening provider sites that also implement EBIs?	• #/% of health system partners, by type • #/% of clinic partners, by type • #/% health system geographic locations • #/% clinic geographic locations • #/% new and continuing clinics • Avg # and range of patients, by clinic/health system • #/% clinics, by status (i.e., active, suspended, monitored, terminated) • #/% sites with MOU or contract • Avg. amount and range of CDC funding provided to clinics to support health systems change, by cancer type • #/% clinics that get reimbursed for B&C-paid clinical services • #/% clinics that also implement CRC EBIs in clinics	Clinic Data
7. To what extent are local partners and/or CHWs providing support to reach populations of focus and track them through screening completion? • To what extent are local partners/CHWs helping to link program-eligible women to other needed health, community, and social services?	• #/% recipients utilizing CHWs (or patient navigators) • # local partners, by type • Avg # and range of local partners per recipient • # women reached by CHWs/PNs • #/% of women reached by CHWs/PNs who completed screening • #/% of awardees using various methods to confirm screening completion, by approach	Survey
8. What activities were implemented to reach and connect program-eligible women to health, community, and social services? Were CHWs/PNs used to reach/connect populations of focus to needed services? How many women were reached through these efforts?	• #/% awardees reaching and connecting women, by approach used • #/% awardees reaching and connection women in populations of focus, by approach used	Survey

Evaluation Question	Indicators	Data Sources
9. To what extent are NBCCEDP screening provider sites providing patient navigation? • How many women receive PN associated with NBCCEDP-funded screening/diagnostic services? • How many women receive PN-only services?	• #/% women who received patient navigation and NBCCEDP-paid clinical services • #/% women who received patient navigation but did not receive NBCCEDP-paid clinical services (i.e., PN-only) • # women who received patient navigation at health system/clinics where EBIs are delivered • #/% total patients navigated	MDEs Clinic data
10. What is the annual reach of the NBCCEDP for B&C screening services? • What are characteristics of women receiving clinical services through the NBCCEDP?	• Total # of women served; by cancer type (not including PN-only) • Total # of screenings provided; by cancer type (not including PN-only) • Total #/% of women served by age, race, ethnicity, and geography (not including PN-only) • Total # PN-only women, overall and by race, ethnicity, and age • # cancers detected • # women reached within populations of focus[7]	MDEs QPU
11. What populations of focus do recipients intend to reach?	• Projected # of women to be served by race/ethnicity, rurality, and other population identifiers indicated • Projected # of women to receive PN-only services, by race, ethnicity, rurality, and other population identifiers indicated	Service Delivery Projection Worksheet
12. To what extent are recipients able to reach their populations of focus?	• Total # projected women to be served, and by cancer type • Total # projected women to receive PN-only services, and by cancer type • #/% of recipients meeting screening projections for women served, by populations of focus • #/% of recipients meeting screening projections for PN-only, by populations of focus	Service Delivery Projection Worksheet QPU

Evaluation Question	Indicators	Data Sources
13. To what extent are B&C clinical services high quality?	• #/% timely follow-up for abnormal breast cancer screening results • #/% timely breast cancer treatment referrals • #/% timely follow-up for abnormal cervical cancer screening results • #/% timely cervical cancer treatment referrals • % women with diagnostic follow-up planned for breast cancer who received PN services • % women with diagnostic follow-up planned for cervical cancer who received PN services • #/% clinics with breast cancer screening policy in place • #/% clinics with cervical cancer screening policy in place	MDEs Clinic data
14. What are trends in B&C clinic-level screening rates over time?	• Avg. and range baseline clinic-level screening rate • Avg. and range annual clinic-level screening rate • Avg. weighted change in percentage points of clinic-level screening rate, by recipient and NBCCEDP	Clinic data
15. To what extent do recipients meet annual and 5-year service projections?	• #/% recipients who meet overall annual screening delivery projections • #/% recipients who meet annual breast screening delivery projections • #/% recipients who meet annual cervical screening delivery projections • #/% recipients who meet annual PN-only projections • #/% recipients who meet 5-year breast screening delivery projection • #/% recipients who meet 5-year cervical screening delivery projection • #/% recipients who meet 5-year PN-only projection	Service Delivery Projection Worksheet MDEs
Implement Evidence-Based Interventions		
16. What EBIs are recipients implementing in clinics? • Are multiple EBIs being implemented within clinics? • What EBIs (or combination of EBIs) are associated with greater	• #/% clinics implementing each EBI, at baseline and annually • #/% clinics using NBCCEDP resources to support EBI implementation, by EBI • #/% clinics implementing new EBIs, by EBI type • #/% clinics continuing EBI implementation, by EBI type • #/% clinics implementing enhanced EBIs, by EBI type	Clinic data

Evaluation Question	Indicators	Data Sources
increases in B/C screening within health system clinics?	• #/% clinics implementing EBIs in multiple ways, by EBI type • Avg. and range of EBI frequency, by EBI type • #/% clinics implementing multiple EBIs	
17. To what extent are EBIs sustainable[8] without NBCCEDP funding? • What factors are associated with EBI sustainability?	• #/% clinics with at least one sustainable EBI • #/% clinics implementing sustainable EBIs, by EBI type • #/% clinics implementing sustainable EBIs, by clinic type • Avg. # and range PYs needed for EBI to reach sustainability	Clinic data
18. To what extent are clinics utilizing screening champions?	• #/% clinics with identified breast screening champion • #/%clinics with identified cervical screening champion	Clinic data
19. To what extent are recipients able to recruit health systems and/or clinics for EBI implementation?	• # health systems recruited • # active health systems • Avg. # and range of health systems recruited per recipient • # clinics recruited • # active clinics • Avg. # and range of clinics recruited per recipient • # providers at clinics	Clinic data
20. What EBI-related technical support is provided by recipients or their partners to clinics to support EBI implementation?	• #/% recipients who provided EBI-related support to clinics • #/% partners who provided EBI-related, QI, or EHR support to clinics • #/% recipients who provided EBI-related support to clinics, by mode of delivery • Frequency of recipient implementation support to clinics, by cancer type • #/% clinics/health systems that receive financial resources from recipient, by cancer type and amount • Total, average, median, range of B&C financial resources received by clinics for EBI implementation	Survey Clinic data

Evaluation Question	Indicators	Data Sources
Program Monitoring and Evaluation		
21. To what extent are recipients developing evaluation plans consistent with CDC requirements as stated in the NOFO?	• #/% recipients with evaluation plans submitted within 6 months of award • #/% recipients with updated evaluation plans submitted end of PY3 • #/% evaluation plans that meet basic CDC requirements	Recipient evaluation plan
22. To what extent are recipients developing evaluation reports consistent with CDC requirements as stated in the NOFO?	• #/% recipients with annual evaluation reports submitted by due date • #/% annual evaluation reports that meet basic CDC requirements	Recipient evaluation plan
23. To what extent are data complete and high quality? • To what extent are clinic data monitored for quality?	• #/% clinics utilizing health IT for data quality • #/% clinics utilizing health IT for program monitoring • #/% clinics with no missing baseline data records • #/% clinics with no missing annual records • Avg clinic data error rates • #/% clinics with decreased error rates over time • #/% clinics using EHR vendor, by type and level of implementation • #/% of clinics that change EHR vendors over time • MDE error rates (under 1%) • #/% clinics with screening rates monitored at least quarterly • #/% clinics that conduct screening validation • #/% recipients with complete (data quality) action items • #/% clinics with QA/QI specialist in place • #/% clinics that implemented process improvements • #/% clinics with low/medium/high confidence in EHR-generated screening rate • #/% clinics receiving TA from HCCN	Clinic data MDEs

Evaluation Question	Indicators	Data Sources
Program Management		
24. What successes and challenges have recipients experienced related to program management, implementation (i.e., service delivery, EBI implementation), and/or evaluation? • What challenges have recipients experienced related to spending their NBCCEDP award?	• Descriptions of successes and challenges	Quarterly Program Update
25. What CDC TA resources have been most helpful for recipients?	• TA resources, by level of helpfulness	Survey
26. What are recipients' technical assistance needs?	• Descriptions of TA needs	Quarterly Program Update
27. What non-NBCCEDP funding do recipients receive to support the program?	• Total non-NBCCEDP funding received by recipients, in aggregate and by recipient • Total non-NBCCEDP funding received by recipients, by source, in aggregate and by recipient	Survey
28. What is the quarterly estimated spend-rate for NBCCEDP recipients?	• Avg. and range of estimated spend rate, by quarter, in aggregate and by recipient	Quarterly Program Update
29. What payment reimbursement models do recipients utilize?	• Payment reimbursement models, by type	Survey
Impact of COVID-19		
30. To what extent are recipients partnering with state and local COVID vaccine efforts?	• #/% recipients that partnered with state or local COVID vaccine efforts	Survey

Evaluation Question	Indicators	Data Sources
31. How has the COVID-19 pandemic affected B&C clinic operations and service delivery?[9] • To what extent did recipients partner with state and/or local COVID testing and/or vaccination efforts?	• #/% clinics that closed due to COVID-19 • #/% clinics with reduced hours due to COVID-19 • Avg. and range of length of clinic closures • Avg. and range of # of clinic hours, weeks reduced • #/% clinics whose breast cancer screening and/or diagnostic services were impacted due to COVID-19, by activity • #/% clinics whose cervical cancer screening and/or diagnostic services were impacted due to COVID-19, by activity • #/% clinics whose EBI implementation was impacted by COVID-19, by EBI • #/range of BCCP-funded staff **deployed** for COVID-19, by recipient • #/% recipients that experienced **staffing shortages** due to COVID-19 (non-deployment) • #/% provider sites with **staffing shortages** that limited screening capacity, by scale category • % provider sites that **suspended or reduced** screening due to COVID-19 • % provider sites for which recipients suspended TA • # recipients who assisted clinics to screen women who missed or delayed screening due to COVID-19 • Descriptions of other ways recipient programs were affected by COVID-19	Survey Clinic Data

[7] We will be able to determine recipients' ability to reach populations of focus by race/ethnicity and rurality only. Recipients may identify populations of focus based on other characteristics (e.g., LGBTQ) that are not captured in our national evaluation data sources and may assess their ability to research these groups through their program-specific evaluations.

[8] **Definition of sustainability**: High quality implementation that has been achieved and a supporting infrastructure is in place along with any financial support needed to maintain the intervention. The intervention has become an institutionalized component of the health system and/or clinic operations.

[9] At the clinic level, this will only be assessed for those clinics implementing EBIs.

Evaluation Methods

CDC will conduct a mixed methods evaluation using multiple data sources to answer the evaluation questions and sub-questions of interest. Throughout the five-year funding cycle, CDC will conduct standardized data collections (**Table 2**) on a routine schedule (e.g., quarterly, annually) as well as periodic special studies. Together, these data sources will allow CDC to provide on-going updates to internal and external collaborators on incremental program progress, as well as presentations, manuscripts, and guidance documents to highlight program improvements, best practices and communicate program effectiveness towards increasing breast and cervical cancer screening and achieving health equity. OMB approval has been obtained for primary data collection efforts as required.

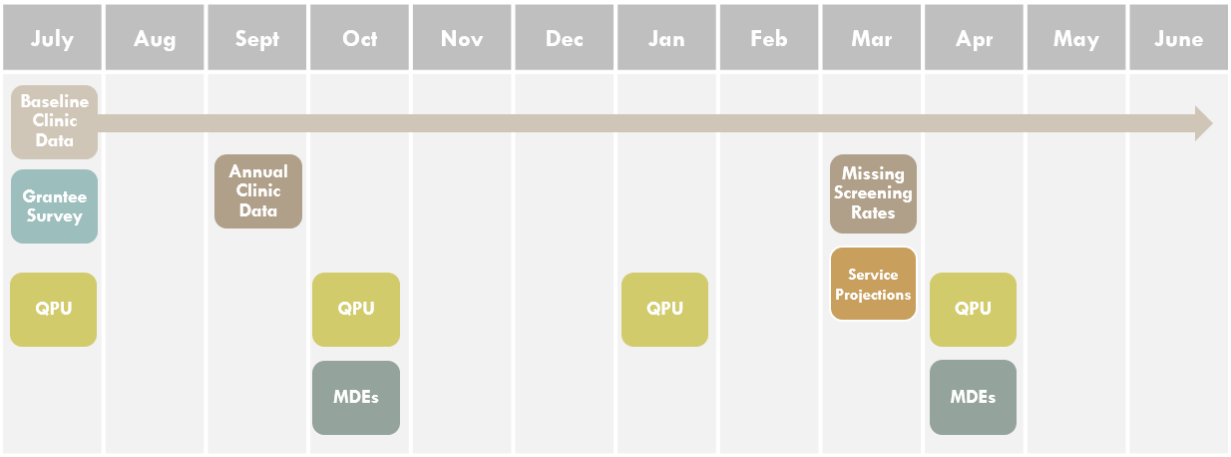
Table 2: Data Collection Methods for Process and Outcome Evaluation

Data Source	Description
Service Projections	Program level estimates of the **number of women to be served** for breast and cervical cancer clinical services during the program year, which are set annually by recipients. These include the number of women to receive clinical services overall and delineated by populations of focus (i.e., by race/ethnicity and rurality).
Quarterly Program Updates (QPU)	The **QPU** supports rapid reporting of programmatic information to support CDC program consultants in monitoring progress and providing tailored and meaningful TA. The QPU gathers data on federal award spending, clinical services delivered, and staffing vacancies, among other topics.
Minimum Data Elements (MDEs)	In order to monitor the delivery of screening services, recipients collect patient-level data elements (**MDEs**) that are reported biannually. These patient level data elements include patient demographics; breast and cervical cancer screening procedures; diagnoses; treatment; and registry data.
Clinic-Level Data	Recipients collect **baseline and annual clinic data** for each NBCCEDP partner health system clinic where EBIs are implemented and report these to CDC annually. Data elements include health system and clinic identifiers, partnership status, and characteristics; patient population demographics; screening rates; monitoring and quality improvement activities; EBI implementation; and other activities.
Annual NBCCEDP Survey	Management and implementation of the NBCCEDP will be assessed through the **Annual NBCCEDP Survey** administered by CDC. Data elements captured through the survey include program management, partnerships, screening delivery, EBI implementation, and the impact of COVID-19 on program implementation at the recipient level.

Special Studies	CDC will periodically conduct special studies (e.g., cost, cost-effectiveness, qualitative case studies) to answer important questions that cannot be addressed using the other data collections. These studies will be determined based on our evaluation questions and CDC priorities.

Data reporting will occur throughout the 5-year funding period. **Figure 6** illustrates the reporting timeline. More detailed information on the data reporting timeline is provided in **NBCCEDP Program Manual, Part II: Monitoring and Evaluation.**

Figure 6: Data Reporting Timeline for All Recipients



Use of Evaluation Findings

Use of routine and periodic evaluation findings by stakeholders will vary. In addition to the anticipated uses described below, CDC expects that some collaborators will develop new uses for evaluation findings that help to inform program implementation, policy, future funding cycles, and use of promising practices over time.

- **NBCCEDP Recipients**. CDC will provide recipients with regular updates on monitoring and evaluation results to keep them informed about program reach, implementation activities, and effectiveness. Recipients can use these data to inform program improvement and accountability. CDC will support recipients in disseminating their local evaluation results to one another and to other stakeholders.

- **PSB Program Consultants (PCs).** Evaluation findings will provide critical information to inform TA and guidance to recipients. Program data at the recipient-level and in aggregate are provided to PCs via dashboards to support monitoring efforts and provision of TA.

- **PSB Health Equity Workgroup.** Evaluation results will be shared with PSB's Health Equity workgroup to inform their ongoing efforts to address social determinants of health and achieve health equity.

- **NCCDPHP, DCPC, and PSB Leadership**. Within DCPC, evaluation results will be used to monitor recipient progress for the purposes of program improvement, accountability, and program-level policy making. Program results on the number of women reached through the NBCCEDP; screening/diagnostics service delivery; EBI implementation activities; and clinic-level screening rates will be reported to branch, division, and center leadership on a routine basis.

- **NCCCP and NPCR**. As the other two components within the DP22-2202 cooperative agreement, NCCCP and NPCR teams are interested in NBCCEDP evaluation findings related to collaboration across programs and other efforts. For example, we anticipate that NBCCEDP program data will complement data collected by the NCCCP and NPCR. Together, CDC can better assess the overall impact of DP22-2202.

- **Federal Agencies.** Several federal agencies, such as the Department of Health and Human Services (DHHS), the Government Accountability Office (GAO), the Office of Management and Budget (OMB), and the U.S. Congress, are interested in NBCCEDP reach to priority populations and program outcomes. CDC is required to report annually on specific indicators for the NBCCEDP to some of these agencies. These stakeholders expect results based on high-quality, quantitative data on screening/diagnostics service delivery and clinic-level screening rates. Stories of individual recipients' programmatic efforts are also of interest and valuable for communicating the recipients' successes.

- **National Partners**. National partners (e.g., American Cancer Society, National Association of Community Health Centers) will use results to understand NBCCEDP reach by state or jurisdiction and results across various populations. These collaborators will also have interest in specific strategies identified as effective or promising for broader implementation in the field.

- **General Public**. As a federally funded program, the CDC is responsible to the American public and must demonstrate efficient and effective use of public dollars. The public will want to know who was served and what was achieved. To reflect CDC's Online First priority, program results will be made available to the public via the CDC website (https://www.cdc.gov/cancer/nbccedp/index.htm), as well as through peer-reviewed journal publications, policy briefs, and other methods such as press releases.

Data Analysis, Reporting, and Dissemination

Multiple analysis methods will be used based on the evaluation question to be answered and the data available. CDC uses several strategies to support collection of high-quality data and maintains unique data sets for all data collections. Descriptive analyses are conducted as well as other types of analyses needed to address the evaluation question at hand. NBCCEDP baseline and annual clinic data, MDEs, Annual Awardee Survey data, and Quarterly Program Update data will be maintained as longitudinal data sets and analyzed in SAS. An Excel file will be used to maintain Service Delivery Projection Worksheets.

As noted in the section above, CDC uses a range of approaches to disseminate findings to our stakeholders (e.g., CDC website, data dashboards, policy briefs, journal publications). Dissemination methods will be determined based on the type internal and external collaborator with which information is being shared.

Highlighting NBCCEDP's Impact on Health Disparities

CDC will use several data analysis procedures across a variety of data sources to track and assess NBCCEDP's ability to reach and provide high quality screening and patient navigation services to recipients' populations of focus. Our approach to sharing evaluation findings with collaborators will focus on NBCCEDP's progress towards achieving health equity by highlighting the extent to which NBCCEDP's processes have worked to achieve desired program outcomes.

Appendix C: CDC Evaluation Plan: Executive Summary

NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM

CDC Evaluation Plan

Version 1.0

Executive Summary

DP-22 2202 Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations

July 2022

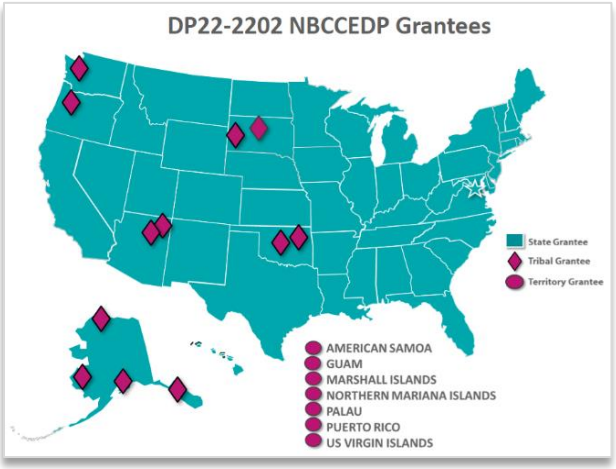
Executive Summary

Introduction

Evidence shows that deaths from both breast and cervical cancers can be avoided by increasing screening services – mammography and pap tests – among women. However, screening rates are lower among individuals who are uninsured or have only public health insurance coverage; no regular source of healthcare; lower educational attainment; and lower incomes.[1] As a longstanding priority within chronic disease prevention, CDC focuses on increasing access to these cancer screenings, particularly among women who may be at increased risk.

The CDC's recent funding opportunity announcement (FOA) *Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations* (DP22-2202) comprised of three distinct national programs: (1) the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), (2) the National Comprehensive Cancer Control Program (NCCCP); and (3) the National Program of Cancer Registries (NPCR). It supports planning and implementation of evidence-based cancer surveillance, prevention, and control strategies in communities that improve the provision of clinical preventive services, and cancer survivorship. This written plan describes how CDC will carry out a national evaluation of the NBCCEDP only.

The NBCCEDP funds 70 recipients (i.e., state health departments, territories, and tribes or tribal organizations), to provide breast and cervical cancer screening, diagnostic services, and treatment referrals to eligible women, and implement evidence-based strategies to reduce structural barriers to cancer screening within health systems. Applicants are required to prioritize reaching and providing services to populations that are disproportionately burdened by breast and cervical cancer mortality and late stage disease, and use available data to describe their populations of focus (e.g., by race, socioeconomic status, health literacy).



[1] Sabatino SA Thompson TD, White MC, et al. Cancer screening test receipt – United States, 2018. MMWR Morb Wkly Rep 2021;70:29—35. DOI: https://www.cdc.gov/mmwr/volumes/70/wr/mm7002a1.htm?s_cid=mm7002a1_w.

Evaluation of the NBCCEDP

This evaluation plan focuses on CDC's approach for monitoring and evaluating the NBCCEDP component of DP22-2202 and is based on CDC's Framework for Program Evaluation (**Figure 1**[2]) and is guided by the NBCCEDP logic model. The logic model provides a visual representation of the five strategies and activities that grantees are expected to conduct, as well as the anticipated short-, intermediate-, and long-term outcomes (see *NBCCEDP 2202 Logic Model*). A variety of internal stakeholders (e.g., U.S Congress, CDC Division- and Branch-level leadership, CDC program consultants) and external stakeholders (e.g., NBCCEDP awardees, national partner organizations) will be engaged during evaluation planning, implementation, and dissemination of findings.

Figure 1: CDC's Framework for Program Evaluation

Design

The CDC evaluation team will conduct a multi-component process and outcome evaluation of the NBCCEDP to include data collection at the patient, health system clinic, and recipient levels. The primary outcomes of interest include (1) the number of women served and their screening outcomes, and (2) changes in clinic-level breast and cervical cancer screening rates. The CDC evaluation team developed a comprehensive list of **evaluation questions** that address the following focus areas:

- Breast and cervical cancer screening, including screening quality, results, and clinic-level screening rate changes
- Patient demographics and eligibility criteria
- Characteristics of clinics where EBIs are implemented
- EBI implementation and sustainability
- Program reach, including populations of focus
- Partnerships to support screening
- Patient navigation
- Support of healthy lifestyle behaviors
- Impact of COVID-19 on breast and cervical cancer screening
- Program management practices

A Health Equity Lens

A *guiding principle* of CDC's evaluation team is to integrate health equity considerations throughout each step of our evaluation. CDC, NBCCEDP recipients, and their partners will work to identify and serve populations of focus by addressing social determinants of health and promoting equity when implementing their programs. In turn, the CDC evaluation team will assess recipients' progress in reaching populations of focus and reducing disparities in screening, follow-up care, and, ultimately, cancer mortality. Health equity considerations are highlighted throughout the full evaluation plan.

[2] Centers for Disease Control and Prevention. Framework for program evaluation in public health. MMWR 1999; 48(No. RR-11).

Methods

CDC will conduct standardized data collections on a routine schedule as well as periodic special studies to monitor incremental program progress, highlight program improvements, and identify best practices for increasing breast and cervical cancer screening and achieving health equity. Standardized data sources include primary data collected systematically at the patient, clinic, and grantee levels, including minimum data elements (MDEs), baseline and annual clinic data, an annual recipient survey, service projection worksheets, and quarterly program updates. Periodic special studies may include case studies and cost analyses. CDC will utilize a variety of quantitative and qualitative analytic methods to summarize and interpret these data.

Use of Findings and Dissemination

Use of routine and periodic evaluation findings will vary by collaborator. We anticipate that federal collaborators (e.g., U.S. Congress, CDC leadership) will be most invested in the program's reach to populations of focus, changes in clinic-level screening rates, EBI implementation activities, success stories, and the program's progress towards achieving health equity. CDC program consultants will utilize findings to inform the technical assistance they provide to recipients. Recipients are expected to use findings to inform program planning and improve implementation practices to enhance program outcomes. Other external collaborators (e.g., national partners, the public) will be invested in better understanding program reach at the local level and reduction of barriers among populations of focus disproportionately affected by breast and cervical cancer mortality and late-stage disease.

Dissemination methods will be determined based on needs of collaborators and may include:

- NBCCEDP management reports
- MDE semi-annual data reports
- Clinic data reports
- Policy briefs
- Data dashboards
- Presentations and webinars
- Published manuscripts
- Web site content

Appendix D: NBCCEDP Service Projections

Service Projections in the NBCCEDP

An online data entry system is available to help you project the number of women you expect to serve in an upcoming program year at https://nbccedp.cdc.gov | Projections tab. You are asked to project the number of women to be served, served for breast cancer, served for cervical cancer, and to receive patient navigation-only. In addition to projecting the total number of women for each of these four categories, projections should be delineated by race/ethnicity and rurality.

Note, when entering data for race/ethnicity and rurality, the totals should equal the total number of women in the broader category. For example, if you project to serve 1,000 women, race/ethnicity should equal 1,000 and rurality should also equal 1,000.

Definitions for each of these categories are provided below.

Service Provided	Definition	Description
NBCEDP-funded clinical service	The number of women who will receive at least one NBCCEDP-funded clinical service: mammogram, clinical breast exam, HPV test, or diagnostic service. These women may also receive NBCCEDP-funded patient navigation support.	Count each woman once, regardless of how many NBCCEDP-funded clinical services she receives. For example, a woman receiving both a breast and cervical cancer NBCCEDP-funded clinical service would only be counted once. Because some women receive multiple NBCCEDP-funded breast and cervical cancer clinical services, this projection may not equal the separate projections of the number of women served for breast cancer services and cervical cancer services when they are added together.
NBCCEDP-funded breast cancer service	The number of women served who will receive at least one NBCCEDP-funded breast cancer service: mammogram, clinical breast exam, or breast diagnostic service. These women may also receive NBCCEDP-funded navigation support.	Count each woman who will receive a NBCCEDP-funded breast cancer service only once, regardless of the number of NBCCEDP-funded breast cancer services she receives. Women receiving both NBCCEDP-funded breast cancer services and NBCCEDP-funded patient navigation support should also only be counted once in this projection.
NBCCEDP-funded clinical cancer service	The number of women served who will receive at least one NBCCEDP-funded cervical cancer service: pap test, HPV test, or cervical diagnostic service. These women may also receive	Count each woman who will receive a NBCCEDP-funded cervical cancer service only once, regardless of the number of NBCCEDP-funded cervical cancer services she receives. Women receiving

	NBCCEDP-funded patient navigation support.	both NBCCEDP-funded cervical cancer services and NBCCEDP-funded patient navigation support should also only be counted once in this projection.
NBCCEDP-funded patient navigation-only service	The number of women who will receive NBCCEDP-funded patient navigation-only support without any NBCCEDP-funded breast or cervical cancer screening services. These are women whose screening or diagnostics are paid for by other sources (e.g., state funds, private insurance, Medicaid, Medicare) while receiving NBCCEDP-funded navigation-only services.	Count each woman who receives patient navigation only-support once, regardless of the number of contracts (e.g., phone calls, text messages, emails, traditional mail) she receives. The projected number of women to receive patient navigation-only support is the number of women for whom you will submit an abbreviated MDE record as part of your regular MDE submissions.

Population of Focus	Category	Definition
Race and Ethnicity	Hispanic, All Races	A person of Cuban, Mexican, Puerto Rican, South or Central American, or Spanish culture or origin regardless of their race.[1]
Race and Ethnicity	Black or African American	A person having origins in any of the original people of the African continent (such as Nigerian or Kenyan), African American, Haiti, or Caribbean Islands. [1]
Race and Ethnicity	Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.[2]
Race and Ethnicity	Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.[2]
Race and Ethnicity	American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.[2]
Race and Ethnicity	White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.[2]
Rurality	Rural	The nonmetropolitan county is completely rural or has an urban population of fewer than 2,500 (2013 Rural-Urban Continuum codes 8 and 9).[3,4,5]
Rurality	Urban	The nonmetropolitan county has a population of 2,500 or more (2013 Rural-Urban Continuum codes 4, 5, 6, and 7).[3,4,5]
Rurality	Metro	All counties in metropolitan areas (2013 Rural-Urban Continuum codes 1, 2, and 3).[3,4,5]

1. https://www.census.gov/quickfacts/fact/note/US/RHI725219
2. https://www.census.gov/topics/population/race/about.html
3. https://www.ers.usda.gov/data-products/rural-urban-continuum-codes/documentation/
4. A woman's rurality is determined by her ZIP Code or county, whichever is reported on the MDE record.
5. https://www.ers.usda.gov/data-products/rural-urban-continuum-codes/ (2013 Rural-Urban Continuum Codes)

Appendix E: NBCCEDP Quarterly Program Update DP22-2202

OMB Control No. 0920-1046

Expiration Date: 03/31/2025

NBCCEDP Quarterly Program Update DP22-2202

Welcome to the DP22-2202 National Breast and Cervical Cancer Early Detection Program (NBCCEDP) Program Year X - Quarter X Program Update. In this short survey, you will provide information related to spending, vacancies, program successes, and program challenges for the time period 07/01/2022 - 06/30/2023. Information you provide will be used to inform CDC's technical assistance efforts.

Please submit your responses by close of business on July 15, 2023.

If you have content-related questions, please contact Justin Uhd at mru7@cdc.gov or (404) 718-5525 . If you have technical issues, please contact IMS at support@NBCCEDP.org.

Section 1. Respondent Information

1. With which NBCEDP program are you affiliated? [Dropdown list of all DP22-2202 NBCCEDP awardees]

2. Respondent role _____

Section 2. Award Spending

3. How much of your total **CDC NBCCEDP federal award funds** for program year X have you spent as of the end of this quarter (MM/DD/YYYY)? Include funds spent since the beginning of the program year, that is, cumulative since July 1 of the current PY. ***Spending*** refers to funds that have actually been paid out (expenditures) or funds that are obligated during the time period of interest but currently unspent (i.e., unpaid bills). Do not include funds that you plan to spend in the future or funds for services that are not yet rendered. Likewise, do not include funds spent from sources other than the NBCCEDP federal award.
   $_____

4. Have you experienced any challenges in spending your NBCCEDP federal funds?

Y/N [If no, skip to Q5]

4.a. Please describe your spending challenges: [free text]

5. Have you submitted any requests to the Office of Financial Resources (OFR) for the Breast and Cervical Cancer Program (e.g., redirection of funds) that are pending?

Y/N [If no, skip to Q7]

5.a. For each request to OFR please provide the following:
Type of request
- Carryover/Unobligated Request
- Budget Revision/Redirection
- Staff change
- Other

Date the request was submitted to OFR
Reason for the request

Section 3. Service Delivery

6. How many women have received at least one NBCCEDP-funded **clinical service** since the start of the program year? (Women who received at least one NBCCEDP funded mammogram, clinical breast exam, pap test, HPV test, or other diagnostic service. Do NOT include women who received patient navigation only.)

Count_____

6a. How many women have received at least one NBCCEDP-funded **clinical service** since the start of the program year by the following population(s) of focus:

[awardee will be asked to report on the Population(s) of Focus they identified on their Service Projections Worksheet submitted with their competitive/continuing application]

a. Race/Ethnicity
    i. Hispanic, All Races
    Count_____
    ii. Black or African American
    Count _____
    iii. Asian
    Count _____
    iv. Native Hawaiian or Other Pacific Islander
    Count _____
    v. American Indian or Alaskan Native
    Count _____
    vi. White/Middle Eastern/North African
    Count _____

b. Rural/Urban
    i. Rural
    Count _____
    ii. Urban
    Count _____
    iii. Metro
    Count _____

c. Optional Other
    i. [Applicant/Awardee] choice
    Count _____
    ii. [Applicant/Awardee] choice
    Count _____
    iii. [Applicant/Awardee] choice
    Count _____

7. How many women have received at least one NBCCEDP-funded **breast cancer service** since the start of this program year? (Women who received at least one NBCCEDP funded mammogram or other breast diagnostic service. Count each woman only once.)
Count_____

8. How many women have received at least one NBCCEDP-funded **cervical cancer service** since the start of this program year? (Women who received at least one NBCCEDP funded pap test, HPV test, or other cervical diagnostic service. Count each woman only once.)
Count_____

9. How many women have been **navigated only** for breast or cervical cancer since the start of this program year? (Include additional unique women who have ONLY received NBCCEDP-funded patient navigation through the screening process AND were not included in the NBCCEDP-funded clinical service delivery estimates above. These are women whose screening or diagnostics was reimbursed through other sources (e.g., state funds, private insurance, Medicaid, Medicare) while receiving NBCCEDP-funded navigation-only services. Only include women for whom an abbreviated MDE record has been/will be completed.)
   Count_____

10. Please describe any challenges related to screening, diagnostic, or patient navigation service delivery encountered during the past quarter (xx/xx/xxxx – xx/xx/xxxx). If none, leave blank.

    [free text]

Section 4. Staff Vacancies

11. Do you currently have any staffing vacancies for your NBCCEDP program?

    Y/N [if no, skip to Q13]

12. Identify all positions funded under the CDC NBCCEDP award that are currently vacant and provide the date the position was vacated? [check all that apply]

__ Program Manager/Program Director	Date Vacated: XX/XX/XXXX
__ Data Manager	Date Vacated: XX/XX/XXXX
__ Program Evaluator	Date Vacated: XX/XX/XXXX
__ Other: [provide title]	Date Vacated: XX/XX/XXXX
__ Other: [provide title]	Date Vacated: XX/XX/XXXX
__ Other: [provide title]	Date Vacated: XX/XX/XXXX
__ Other: [provide title]	Date Vacated: XX/XX/XXXX
__ Other: [provide title]	Date Vacated: XX/XX/XXXX
__ Other: [provide title]	Date Vacated: XX/XX/XXXX

Section 5. Accomplishments and Challenges

13. Please describe notable **accomplishments or successes** that were achieved during the past quarter (XX/XX/XXXX – XX/XX/XXXX) and how those accomplishments/successes contributed to program outcomes. If none, leave blank.

    [free text]

14. Please describe any challenges that have limited program implementation or performance during the past quarter (XX/XX/XXXX – XX/XX/XXXX). Do not include any COVID-19 related challenges as there is a separate question addressing COVID-19 below. If none, leave blank.

[free text]

Section 6. Technical Assistance Needs

15. Please describe any current technical assistance needs.

    [free text]

Section 7. COVID-19

16. Please describe any issues affecting your program or program operations due to COVID-19.
    [free text]

Appendix F: DP22-2202 National Breast and Cervical Cancer Early Detection Program (NBCCEDP) Annual Survey

Form Approved

OMB No. 0920-1046

Expiration Date: 03/31/2025

Attachment 5: Annual National Breast and Cervical Early Detection Program (NBCCEDP) Survey

The Centers for Disease Control and Prevention (CDC), Division of Cancer Prevention and Control (DCPC) is assessing how DP22-2022 recipients implement the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). This survey asks about your program implementation during program year 1 (PY1), the time period July 1, 2022 through June 30, 2023.

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 1 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. If you have technical issues in completing the survey, please contact Information Management Services, Inc. at support@NBCCEDP.org.

The survey should take approximately 56 minutes to complete in one sitting.

Thank you for your participation.

INSTRUCTIONS/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 DP22-2022 NBCCEDP, program year 1 (PY1). ***All responses should reflect implementation of your NBCCEDP in PY1 ONLY, July 1, 2022 – June 30, 2023.***

WHAT DO WE MEAN BY 'YOUR BCCEDP'? The term *'Your BCCEDP'* refers to all those involved in the implementation of your NBCCEDP program/program activities, including you, your consultants and/or contractors, and your partners, regardless of the source of program funds.

WHAT DO WE MEAN BY 'HEALTH SYSTEM'? For purposes of this survey, when we use the term 'health system', we mean entities delivering clinical care to a defined patient population including, but not limited to, federally qualified health centers/community health centers (FQHCs/CHCs), other publicly funded entities providing primary care, academic health care centers, health plan clinic networks, other health care networks, and hospitals. Health systems often include multiple primary care clinic sites. Insurers/health care plans, Medicaid, and Medicare may also be considered health systems given they have an applicant-defined patient population and reimburse for clinical services rendered.

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 women in partner clinical settings. These strategies include using cancer data and surveillance to identify program-eligible population and inform screening projections, delivering breast and cervical screening and diagnostic services, implementing evidence-based interventions (EBIs) in partner clinics, and conducting program monitoring and evaluation. Detailed descriptions of each of these strategies can be found on the NBCCEDP website: [*pop-up/link to NBCCEDP logic model*]

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), 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 aimed at assisting women who receive screening or diagnostic services in overcoming barriers to complete screening and diagnostic services, and initiate cancer treatment. All women 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).

SECTION 1: RESPONDENT INFORMATION

1. With which NBCCEDP program are you affiliated? [Dropdown list of all NBCCEDP recipients]
   - ❑ Check appropriate RECIPIENT NAME

2. What is your current position with the BCCEDP program? (*Check all that apply*)
   - ❑ Program director (the primary contact for the NBCCEDP cooperative agreement)
   - ❑ Program manager/coordinator (the day-to-day manager for the BCCEDP)
   - ❑ Other (please specify): _____

3. Are you the person who responded to this survey last year? [*PY2-5]*
   - ❑ Yes
   - ❑ No

SECTION 2: PROGRAM MANAGEMENT

1. Using the following response options: “Did not use”, “Used, but not helpful”, “Helpful”, and “Very helpful,” how useful did you find the following technical assistance resources in PY1?

Technical Assistance Resources	Did not use	Used, but not helpful	Helpful	Very helpful
New recipient staff orientation materials				
Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics: Guidance Document				
Clinic Data Collection Forms				
NBCCEDP Clinic Data Users’ Manual				
CDC NBCCEDP website *www.cdc.gov/cancer/nbccedp*				
Screen Out Cancer website *www.cdc.gov/screenoutcancer*				
Clinic Data Reports in B&CBARS and Tableau				
Clinic implementation readiness assessment (Clinic IRA) tool				
Evaluation Planning Guidance Document [Program year 1 only]				
MDE Data Users’ Manual (including MDE data dictionaries)				
MDE Feedback Reports				
CDC NBCCEDP DP22-2022 Program Manual Part 1				
CDC NBCCEDP DP22-2022 Program Manual Part 2 (TBD)				
Evidence Based Intervention Planning Guides (EPGs)				
Quick Guide to Planning and Implementing Selected Activities to Increase Breast, Cervical, and Colorectal Cancer Screening				
State Maps with county level screening rate estimates				
NBCCEDP Evaluation Network				
TA provided by CDC Program Consultants				
TA provided by Evaluation Team and/or IMS				
TA provided by OFR				
Ask Dr. Miller Newsletter				
Success story templates				
Health Equity 1-pager				
SMART objective 1-pager				

Strategy 1-pagers				
Other (please specify 1 resource): _____				

2. Please list the amount of Federal (do not include BCCEDP funds, which are displayed above the table), State, Tribal, non-profit, university and other funding that supported or supplemented your BCCEDP program in PY1. Please pro-rate funding if needed to associate with PY1, July 1, 2022 – June 30, 2023. Do not include in-kind resources.

BCCEDP 1701 award for PY1: [amount will be displayed here for recipient reference]

Funding Source	**Amount Received in PY1**
Non-BCCEDP **Federal** Funds	$
State	$
Tribal	$
Non-profit (e.g., American Cancer Society, LIVESTRONG)	$
University (e.g., other grant funds, internal university funds)	$
Other - please specify:	$

SECTION 3: PARTNERSHIPS

1. Please indicate which of the following CDC funded programs your BCCEDP partnered with during PY1. *(check 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

3. Please indicate the number of partners (up to ten) that helped support your program activities in PY1. 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.

   _____ partner(s)

   [Ask questions 4-7 for each partner indicated in previous question]

4. What is the name of partner #N ? _____

5. Please list the amount of funding (if any) that you provided partner #N . _____

6. Did you have a Memorandum of Understanding (MOU) or contract in place with partner #N in PY1?
   - ❑ Yes
   - ❑ No

7. Which of the following activities did partner #N conduct in PY1? *(Check all that apply)*
   - ❑ Conduct implementation readiness assessment
   - ❑ Improve usability of EHRs
   - ❑ Provide TA for clinic QI efforts
   - ❑ Provide TA for EBI implementation
   - ❑ Collect clinic data
   - ❑ Evaluation
   - ❑ CHW activities
   - ❑ Conduct outreach to program-eligible women
   - ❑ Conduct outreach to specific populations of focus

- ❑ Connect women 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. CLIENT ELIGIBILITY CRITERIA

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

1. During PY1, what Federal Poverty Level (FPL) was used to determine eligibility for clients receiving NBCCEDP-funded clinical (screening/diagnostic) services? *(Check only one)*
   - ❑ 250% FPL
   - ❑ 200% FPL
   - ❑ Other (please specify): _____%

2. During PY1, 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 or higher risk; enter 99 if you do not provide the specific testing):*

   Minimum age for mammography screening: _____

   Minimum age for Pap testing: _____

   Minimum age for Pap with HPV co-testing: _____

   Minimum age for primary HPV testing: _____

3. During PY1, were **under**-insured clients 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)
   - ❑ Yes
   - ❑ No – skip to 5.5

4. During PY1, what percentage of clients receiving screening and/or navigation services through your BCCEDP program were **under**-insured? (enter 'UNK' if unknown) _____

B. BCCEDP CLINIC SERVICE REIMBURSEMENT MODEL AND DATA USE

5. During PY1, which payment reimbursement model best describes how your BCCEDP program paid for screening and diagnostic clinical services? (Check all that apply) *[Program year 1]*
   - ❑ 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): _____

C. BCCEDP PROVIDER SITES

6. In the table below, please enter the number of individual **primary care sites** that delivered BCCEDP screening/diagnostic services in PY1 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 specialty clinics. A site/clinic should be categorized in one of the four groups below, do **not** include a single clinic in more than one category

	Number of individual BCCEDP primary care clinic sites that delivered NBCCEDP screening services (including referring for mammography) in PY1 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 or Community Health Centers	
Indian Health Service (IHS) or other tribal health organization sites or clinics (IHS sites that are also FQHC/CHCs should be classified in this category)	
Hospitals, health care systems, or any primary care provider (PCP) sites or clinics, **not including FQHCs**	
Other: _____	

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

(This section should only be shown to state awardees -Tribes, Tribal Associations and Territories etc will not be shown this section)

1. 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?
   - ❑ Yes

- ❑ No

2. Who is eligible in your state to receive this special Medicaid coverage for breast or cervical cancer treatment in your state?
   - ❑ Only women enrolled in your BCCEDP who are diagnosed with cancer or a precancerous condition
   - ❑ Any woman diagnosed with cancer or a precancerous condition at a screening site that provides BCCEDP screening services
   - ❑ Any woman 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)_____

3. Do you have a process to ensure women diagnosed with cancer through your BCCEDP have access to cancer treatment if your state/jurisdiction does not offer coverage through Medicaid Treatment Act?
   - ❑ Yes
   - ❑ No

   If yes, briefly describe this process: _____

E. REACHING AND ASSISTING PROGRAM-ELIGIBLE WOMEN

1. Did you conduct any of the following to identify, reach out to, and connect your populations of focus, including program-eligible women, to needed health, community and social services in PY1? *(check all that apply)*
   - ❑ Use state or local data to identify populations of focus and/or program eligible women
   - ❑ Communicate with women directly in the community
   - ❑ Identify, refer, and link women to needed breast and cervical cancer services
   - ❑ Connect women to needed health (other than breast and cervical cancer screening services), community and social services
   - ❑ Partner with organizations that serve populations of focus, including program-eligible women
   - ❑ No – skip to Section 6

3. 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 PY1?
   - ❑ Yes
   - ❑ No

4. In PY1, did you track women reached through these activities through screening completion?
   - ❑ Yes
   - ❑ No

5. In PY1, how many women were reached through these activities by your BCCEDP? *(please report the number of women reached, regardless of the number of times they were contacted. A woman contacted separately for both breast and cervical screening should only be counted once)* (enter 'UNK' if unknown)

   How many women were reached through these activities?)_____ women

   Among those women reached through these activities, how many of them completed breast and/or cervical cancer screening? _____ women

6. In PY1, how did you confirm screening completion for women reached through these activities?
   - ❑ Based on medical records
   - ❑ Based on woman's self-report
   - ❑ Billing system
   - ❑ Linkage with MDEs
   - ❑ We did not confirm screening completion

SECTION 5: EBI IMPLEMENTATION

A. EBI IMPLEMENTATION

1. During PY1, who provided implementation support (i.e., technical assistance) for EBI-related activities to your partner health systems and/or clinics? *(Check all that apply)*
   - ❑ Did not provide
   - ❑ BCCEDP staff members
   - ❑ Partner organization(s)

2. What modes are used by you and/or your partners to deliver implementation support/TA for EBI-related activities to clinics? *(check all that apply)*
   - ❑ Peer learning
   - ❑ In person or virtual site visits
   - ❑ Phone/conference calls
   - ❑ Webinars
   - ❑ Trainings, classes, seminars, professional conferences
   - ❑ Guidance documents, publications or reports
   - ❑ Other: _____

SECTION 6: COVID-19 IMPACT

1. During PY1, did your BCCEDP program partner with any state or local COVID Vaccine efforts?
   - ❑ Yes
   - ❑ No

2. Please indicate the number BCCEDP-funded staff (up to ten) **deployed** to assist on the COVID-19 response during PY1.

   _____ staff members

   Complete this table for each person deployed:

Staff person position	Percent FTE time deployed (e.g., 50%, 100%)	Length of time deployed in weeks
Example: Data manager	50%	8

43. Did your BCCEDP program experience staffing shortages due to COVID-19 related reasons (other than deployment) during PY1?
   - ❑ Yes
   - ❑ No

44. How many of your provider sites that **deliver BCCEDP screening and diagnostic services** experienced staffing shortages that limited their capacity to provide screening services for some amount of time due to COVID-19 during PY1?
   - ❑ Some
   - ❑ All
   - ❑ Do not know
   - ❑ None

44. Approximately what percent of your provider sites that **deliver BCCEDP screening and diagnostic services** suspended (i.e., temporarily stopped) or reduced breast and/or cervical cancer screening for some amount of time due to COVID-19 during PY1 although the clinic or provider practice remained open?
   - ❑ _____%
   - ❑ Do not know

45. Approximately what percent of your partner clinics **that implement evidence-based interventions (EBIs)** did your BCCEDP program temporarily stop working with during PY1 (e.g., temporarily stopped providing TA to these clinics) due to COVID-19?
   PY1
   - ❑ _____%
   - ❑ Do not know

46. During PY1, did your BCCEDP provide assistance to clinics to screen women who had missed their appointments and/or delayed routine clinical care due to COVID-19?
    - ❑ Yes
    - ❑ No

    If yes, please describe: _____

47. Are there other ways that your BCCEDP program was affected by COVID-19 in PY1?

    - ❑ Yes
    - ❑ No

    If yes, please describe: _____

Thank you VERY MUCH for your time in completing this survey. The data provide a systematic assessment of NBCCEDP recipient program details. If you have any questions, please contact Stephanie Melillo at 770.488.4294 or bcu6@cdc.gov.

END OF SURVEY