

Urban Indian health organization WEAVING Survey

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

1. Organization Name:
2. City:
3. State:
4. From the list below, what is the position title that best describes you
 - Executive Director
 - Medical Director
 - Clinic Manager
 - Women's Program Manager
 - Women's Health Care Provider
 - Community Outreach Manager
 - Other: *Fill in:*
5. Please select the option that best describes your organization:
 - Outreach and referral agency
 - Limited direct services provided on-site
 - Comprehensive direct services provided on-site

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 screening services for clients at your organization. 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
On-site mammography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-site (referral) mammography (not mobile)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile mammography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-site clinical breast exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-site (referral) clinical breast exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-site pelvic exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-site (referral) pelvic exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-site pap test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-site (referral) pap test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-site HPV* testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-site HPV* testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female women's health provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate staff time for case management of abnormal results	<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"/>
Culturally appropriate cancer survivor support group and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Human papillomavirus

7. Does your organization currently have a contract or memorandum of agreement in place with your state's Breast and Cervical Cancer Early Detection Program (or BCCEDP) to provide breast and cervical cancer screening to eligible women?

- Yes
- No
- Don't know

The following questions are about reimbursement you receive for your breast and cervical cancer prevention activities

8. Do you receive reimbursement of any kind for **breast cancer screening**?

- Yes →
- No
- Don't know

→If Yes:

Who reimburses you for these services? You may select more than one.

- Medicare
- Medicaid
- Private Insurance
- State's Breast and Cervical Cancer Early Detection Program
- Tribal Breast and Cervical Cancer Early Detection Program
- Other (such as Komen for the Cure)

9. Do you receive reimbursement of any kind for **cervical cancer screening**?

- Yes →
- No
- Don't know

→If Yes:

Who reimburses you for these services? You may select more than one.

- Medicare
- Medicaid
- Private Insurance
- State's Breast and Cervical Cancer Early Detection Program
- Tribal Breast and Cervical Cancer Early Detection Program
- Other (such as Komen for the Cure)

10. Do you receive reimbursement of any kind **specifically** for **mammograms**?

- Yes →
- No
- Don't know

→If Yes:

Who reimburses you for these services? You may select more than one.

- Medicare
- Medicaid
- Private Insurance
- State's Breast and Cervical Cancer Early Detection Program
- Tribal Breast and Cervical Cancer Early Detection Program
- Other (such as Komen for the Cure)

11. Do you receive reimbursement of any kind for **outreach and recruitment** services?

- Yes →
- No
- Don't know

→If Yes:

Who reimburses you for these services? You may select more than one.

- Medicare
- Medicaid
- Private Insurance
- State's Breast and Cervical Cancer Early Detection Program
- Tribal Breast and Cervical Cancer Early Detection Program
- Other (such as Komen for the Cure)

12. Do you receive reimbursement of any kind for **case management** of women in need of follow-up?

- Yes →
- No
- Don't know

→If Yes:

Who reimburses you for these services? You may select more than one.

- Medicare
- Medicaid
- Private Insurance
- State's Breast and Cervical Cancer Early Detection Program
- Tribal Breast and Cervical Cancer Early Detection Program
- Other (such as Komen for the Cure)

Referrals and Partnerships

13. Do you refer women to other agencies for screening, diagnostic or treatment services?

Yes →

No

→If Yes:

When you refer women for services, which agencies do you use?

Agencies funded through your state's BCCEDP

Agencies not funded through your state's BCCEDP

Both

Don't know

14. Do you 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 client

Phone call follow-up with referred provider

On-site review of client records

Do you use any other method to keep track of client referrals?

Yes→

No

→If yes, what method?

15. To the best of your knowledge, would you say that your clients with abnormal screening results generally complete additional diagnostic tests within 60 days following their screening?

- Yes
- No
- Don't know
- Does not apply

16. To the best of your knowledge, would you say that your clients with pre-cancerous conditions or cancer generally start treatment within 90 days following their diagnosis?

- Yes
- No
- Don't know
- Does not apply

17. Has your state Department of Health ever invited you to be a part of their advisory committee, coalition for breast and cervical cancer, or comprehensive cancer control program?

- Yes, we have been invited and we are currently involved
- Yes, we have been invited but are not currently involved
- No, we have never been invited
- Don't know

If yes, please describe:

18. Has your state Department of Health ever invited you to attend continuing education or other training opportunities?

- Yes, we have been invited and we are currently involved
- Yes, we have been invited but are not currently involved
- No, we have never been invited
- Don't know

19. You will now be asked to rate your overall satisfaction with the following partnerships. If it applies, would you say you were **satisfied**, **neutral**, or **unsatisfied** with following partnerships:

State Breast and Cervical Cancer Early Detection Program:

- Satisfied
- Neutral
- Unsatisfied
- N/A

State Department of Health, other program:

- Satisfied
- Neutral
- Unsatisfied
- N/A

These next questions are about your needs, barriers and next steps

20. Have you identified any **barriers in offering** breast and cervical cancer screening services to your clients?

- Yes →
- No

→*If Yes:* Please describe:

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

- Yes →
- No

→*If Yes:* Please describe:

22. Your answers to this final question will help us develop future goals and work plans. For the following list of services and activities, would you say

- We do not have this services but would like to implement it
- We have this services and would like to expand it
- We do not want to implement and/or expand this service at this time

	Do not have service but would like to implement it	Have service and would like to expand it	Do not want to implement and/or expand service at this time
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"/>
Finding quality diagnostic and treatment services for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culturally appropriate outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case management and tracking/ensuring timely follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient navigation for those diagnosed with cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Survivorship support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any other services or activities you would like to implement or expand in the near future?

23. Is there anything else you would like to share?

Thank you very much for your participation.