

**Appendix 1. NBCCEDP COVID-19 Survey**

1. Please indicate the number of BCCEDP-funded staff (up to ten) **deployed** to assist on the COVID-19 response during PY3.

\_\_\_\_\_ staff members

Please answer the following questions for each person deployed

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

2. Were any BCCEDP-funded staff **furloughed** due to state/organizational budget shortfalls resulting from COVID-19 during PY3?

Yes

No

If yes, what dates was the furlough in place during PY3? XX/XX/XXXX – XX/XX/XXXX

If yes, describe the extent of the furlough?

\_\_\_\_\_ Days per month

Other: \_\_\_\_\_

3. How many of your provider sites that **deliver BCCEDP screening and diagnostic services** closed for business (i.e., clinic or provider practice closed-down completely) for some amount of time due to COVID-19 during PY3?
  - a. Some
  - b. All
  - c. Do not know

- d. None
4. How many 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 PY3 although the clinic or provider practice remained open?
- a. Some
  - b. All
  - c. Do not know
  - d. None
5. Given the COVID-19 situation, how many of your partner clinics **that implement evidence-based interventions (EBIs)** did your BCCEDP program temporarily stop working with during PY3 (e.g., temporarily stopped providing TA to these clinics)?
- 1. Some
  - 2. All
  - 3. Do not know
  - 4. None
6. During PY3, did your BCCEDP program provide assistance to clinical provider sites or EBI partner clinics as they planned and/or began to “restart” routine clinical care?
- Yes (please describe)
- No
7. Are there other ways that your BCCEDP program was affected by COVID-19 in PY3?
- Yes (please describe)

No