**Form Approved**

**OMB No. 0920-0864**

**Expiration date: 9/30/2013**

**CDC’s WISEWOMAN Program**

**Year 4 Evaluation Survey: Part I**

**Informed Consent Statement**

ICF International (ICF) is conducting this survey as part of the evaluation of the CDC’s WISEWOMAN program. The purpose of this survey is to:

* Conduct an assessment of all 21 programs to explore program characteristics that may be associated with specific program activities related to WISEWOMAN goals
* Provide CDC with findings and recommendations about potential relationships between program characteristics and specific activities related to WISEWOMAN goals

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 evaluation staff will know which program has provided responses. This will allow us to follow up with programs should any responses require clarification. This also will allow us to link data from this survey to Part II of this year’s Web survey, data collected from prior evaluation surveys, program documents, and MDEs. 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 Senior Project Manager, at Phone: (404) 433-0735, E-mail: lscholl@icfi.com.

Introduction

We would like to thank you for agreeing to complete this survey about the WISEWOMAN program. This survey, Part I, will focus on frequency and types of training at screening sites; frequency and types of training of LSI providers; and specific characteristics of LSI providers and LSI delivery. Part II of the survey will be sent to you in approximately 1 month and will focus on strategies to address the needs of priority populations; program administration and quality assurance; and rescreen and referral practices.

For this evaluation year, we will incorporate responses to this survey with data from prior evaluation surveys, program documents, and MDEs. This survey seeks to gather both recent and comprehensive information for certain aspects of your program above and beyond what information your program already shares with CDC.

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 International, CDC’s contractor for this evaluation.

Additionally, summary findings from the evaluation will be provided to programs by the end of the calendar year.

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

**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: Frequency and Types of training OF SCREENING SITES**

*The CDC WISEWOMAN Program is interested in learning about the various training activities conducted by funded programs to train staff providing WISEWOMAN services in your program’s* ***screening sites****. 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. Considering the screening sites that provide WISEWOMAN services for your program, please estimate the percentage of women screened at the following types of screening sites that have been contracted with your program during program years 1-4. If none, enter “0.”

|  |  |
| --- | --- |
|  | Year 4 |
| Local public health agencies | \_\_\_\_\_\_% |
| Federally qualified health centers | \_\_\_\_\_\_% |
| Community health clinics | \_\_\_\_\_\_% |
| Free clinics | \_\_\_\_\_\_% |
| OB-GYN private provider practices | \_\_\_\_\_\_% |
| Hospitals | \_\_\_\_\_\_% |
| Tribal health clinics or medical centers | \_\_\_\_\_\_% |
| Family planning clinics | \_\_\_\_\_\_% |
| Others(please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_% |

1. On average, how often do you provide training to your program staff that provide WISEWOMAN services in your program’s **screening sites**?
2. Weekly
3. Monthly
4. Every two months
5. Quarterly
6. Two to three times per year
7. Annually
8. Other (please specify)
9. On average, how many times per year do you provide training focused on **the provision of clinical screening services** to your WISEWOMAN screening sites?
10. 0 times
11. 1 time
12. 2 times
13. 3 times
14. 4 times
15. More than 4 times
16. Other
17. How does your funded program typically conduct training focused on **the provision of clinical screening services** for your WISEWOMAN screening sites? (Select all that apply)
18. Telephone or conference call
19. In person at provider site
20. In person at State or Tribal Health Department
21. Webcast or other Internet-based format
22. Other (please specify)
23. What method(s) do you use to assess training participation for trainings focused on **the provision of clinical screening services**? (select all that apply)
	1. Post-training evaluation questionnaires administered to training participants—**NOT** satisfaction surveys
	2. Training participant satisfaction surveys
	3. Training participant attendance sheets
	4. Questionnaires administered to WISEWOMAN participants—**NOT** satisfaction surveys
	5. WISEWOMAN participant satisfaction surveys
	6. Chart reviews
	7. Site visits to clinics
	8. None
	9. Other (please specify)
24. Some programs may link participation in training focused on **provision of clinical screening services** with eligibility for **providing** clinical screening services? Specifically, do staff providing WISEWOMAN services in your program’s screening sites have to participate in training to be considered eligible to deliver clinical screening services?
	1. Yes
	2. No
25. Has your program examined data to see whether there is a link between participation in training focused on **provision of clinical screening services** and quality of clinical screening services provided?
	1. Yes
	2. No
		1. If yes, have you found that training is related to improvement in delivery of clinical screening services?
		2. Yes
		3. No
		4. Don’t know
		5. Other (please explain):
26. Does each screening site receive the same amount of training focused on **the provision of clinical screening services**?
27. Yes
28. No
	* 1. If no, do you confront barriers with getting staff providing WISEWOMAN services in your program’s screening sites to participate in trainings?
		2. Yes
		3. No
		4. If no, do some screening sites need more training because they are newer sites?
29. Yes
30. No
	* 1. If no, do some screening sites need less training because staff are more experienced with delivering WISEWOMAN?
31. Yes
32. No
	* 1. If no, are there other reasons why screening sites do not receive the same amount of training?
33. Yes (please explain):\_\_\_\_\_\_\_\_\_\_\_\_\_
34. No
35. On average, how many times per year do you provide training focused on **WISEWOMAN program requirements** to your WISEWOMAN screening sites?
36. 0 times
37. 1 time
38. 2 times
39. 3 times
40. 4 times
41. More than 4 times
42. Other
43. How does your funded program typically conduct training on **WISEWOMAN program requirements** for your WISEWOMAN screening sites? (Select all that apply)
44. Telephone or conference call
45. In-person at provider site
46. In-person at WISEWOMAN program headquarters
47. Webcast or other or other Internet-based format
48. Other (please specify)
49. What method(s) do you use to assess training participation for trainings focused on **WISEWOMAN program requirements**? (select all that apply)
	1. Post-training evaluation questionnaires administered to training participants—**NOT** satisfaction surveys
	2. Training participant satisfaction surveys
	3. Training participant attendance sheets
	4. Questionnaires administered to WISEWOMAN participants—**NOT** satisfaction surveys
	5. WISEWOMAN participant satisfaction surveys
	6. Chart reviews
	7. Site visits to clinics
	8. None
	9. Other (please specify)
50. Some programs may link participation in training focused on **WISEWOMAN program requirements** with overall compliance with **program requirements**? Specifically, do staff providing WISEWOMAN services in your program’s screening sites have to participate in training to be considered compliant with **WISEWOMAN program requirements**?
	1. Yes
	2. No
51. Has your program examined data to see whether there is a link between participation in training focused on **WISEWOMAN program requirements** and compliance with WISEWOMAN program requirements?
	1. Yes
	2. No
52. If yes, have you found that training is related to improved compliance with WISEWOMAN program requirements?
53. Yes
54. No
55. Don’t know
56. Other (please explain):
57. Does each screening site receive the same amount of training focused on **WISEWOMAN program requirements**?
58. Yes
59. No
60. If no, do some screening sites need more training because they are newer sites?
61. Yes
62. No
63. If no, do some screening sites need less training because staff providing WISEWOMAN services in your program’s screening sites are more experienced?
64. Yes
65. No
66. If no, do you address the barriers associated with getting direct service providers to participate in trainings?
67. Yes
68. No
69. If no, are there other reasons why screening sites do not receive the same amount of training?
70. Yes (please explain):\_\_\_\_\_\_\_\_\_\_\_\_\_
71. No
72. Does your funded program evaluate the trainings you deliver to screening sites—specifically to assess trainees’ acquisition of knowledge and skills, not satisfaction?
	1. Yes
	2. No
73. If you answered “yes” above, how do you use the evaluation findings?
	1. Please describe

**SECtion B: Frequency and Types of training OF LSI Providers**

*The CDC WISEWOMAN Program is interested in learning about the various training activities conducted by funded programs to train WISEWOMAN* ***LSI providers****. While some staff members who conduct LSIs may participate in training relevant to providing screening services, the following questions focus specifically on training relevant for conducting LSIs. It is anticipated that programs may conduct LSI provider training distinct from other training at screening sites due to the specificity of LSI implementation. 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. On average, how often do you provide training to your WISEWOMAN **LSI providers**?
2. Weekly
3. Monthly
4. Every two months
5. Quarterly
6. Two to three times per year
7. Annually
8. Other (please specify)
9. On average, how many times per year do you provide training to your **LSI providers** that focuses on how they can help women make lifestyle changes to improve their cardiovascular health (e.g., changing their eating habits, engaging in more physical activity, quitting smoking)?
10. 0 times
11. 1 time
12. 2 times
13. 3 times
14. 4 times
15. More than 4 times
16. Other
17. How does your funded program typically conduct training for your WISEWOMAN **LSI providers** that focuses on how they can help women make lifestyle changes to improve their cardiovascular health? (Select all that apply)
18. Telephone or conference call
19. In person at provider site
20. In person at WISEWOMAN program headquarters
21. Webcast or other Internet-based format
22. Other (please specify)
23. What method(s) do you use to assess training participation for **LSI providers** for trainings focused on how they can help women make lifestyle changes to improve their cardiovascular health? (select all that apply)
	1. Post-training evaluation questionnaires administered to training participants—**NOT** satisfaction surveys
	2. Training participant satisfaction surveys
	3. Training participant attendance sheets
	4. Questionnaires administered to WISEWOMAN participants—**NOT** satisfaction surveys
	5. WISEWOMAN participant satisfaction surveys
	6. Chart reviews
	7. Site visits to clinics
	8. None

Other (please specify)

1. Some programs may link participation in training focused on how to help women make lifestyle changes to improve their cardiovascular health with eligibility for delivery of LSIs. Specifically, do LSI providers have to participate in these trainings to be considered eligible to deliver LSIs to WISEWOMAN participants?
	1. Yes
	2. No
2. Has your program examined data to see whether there is a link between participation in training focused on how to help women make lifestyle changes to improve their cardiovascular health and LSI delivery?
	1. Yes
	2. No
		1. If yes, have you found that training is related to improvement in LSI delivery?
			1. Yes
			2. No
			3. Don’t know
			4. Other: please explain:
3. Does each **LSI provider** receive the same amount of training focused on **WISEWOMAN program requirements for LSI delivery**?
4. Yes
5. No
6. If no, do you confront barriers with getting LSI providers to participate in trainings?
	* 1. Yes
		2. No
7. If no, do some LSI providers need less training because they have more experience delivering LSIs?
8. Yes
9. No
10. If no, are there other reasons why LSI providers do not receive the same amount of training?
11. Yes (please explain):\_\_\_\_\_\_\_\_\_\_\_\_\_
12. No
13. On average, how many times per year do you provide training focused on **WISEWOMAN program requirements for LSI delivery** to your WISEWOMAN **LSI providers**?
14. 0 times
15. 1 time
16. 2 times
17. 3 times
18. 4 times
19. More than 4 times
20. Other
21. How does your funded program typically conduct training on **WISEWOMAN program requirements for LSI delivery** for your WISEWOMAN **LSI providers**? (Select all that apply)
22. Telephone or conference call
23. In-person at provider site
24. In-person at WISEWOMAN program headquarters
25. Webcast or other or other Internet-based format
26. Other (please specify)
27. What method(s) do you use to assess training participation for **LSI providers** for trainings focused on **WISEWOMAN program requirements for LSI delivery**? (select all that apply)
	1. Post-training evaluation questionnaires administered to training participants—**NOT** satisfaction surveys
	2. Training participant satisfaction surveys
	3. Training participant attendance sheets
	4. Questionnaires administered to WISEWOMAN participants—**NOT** satisfaction surveys
	5. WISEWOMAN participant satisfaction surveys
	6. Chart reviews
	7. Site visits to clinics
	8. None

Other (please specify)

1. Some programs may link participation in training focused on **WISEWOMAN program requirements for LSI delivery** with overall compliance with **program requirements**. Specifically, do **LSI providers** have to participate in training to be considered compliant with **WISEWOMAN program requirements**?
	1. Yes
	2. No
2. Has your program examined data to see whether there is a link between participation in training focused on **WISEWOMAN program requirements for LSI delivery** and compliance with WISEWOMAN program requirements for LSI delivery?
	1. Yes
	2. No
3. If yes, have you found that training is related to improved compliance with WISEWOMAN program requirements for LSI delivery?
4. Yes
5. No
6. Don’t know
7. Other: please explain:
8. Does each **LSI provider** receive the same amount of training focused on **WISEWOMAN program requirements**?
9. Yes
10. No
11. If no, do you confront barriers with getting LSI providers to participate in trainings?
12. Yes
13. No
14. If no, do some LSI providers need less training because they have more experience delivering LSIs?
15. Yes
16. No
17. If no, are there other reasons why LSI providers do not receive the same amount of training?
18. Yes (please explain):\_\_\_\_\_\_\_\_\_\_\_\_\_
19. No
20. Does your funded program evaluate the trainings you deliver to LSI providers—specifically to assess trainees’ acquisition of knowledge and skills, not satisfaction?
	1. Yes
	2. No
21. If you answered “yes” above, do you use the evaluation findings to improve future trainings for LSI providers?
	1. Yes
	2. No
22. If yes, please explain how you’ve used your evaluation findings to improve future trainings for LSI providers.

**SECTION C: CHARACTERISTICS OF LSI PROVIDERS AND LSI DELIVERY**

*The CDC WISEWOMAN Program would like to learn more about your program’s LSI component. Responses to these questions will not* *impact your funded program negatively, and programs will not be penalized in any way.*

1. How does your program deliver its lifestyle intervention? For each method selected, please approximate what percentage of your LSIs are delivered in that manner. Including a percentage of ‘0’ would mean that no LSIs are delivered using the delivery method.
2. In-person (\_\_\_\_\_%)
3. Telephone(\_\_\_\_\_%)
4. Internet(\_\_\_\_\_%)
5. Mail(\_\_\_\_\_%)
6. Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_%)
7. What staff members are primarily responsible for delivery of your program’s LSI?
8. Providers at screening sites
9. State or tribal health department staff
10. Community partners
11. Other (please specify):\_\_\_\_\_\_\_\_\_\_\_
12. What staff members typically deliver LSIs in your program? Please approximate the percentage of all LSIs delivered by that staff type. Including a percentage of ‘0’ would mean that no LSIs are delivered by that staff type.
13. Nurses (\_\_\_\_\_%)
14. Nurse practitioners (\_\_\_\_\_%)
15. Physicians (\_\_\_\_\_%)
16. Medical technicians (\_\_\_\_\_%)
17. Dietitians/nutritionists (\_\_\_\_\_%)
18. Health educators (\_\_\_\_\_%)
19. Social workers (\_\_\_\_\_%)
20. Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_%)

**CLOSING**

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