

State Breast and Cervical Cancer Early Detection Program

WEAVING Survey

When complete, please email this survey to info@uihi.org OR fax to 206-812-3044

1. Organization Name:

2. State:

3. From the list below, what is the position title that best describes you?
 - Program Director
 - Program Coordinator
 - Program Assistant
 - Outreach Specialist
 - Other: *Fill in:*

4. What reimbursement model does your state Breast and Cervical Cancer Early Detection Program use?
 - Centralized Program Structure
 - Decentralized Program Structure
 - Mixed Program Structure

5. Which of the following services are reimbursable through your state's BCCEDP?
 - Analogue mammography
 - Digital mammography
 - Clinical breast exams
 - Pelvic Exams
 - Pap tests
 - HPV testing

Are there other breast and cervical cancer screening services that are reimbursable?

Yes →

No

→ *If yes, please describe*

The following table relates to screening services that are CURRENTLY AVAILABLE IN 2010.

6. Please describe the availability of the following breast and cervical cancer services through your state BCCEDP. For the following services, please check if the services are **fully available**, **not available**, or whether there is **limited availability**.

	Fully available	Limited availability	Not available
Mammography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile mammography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical breast exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pelvic exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pap tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV* testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Care for abnormal mammograms (ultrasound, biopsy, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic care for abnormal pap tests (colposcopy, LEEP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast cancer treatment services within 1 hour drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cervical cancer treatment services within 1 hour drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Human papillomavirus

The next questions are about eligibility criteria for screening services in your state:

7. Who is eligible for **breast cancer** screening services through your state BCCEDP?

Lower age limit:

Upper age limit:

Income limit (% of federal poverty limit (FPL)):

Any other criteria:

8. Who is eligible for **cervical cancer** screening services through your state BCCEDP?

Lower age limit:

Upper age limit:

Income limit (% of federal poverty limit (FPL)):

Any other criteria:

Referrals and Partnerships

9. Does your state BCCEDP program require or recommend your service providers use any of the following methods to keep track of client referrals to make sure clients receive the referred service?

- Client surveys
- Phone call follow-up with clients
- Phone call follow-up with referred provider
- On-site review of client records

Do you require or recommend any other method to keep track of client referrals?

- Yes →
- No

→ *If yes, what method?*

10. Does your program currently contract with any urban Indian health organization in your state to provide breast and cervical cancer screening to eligible women?

- Yes
- No
- Don't know

11. Do you have currently, or have you had previously, an American Indian or Alaska Native representative on your state advisory committee, coalition for breast and cervical cancer, or comprehensive cancer control program?

- Yes, we have a representative currently involved
- Yes, we have had a representative in the past, but not currently
- No, we do not have a representative
- Don't know

12. Do you have currently, or have you had previously, specifically an urban Indian health organization representative on your state advisory committee, coalition for breast and cervical cancer, or comprehensive cancer control program?

- Yes, we have a representative currently involved
- Yes, we have had a representative in the past, but not currently
- No, we do not have a representative
- Don't know

13. Is there a tribal or American Indian/Alaska Native liaison within your Department of Health?

- Yes
- No
- Don't know

14. Have you ever offered training to **your staff** about working with Native populations to improve cultural competency or to address recruitment needs?

- Yes
- No
- Don't know

15. Have you ever offered training to **your providers** about working with Native populations to improve cultural competency or to address recruitment needs?

- Yes
- No
- Don't know

16. You will now be asked to rate your overall satisfaction with the following American Indian and Alaska Native partnerships in your state. If it applies, would you say you were **satisfied, neutral**, or **unsatisfied** with following

American Indian/Alaska Native partnership overall

- Satisfied
- Neutral
- Unsatisfied
- N/A

Urban Indian health organization partnership in your state

- Satisfied
- Neutral
- Unsatisfied
- N/A

The final questions are about barriers to services that may be experienced by American Indian and Alaska Native women in your state

17. Have you identified any **barriers in offering** breast and cervical cancer screening services to American Indian and Alaska Native women?

- Yes →
- No

→If Yes: Please describe:

18. Have you identified any **barriers clients encounter** in obtaining breast and cervical cancer screening services?

Yes →

No

→*If Yes:* Please describe:

19. Is there anything else you would like to share at this time?

Thank you very much for your participation.