Snapshot: NBCCEDP



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Medical Director,
NBCCEDP & CRCCP



Dara Schlueter, MPH
Program Evaluation Team C Lead

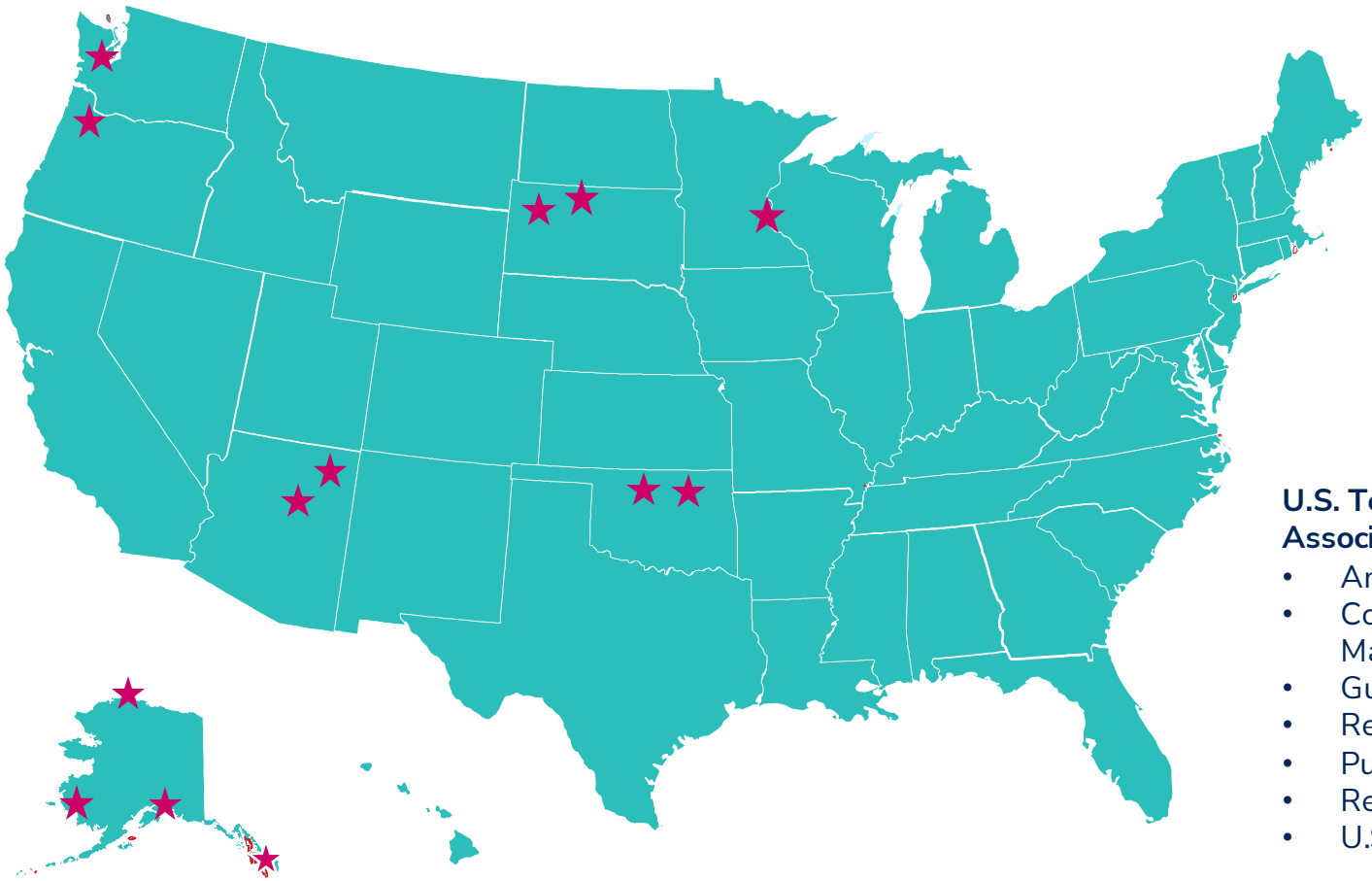
Segment Components

- Purpose of NBCCEDP
- Reaching Program-Eligible Women
- Overview of DP22-2202 Strategies
- NBCCEDP Data Monitoring and Evaluation Recipient Requirements



DP22-2202 NBCCEDP Award Recipients

National Breast and Cervical Cancer Early Detection Program



U.S. Territories and Freely Associated States (Not Shown):

- American Samoa
- Commonwealth of Northern Mariana Islands
- Guam
- Republic of Marshall Islands
- Puerto Rico
- Republic of Palau
- U.S. Virgin Islands

★ **Tribes/Tribal Organizations:**

- American Indian Cancer Foundation
- Arctic Slope Native Association, Ltd.
- Cherokee Nation
- Cheyenne River Sioux Tribe
- Great Plains Tribal Leaders Health Board
- Hopi Tribe
- Kaw Nation
- Native American Rehabilitation Association of the Northwest, Inc.
- Navajo Nation
- Southcentral Foundation
- Southeast Alaska Regional Health Consortium
- South Puget Intertribal Planning Agency
- Yukon-Kuskokwim Health Corporation

AUTHORIZED 35 YEARS AGO THROUGH BREAST AND CERVICAL CANCER MORTALITY PREVENTION ACT

CDC's National Breast & Cervical Cancer Early Detection Program

- Serves women with low incomes, who are uninsured or under-insured
- Provides screening and diagnostic services through local providers
- Expands use of evidence-based strategies in clinics and working with community organizations to reach women
- Refers those diagnosed with cancer to Medicaid treatment services authorized by the Breast and Cervical Cancer Treatment Act



NBCCEDP Eligibility



Age

40-64 years
for breast cancer services

21-64 years
for cervical cancer services

Over 64 years if not covered by Medicare
Younger ages if high-risk or symptomatic



Income

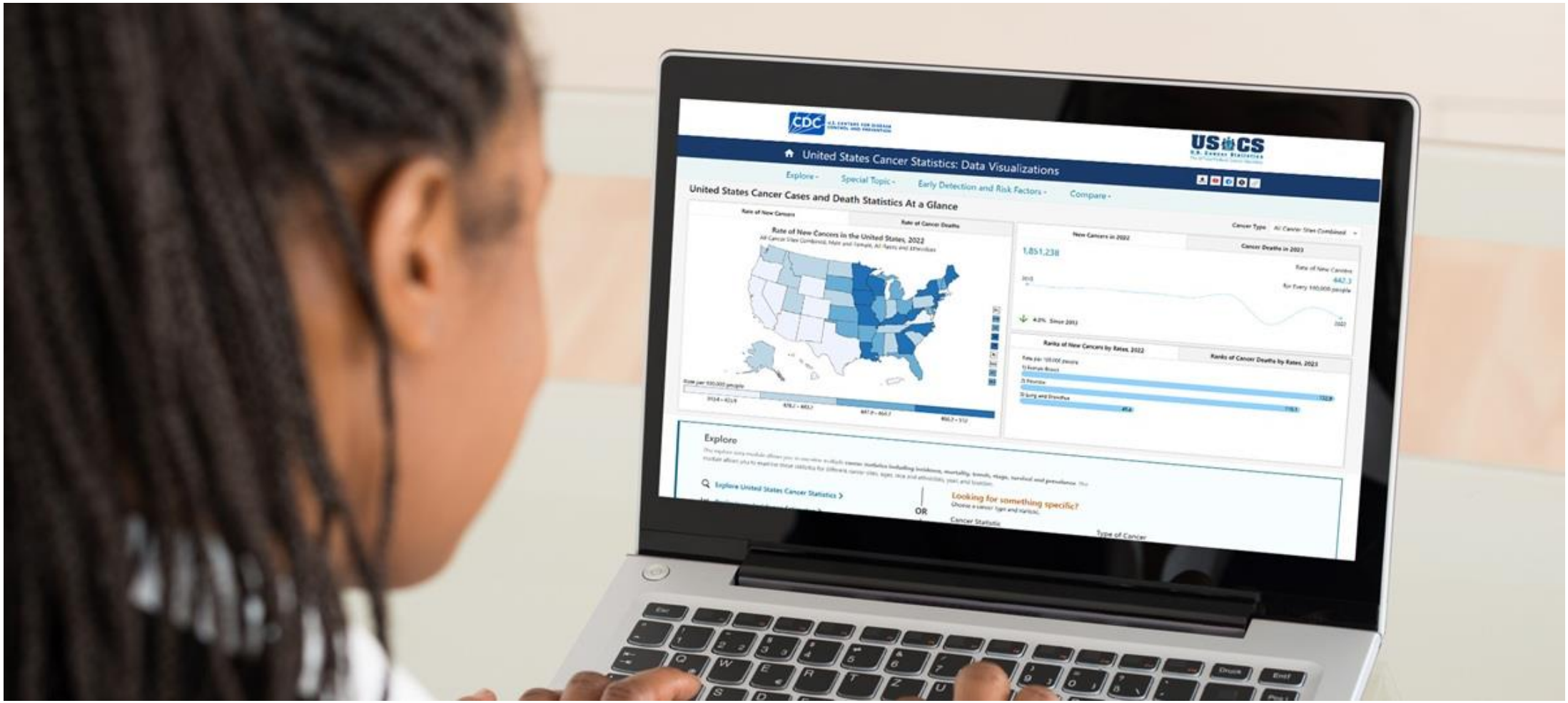
≤ 250% Federal Poverty Level (FPL)



Insurance

Without adequate insurance

Focus: Areas with low screening, high late-stage diagnoses, high mortality

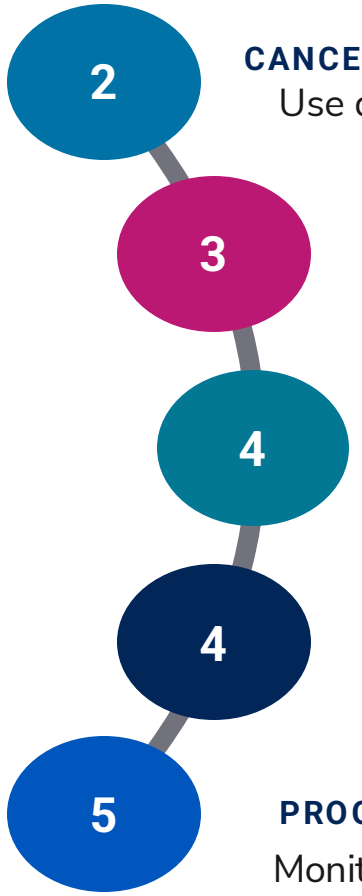


NBCCEDP Goals

- Screen at least 410,000 individuals by the end of the project period
- At least 35% of cervical cancer screens among those who are rarely or never screened
- Decrease cancer incidence, morbidity, and mortality

NBCCEDP Strategies (DP22-2202)

Increase breast and cervical cancer screening and early detection among women who have **low-incomes** and who are **uninsured or underinsured**, especially those who are disproportionately affected by cancer



CANCER DATA AND SURVEILLANCE
Use data to identify and describe the eligible population

PARTNERSHIPS
Support partnerships for cancer prevention and control

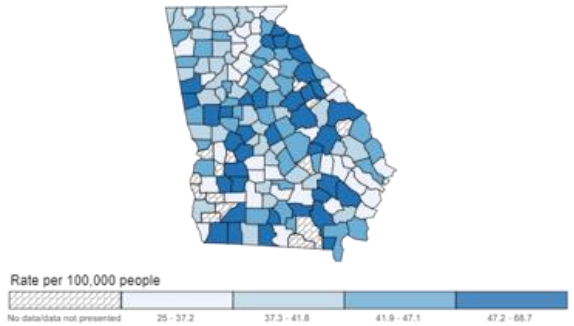
SCREENING
Deliver breast and cervical cancer screening

EVIDENCE-BASED INTERVENTIONS (EBIS)
Implement Evidence-based Interventions (EBIs)

PROGRAM MONITORING AND EVALUATION
Monitor efforts and evaluate outcomes to assess program effectiveness.

Strategy 2. Cancer Data and Surveillance

- Use **state and local data** to identify program eligible population
  - Income
  - Insurance status
- Prioritize populations disproportionately **burdened by breast or cervical cancer**
  - Incidence
  - Stage of disease
  - Mortality



Data Tools

- USCS Data Visualizations Tool
- USCS Public Use Databases
- CDC WONDER
- CDC PLACES
- CDC NCEH Tracking Data Explorer
- Healthy People
- SAHIE
- Area-level Attribute Files in SEER*Stat

Strategy 3. Partnerships



- Work with **State Cancer Coalitions** to help set breast and cervical cancer screening goals within their jurisdiction cancer control plans
- Partner with **local health care facilities** (e.g., community health centers and hospitals) for service delivery
- Collaborate with **community-based organizations** to reach populations of focus
- Collaborate with other **chronic disease and public health programs** to disseminate information and maximize access to screening
- **Central cancer registries** for reporting and use of cancer burden data
- **Immunization programs** to disseminate information about HPV vaccination to NBCCEDP women for adolescents to prevent cervical cancer and provide referrals to appropriate immunization programs for their children

Strategy 4. Screening



Deliver **cancer screening** by:

- Setting annual and 5-year projections
- Increasing service delivery **by 5%** per year
- Maintaining a diverse network of providers
- Conducting **outreach** and connect individuals to services in partner clinics
- Engaging community health workers
- Providing **patient navigation** to clients
- Partnering with organizations that provide other community and social services to **help reduce barriers to screening**

OPTIONAL:

Providing patient navigation to women who meet NBCCEDP eligibility requirements, except they have another source of payment for clinical services. *This can only be done as an addition to providing screening services*

NBCCEDP provides clinical services

- Clinical breast examinations
- Mammograms
- Pap tests
- HPV testing
- Pelvic examinations
- Patient navigation
- Diagnostic testing if results are abnormal
- Referrals to treatment



Address Barriers to Screening

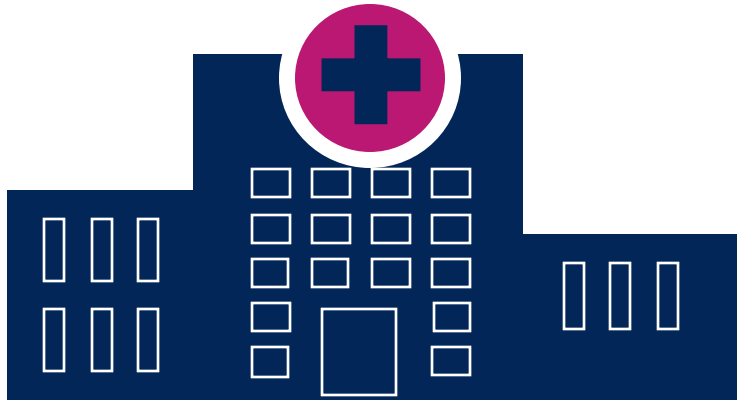
- Underinsured women with large health insurance co-pays or deductibles that they cannot afford
- Living in rural and frontier geographic areas
- Language
- Low literacy levels
- Disabilities
- Culturally-isolated women
- Lack of transportation
- Inconvenient clinic hours
- Patient's provider preference
- Embarrassment



Strategy 4. Evidence-Based Interventions (EBIs)

- Implement Evidence-Based Interventions by
    - Working with partner clinics to implement EBIs*
    - Identifying an **EBI champion** in partner clinics
    - Providing ongoing technical assistance to support EBI implementation, adaptation, and data monitoring
    - Collecting and reporting baseline and annual clinic screening and implementation data

*Client reminders, reducing structural barriers, provider assessment and feedback, provider reminder and recall systems, engaging community health workers, small media, group education, and one-on-one education.
- The Community Guide



Evidence-Based Interventions

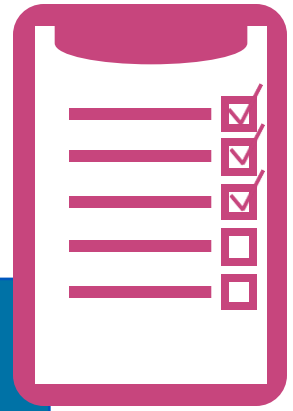
- **Multicomponent: focusing on different areas of the clinical system**
  - Increasing demand
  - Increasing access
  - Increasing delivery of screening recommendations

- **Priority EBIs**:
  - Patient reminders
  - Provider reminders
  - Provider assessment and feedback
  - Reducing structural barriers
  - Patient navigation

  Recipients should implement at least three EBIs



Community Guide Cancer Screening Interventions



Strategy to Increase **Community Demand**	Strategy to Increase **Community Access**	Strategy to Increase **Provider Delivery**
Group Education One-on-One Education Client Reminders Small Media	Interventions to Reduce Client Out-of-Pocket Costs **Interventions to Reduce Structural Barriers** Reducing Administrative Barriers Providing Appointment Scheduling Using Alternative Screening Sites Using Alternative Screening Hours Providing Transportation Providing Translation Providing Childcare	Provider Reminders Provider Assessment and Feedback

Strategy 5. Monitoring and Evaluation



- **Participate** in CDC-led monitoring, evaluation, and dissemination efforts.
- Develop an **evaluation plan**.
- Evaluate processes and outcomes.
- Establish and maintain **MDE systems** to collect and report patient data.
- Collect and report and use **clinic-level data** on EBI implementation.
- Submit **annual evaluation report** to describe program monitoring, effectiveness, and use of findings.
- **Share** evaluation **findings** with appropriate partners.

The NBCCEDP is a Comprehensive Program



NBCCEDP Program Monitoring and Evaluation

Dara Schlueter, MPH
Program Services Branch, Division of Cancer Prevention and Control

AGENDA

01 Introduction

02 Program Monitoring and Evaluation Requirements

03 CDC’s National NBCCEDP Evaluation

04 Recipient Data Submission Requirements and Timeline

05 Supporting Tools and Resources

IMS DATA CONTRACTORS



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CDC Evaluation Team Roles and Responsibilities

Provide evaluation TA and guidance to recipients and PCs





Collect, manage (data quality), and aggregate data reported by recipients

Plan and implement evaluation of overall NBCCEDP/CRCCP





Analyze evaluation data and disseminate findings to collaborators and Congress

Provide TA to recipients for reporting CDC-required data





Conduct special evaluation studies (e.g., qualitative case studies, MDE analysis)

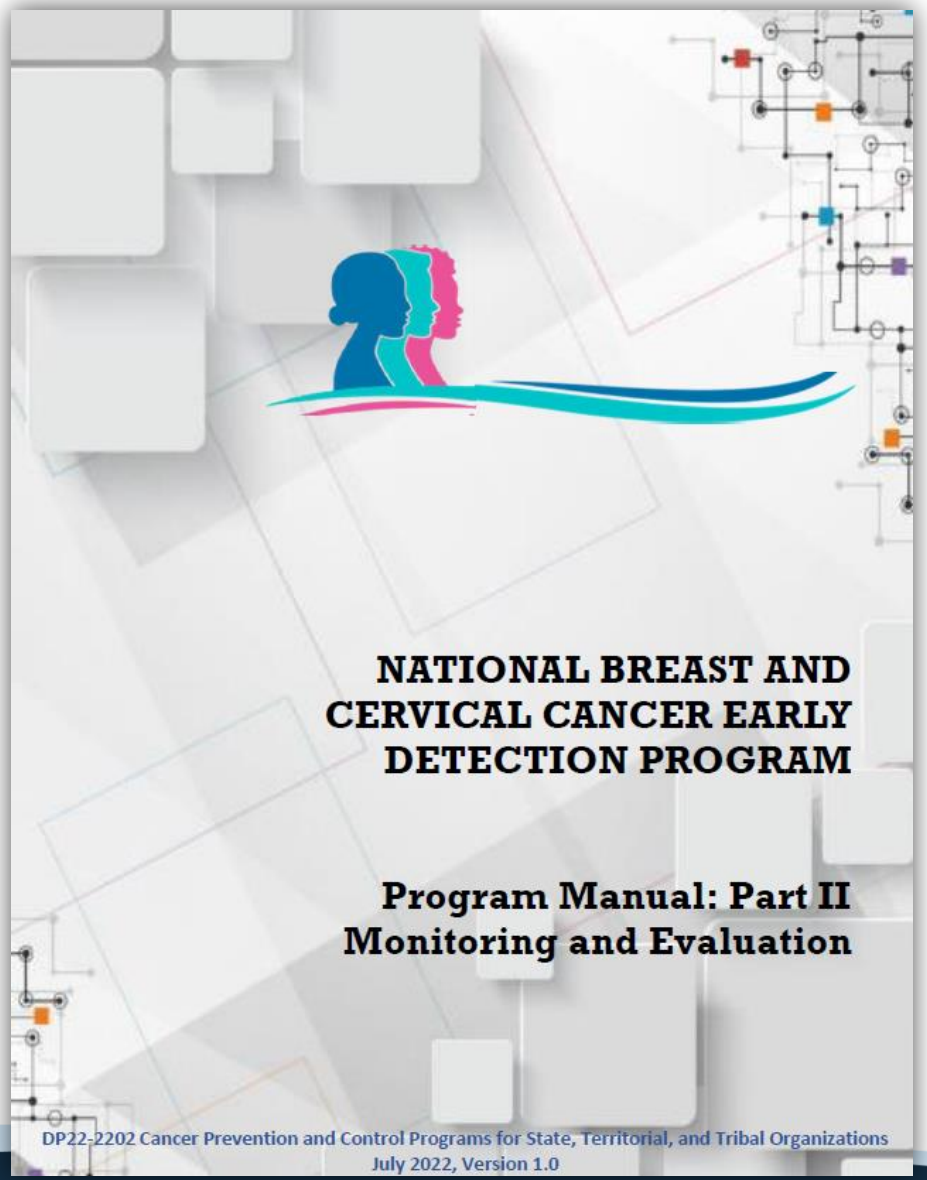


Program Monitoring and Evaluation Requirements

NBCCEDP DP22-2202

Program Manual, Part II: Monitoring and Evaluation

- **Policy E1**: Include staff with evaluation and data management expertise
- **Policy E2**: Develop an NBCCEDP evaluation and performance measurement plan
- **Policy E3**: Evaluate all major program components over the 5-year project period
- **Policy E4**: Participate in CDC's evaluation of the overall NBCCEDP by reporting required data



Policy E1: Include staff with evaluation and data management expertise

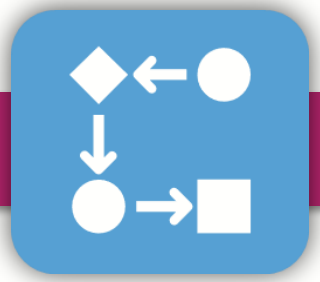


Evaluation

Data Management

EHR Expertise

Policy E2: Develop an Evaluation and Performance Measurement Plan



Describe
your program and context



Engage
collaborators



Assess
all program components

Evaluation plans are due 6 months after initial award.

Policy E2: Evaluate all major program components over the 5-year project period



Screening



Evidence-Based Interventions



Outreach

Evaluation reports are due November 30 each program year.

Policy E3: Participate in CDC's Overall Evaluation of the NBCCEDP



Report Data

Minimum Data Elements
Quarterly Program Update
Annual Survey
Baseline and Annual Clinic Data
Service Delivery Projections



Participate in Special Studies

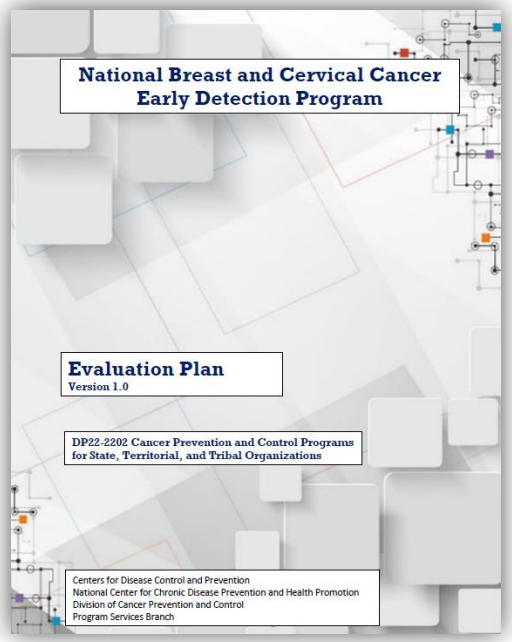
Cost studies
Qualitative case studies
MDE analysis studies



CDC's National NBCCEDP Evaluation

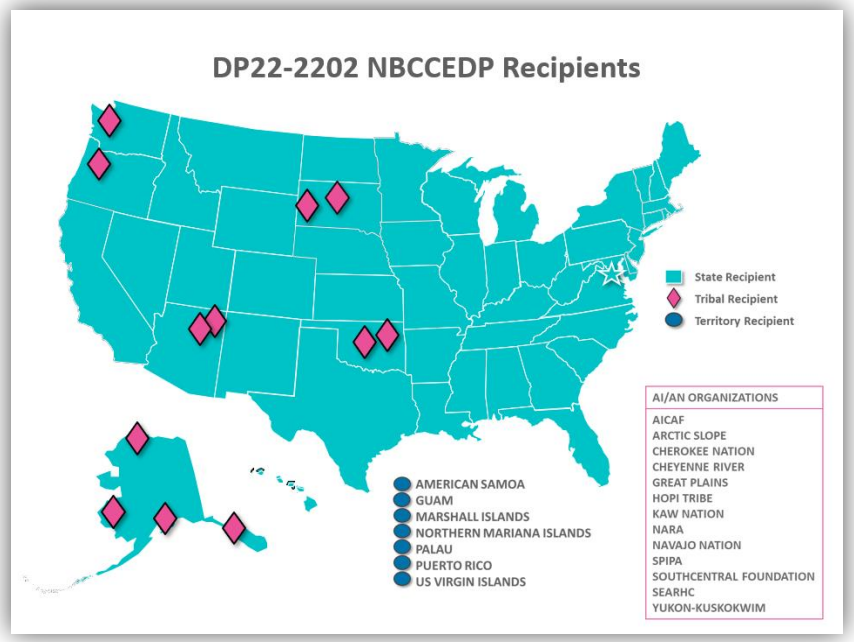
NBCCEDP DP22-2202

CDC's evaluation will help to:



Inform

future program planning and decision-making



Improve

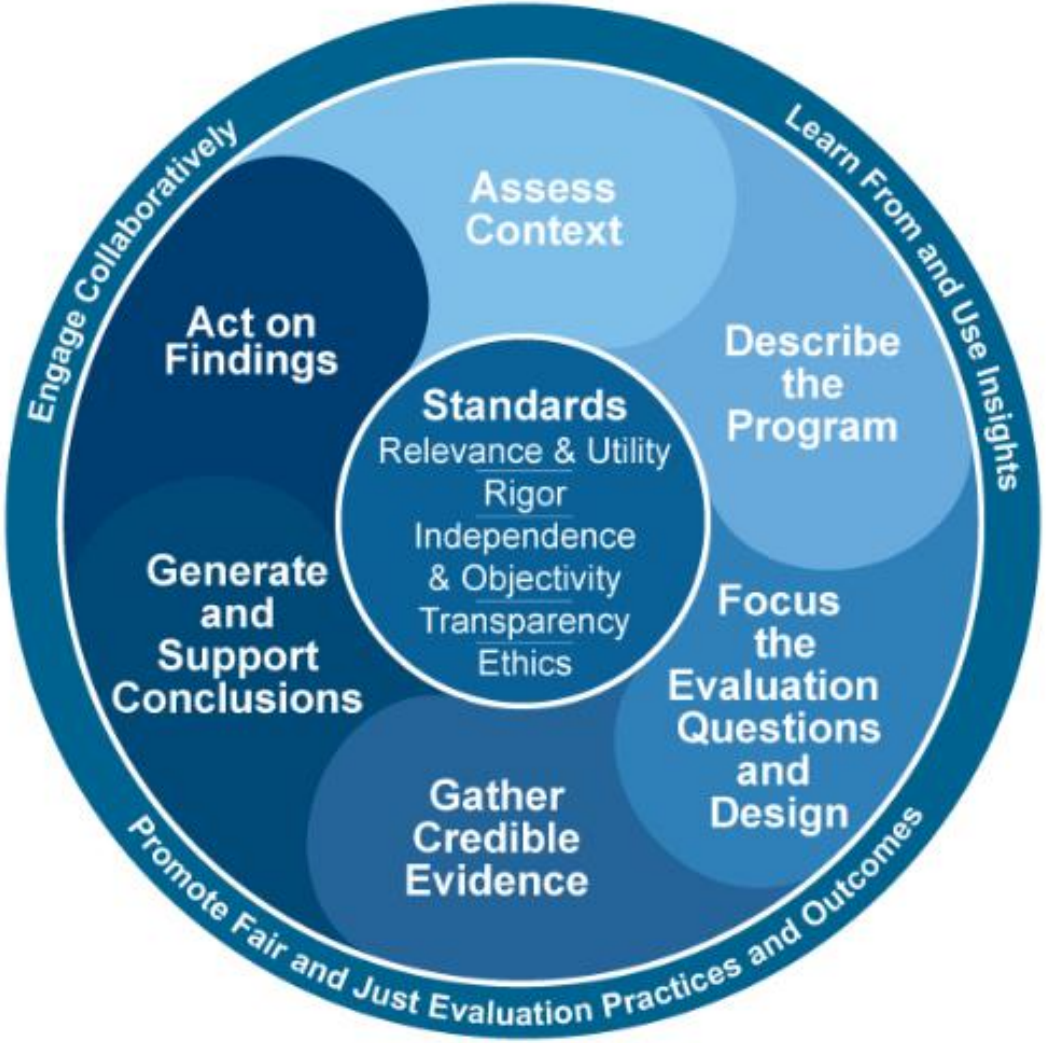
recipient programs



Strengthen

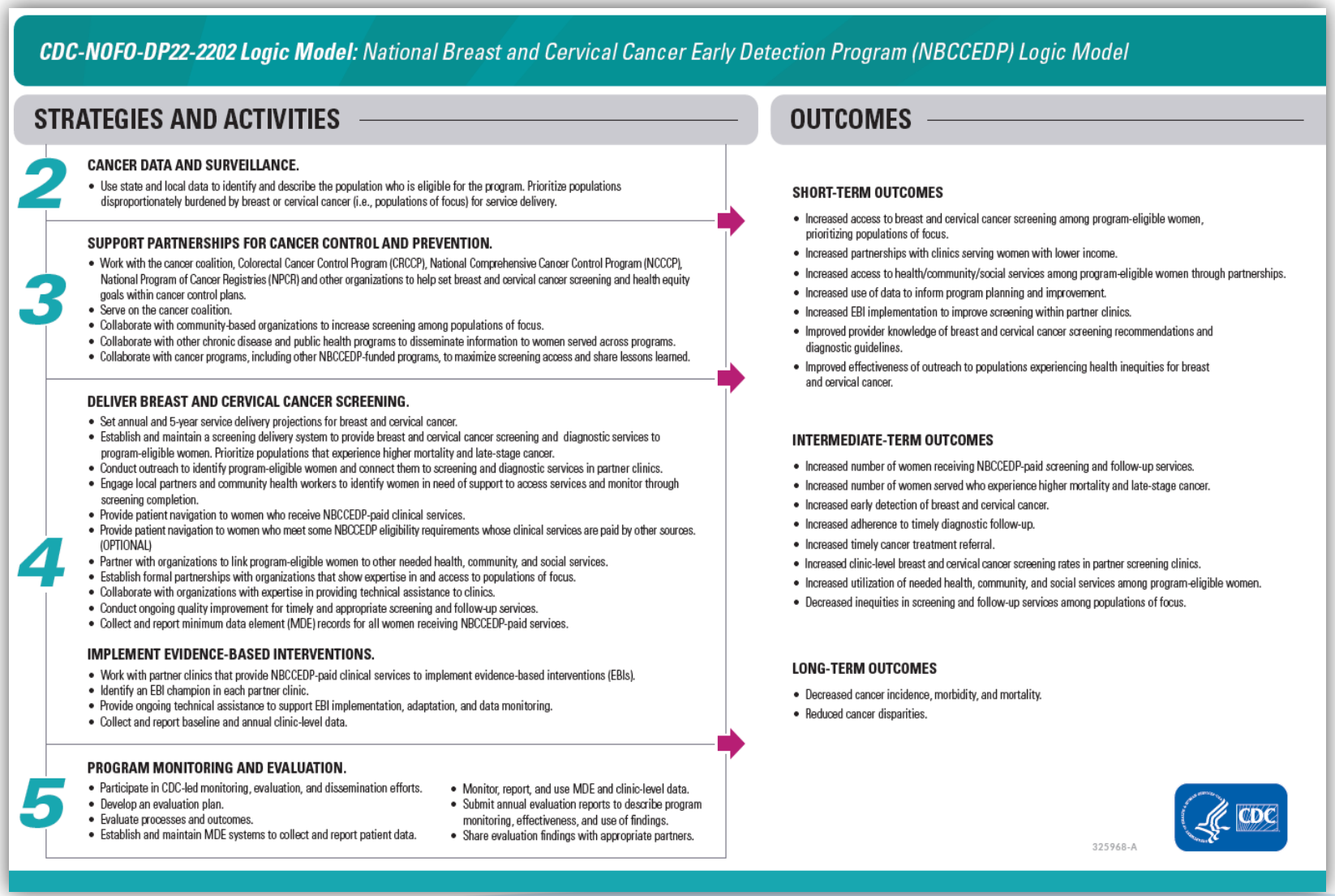
accountability

CDC's Framework for Program Evaluation*



*https://www.cdc.gov/mmwr/volumes/73/rr/rr7306a1.htm?s_cid=rr7306a1_w

NBCCEDP Logic Model



CDC-NOFO-DP22-2202 Logic Model: *National Breast and Cervical Cancer Early Detection Program (NBCCEDP) Logic Model*

STRATEGIES AND ACTIVITIES

2 CANCER DATA AND SURVEILLANCE.

- Use state and local data to identify and describe the population who is eligible for the program. Prioritize populations disproportionately burdened by breast or cervical cancer (i.e., populations of focus) for service delivery.

3 SUPPORT PARTNERSHIPS FOR CANCER CONTROL AND PREVENTION.

- Work with the cancer coalition, Colorectal Cancer Control Program (CRCCP), National Comprehensive Cancer Control Program (NCCCP), National Program of Cancer Registries (NPCR) and other organizations to help set breast and cervical cancer screening and health equity goals within cancer control plans.
- Serve on the cancer coalition.
- Collaborate with community-based organizations to increase screening among populations of focus.
- Collaborate with other chronic disease and public health programs to disseminate information to women served across programs.
- Collaborate with cancer programs, including other NBCCEDP-funded programs, to maximize screening access and share lessons learned.

4 DELIVER BREAST AND CERVICAL CANCER SCREENING.

- Set annual and 5-year service delivery projections for breast and cervical cancer.
- Establish and maintain a screening delivery system to provide breast and cervical cancer screening and diagnostic services to program-eligible women. Prioritize populations that experience higher mortality and late-stage cancer.
- Conduct outreach to identify program-eligible women and connect them to screening and diagnostic services in partner clinics.
- Engage local partners and community health workers to identify women in need of support to access services and monitor through screening completion.
- Provide patient navigation to women who receive NBCCEDP-paid clinical services.
- Provide patient navigation to women who meet some NBCCEDP eligibility requirements whose clinical services are paid by other sources. (OPTIONAL)
- Partner with organizations to link program-eligible women to other needed health, community, and social services.
- Establish formal partnerships with organizations that show expertise in and access to populations of focus.
- Collaborate with organizations with expertise in providing technical assistance to clinics.
- Conduct ongoing quality improvement for timely and appropriate screening and follow-up services.
- Collect and report minimum data element (MDE) records for all women receiving NBCCEDP-paid services.

IMPLEMENT EVIDENCE-BASED INTERVENTIONS.

- Work with partner clinics that provide NBCCEDP-paid clinical services to implement evidence-based interventions (EBIs).
- Identify an EBI champion in each partner clinic.
- Provide ongoing technical assistance to support EBI implementation, adaptation, and data monitoring.
- Collect and report baseline and annual clinic-level data.

5 PROGRAM MONITORING AND EVALUATION.

- Participate in CDC-led monitoring, evaluation, and dissemination efforts.
- Develop an evaluation plan.
- Evaluate processes and outcomes.
- Establish and maintain MDE systems to collect and report patient data.
- Monitor, report, and use MDE and clinic-level data.
- Submit annual evaluation reports to describe program monitoring, effectiveness, and use of findings.
- Share evaluation findings with appropriate partners.

OUTCOMES

SHORT-TERM OUTCOMES

- Increased access to breast and cervical cancer screening among program-eligible women, prioritizing populations of focus.
- Increased partnerships with clinics serving women with lower income.
- Increased access to health/community/social services among program-eligible women through partnerships.
- Increased use of data to inform program planning and improvement.
- Increased EBI implementation to improve screening within partner clinics.
- Improved provider knowledge of breast and cervical cancer screening recommendations and diagnostic guidelines.
- Improved effectiveness of outreach to populations experiencing health inequities for breast and cervical cancer.

INTERMEDIATE-TERM OUTCOMES

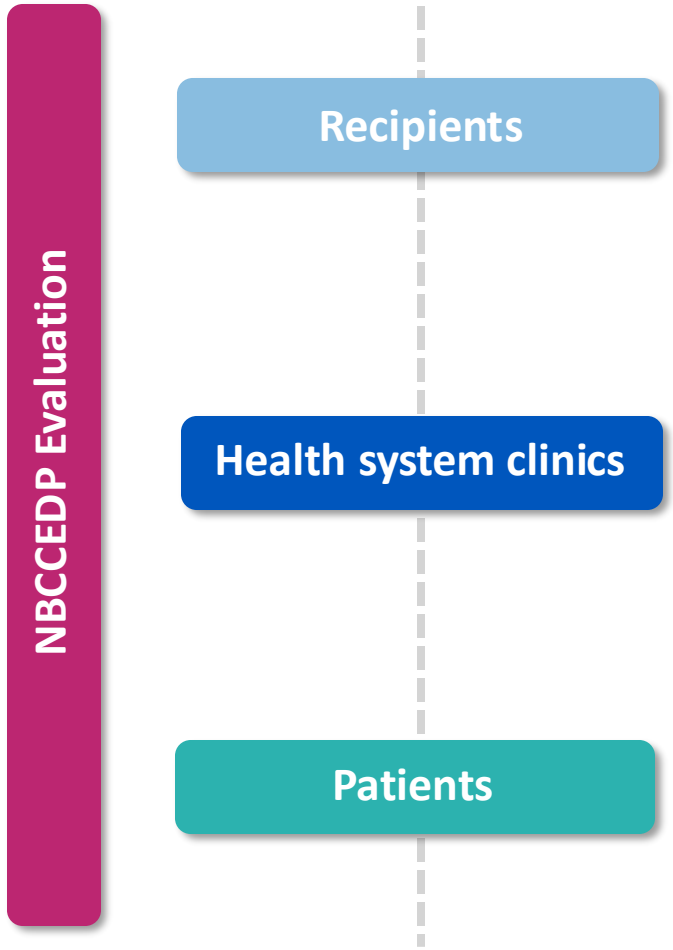
- Increased number of women receiving NBCCEDP-paid screening and follow-up services.
- Increased number of women served who experience higher mortality and late-stage cancer.
- Increased early detection of breast and cervical cancer.
- Increased adherence to timely diagnostic follow-up.
- Increased timely cancer treatment referral.
- Increased clinic-level breast and cervical cancer screening rates in partner screening clinics.
- Increased utilization of needed health, community, and social services among program-eligible women.
- Decreased inequities in screening and follow-up services among populations of focus.

LONG-TERM OUTCOMES

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

325968-A

Multi-level Evaluation Approach



Evaluation questions*

- What is the nature of recipients' partnerships?
- Are recipients reaching their populations of focus?
- How are recipients managing their programs?

- Are clinic-level screening prevalence increasing?
- Which EBIs are being implemented?

- How many women are served by NBCCEDP?
- Are women receiving timely diagnostic follow-up?
- What are the outcomes for women served by the NBCCEDP?

Data collection strategy

Annual Survey
Service Delivery Projections
Quarterly Program Updates

Clinic Data

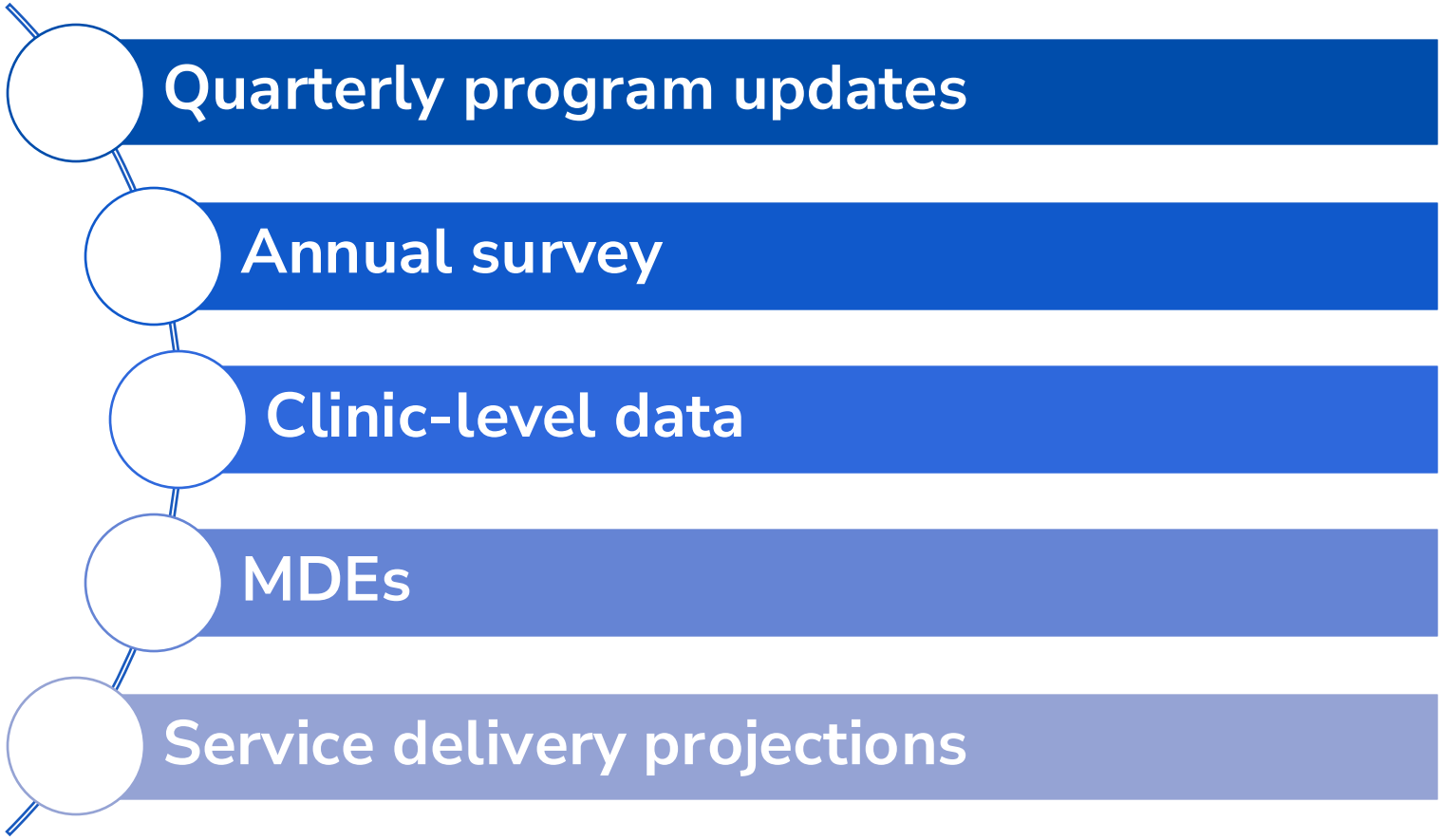
Minimum Data Elements

*Full listing of evaluation questions are included in CDC's NBCCEDP national evaluation plan



Recipient Data Submission Requirements and Timeline

Standardized Data Collections Managed by Eval Team



Quarterly Program Update (QPU)

Purpose:

Monitor program implementation to inform CDC's technical assistance (TA)

Information reported:

- Quarterly spending
- Service delivery
- Staff vacancies
- TA needs



Inform TA calls and broad-based TA, monitor implementation and advancement of health equity objectives



Program Director/Program Coordinator



NEW! Submit via "QPU" tab at https://nbccedp.cdc.gov

Due Dates	Q4			Q1			Q2			Q3		
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June

NBCCEDP Annual Survey

Purpose:

Describe recipient-level program approaches to NBCCEDP implementation

Information reported:

- Partnerships
- Screening eligibility
- Provider sites
- Funding



Understand national- and recipient-level implementation



The person responsible for day-to-day management



Web-based data collection system (Lime Survey)

Due Date		Annual										
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June

NBCCEDP Baseline and Annual Clinic Data

Purpose:

Collect standardized longitudinal records on EBI implementation and changes in screening rates among partner clinics

Information reported:

- Clinic characteristics
- Screening prevalence
- EBI implementation
- QI activities

Monitor clinic characteristics, EBI implementation, and screening prevalence change

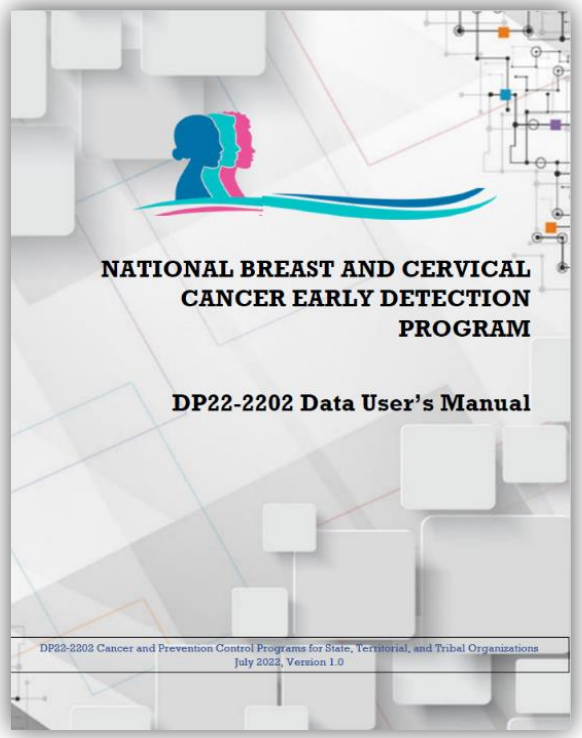
Data manager

Submit via "B&C-BARS" tab at https://nbccedp.cdc.gov

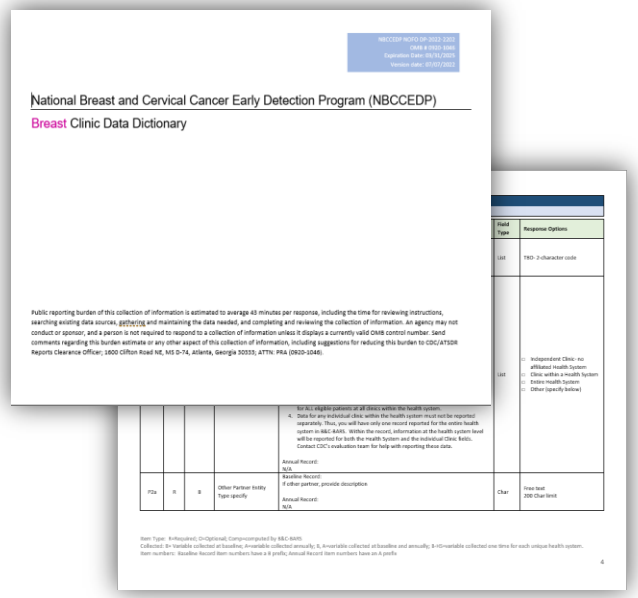
NEW! NBCCEDP Clinic Data Users' Manual

Due Dates	July	Aug	Annual Sept 30	Oct	Nov	Dec	Jan	Feb	Rates Mar 30	Apr	May	Baseline June 30

Resources for Baseline and Annual Clinic Level Data



Clinic Data Users' Manual



Breast and Cervical Clinic Data Dictionaries



Breast and Cervical Baseline and Annual Clinic Data Collection Forms

NBCCDP Minimum Data Elements (MDEs)

Purpose:

Collect standardized data on the breast and cervical screening provided by NBCCEDP

Information reported:

- Patient demographics
- Screening/diagnosis
- Patient navigation
- Cancer treatment
- Cancer registry data



Report women served by program to Congress and others, monitor completeness and timeliness, evaluate who is served by NBCCEDP



Data manager



MDE file via “Submit MDEs” tab at https://nbccedp.cdc.gov

Due Dates				Bi-annual						Bi-annual		
	July	Aug	Sept	Oct 15	Nov	Dec	Jan	Feb	Mar	Apr 15	May	June

NBCCEDP Service Delivery Projections

Purpose:

Project the number of women to be served for each program year (PY)

Information reported:

The total number of women to be served in four broad-based categories and delineated by race and ethnicity and rurality

Inform funding tier assignment, assess actuals against projections, assess progress in advancing health equity

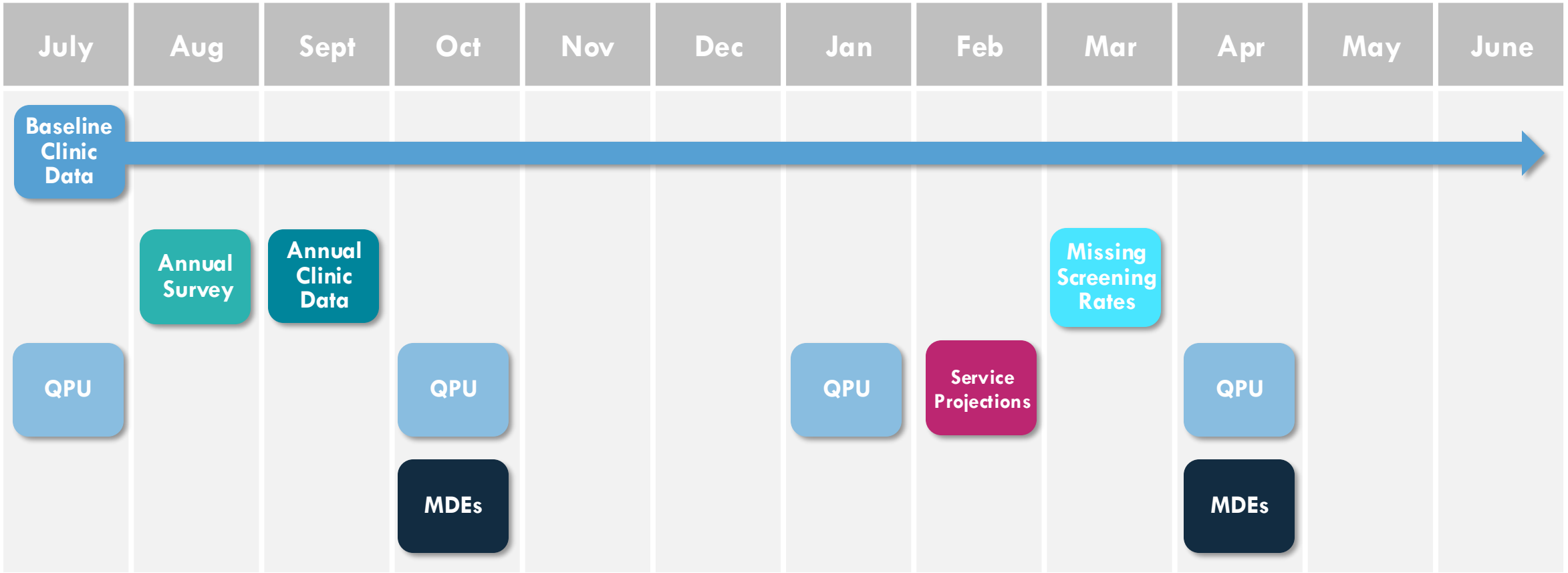
Recipient

Submit

MDE file via "Projections" at https://nbccedp.cdc.gov

		PY1						PY2–PY5				
Due Dates	July	Aug 2022	Sept	Oct	Nov	Dec	Jan	Feb '23–'26	Mar	Apr	May	June

NBCCEDP DP22-2202 Data Reporting Timeline





Supporting Tools and Resources

NBCCEDP Monitoring and Evaluation Resources and Reports

https://nbccedp.cdc.gov

Contains resources and reports on monitoring and evaluation

Program Directors are given an administrator account and can:

- **create accounts** for new staff
- **change user permissions** to access different sections of nbccedp.cdc.gov



NBCCEDP Monitoring and Evaluation Resources and Tools

Resources

nbccedp.cdc.gov

Visit this password-protected site to access program guidance and evaluation resources.

Available: https://nbccedp.cdc.gov

NBCCEDP Program Manual Part II: Evaluation and Performance Measurement

Review the NBCCEDP Program Manual that includes a section devoted to detailing recipient evaluation requirements, including ones related to data reporting, and CDC's evaluation of the overall NBCCEDP, including the CDC Evaluation Plan.

Available: https://nbccedp.cdc.gov

Tools

NBCCEDP MDE Data User's Manual

Provides technical information to collect and submit MDEs including data definitions table and guidance on data linkages.

Available: https://nbccedp.cdc.gov

NBCCEDP Clinic Data User's Manual

Refer to the data dictionary for a list of required baseline and annual clinic data variables for all clinic partners. Optional tools also available to collect NBCCEDP required baseline and annual clinic data.

Available: https://nbccedp.cdc.gov

Other Tools

Presentations and recorded webinars with information on data collections including for the MDEs, QPUs, annual survey, and service projections.

Available: https://nbccedp.cdc.gov

Reports

Clinic Baseline and Annual Data Reports

View recipient-specific clinic data reports, accessible within B&C-BARS.

Available: https://nbccedp.cdc.gov

NBCCEDP Tableau Dashboards

Access data dashboards to view your submitted evaluation data. Tools allow you to save and print individual dashboards to share with collaborators and partners.

CDC Evaluation Team

Contact your CDC Program Consultant if you have questions for the CDC Evaluation Team.

Available: AMP https://amp.cdc.gov/Cancer/s/

Last updated July 2026

National Breast and Cervical Cancer Early Detection Program

Table of Contents

Select a section below to view available dashboards.
Click on an image to open the dashboard (will open a new tab/window).

PROGRAM MANAGEMENT
Staffing, Submission Deadlines, APR, Fiscal, Success Stories

QPU
Quarterly Program Update

SERVICE DELIVERY
Patient-level Information, MDEs, Screening Projections

B&C-BARS
Clinic-level Information

ANNUAL SURVEY
Program Resources, Funding, Partnerships



DP22 APR



DP22 Staffing



DP22 Stories Submission



DP22 Submission Deadlines



DP22 Success Stories