Implementation of the National Breast and Cervical Cancer Early Detection Program, July 2012 – June 2013

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BACKGROUND & PURPOSE

Established by law in 1990, CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) funds 67 grantees, including all 50 states and D.C., 11 tribes, and 5 U.S. territories. Grantees provide comprehensive breast and cervical cancer screening and diagnostic services to low income, un/under-insured women.

As healthcare reform increases the number of Americans with access to health insurance, the NBCCEDP is utilizing new opportunities to reach a broader population than has traditionally been served by the program.

In the new five-year funding cycle initiated in 2012, grantees were encouraged to implement evidence-based interventions (EBIs) identified in the *Guide to Community Preventive Services* to increase rates of breast and cervical cancer screening among all women, while still providing screening to the traditional priority population. As grantees expand program activities, monitoring and evaluation of program implementation is necessary.

The purpose of this study is to assess NBCCEDP grantees' implementation of activities for the first year of the funding cycle (FY2012, July 2012 – June 2013). These data will serve as baseline for annual data collections.

METHODS

A research team developed a brief survey with stakeholder input to systematically assess NBCCEDP grantees' program activities over the 5-year funding cycle.

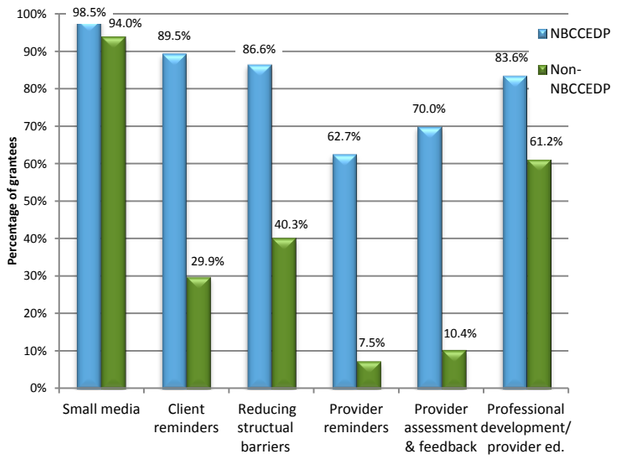
- The web-based survey was administered to all 67 grantees in Nov/Dec 2013.
- Grantees were asked to report their activities for Program Year 1 (PY1) only, July 2012—June 2013.
- CDC program staff participated in a validation process to ensure accurate data.

SURVEY CONTENT

- Respondent information
- Non-clinical program activities
- Clinical service delivery
- Evaluation activities
- Non-screening partnerships
- Data use
- Training and technical assistance (TA) needs
- Program management, including participation in and effects of health reform on grantees

RESULTS

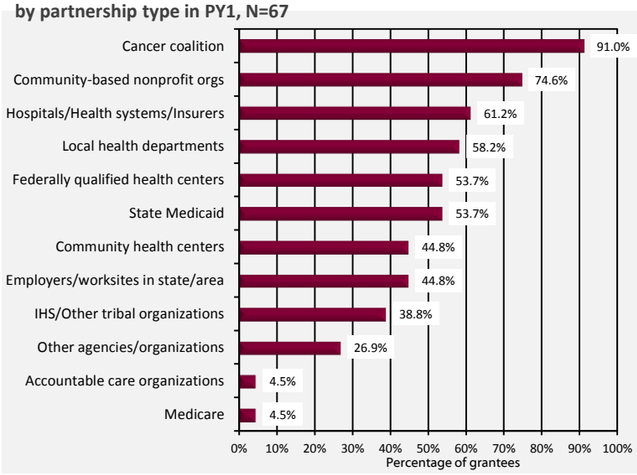
Figure 1. Percentage of grantees implementing EBIs and professional development activities in PY1, N=67



In PY1, NBCCEDP grantees reported implementing a variety of EBIs to increase screening, particularly among NBCCEDP patients and providers (Figure 1). Grantees' ability to extend interventions to non-NBCCEDP patients and providers is limited by a requirement that 60% of their award support direct clinical services. While professional development is not named as an EBI in the *Community Guide*, CDC encourages grantees to conduct these activities.

NBCCEDP grantees are working with diverse partners on non-screening activities (Figure 2). Most are partnering with their local cancer coalitions.

Figure 2. Percentage of grantees working with non-screening partners, by partnership type in PY1, N=67



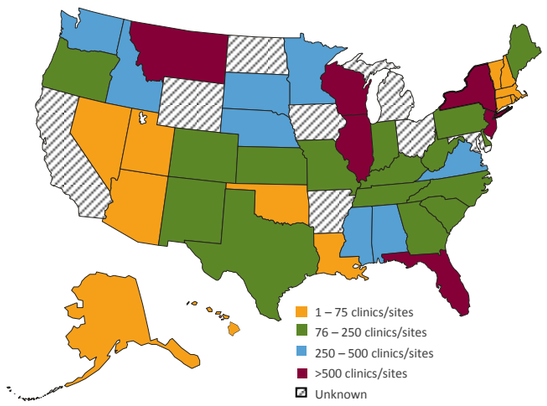
NBCCEDP grantees work with several types of clinics to provide screening, including individual provider offices/clinics, health care systems, FQHCs, and Indian Health Services (Table 1).

Table 1. Percentage of grantees working with screening providers, by provider facility type in PY1, N=67

NBCCEDP provider facility type	% of grantees
Individual provider offices or clinics (not including FQHCs)	71.6%
Health care systems or clinics associated with an insurer	61.2%
FQHCs or community health centers	74.6%
Indian Health Services or other tribal health organizations	49.2%

NBCCEDP grantees contracted with over 10,000 clinics to provide screening in PY1. The range of contracted clinics/sites for each state grantee is shown in the map below (Figure 3). The total number of contracted clinics/sites in the tribes and territories ranges from 1 to 24.

Figure 3. Range of NBCCEDP clinics/sites by state



Grantees reported training and TA needs related to both intervention strategies and program management.

Table 2. Top training and TA needs reported by grantees in 2013, N=67

Training and TA need	% of grantees
Implementation of systems change	38.8%
Program monitoring and evaluation	34.3%
Quality assurance/improvement strategies	34.3%
Community health worker activities	31.3%
Provider assessment & feedback strategies	31.3%

CONCLUSIONS

- In PY1, grantees primarily used EBIs among the traditional NBCCEDP patient population and provider network.
- The number of grantees implementing EBIs among non-NBCCEDP patients may increase as health care reform is implemented, especially if the 60% clinical services requirement is eliminated.
- Most grantees are collaborating with their cancer coalitions, a partnership encouraged by CDC. Over half of grantees partnered with FQHCs and Medicaid on non-screening program activities in PY1.
- NBCCEDP grantees work with an expansive screening provider network that includes varied facility types. Some states have a more decentralized provider network than others. Grantees can capitalize on their experience working with various clinic types to expand efforts to increase screening among all age-appropriate women.
- CDC can help to address the training and TA needs identified by grantees. Needs include those related to specific strategies (e.g., community health worker activities) as well as those pertaining to general program management (e.g., program monitoring and evaluation).

CONTACT INFORMATION

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