



NBCCEDP Program Guidance Manual

Book 1
Introduction to the Manual
Acronym List

Revised 10/2012



NBCCEDP Program Guidance Manual

Introduction to the Manual

Version 2

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FOREWORD

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) was created in response to the Breast and Cervical Cancer Mortality Prevention Act passed by Congress in 1990. The Act established a program of cooperative agreements with states, tribes, and territories to increase the early detection and prevention of breast and cervical cancer among low-income, uninsured, and underinsured women. It specified that the program be administered by the Centers for Disease Control and Prevention (CDC) to provide clients with physical examinations of the breasts, mammograms, pelvic examinations, and Pap tests. The NBCCEDP is the first—and thus far the only—national cancer screening program in the United States.

Clients of the NBCCEDP often have no health insurance for cancer screening, little or no discretionary income, or no medical home. They include minority populations and those who are geographically or culturally isolated from existing services. Most of the women served are over 40 years of age but not yet 65, with little social support or scheduling flexibility. Every funded program is responsible for educating and motivating these women to seek screening; ensuring that services are convenient, accessible, and provided in a respectful, culturally competent manner; effectively communicating results; and recalling and assisting women who need additional services. The national program's successes and challenges are relevant to those who manage and implement the program and those who are served by it.

In addition to funding *screening provision*—reaching and serving NBCCEDP-eligible women—the NBCCEDP also supports *screening promotion*. As outlined in the NBCCEDP Framework, screening promotion refers to population-based approaches to improve systems that increase high-quality breast and cervical cancer screening among all age-appropriate women. Research suggests that the social, organizational, and policy environments impact the ability or likelihood of individuals engaging in healthy behaviors, such as breast and cervical cancer screening. Behavior is difficult to change, especially in an environment that does not readily support change. Therefore, NBCCEDP has adopted the social ecological model (SEM), which not only focuses on the behavior choices of individuals, but also on population-level factors that influence those choices.

Therefore, CDC is pleased to offer the 2012 NBCCEDP Guidance Manual to grantees to provide an understanding of the NBCCEDP. The content is based on both current literature and the sage experience of those currently working in this program. This manual is intended to assist programs in meeting the requirements of the NBCCEDP as set forth in both the law and CDC guidance. It is divided into four books. Book 1 contains the introduction to the NBCCEDP, background and history, structural equation model, NBCCEDP framework and program structure. Book 2 contains Policies and Procedures, Program Management, and Partnerships chapters. Book 3 contains the Screening and Diagnostic Services, Case Management/Patient Navigation, Professional Development, Public Education and Targeted Outreach chapters. Book 4 contains the Data Management, Quality Assurance/Quality Improvement, and Monitoring and Evaluation chapters. Readers are encouraged to first review this introductory chapter to gain a clear understanding of the intent of the program. This manual was developed through an extensive review of past CDC guidance documents with an emphasis on *clarifying* expectations and supersedes all previous guidance manuals.

Although most NBCCEDP state, tribal, and territorial programs have been operational for many years, CDC hopes that individuals working in these programs will challenge themselves with an honest review of their current activities in light of this guidance. CDC encourages grantees to ensure their program activities clearly support the overall intent of each component and maximize the use of limited resources. Grantees also are encouraged to continue seeking additional partners to meet the full potential of their programs. This manual, with its reliance on both science and the experience of those in the field, was developed to assist readers in assessing their activities and goals that facilitate access to screening, diagnostic and follow-up services for the target population and to encourage the incremental inclusion of population-level breast and cervical cancer screening strategies.

BACKGROUND AND HISTORY OF THE NBCCEDP

Breast cancer is the most commonly diagnosed cancer and the second leading cause of cancer death among women in the United States. The early detection of breast and cervical cancer through screening reduces mortality rates and greatly improves cancer patients' survival. However, there is a disproportionately low rate of screening among women of racial and ethnic minorities and among under- or uninsured women, which creates a wide gap in health outcomes between such women and other women in the United States. To address this health disparity, Congress authorized the NBCCEDP in 1991, authorizing CDC to implement a national strategic effort for increasing access to physical examinations of the breasts, mammograms, pelvic examinations, and Pap tests for women in need.

The NBCCEDP is administered by CDC's Division of Cancer Prevention and Control (DCPC) through cooperative agreements. Since 1991, the program has grown to include all 50 U.S. states, the District of Columbia, 5 U.S. territories, and 11 tribes or tribal organizations. Women diagnosed with cancer through the program are eligible for treatment through Medicaid coverage as authorized by the Breast and Cervical Cancer Treatment and Prevention Act passed by Congress in 2000.

An estimated 8-11% of U.S. women of screening age are eligible for NBCCEDP services. CDC guidelines direct grantees to provide services to uninsured and underinsured women at or below 250% of the federal poverty level, aged 21 to 64 for cervical cancer screening and aged 40 to 64 for breast cancer screening. Priority is given to never or rarely screened women for cervical cancer screening and women aged 50 to 64 for breast cancer screening.

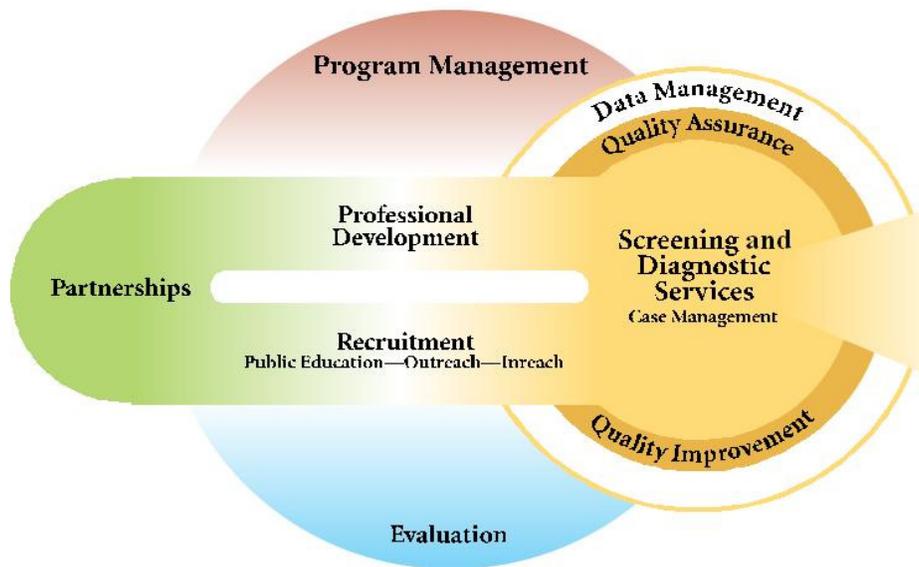
As of 2011, NBCCEDP-funded programs have served more than 4 million women, provided more than 10.4 million breast and cervical cancer screening examinations, and diagnosed more than 54,276 breast cancers, 3,113 invasive cervical cancers, and 144,460 premalignant cervical lesions, of which 41% are high-grade. Approximately 14.3% of NBCCEDP-eligible women aged 40-64 years are screened for breast cancer and 8.7% of eligible women aged 18-64 years are screened for cervical cancer through the program.

THE NBCCEDP CONCEPTUAL FRAMEWORK

Breast cancer and cervical cancer are two very distinct diseases, and they require markedly different methods for their detection, diagnosis, and treatment. For breast cancer, a combination of CBEs and mammography can generally detect an abnormality at an early stage of the disease. For cervical cancer, Pap tests can detect precancerous lesions years before invasive cancer becomes apparent. Although these screening services are key to the early detection of breast and cervical cancers, the existence of these services is not sufficient to achieve a reduction in the illness and death associated with these diseases—other activities must also occur to support direct screening services. These activities are reflected in the eight major components of the NBCCEDP conceptual framework.

Providing screening and diagnostic services is a core component of the program. All other program components are related to and support the delivery of screening and diagnostic services to those women

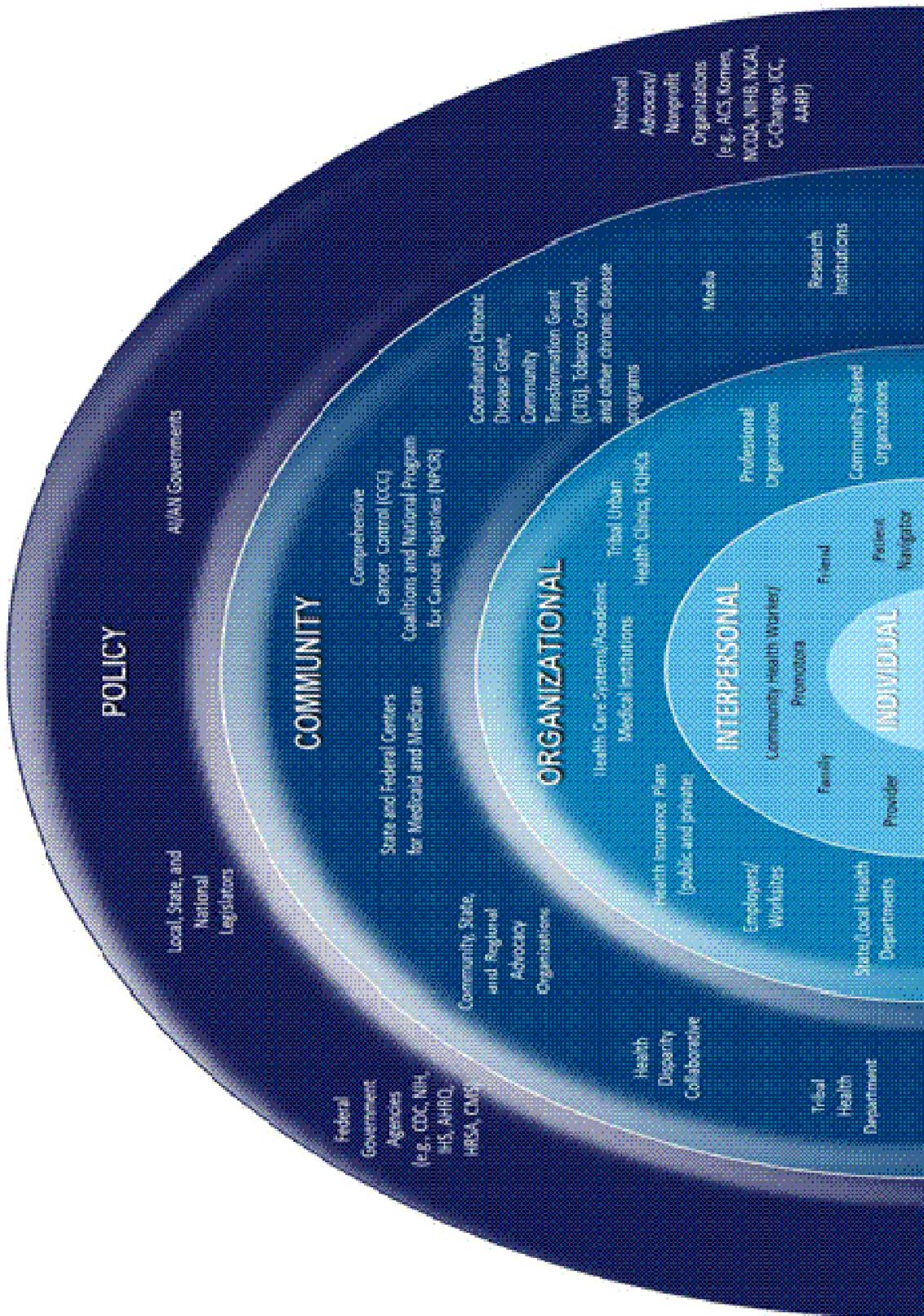
most in need. The Program Management and Evaluation components require a “systems approach”—understanding the bigger picture of how and why the program components interrelate to achieve optimal results.



The NBCCEDP Social Ecological Model

The NBCCEDP supports systems to increase high-quality breast and cervical cancer screening. Social ecological models (SEM) address the individual, organizational, community, and policy levels to provide broad structures for planning and evaluating both screening provision and screening promotion activities. To effectively reduce the morbidity and mortality associated with these diseases, screening tests must be coupled with population-based activities that embrace environmental, policy and systems change approaches. This comprehensive approach to the NBCCEDP is rooted in the theoretical framework of the SEM.

The SEM identifies five levels of influence: individual, interpersonal, organizational, community, and policy. Because of its comprehensive scope, the SEM provides a theoretical foundation to structure and guide population-based screening activities within the NBCCEDP. A population-based approach not only includes activities related to delivery of direct clinical services and strengthening the skills and capabilities of individuals but also includes systems-level action that addresses the organizational, community, and policy levels. Each component of the NBCCEDP is applied to different levels of the SEM to provide a comprehensive approach to population-based screening. The following diagram illustrates various loci of influence within each level of the SEM.



Historically, the NBCCEDP has emphasized individual and interpersonal level activities. While this approach continues to be useful, the new approach takes into consideration the multiple factors which influence breast and cervical cancer screening. The eight program components should be applied over the range of levels in the SEM to identify opportunities that encourage breast and cervical cancer screening by recognizing the multiple factors that influence an individual's behavior. Efforts to change behavior are more likely to be successful when the multiple levels of influence are addressed at the same time. The SEM acknowledges that interventions at multiple levels are necessary to achieve substantial increases in breast and cervical cancer screening.

Health behaviors, including seeking breast and cervical cancer screening, are thought to be improved when environments and policies support healthy choices, and individuals are motivated and educated to make those choices. Educating people to make healthy choices when environments are not supportive is not effective in making behavioral change. The SEM recognizes the interwoven relationship that exists between the individual and their environment. While individuals are responsible for engaging in behaviors necessary to reduce risk and improve health, individual behavior is determined to a large extent by social environment. Moreover, barriers to screening are often shared among the community as a whole. As these barriers are lowered or removed, change becomes more achievable and sustainable. The most effective approach to increasing breast and cervical cancer screening among all age-appropriate women is a combination of the efforts at all levels—individual, interpersonal, organizational, community, and policy.

The NBCCEDP Framework

The eight program components (Program Management, Partnerships, Screening and Diagnostic Services, Case Management/Patient Navigation, Professional Development, Quality Assurance/Quality Improvement, Public Education and Targeted Outreach, Data Management, and Monitoring and Evaluation) of the NBCCEDP are guided by activities that encourage the incremental inclusion of strategies to increase population-level breast and cervical cancer screening as well as deliver direct services that facilitate access to screening, diagnostic and follow-up. Grantees are expected to implement, monitor, and evaluate the activities associated with the eight program components. The NBCCEDP framework is a practical application of the SEM and provides more detailed examples of the population-based and direct screening activities for the various levels of the SEM.

NBCCEDP Long-term Goal: Reduce morbidity, mortality and health disparities in breast and cervical cancer

GRANTEE SCREENING PROMOTION ACTIVITIES: COMMUNICATIONS, SYSTEMS AND POLICY CHANGE	OUTCOMES
<p>Program Management</p> <ul style="list-style-type: none"> • Provide overall project oversight • Adequate and qualified staffing • Assess program capacity, health care systems, health insurance plans, professional organizations, employers/worksites, and legislation • Develop work plans to guide the implementation of promotion activities • Establish and maintain formal agreements • Support program collaboration across cancer, chronic disease and other relevant programs <p>Partnerships, Coordination and Collaboration</p> <p><u>WISEWOMAN</u></p> <ul style="list-style-type: none"> • Promote cross-collaboration <p><u>Cancer Registry</u></p> <ul style="list-style-type: none"> • Support communication, data linkages and data utilization <p><u>Comprehensive Cancer Control Coalitions</u></p> <ul style="list-style-type: none"> • Support policy changes to promote B&C screening • Coalition building with diverse partners <p><u>Community Transformation Grant (CTG)</u></p> <ul style="list-style-type: none"> • Support the use and evaluation of promising practices • Support policy, environment, programmatic and infrastructure changes • Promote progress towards reducing health disparities <p><u>Coordinated Chronic Disease Prevention and Health Promotion Grant</u></p> <ul style="list-style-type: none"> • Collaborate across chronic disease programs • Support and promote coordination of patient services • Support policy changes to promote B&C screening <p><u>Health Care Systems</u></p> <ul style="list-style-type: none"> • Promote use of provider reminder and recall systems and electronic medical records ★ • Promote guidelines and quality standards for B&C screening • Promote practice-based system changes designed to increase B&C screening • Promote use of provider assessment and feedback to support B&C screening services ★ • Promote use of client reminders ★ <p><u>Health Insurance Plans</u></p> <ul style="list-style-type: none"> • Encourage coverage and/or expanded benefits for B&C screening • Encourage adequate reimbursement rates for B&C screening, diagnostics, and patient support services • Promote reimbursement strategies that reward fidelity with USPSTF B&C screening guidelines • Encourage use of HEDIS measures <p><u>Professional Organizations</u></p> <ul style="list-style-type: none"> • Provide education on and increase awareness of B&C screening guidelines • Promote the use and monitoring of quality standards for B&C screening <p><u>Employers and Worksites</u></p> <ul style="list-style-type: none"> • Encourage policies that support preventive care (e.g., time off for B&C screening) • Support wellness programs • Increase awareness of the need and benefits of B&C screening <p><u>Policy Development</u></p> <ul style="list-style-type: none"> • Support legislative changes for mandatory insurance coverage and reduced co-pays for B&C screening • Support certification and licensure for CHWs and Patient Navigators <p>Public Education and Targeted Outreach</p> <ul style="list-style-type: none"> • Conduct evidence-based public awareness and educational activities ★ <ul style="list-style-type: none"> • Promote B&C screening, especially among high-risk and disparate populations <p>Patient Navigation</p> <ul style="list-style-type: none"> • Encourage the use of patient navigation and other support services to reduce structural barriers ★ • Reduce out-of-pocket expense ★ • One-on-one education ★ <p>Quality Assurance and Quality Improvement</p> <ul style="list-style-type: none"> • Promote guidelines and quality standards for B&C screening and surveillance • Conduct ongoing performance monitoring for continuous quality improvement <p>Professional Development</p> <ul style="list-style-type: none"> • Develop a professional development work plan to strengthen clinical and nonclinical practices • Promote implementation of evidence-based practices ★ <p>Data Management and Utilization</p> <ul style="list-style-type: none"> • Establish data systems for non-screening program activities, including those that promote population-based B&C screening • Encourage use of clinical and cost data measures by health care systems, health plans, and providers <p>Program Monitoring and Evaluation</p> <ul style="list-style-type: none"> • Identify short-term, intermediate and long-term objectives • Develop logic models to guide implementation of program components and activities • Conduct targeted process and impact evaluation of program activities • Conduct evidence-based program activities ★ • Disseminate evaluation findings 	<p><u>Population</u></p> <ul style="list-style-type: none"> • Increased B&C screening rates • Decreased disparities in B&C screening rates <p><u>Policy</u></p> <ul style="list-style-type: none"> • Increase Federal, State, and local legislative policy that supports B&C screening <p><u>Community</u></p> <ul style="list-style-type: none"> • Increased awareness of benefits of screening and recommended screening guidelines • Increased resources for B&C prevention and control activities • Increased access to B&C services <p><u>Organizational</u></p> <p>➢ <u>Health Care Systems</u></p> <ul style="list-style-type: none"> • Increased % of patients screened and adoption of policies, programs, and practices that support high quality B&C screening • Increased capacity and volume for screening <p>➢ <u>Health Insurance Plans</u></p> <ul style="list-style-type: none"> • Increase % of patients screened • Expanded coverage for B&C services • High-quality B&C screening, diagnostics, and treatment <p>➢ <u>Professional Organizations</u></p> <ul style="list-style-type: none"> • Increased promotion of policies, programs, and practices supporting the provision of quality B&C services • Increased diversity among partner organizations <p>➢ <u>Employers and Worksites</u></p> <ul style="list-style-type: none"> • Increased adoption of policies and programs that support B&C services <p><u>Individual/Interpersonal</u></p> <p>➢ <u>Increased Individual</u></p> <ul style="list-style-type: none"> • Knowledge of need and benefits of B&C screening • Intention and self-efficacy to be screened • Adherence to B&C screening recommendations • Completion of diagnostic services • Timely initiation of cancer treatment services <p>➢ <u>Increased or Improved Providers</u></p> <ul style="list-style-type: none"> • Knowledge of and adherence to current B&C screening guidelines • Recommendation to patients for B&C screening

NBCCEDP Long-term Goal: Reduce morbidity, mortality and health disparities in breast and cervical cancer

GRANTEE SCREENING PROVISION ACTIVITIES: LOW-INCOME, UNINSURED AND UNDERINSURED

OUTCOMES

Program Management and Leadership

- Provide overall project oversight
- Contract with providers
- Convene medical advisory board and develop policy
- Develop data management and billing systems

Partnerships, Coordination and Collaboration

- Support program integration and coordination of patient services
- Partner with WISEWOMAN, CRCCP, CCC coalition, providers, CBOs, cancer registries, local health department, and AI/AN groups
- Expand screening through chronic disease linkages
- Expand linkages to other payment services

Public Education and Targeted Outreach

- Promote population-based screening
- Promote screening among disparate and other population subgroups
- Use program planning approaches to prioritize populations and activities
- Develop and cultivate partnerships to maximize reach
- Implement evidence-based strategies ★

Screening, Diagnostic and Follow-up

- Integrate screening with other clinical services
- Provide appropriate, quality B&C screening, rescreening and surveillance
- Provide timely follow-up of abnormal screens

Patient Navigation

- Implement patient navigation
- Facilitate access to diagnosis and treatment
- Address structural barriers ★
- Reduce out-of-pocket expense (for breast only) ★
- One-on-one education ★

Quality Assurance and Quality Improvement

- Implement standards, systems, and policies to support quality B&C screening
- Continuous monitoring and quality improvement

Professional Development

- Develop and support provider continuing education
- Support education and reinforcement of provider reporting and data management

Data Utilization and Management

- Establish and maintain a data system to collect, edit, manage and continuously improve data
- Establish and maintain mechanisms for reviewing, assessing the completeness, accuracy and timeliness of data
- Utilize data systems to collect and analyze population-based information
- Timely collection and submission of Minimum Data Elements (MDEs)
- Utilize data systems to monitor service gaps for disparate populations

Program Monitoring and Evaluation

- Evaluation of screening activities
- Clinical and cost data collection and tracking
- Data collection and monitoring with specific emphasis on disparate populations and other subgroups of interest.

Population

- Increased B&C screening rates
- Decreased disparities in B&C screening rates

Policy

- Increase Federal, State, and local legislative policy that supports B&C screening

Community

- Increased awareness of benefits of screening and recommended screening guidelines
- Increased resources for B&C prevention and control activities
- Increased access to B&C services

Organizational

➤ Health Care Systems

- Increased % of patients screened for B&C cancer
- Increased adoption of policies, programs, and practices that support high quality B&C screening
- Increased capacity and volume for screening

➤ Health Insurance Plans

- Increase % of patients screened
- Expanded coverage for B&C services
- High-quality B&C screening, diagnostics, and treatment

➤ Professional Organizations

- Increased promotion of policies, programs, and practices supporting the provision of quality B&C services
- Increased diversity among partner organizations

➤ Employers and Worksites

- Increased adoption of policies and programs that support B&C services

Individual/Interpersonal

➤ Increased Individual

- Knowledge of need and benefits of B&C screening
- Intention and self-efficacy to be screened
- Adherence to B&C screening recommendations
- Completion of diagnostic services
- Timely initiation of cancer treatment services

➤ Increased or Improved Providers

- Knowledge of and adherence to current B&C screening guidelines
- Recommendation to patients for B&C screening

THE EIGHT NBCCEDP COMPONENTS

The Program Management component not only oversees the execution of each program component, but enhances the programs' infrastructure and capacity to increase evidence-based population-level screening activities to the priority population. All parts of the program fall under the leadership of this component. Managing all eight of these components requires a systems approach—understanding the bigger picture of how and why the program components interrelate and how the program can coordinate and collaborate across other chronic disease programs to achieve optimal results.

The Partnerships component influences all other components. Partners play a key role in advancing the broader goals of the NBCCEDP, from enhancing access to clinical screening services to ensuring high-quality breast and cervical screening for all women. Programs should strive to increase coordination across other cancer and chronic disease programs, such as the Colorectal Cancer Control Program, the National Comprehensive Cancer Control Program and the Coordinated Chronic Disease Program. To further extend the scope and impact of population-based breast and cervical cancer screening activities, partnering with key external organizations that reach large population groups, such as Medicaid and health care systems is important.

The Public Education and Targeted Outreach component involves the design and delivery of clear and consistent messages about breast and cervical cancer screening. Targeted outreach relies upon tailored, population-specific strategies designed to reach and bring women from priority populations into clinical screening services. In-reach identifies eligible populations within provider practices for screening. To promote screening among priority populations among all age-appropriate women, including those not eligible for the NBCCEDP, especially among high-risk and disparate populations, evidence-based public awareness and educational activities are necessary.

The Screening and Diagnostic and the Case Management/Patient Navigation Services components provide breast and cervical cancer screening and diagnostic services as a preventive health measure. This includes referral to treatment for women diagnosed with cancer or precancerous lesions. Patient navigation is a process by which an individual, a patient navigator, guides patients with an abnormal result through and around barriers in the complex health system to help ensure timely diagnosis and treatment. To the extent practicable, patient navigators help to reduce structural barriers and out-of-pocket expenses, as well as provide educational opportunities and follow-up services to the eligible population. This component also supports screening promotion approaches that increase screening and diagnostic care, as well as the availability of patient navigation services among all age-appropriate women.

The Quality Assurance/Quality Improvement component works in concert with the Data Management and Evaluation components to monitor, assess, and improve program outcomes. In addition, this component ensures continuous quality assurance and quality improvement for all breast and cervical cancer screening activities. This component also promotes adherence to guidelines and quality standards for screening and surveillance.

The Professional Development component improves the knowledge and skills of health professionals, including allied health professionals and partner organizations, for successful implementation of high-quality

breast and cervical cancer detection and control at the individual, interpersonal, organizational, community and policy levels.

The Data Management and Utilization component is needed to track women screened, assure quality screening and appropriateness of services and monitor screening rates within programs, health systems organizations, and the population. Data, especially the results of the screening and diagnostic services, should be used to inform and evaluate each of the other program components. The use of clinical and cost data measures by health care systems, health plans, and providers is included in this component.

The Program Monitoring and Evaluation component serves to design and conduct evaluations of all screening provision and screening promotion activities to document their effectiveness, identify best practices and to provide on-going program monitoring relative to achieving goals, objective, and performance standards.

STRUCTURE OF THE NBCCEDP

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) supports the development of systems to assure breast and cervical cancer screening for low income, underserved, and uninsured women with special emphasis on reaching those who are geographically or culturally isolated, older, or members of racial/ethnic minorities. Although the NBCCEDP is a national screening program, the program truly takes place at the grantee level. Each of the components is administered and managed by the grantee (state, tribe, or territory); consequently, no two BCCEDPs are identical. Programs can be structured in a centralized, decentralized, or blended fashion. In *centralized programs*, actual clinical services are provided in satellite locations (e.g., clinicians' offices, health centers), but all other program components and management roles are located in central units, most often the headquarters of state health departments. In *decentralized programs*, the grantee contracts with local or regional health departments, private hospitals, or other entities to implement the BCCEDP components. Oversight and policy roles remain with the grantee, but strategic and operational roles are delegated to local or regional entities. Few programs, however, function in an exclusively centralized or decentralized fashion—most function as a hybrid of both. In this *blended* structure, clinical services are provided in satellite locations, with oversight in a central office. All management roles (e.g., assessment, strategy, policy) are located in a central office, but other core program activities (e.g., recruitment, professional development) may be delivered by providers or contractors.

THE NBCCEDP IN RELATION TO OTHER CDC PROGRAMS

Currently, CDC supports comprehensive approaches to cancer control—a collaborative process through which a community and its partners pool resources to promote cancer prevention, improve cancer detection, increase access to health and social services, and reduce the burden of cancer. These efforts will contribute to reduced cancer risk, earlier detection of cancers, improved treatments, and enhanced survivorship and quality of life for cancer patients. NBCCEDP grantees should be key players in comprehensive cancer control activities and initiatives, as many issues (e.g., access, resources development, outreach) are often common to all cancers. More information on CDC's NCCCP is available at <http://www.cdc.gov/cancer/ncccp/>.

Cancer registries collect information about incidence, diagnoses, treatment, and mortality that are vital to program planning. Data collected by cancer registries enable NBCCEDP planners to understand and address the breast and cervical cancer burden better, as well as evaluate the effectiveness of efforts to prevent, control, and treat the cancers. CDC's National Program of Cancer Registries (NPCR), established in 1994, supports and promotes the collection and use of registry data in 45 states, the District of Columbia, Puerto Rico, and the U.S. Pacific Island Jurisdictions. The NPCR currently collects surveillance data for all cancers, including cancers of the breast and cervix, as reported for the general population, whites, African Americans, Asians/Pacific Islanders, Hispanics/Latinos, and Native Americans/Alaska Natives. CDC's NPCR complements the NCI's Surveillance, Epidemiology, and End Results (SEER) registries. Together, the NPCR and SEER programs collect cancer data for the entire U.S. population. These data are provided annually in the national United States Cancer Statistics report, which is available at <http://www.cdc.gov/cancer/npcr/uscs/>.

CDC also funds the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN), which provides low-income, underinsured and uninsured women with chronic disease risk factor screening, lifestyle intervention, and referral services in an effort to prevent cardiovascular disease and other chronic diseases. This program was established through 1993 legislation that authorized the expansion of services offered through the NBCCEDP to include screenings and interventions for chronic disease risk factors. As a result, NBCCEDP participants aged 40 to 64 may qualify for WISEWOMAN services. WISEWOMAN currently operates twenty-one programs in 19 states and two tribal organizations. More information about WISEWOMAN can be found at <http://www.cdc.gov/wisewoman/>.

Colorectal Cancer Control Program (CRCCP)—This CDC-funded program helps individuals gain access to colorectal cancer (CRC) screenings through both provision and promotion activities. This program was established in 2009 and funds 29 grantees (25 states and 4 tribal programs). The major focus of the CRCCP is to work with communities, healthcare systems, employers and other organizations to increase age appropriate CRC screening among the population to 80% in funded states. The program's priority population for provision of screening is low-income, uninsured individuals aged 50-64 years.

ACRONYM LIST

ACIP	Advisory Committee on Immunization Practices
ACOG	American College of Obstetricians and Gynecologists
ACR	American College of Radiology
ACS	American Cancer Society
AGC	Atypical Glandular Cells
AHCPR	Agency for Health Care Policy and Research
AHRQ	Agency for Healthcare Research and Quality
AMWA	American Medical Women's Association
APIAHF	Asian and Pacific Islander American Health Forum
ASCCP	American Society for Colposcopy and Cervical Pathology
ASCII	American Standard Code for Information Interchange
ASC-US	Atypical Squamous Cells of Undetermined Significance
ASEC	Annual Social and Economic Supplement
BI-RADS	Breast Imaging Reporting and Data System
BRFSS	Behavioral Risk Factor Surveillance System
BSE	Breast Self-Examination
CAD	Computer-Aided Detection
CaST	Cancer Screening and Tracking System
CBE	Clinical Breast Examination
CBO	Community-Based Organization
CCC	Comprehensive Cancer Control
CCW	Clinical Cost Worksheet
CDC	Centers for Disease Control and Prevention
CEU	Continuing Education Unit
CFR	Code of Federal Regulations
CIN	Cervical Intraepithelial Neoplasia
CIS	Cancer Information Service
CLIA	Clinical Laboratory Improvement Amendments
CME	Continuing Medical Education
CMS	Centers for Medicare and Medicaid Services
CMSA	Case Management Society of America
CPS	Current Population Survey

CPT	Current Procedural Terminology
CQI	Continuous Quality Improvement
CT	Computerized Tomography
DCPC	Division of Cancer Prevention and Control
DNA	Deoxyribonucleic Acid
DQIG	Data Quality Indicator Guide
EMB	Endometrial Biopsy
FDA	Food and Drug Administration
FNA	Fine Needle Aspiration
FOIA	Freedom of Information Act
FSR	Financial Status Report
FTE	Full-Time Equivalent
GIS	Geographic Information System
GMO	Grants Management Office
GPRA	Government Performance and Results Act
HCFA	Health Care Financing Administration
HEDIS	Health Plan Employer Data and Information Set
HIPAA	Health Insurance Portability and Accountability Act
HPV	Human Papillomavirus
HRSA	Health Resources and Services Administration
HSIL	High-Grade Squamous Intraepithelial Lesion
ICC	Intercultural Cancer Council
IHS	Indian Health Service
IMS	Information Management Services, Inc.
IOM	Institute of Medicine
IPR	Interim Progress Report
IRB	Institutional Review Board
IT	Information Technology
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
LAF	Lance Armstrong Foundation
LBC	Liquid-Based Cytology
LCNB	Large-Core Needle Biopsy
LEEP	Loop Electrode Excision Procedure
LSIL	Low-Grade Squamous Intraepithelial Lesion

MCN	Migrant Clinicians Network
MDE	Minimum Data Element
MLO	Mediolateral Oblique
MOE	Maintenance of Effort
MOU	Memorandum of Understanding
MQSA	Mammography Quality Standards Act
MRI	Magnetic Resonance Imaging
NAACCR	North American Association of Central Cancer Registries
NBCCEDP	National Breast and Cervical Cancer Early Detection Program
NBCCPTA	National Breast and Cervical Cancer Prevention and Treatment Act
NCA	Notice of Cooperative Agreement
NCBC	National Consortium of Breast Centers
NCCCP	National Comprehensive Cancer Control Program
NCI	National Cancer Institute
NCIRD	National Center for Immunization and Respiratory Diseases
NCQA	National Committee for Quality Assurance
NGA	Notice of Grant Award
NHIS	National Health Interview Survey
NIWHRC	National Indian Women's Health Resource Center
NPCR	National Program of Cancer Registries
OMB	Office of Management and Budget
OWH	Office on Women's Health
PA	Program Announcement
PCP	Primary Care Provider
PDSA	Plan-Do-Study-Act
PGO	Procurement and Grants Office
PHS	Public Health Service
PIAA	Physician Insurers Association of America
PLANET	Plan, Link, Act, Network With Evidence-Based Tools
PSA	Public Service Announcement
QA/QI	Quality Assurance/Quality Improvement
SEER	Surveillance, Epidemiology, and End Results
STD	Sexually Transmitted Disease
USCM	United States Conference of Mayors

USCS	United States Cancer Statistics
USDA	United States Department of Agriculture
USPSTF	United States Preventive Services Task Force
WISEWOMAN	Well-Integrated Screening and Evaluation for Women Across the Nation
YWCA	Young Women's Christian Association



Centers for Disease Control and Prevention
National Center for Chronic Disease
Prevention and Health Promotion
Division of Cancer Prevention and Control
Program Services Branch
770-488-4880