

CDC's WISEWOMAN Program Year 3 Evaluation Survey: Part II

Introduction

We would like to thank you for agreeing to complete this survey about the WISEWOMAN program. In concert with our continued assessment of the quality and impact of programs, this survey will focus on participant enrollment, consideration of program requirements for direct service providers, quality of care, participant outcomes, and other program activities.

Responses provided to this survey are considered those of individual WISEWOMAN programs—not those of individuals—and all responses provided will be maintained securely by ICF Macro staff.

You will receive Part III of the survey in approximately 1 month. We anticipate sharing preliminary findings during the 2011 Annual WISEWOMAN Meeting in Atlanta, and we will share an executive summary and facilitate a Webinar after all data analysis has been completed before the end of this year.

We would like to thank you for agreeing to complete this survey, and ask that you respond to the questions that follow.

Public reporting burden of this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0864).

Informed Consent Statement

ICF Macro is conducting this survey as part of the evaluation of the CDC's WISEWOMAN program. The purpose of this survey is to better understand WISEWOMAN program implementation in your State/Tribe, including:

- how programs maximize reach to priority populations
- specific training and technical assistance needs
- how programs develop and use quality assurance protocols
- programs' use of non-WISEWOMAN resources to provide services
- program sustainability
- data use
- supplemental program activities

Participation in the survey is voluntary; you may choose to end the survey at any time for any reason with no penalty and may choose not to answer any questions at any time for any reason. Your participation in the survey poses few, if any risks to you and you may choose not to participate in the survey for any reason.

ICF Macro evaluation staff will know which program has provided responses. This will allow us to follow up with programs should any responses require clarification. In addition, ICF Macro staff will track responses from each of the 3 surveys to link a given program's responses across the 3 data collection points. All responses provided to CDC will be in aggregate—across all programs—and without linking specific responses to the programs that provide them.

Your answers will help CDC assess how well WISEWOMAN is able to meet its objectives, and your responses will help CDC work with program staff to improve the program in the most sustainable manner moving forward.

If you have any questions about this survey, or evaluation, please contact Mr. Lawrence Scholl, ICF Macro Senior Project Manager, at Phone: (404) 433-0735, E-mail: lscholl@icfi.com.

UNLESS OTHERWISE INDICATED, THESE QUESTIONS RELATE TO YOUR CURRENT PROGRAM ACTIVITIES. PLEASE ANSWER ALL QUESTIONS ABOUT YOUR CURRENT ACTIVITIES, PERFORMED DURING THE PERIOD OF THE CURRENT FUNDING OPPORTUNITY ANNOUNCEMENT (DP08-804, JUNE 30, 2008-PRESENT).

SECTION A: PARTICIPANT ENROLLMENT

The WISEWOMAN Program is interested in learning about efforts to maximize the enrollment of participants into the program. The WISEWOMAN Program acknowledges that your funded program may operate differently than others. Responses to these questions will not impact your funded program negatively, and programs will not be penalized in any way.

1. If applicable, please describe your program's procedures to ensure that WISEWOMAN-eligible participants enroll in WISEWOMAN. *[Open entry]*
2. Do you have plans to develop new procedures to ensure that eligible women are enrolled in WISEWOMAN?
 - a. Yes
 - b. No *(Skip to Question #4)*
 - c. Do not know *(Skip to Question #4)*
3. Please describe your reasons for developing new procedures to ensure that eligible women are enrolled in WISEWOMAN? *[Open entry]*
4. If applicable, please describe your program's policies to ensure that WISEWOMAN-eligible participants enroll in WISEWOMAN. *[Open entry]*
5. Do you have plans to develop new policies to ensure that eligible women are enrolled in WISEWOMAN?
 - a. Yes
 - b. No *(Skip to Question #7)*
 - c. Do not know *(Skip to Question #7)*
6. Please describe your reasons for developing new policies to ensure that eligible women are enrolled in WISEWOMAN? *[Open entry]*
7. How often does your program review the process to ensure that WISEWOMAN-eligible participants are enrolled in WISEWOMAN? Select all that apply.
 - a. Monthly
 - b. Quarterly
 - c. Annual reporting
 - d. Other (please specify) _____
 - e. Do not know

SECTION B: PROGRAM REQUIREMENTS FOR DIRECT SERVICE PROVIDERS

The WISEWOMAN Program is interested in learning about efforts to maximize the adherence by direct service providers to program requirements. The WISEWOMAN Program acknowledges that your funded program may operate differently than others. Responses to these questions will not impact your funded program negatively, and programs will not be penalized in any way.

8. Which type(s) of procedures do you have in place to ensure that direct service providers provide WISEWOMAN services in accordance with Program requirements? Select all that apply.
 - a. Site visits
 - b. Participant record review
 - c. Audits
 - d. Other protocols, practices, or procedures (Please specify) _____
 - e. None - we do not have any protocols, practices or procedures to ensure implementation of services per the program requirements
 - f. Do not know

9. What are barriers to developing procedures to ensure that direct service providers implement services according to WISEWOMAN Program requirements? Select all that apply.
 - a. Not enough time to develop procedures
 - b. Not enough funding to develop procedures
 - c. Not enough staff expertise to develop procedures
 - d. Lack of involvement of partner organizations
 - e. Lack of involvement by direct service providers
 - f. Other barriers (please specify) _____
 - g. None - we have not faced any barriers with developing procedures
 - h. Do not know

10. What are barriers to implementing procedures to ensure that direct service providers implement services according to WISEWOMAN Program requirements? Select all that apply.
 - i. Not enough time to implement procedures
 - j. Not enough funding to implement procedures
 - k. Not enough staff expertise to implement procedures
 - l. Lack of involvement of partner organizations
 - m. Lack of involvement by direct service providers
 - n. Other barriers (please specify) _____
 - o. None - we have not faced any barriers with implementing procedures
 - p. Do not know

11. How can CDC help you develop procedures to ensure that WISEWOMAN direct service providers implement program direct services based on program requirements?
 - a. Formal training (e.g., Webinar)
 - b. Technical assistance (TA) (e.g., individual consultation, assistance with developing tools)

- c. Guidance (e.g., emails, documents, and tools to provide suggestions or advice based on policies or evidence)
- d. Other assistance (please specify) _____
- e. None - we do not need assistance from CDC to develop protocols (*Skip to Question #13*)
- f. Do not know (*Skip to Question #13*)

12. Please describe the training, TA, and guidance (e.g., emails, documents, tools) that would be helpful to assist you with developing procedures to ensure direct service providers adhere to program requirements. [*Open entry*]

SECTION C: QUALITY OF CARE AND ACCESS TO CARE

The WISEWOMAN Program is interested in learning about efforts to maximize access to and receipt of care. The WISEWOMAN Program acknowledges that your funded program may operate differently than others. Responses to these questions will not impact your funded program negatively, and programs will not be penalized in any way.

13. What strategies do you use to ensure participants have access to quality care? Select all that apply.

- a. Provider contracts
- b. Focus on rural providers
- c. Focus on underserved geographic areas
- d. Expanded office hours
- e. Transportation incentives
- f. Childcare/eldercare
- g. Other strategies (please specify) _____
- h. None - we do not use specific resources to ensure participants' access to quality of care (*Skip to Question #15*)
- i. Do not know (*Skip to Question #15*)

14. Please further describe the above strategies and how they increase access to quality care. [*Open entry*]

15. What strategies do you use to ensure participants receive quality care? Select all that apply.

- a. Written policies
- b. Written procedures
- c. Provider contracts
- d. National guidelines
- e. Electronic medical records
- f. Other strategies (please specify) _____
- g. None - we do not use specific resources to ensure participants receive quality of care (*Skip to Question #17*)
- h. Do not know (*Skip to Question #17*)

16. Please describe the strategies you use to ensure participants receive quality care. [*Open entry*]

SECTION D: PARTICIPANT OUTCOMES

The WISEWOMAN Program is interested in learning about any participant health behavior data collected. The WISEWOMAN Program acknowledges that your funded program may operate differently than others. Responses to these questions will not impact your funded program negatively, and programs will not be penalized in any way.

17. Does your program collect data on LSI participant health behaviors (e.g., physical activity behavior)?
- Yes
 - No (*Skip to Question #19*)
 - Do not know
18. Which of the following types of data does your program collect to assess lifestyle intervention (LSI) participant health behaviors? Select all that apply.
- Physical activity behavior
 - Healthy eating behavior
 - Smoking behavior
 - Other participant health behaviors (please specify) _____
 - None - we do not collect data to assess LSI participant health behaviors
 - Do not know
19. Does your program collect biometric data from LSI participants prior to re-screen?
- Yes
 - No (*Skip to Question #21*)
 - Do not know
20. Which of the following types of biometric data does your program collect from LSI participants prior to re-screen?
- Blood pressure
 - Body mass index (BMI)
 - Blood glucose or H1Ac levels
 - Blood cholesterol
 - Other biometric data (please specify) _____
 - None - we do not collect biometric
 - Do not know
21. For which of the following variables does your program collect information to help explain LSI participant outcomes for engaging in physical activity? Select all that apply.
- Physical activity knowledge
 - Physical activity motivation (e.g., readiness to change)
 - Physical activity behavioral intention
 - Physical activity beliefs
 - Physical activity attitudes
 - Physical activity self-efficacy
 - Physical activity perceived barriers

- h. Other variables to explain changes in physical activity behaviors (please specify) _____
- i. None - we do not collect data to help explain LSI participant outcomes for physical activity
- j. Do not know

22. For which of the following variables does your program collect information to help explain LSI participant outcomes for engaging in healthy eating? Select all that apply.
- a. Healthy eating knowledge
 - b. Healthy eating motivation (e.g., readiness to change)
 - c. Healthy eating behavioral intention
 - d. Healthy eating beliefs
 - e. Healthy eating attitudes
 - f. Healthy eating self-efficacy
 - g. Healthy eating perceived barriers
 - h. Other variables to explain changes in healthy eating behaviors (please specify) _____
 - i. None - we do not collect data to help explain LSI participant outcomes for healthy eating
 - j. Do not know
23. What barriers, if any, does your program face in collecting information to assess LSI participant outcomes?
- a. Not enough time to identify existing data collection instruments
 - b. No existing data collection instruments available
 - c. Not enough time to develop data collection instruments
 - d. Not enough time to collect data
 - e. Not enough funding to develop data collection instruments
 - f. Not enough funding to collect data
 - g. Not enough staff expertise to develop data collection instruments
 - h. Not enough staff expertise to collect data
 - i. Not enough knowledge about what data to collect
 - j. Lack of interest among the LSI participants
 - k. Lack of involvement of partner organizations
 - l. Lack of involvement by direct service providers
 - m. CDC has not required collecting data to assess LSI participant outcomes
 - n. Other barriers (please specify) _____
 - o. None - we have not faced any barriers
 - p. Do not know

SECTION E: OTHER HEART DISEASE AND STROKE PREVENTION-RELATED ACTIVITIES

The WISEWOMAN Program is interested in learning about any activities and data collected about heart disease and stroke prevention. The WISEWOMAN Program acknowledges that your funded program may operate differently than others. Responses to these questions will not impact your funded program negatively, and programs will not be penalized in any way.

24. Does your program collect information about participant sodium reduction?
- a. Yes
 - b. No (Skip to Question #27)
 - c. Do not know (Skip to Question #27)

25. Please describe the types of information that your program collects about participant sodium reduction. [*Open entry*]

26. How does your program collect information about participant sodium reduction?
- Using participant intake form
 - During risk reduction counseling
 - Using a lifestyle assessment survey
 - Other (please specify) _____
 - None - we do not collect information related participant sodium reduction
 - Do not know

27. Does your program collect information about participant use of aspirin or aspirin therapy?
- Yes
 - No (Skip to Question #30)
 - Do not know (Skip to Question #30)

28. Please describe the types of information that your program collects about participant use of aspirin or aspirin therapy. [*Open entry*]

29. How does your program collect information from participants about their use of aspirin or aspirin therapy?
- Using participant intake form
 - During risk reduction counseling
 - Using a lifestyle assessment survey
 - Other (please specify) _____
 - None - we do not collect information related participant sodium reduction
 - Do not know

SECTION F: WORK WITH COMMUNITY HEALTH WORKERS

The WISEWOMAN Program is interested in learning about your program's experiences working with community health workers. The WISEWOMAN Program acknowledges that your funded program may operate differently than others. Responses to these questions will not impact your funded program negatively, and programs will not be penalized in any way.

30. In what ways does your program work with community health workers (CHWs) to support the WISEWOMAN program? Select all that apply.
- Recruit participants
 - Provide clinical services
 - Provide risk reduction counseling
 - Assess participant health behaviors
 - Assess participant readiness to change health behaviors
 - Deliver LSIs
 - Other ways (please specify) _____
 - None - our program does not work with community health workers (*Skip to Closing*)
 - Do not know (*Skip to Closing*)

Please rate the extent to which you agree with the following statements related to your program's work with community health workers (CHWs).

31. Working with CHWs improves our program's ability to reach potential WISEWOMAN participants.
- a. Strongly disagree
 - b. Somewhat disagree
 - c. Neither disagree or agree
 - d. Somewhat agree
 - e. Strongly agree
 - f. Do not know
32. Working with CHWs improves our programs ability to provide clinical services.
- a. Strongly disagree
 - b. Somewhat disagree
 - c. Neither disagree or agree
 - d. Somewhat agree
 - e. Strongly agree
 - f. Do not know
33. Working with CHWs aids our program's ability to provide risk reduction counseling.
- a. Strongly disagree
 - b. Somewhat disagree
 - c. Neither disagree or agree
 - d. Somewhat agree
 - e. Strongly agree
 - f. Do not know
34. CHWs have been instrumental in improving our program's ability to assess participants health behaviors or readiness to change health behaviors.
- a. Strongly disagree
 - b. Somewhat disagree
 - c. Neither disagree or agree
 - d. Somewhat agree
 - e. Strongly agree
 - f. Do not know
35. CHWs have improved our program's ability to deliver lifestyle interventions.
- a. Strongly disagree
 - b. Somewhat disagree
 - c. Neither disagree or agree
 - d. Somewhat agree
 - e. Strongly agree
 - f. Do not know

CLOSING

These are all of the questions that we have for now. Thank you for taking the time to complete this survey today. As previously mentioned, should you have any questions about this survey, or evaluation, please contact Mr. Lawrence Scholl, Senior Project Manager, at Phone: (404) 433-0735, E-mail: lscholl@icfi.com.