NATIONAL COMMUNITY CENTERS OF EXCELLENCE (CCOE) IN WOMEN'S HEALTH NATIONAL EVALUATION: ROUND II

CCOE Center Director and Program Coordinator Survey

You have been selected to participate in **Round II of the National Evaluation** of the National Community Centers of Excellence in Women's Health (CCOE) program. The Department of Health and Human Services (DHHS) Office on Women's Health (OWH) is conducting this evaluation. Your response is vital to helping OWH understand what community resources the CCOE programs leverage and how. Additionally, your responses will help OWH learn how services are integrated between each CCOE and their community partners.

Data gathered from this evaluation will be aggregated at a national level and the individual CCOE-level. CCOE-level information will be used for program improvement purposes. Your responses will be kept confidential.

The following topic areas are covered in this survey:
- CCOE General Information
- Health Service Delivery
- Training Health Care Providers
- Community-Based Research
- Public Education and Outreach
- Leadership Development
- Technical Assistance
- Community Awareness

Your feedback is *critical* in helping us obtain the necessary data that could influence future decisions about the CCOE program. It is estimated the survey will take approximately **30 to 45 minutes** to complete. Please complete a working draft of this survey on paper prior to completing the actual online survey. This draft will assist you in filling out the Internet survey. **(Note: You must complete the entire Internet survey at one time. Any data entered but not submitted will not be saved. Partially completed surveys cannot be accepted.)**

The information you provide will be kept **confidential**, and will not be disclosed to anyone but the Department of Health and Human Services (DHHS) Office on Women's Health (OWH) in the aggregate form only, except as otherwise required by law. *If you have any questions on how to complete this survey please contact:* Fatima Riaz at (240) 314-5675 or at 1101 Wootton Parkway, Suite 9246, Rockville, MD 20852.

Thank you in advance for your participation!

Please select your CCOE.
- o Christiana Care Health System
- o Great Plains of Greeley County
- o Griffin Health Services Corporation
- o Hennepin County Department of Primary Care / North Point Health and Wellness Center
- o Jefferson Health System
- o Kokua Kalihi Valley Comprehensive Family Services
- o Mariposa Community Health Center
- o Morton Plant Hospital / Turley Family Health Services
- o Northeastern Vermont Area Health Education Center
- o Northeast Missouri Health Council, Inc.
- o NorthEast Ohio Neighborhood Health Services, Inc.
- o Oakhurst Medical Centers
- o St. Barnabas Hospital and Healthcare System
- o Women's Health Services

Provide a demographic breakdown of CCOE patients using the categories below.

Racial/Ethnic Category	Percent (%)
o American Indian or Alaska Native	
o Asian	
o Black or African American	
o Native Hawaiian or Other Pacific Islander	
o White	
o Other, please specify: _____	
o Other, please specify: _____	
o Other, please specify: _____	
Total:	**100%**

Approximately how many women are **currently** enrolled/served by your CCOE? _____

Has CCOE participant enrollment **increased/decreased** since your CCOE program's inception? _____

How many **intake points** does your CCOE have?
- o One
- o Two
- o Three
- o Four
- o Five or more

Please select the **non-clinical services** offered to CCOE participants that help improve access to care and other CCOE programs. Select all that apply.
- o Case management
- o Child care
- o Translation services
- o Materials available in languages other than English
- o Transportation assistance
- o Other, please specify: _____

Select the **language(s)** spoken by the CCOE's target population.
- o English

CCOE General Information

- o Spanish
- o Chinese
- o Other, please list all: _____

What mechanisms do you have in place for **quality** and overall program improvement? Select all that apply.
- o   Patient surveys
- o   Suggestion box
- o   Hotline/telephone line
- o   Monitoring patient outcomes
- o   Benchmarking best practices
- o   Monitoring staff turnover
- o   Measuring employee satisfaction/staff surveys
- o   Providing continual training and educational opportunities to all staff
- o   Other, please specify: _____
- o   None

Please provide some examples on how these mechanisms helped **improve service at the CCOE**.
Include any suggestions or lessons learned that would be helpful for newly designated CCOE programs.
_____
_____
_____
_____
_____

Please describe how the **CCOE designation has impacted your organization** and its ability to provide services to women.
_____
_____
_____
_____
_____

If your organization has graduated from the CCOE program and is now part of the **Ambassadors for Change** program, please describe how your ability to provide services has changed as a result of the change in status and in funding?
_____
_____
_____
_____
_____

Is there value to having a program with reduced funding and level of effort?
- o   Yes
- o   No

Please explain why there is or is not value to having the Ambassadors for Change program.
_____
_____
_____
_____
_____

CCOE General Information - Staffing

For each category listed, please indicate **how many full-time equivalent (FTE)** non-clinical CCOE program staffs are currently dedicated to providing service to CCOE participants (e.g., 1 full-time family care coordinator = 1 FTE). Decimals are acceptable. Please provide a description of **key activities** for each Program Staff position in the last year, and the amount of **Office on Women's Health (OWH) funds** spent annually to maintain those staff. If your organization is a part of the **AFC** program, please provide the same information for staff that are dedicated to the AFC and provide services to CCOE—AFC participants.

CCOE PROGRAM STAFF	# OF FTES	WAS POSITION CREATED SINCE 2003 (Y/N)? (Note: If the CCOE was established after 2003, use column to describe key activities performed by each staff position listed)	OWH FUNDS PER YEAR
Example: Director	*1*		*$65,000*
Center Director			$
Program Coordinator			$
Office Manager			$
Family Care Coordinator			$
Health Educator			$
Medical Advisor/ Director			$
Nurse Manager			$
Research Director			$
Administrative Assistant			$
Other: _____			$

Have the Program Staff roles evolved since 2003?
- o   Yes
- o   No
- o   Not sure

If yes, how are they different than in 2003?
If no, how could staff roles change to make the CCOE more efficient and/or effective in the community?

_____

_____

_____

If your program has graduated and become part of the **AFC** program, can you please describe how staff roles have changed as a result of the change in status and in funding?

_____

_____

_____

If you received funding (including grants) from sponsors other than the Office on Women's Health, please complete the following table.

Indicate funding received since the end of 2003. For each funding award indicate the **month and year** during which the funding was received, the **name of the funding sponsor**, the total **funding amount**, and the **reason or purpose** of the funding.

MONTH/YR FUNDING RECEIVED		NAME OF FUNDING SPONSOR	AMOUNT	PURPOSE FOR FUNDING
March	*2002*	*Example: March of Dimes*	*$5000*	*To conduct community based research related to folic acid*
			$	
			$	
			$	

Do you know or believe that having the CCOE grant positively influenced or contributed to the award of these funds to your program?
- o   Yes
- o   No

Has a **written plan or goals** been established for the sustainability of the CCOE programs?
- o   Yes
- o   No

If yes, please describe the plan and describe which components will be continued and which will not and why those decisions were made.

_____

_____

_____

Has the CCOE established **local community financial support** for the CCOE program?
- o   Yes
- o   No

If yes, please describe the types of support that are in place that will help with future sustainability of the CCOE program.

_____

_____

_____

If your program has graduated and become part of the **AFC** program, can you please describe whether and how your services have changed as a result of the change in status and in funding?

_____

_____

_____

CCOE General Information - Partnerships

For current community partners, list their **name**; circle the **type of arrangement** (such as Memorandums of Understanding (MOU), Inter-Agency Agreement (IAA), formal contract, or other formal or informal agreement); and list the **point of contact's (POC) name, address, phone number, and email address**. In the last column, list the **main service(s)** provided by the partner.

COMMUNITY PARTNER NAME	TYPE OF ARRANGEMENT	POC NAME, ADDRESS, PHONE & EMAIL	SERVICE PROVIDED
Example: Baptist Hospital	*MOU* *IAA* *Contract* *Other: Formal Other: Informal*	*Stella Smith, 1000 Baptist Road Arlington, VA 11111* *555.555.5555* *smiths@baptist.com*	*Mammograms*
	MOU IAA Contract *Other:* Formal *Other:* Informal		
	MOU IAA Contract *Other:* Formal *Other:* Informal		
	MOU IAA Contract *Other:* Formal *Other:* Informal		
	MOU IAA Contract *Other:* Formal *Other:* Informal		
	MOU IAA Contract *Other:* Formal *Other:* Informal		
	MOU IAA Contract *Other:* Formal *Other:* Informal		

CCOE General Information - Partnerships

What has contributed to the success of your partnerships? Select all that apply:
- o Contract
- o Length of relationship
- o Physical location of the partner
- o Interpersonal relationship between coordinators
- o CCOE board membership and involvement
- o Mutual benefit to both organizations
- o Other, please specify _____

Has a **written plan or goals** been established for the sustainability of the CCOE partnerships?
- o Yes
- o No

If yes, please describe how partnerships will be sustained.

_____
_____
_____

If your program has graduated and become part of the **AFC** program, can you please describe whether and how your relationships with your partners have changed as a result of the change in status and in funding?

_____
_____
_____

If your program has graduated and become part of the **AFC** program, and you are sustaining any of your CCOE partnerships, what role, if any, has the contribution of funds or lack of contribution of funds from OWH played in your ability to sustain those partnerships?

_____
_____
_____

Health Service Delivery

For each health professional listed, please indicate how many current full-time equivalents (FTEs) provide care to CCOE participants (e.g., part time nurse practitioner = 0.5 FTE). Decimals are acceptable. For each health professional, estimate the number of female staff and the number of multilingual staff. Please also indicate languages spoken by health professionals.

HEALTH PROFESSIONAL	# OF FTE'S PROVIDING CARE	# OF FEMALE STAFF	# OF MULTILINGUAL STAFF (LANGUAGES SPOKEN)
Example: Community Health Worker/ Outreach Worker	*5*	*4*	*1 (Spanish)*
Community Health Worker/ Outreach Worker			
Family Physician or General Practitioner			
Health or Peer Educator			
Internist or Internal Medicine Physician			
Mental Health Professional (e.g., Licensed Counselor, Psychiatrist, Psychologist, Social Worker)			
Nurse Midwife			
Nurse Practitioner (NP)			
Nutritionist			
Obstetrician or Gynecologist			
Pediatrician			
Physician's Assistant (PA)			
Registered Nurse (RN)			
Substance Abuse Counselor			
Other: _____			

Health Service Delivery

Does your clinical care center(s) have procedures for **tracking** women served by the CCOE program?
- o Yes
- o No

If yes, how do you track these women?
- o Electronic medical record system
- o Paper record
- o Stand alone database
- o Other: _____

If yes, what types of information do you track?
- o Cost of services
- o Services rendered by CCOE
- o Services rendered by Partner Organizations
- o Non-health care services rendered by CCOE
- o Non-health care services rendered by Partner Organizations
- o CCOE patient referrals
- o CCOE patient referral compliance
- o Wellness check compliance
- o Number of women receiving health care services
- o Other: _____

If you track the number of women receiving health care services, can you provide an estimate of how many women received these services **in the last year**? _____

If you track referrals, what percent of CCOE participants **use the referrals** they receive?
- o 25% or less
- o 26-50%
- o 51-75%
- o 76-100%
- o Not Sure

Does the CCOE utilize electronic health/medical records?
- o Yes
- o No

Do you share your patients' clinical data with your partners (within the confines and in compliance of HIPAA and any other statute or regulation governing privacy)?
- o Yes
- o No

Please describe how **health care service delivery** is integrated with other components of the CCOE program?

_____

_____

_____

_____

_____

What are the best practices related to **health service delivery** provided by your CCOE? What are your lessons learned?

_____

_____

_____

_____

What are the biggest issues or concerns related to **health service delivery**?

_____

_____

_____

_____

If your program has graduated and become part of the **AFC** program, can you please describe whether and how your delivery of health services has changed as a result of the change in status and in funding?

_____

_____

_____

If your program has graduated and become part of the **AFC** program, what role, if any, has the contribution of funds or lack of contribution of funds from OWH played in your ability to sustain the delivery of health services at your organization?

_____

_____

_____

Training Health Care Providers and Community Health Care Workers

Please describe how **training** is integrated with other components of the CCOE program.

_____
_____
_____

How is the CCOE program fostering interest in health sciences/service provider disciplines?

_____
_____
_____

What information or metrics does the CCOE collect regarding the **impact and effectiveness** of programs designed to foster interest in these disciplines? Please indicate if data is available on the metrics described. The evaluation team may request samples of data during the National Evaluation Round II: Site Visit.

_____
_____
_____

Does your CCOE track the number of individuals who go on from CCOE training to receive formal training in the health sciences/service provider disciplines?
- o Yes
- o No

If yes, can you provide an estimate of the number of women who participated in CCOE training and have gone on to receive formal training in the health sciences/service provider disciplines **in the last year**?

_____

Does your CCOE offer programs that help service providers complete their requirements for Continuing Medical Education (CMS)/Continuing Educational Units (CEU)?
- o Yes
- o No

If yes, does your CCOE track the number of providers who participate in such programming who successfully met their CMS/CEU requirements in the last year?
- o Yes
- o No

If yes, can you provide an estimate of the number of service providers who met their CMS/CEU requirements **in the last year** through their participation in CCOE-sponsored programming?

_____

Training Health Care Providers and Community Health Care Workers

What are the best practices related to implementation of **training services** offered by your CCOE? What are your lessons learned?

_____

_____

_____

What are the biggest issues or concerns related to implementation of **training services** offered?

_____

_____

_____

If your program has graduated and become part of the **AFC** program, can you please describe whether and your how training services have changed as a result of the change in status and in funding?

_____

_____

_____

If your program has graduated and become part of the **AFC** program, what role, if any, has the contribution of funds or lack of contribution of funds from OWH played in your ability to sustain training services?

_____

_____

_____

Community-Based Research

What **community resources** are involved in the research development process? Select all that apply.
- o CCOE Advisory Board
- o Other Advisory Board
- o Partner organizations
- o Centers of Excellence (CoE)
- o Patients
- o Other, please specify: _____

How are research results **communicated** to the public? Please select all that apply.
- o Internet
- o Newspaper
- o Internal newsletter
- o Journal or magazine advertisements
- o Published in a journal or magazine
- o Television/radio
- o Lectures
- o Educational materials/brochures
- o During an office visit (staff or doctor communicate results)
- o Other, please specify: _____

Please describe how research results are integrated into the CCOE program and/or the local community.

_____
_____
_____

What are the best practices related to implementation of **community-based research activities** at the CCOE? What are your lessons learned?

_____
_____
_____

What are the biggest issues or concerns related to implementation of **community-based research activities** at the CCOE?

_____
_____
_____

If your program has graduated and become part of the **AFC** program, can you please describe whether and how your community-based research activities have changed as a result of the change in status and in funding?

_____
_____
_____

If your program has graduated and become part of the **AFC** program, what role, if any, has the contribution of funds or lack of contribution of funds from OWH played in your ability to sustain

community-based research activities?

Please describe the CCOE's goals and/or mission statement for public education and outreach.

_____
_____
_____
_____
_____
_____

What topics of interest are included in your public education and outreach program? Check all that apply:

o Teen Health	o Post-partum depression	o Aging
o Bullying	o Diet, Exercise, Nutrition	o Living Wills/Advanced Health Directives
o Fertility	o Breast, Ovarian, Cervical Cancer	o Osteoporosis
o Pregnancy	o Urinary Tract Infections/Yeast Infections	o Menopause
o Contraception/Safe Sex	o Domestic Violence	o Estrogen Replacement Therapy
o STDs	o Depression or Other Mental Health Disorders	o Medicare/Prescription Drug Benefit
o Sex and Gender	o Stress	o Bridging the Gap Between Religion and Health Care
o Sex/Sexuality	o Body Image/Eating Disorders o	o Bridging the Gap Between Cultures and Health Care
o Family Planning/ Parenting	o Sleep Disorders	o Other (please list)
o CPR/Babysitter Training	o Accessing Health Information on the Internet	_____ _____ _____ _____

List any non-CCOE community organizations that have **contributed** resources (**in-kind donations**) to your CCOE for the production and dissemination of educational materials *during the last year*. Describe what the resources and/or services were. *(Partners should be excluded.)*

MONTH/YR DONATION RECEIVED		COMMUNITY ORGANIZATION	RESOURCES/SERVICES CONTRIBUTED
June	*2002*	*Kinko's*	*100 free copies of one-page brochure*

Please rate the extent to which you agree with each of the following statements.

Educational materials distributed by the CCOE…	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
• …are available in large **font**	O	O	O	O	O
• …are available in **language(s)** other than English	O	O	O	O	O
• …are appropriate to the **reading level** of the targeted audience	O	O	O	O	O
• …address important issues in the **community**	O	O	O	O	O
• …are geared toward **prevention** (i.e., smoking cessation, drug avoidance, nutrition guidance, etc.,)	O	O	O	O	O
• …help patients improve their **health literacy**	O	O	O	O	O
• …are aimed at **empowering patients** to manage their own health	O	O	O	O	O

Who does the CCOE **partner** with in conducting education and/or outreach?
- o Partner organizations
- o Non-CCOE community resources
- o Both
- o None

How does your CCOE choose **health topics for education and outreach**? Select all that apply.
- o Local health concerns/issues
- o National health concerns/issues (e.g., Healthy People 2010, CDC warnings)
- o Input from CCOE women
- o Partner input
- o CCOE staff input
- o Polling the local community
- o Other, please specify: _____

What percentage of health topics covered through education and outreach are initiated from **community input**? ____%

Does your CCOE track the number of women participating in your education and outreach activities?
- o Yes
- o No

If yes, can you provide an estimate of the number of women participating in these activities over the last year? If you have estimates by type of activity participated in, please provide this information. This information will be cross referenced with information provided in your quarterly reports to OWH.

_____

_____

_____

Does your CCOE track the number of women using your resource center?
- o Yes
- o No

If yes, can you provide an estimate of the number of women who used the resource center over the last year? If you have estimates by type of resources used, please provide this information.

_____

_____

_____

Please describe how education and outreach activities are integrated with other components of the CCOE program.

_____

_____

_____

How does the CCOE measure the success of one method of outreach versus another?

_____

_____

_____

What are the top three most successful methods?
  1. _____
  2. _____
  3. _____

What are the best practices related to **public education and outreach** at the CCOE? What are your lessons learned?

_____

_____

_____

What are the biggest issues or concerns related to **public education and outreach** at the CCOE?

_____

_____

_____

If your program has graduated and become part of the **AFC** program, can you please describe whether and how your public education and outreach activities have changed as a result of the change in status and in funding?

_____

_____

_____

_____

If your program has graduated and become part of the **AFC** program, what role, if any, has the contribution of funds or lack of contribution of funds from OWH played in your ability to sustain public education and outreach activities services?

_____

_____

_____

Leadership Development

When conducting **leadership, mentoring, and/or skills development activities** for young girls, minorities, or women in the community what does your CCOE hope to accomplish?

Young Girls:

_____

_____

_____

Minorities:

_____

_____

_____

Women:

_____

_____

_____

What **leadership opportunities** does the CCOE offer women?

_____

_____

_____

How do these activities support the **promotion of minorities** to leadership positions?

_____

_____

_____

Please describe the opportunities and any successes or lessons learned.

_____

_____

_____

Do other organizations, besides the CCOE and its partners, provide free or low cost **leadership training and/or skills development opportunities** to women in the community?
- o Yes
- o No

If yes, please **describe** what the opportunities are and the community organizations that provide them.

_____

_____

_____

Please describe how leadership development activities are integrated with other components of the CCOE program.

_____

_____

_____

Leadership Development

What are the best practices related to implementation of **leadership development activities** at the CCOE? What are your lessons learned?

_____
_____
_____

What are the biggest issues or concerns related to implementation of **leadership development activities** at the CCOE?

_____
_____
_____

If your program has graduated and become part of the **AFC** program, can you please describe whether and how your leadership development activities have changed as a result of the change in status and in funding?

_____
_____
_____

If your program has graduated and become part of the **AFC** program, what role, if any, has the contribution of funds or lack of contribution of funds from OWH played in your ability to sustain leadership development activities?

_____
_____
_____

Does your CCOE provide on-going technical assistance to another community (so as to help the community **replicate the CCOE model**)?
- o   Yes
- o   No

If yes, **how long** (in months) has this relationship existed? _____

If you have more than one on-going relationship, list the length of time your relationship with each community has existed.

_____

_____

_____

Please describe how technical assistance activities are integrated with other components of the CCOE program.

_____

_____

_____

What are the best practices related to **technical assistance activities** at the CCOE? What are your lessons learned?

_____

_____

_____

What are the biggest issues or concerns related to **technical assistance activities** at the CCOE?

_____

_____

_____

If your program has graduated and become part of the **AFC** program, can you please describe whether and how your technical assistance activities have changed as a result of the change in status and in funding?

_____

_____

_____

If your program has graduated and become part of the **AFC** program, what role, if any, has the contribution of funds or lack of contribution of funds from OWH played in your ability to sustain technical assistance activities?

_____

_____

_____

There are several mechanisms that can be used to create an awareness of the CCOE's existence and services to the community. Please list all mechanisms your CCOE used during the *last year*. For each communication mechanism, list **the type of topic covered,** how often or the **frequency** of the communication mechanism, and the approximate **number in the targeted audience**.

COMMUNICATION MECHANISMS	TYPES OF TOPICS	FREQUENCY IN PAST YEAR	# IN TARGETED AUDIENCE
Example: Newspaper	*Community Research*	*6*	*3000*
	Educational Events	*2*	*100*
Newspaper			
Radio			
Television			
Website			
Church relationships: (please describe) _____			
Community Center relationships			
Other: _____			

Please describe the **impact or outcome** of your current community awareness efforts, including any increases in service utilization.

_____
_____
_____
_____
_____
_____

What are the best practices related to raising **community awareness** about the CCOE and its services? What are your lessons learned?

_____
_____
_____

What are the biggest issues or concerns related to raising **community awareness** about the CCOE and its services?

_____
_____
_____

Community Awareness

If your program has graduated and become part of the **AFC** program, can you please describe whether and how your community awareness efforts have changed as a result of the change in status and in funding?

_____

_____

_____

If your program has graduated and become part of the **AFC** program, what role, if any, has the contribution of funds or lack of contribution of funds from OWH played in your ability to sustain community awareness efforts?

_____

_____

_____