

CDC's WISEWOMAN Program Year 4 Evaluation Survey: Part II

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 I 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.

Public reporting burden of this collection of information is estimated to average 25 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).

Introduction

We would like to thank you for agreeing to complete this survey about the WISEWOMAN program. This survey, Part II, 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 via a Webinar by the end of the 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: STRATEGIES TO ADDRESS NEEDS OF PRIORITY POPULATIONS

The CDC WISEWOMAN Program is interested in learning about how your program serves a culturally diverse population and strategies you use to address the needs of these populations. 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. What kinds of strategies has your program used to identify or develop materials for the culturally-diverse WISEWOMAN population served by your program? (Select all that apply)
 - a. Use recruitment materials culturally-tailored to specific priority populations
 - b. Use materials culturally-tailored to specific priority populations for delivery of risk reduction counseling
 - c. Use resources culturally-tailored to specific priority populations to provide information about cardiovascular health
 - d. Create our own culturally-tailored materials for use in direct service delivery
 - e. Work with partners (e.g., university partners, community partners) to develop or identify culturally tailored materials
 - f. Use translated materials for delivery of risk reduction counseling
 - g. Use translated materials to provide information about cardiovascular health
 - h. Create translated materials for use in direct service delivery
 - i. Work with partners (e.g., university partners, community partners) to develop or identify materials translated materials
 - j. Other (please specify): _____
 - k. None

2. What strategies has your program used to establish relationships within the community to address needs for WISEWOMAN priority population participants? (Select all that apply)
 - a. Establish relationships with community leaders who work with specific priority populations
 - b. Establish partnerships with community partners that target activities for specific priority populations

- c. Talk with community partners to consider how WISEWOMAN could better address the needs of women from specific priority populations
 - d. Establish partnerships with community partners physically located in areas easily accessible for women from specific priority populations (e.g., YMCA located in or near a neighborhood where women from a specific priority population reside)
 - e. Contract with screening sites located in rural areas
 - f. Contract with screening sites located in impoverished areas
 - g. Contract with screening sites that serve predominantly ethnic minorities
 - h. Identify and contract with screening sites that employ bilingual providers and staff providing WISEWOMAN services.
 - i. Talk with staff providing WISEWOMAN services in your program's screening sites to consider how WISEWOMAN could better address the needs of women from specific priority populations
 - j. Other (please specify): _____
 - k. None
3. In what ways has your program worked to advance strategies for addressing needs of priority populations served by your program? (Select all that apply)
- a. Talk with other funded programs about ways in which they address needs of priority populations overall
 - b. Talk with other funded programs about ways in which they address the needs of women from specific priority populations
 - c. Talk with CDC about ways in which WISEWOMAN could better address the needs of women from specific priority populations
 - d. Identify materials to share with screening sites to educate providers about the needs of specific priority populations
 - e. Identify new approaches for following up with women who may not have consistent contact information
 - f. Other strategies (please specify)
 - g. None
4. What are barriers your program has faced with having culturally-tailored materials for your priority populations? (select all that apply)
- a. Population served is too diverse
 - b. Lack of organizational priority (i.e., within your State or Tribal health department)
 - c. Lack of departmental support to have culturally-tailored materials
 - d. Lack of resources available within your State or Tribal health department
 - e. Lack of external support
 - f. Lack of priority for partner organizations

- g. Lack of priority for providers
 - h. Other (please explain):
 - i. None
5. What are barriers your program has faced with having translated materials for your priority populations?
- a. Population served is too diverse
 - b. Lack of organizational priority (i.e., within your State or Tribal health department)
 - c. Lack of departmental support to have translated materials
 - d. Lack of resources available within your State or Tribal health department
 - e. Lack of external support
 - f. Lack of priority for partner organizations
 - g. Lack of priority for providers
 - h. Other (please explain):
 - i. None

SECTION B: PROGRAM ADMINISTRATION AND QUALITY ASSURANCE

The CDC WISEWOMAN Program is interested in learning about how your program contracts with screening sites and how you connect payment of services rendered to screening site performance. 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.

6. Do you require your WISEWOMAN screening sites to submit complete client data in order to receive reimbursement for WISEWOMAN services provided?
- a. Yes
 - b. No
 - c. Other (explain)
 - i. If yes, does your program conduct a review—automated or by hand—of the data to identify inaccuracies before screening sites are reimbursed?
 - a. Yes
 - b. No
7. What is the average duration of your contractual agreements with your screening sites?
- a. Less than 1 year

- b. 1 year
 - c. 2 years
 - d. 3 years
 - e. More than 3 years
 - f. Other (please explain)
8. Over the past year, how many screening sites have you terminated contracts with?
- a. 0
 - b. 1
 - c. 2
 - d. 3
 - e. 4
 - f. More than 4
9. How many new screening sites do you typically utilize each year?
10. How many new screening sites do you typically contract with each year?

<p>11. Which type(s) of quality assurance methods do you have in place to ensure that direct service providers provide WISEWOMAN services in accordance with Program requirements?</p> <p>(Select all methods that apply and designate the frequency you employ each selected method.)</p>	<p>12. How frequently does your program employ the above mentioned quality assurance methods?</p>
<p>a. Program site visits</p>	<p>Drop down menu of:</p> <p>a. Less than yearly b. Once per year c. Twice per year d. Three times per year e. Four times per year f. More than four times per year g. Other (please explain)</p>
<p>b. Participant record reviews</p>	<p>“ “</p>
<p>c. Audits (e.g., review forms to see whether consistent responses were provided)</p>	<p>“ “</p>
<p>d. Review of provider activities</p>	<p>“ “</p>
<p>e. Review of data quality and integrity</p>	<p>“ “</p>
<p>f. Communication with providers to discuss delivery concerns</p>	<p>“ “</p>
<p>g. Communication with or survey of a sample of WISEWOMAN participants to see what they received</p>	<p>“ “</p>
<p>h. Amendments to provider contracts to account for newly identified quality control issues</p>	<p>“ “</p>
<p>i. None-we do not have any protocols, practices, or procedures to ensure implementation of services per the program requirements</p>	<p>“ “</p>
<p>j. Do not know</p>	<p>“ “</p>
<p>k. Other protocols, practices, or procedures</p>	<p>“ “</p>

13. It is useful to understand each program’s activities for analyzing and using **non-MDE data**. Do you use internal resources, within your organization or state or tribal health department unit, to analyzing your program’s **non-MDE** data?

- a. Yes
 - i. If yes, please describe how you analyze non-MDE data and make use of the findings?
- a. No, we do not collect non-MDE data
- b. No, we collect non-MDE data, but we currently are not analyzing it
- c. Don't know
- d. Other (please specify) _____

SECTION C: RESCREEN AND REFERRAL PRACTICES

The CDC WISEWOMAN Program is interested in learning about how your program ensures women return for rescreen appointments and the kind of resources you might refer them to once they enter 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.

14. What kinds of strategies does your program utilize to get women to return for **rescreening**? (Select all that apply)
- Follow up phone calls
 - Email reminders
 - Mail reminders
 - Gift incentives
 - Collaboration with other chronic disease programs (e.g., BCCP, tobacco control)
 - None, we do not have strategies used specifically to encourage women to return for **rescreening**
 - Other (please explain)
15. Where does your program typically refer WISEWOMAN participants to resources in the community? (Select all that apply)
- YMCA/YWCA
 - Local hospitals
 - Local health centers
 - Programs conducted by colleges/universities
 - Programs conducted by American Heart Association chapters
 - Programs conducted by American Stroke Association chapters
 - Community gardens
 - Church programs
 - Grocery stores
 - Support groups
 - American Cancer Society
 - American Lung Association
 - American Heart Association
 - Tobacco Quitline
 - Other: _____
16. What kinds of referral information does your program provide to **most** WISEWOMAN participants who receive screening services? (Select all that apply)
- Hard copy materials (e.g., booklets) to educate women about cardiovascular health
 - Hard copy resource lists (e.g., community partner phone numbers)

- c. Electronic materials (e.g., CDs, DVDs)
 - d. Names and contact information for specific community programs providing nutrition services
 - e. Names and contact information for specific community programs providing physical activity services
 - f. Names and contact information for other direct service providers who may help participants manage their health needs
 - g. Information about grocery stores that offer reduced-price produce (and other health food options)
 - h. Information about community gardens
 - i. Other (please specify): _____
17. Do screening sites usually schedule appointments for WISEWOMAN participants to access resources in the community?
- a. Yes
 - b. No
18. What method(s) does your program have in place to track when providers refer participants to community based services?
19. What system(s), if any, does your program have in place to confirm if the referrals to community-based services are used? For example, confirmation systems may include: confirmation by the LSI counselor or through third-party logs (e.g., Quitline records, YMCA attendance rolls, attendance records from diabetes prevention classes).

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.