

PRE-MEETING SURVEY

Partner Input Survey: Advancing Access to Screening

Estimated Time: 8–10 minutes

One-line Intro for email version: *Please take 8-10 minutes to complete this brief survey to help shape the upcoming regional meeting on advancing access to breast and cervical cancer screenings.*

Survey Intro: *We look forward to your participation in the upcoming regional partner meeting focused on improving access to breast and cervical cancer screening. This anonymous, brief pre-meeting survey is designed to gather your perspective on what is working, what barriers exist, and which types of support and collaboration will make a difference in your community.*

*Your responses will help shape the upcoming session **(INSERT Date/Time)** to ensure it is focused and relevant. Thank you for sharing your insight!*

1. What type of organization are you representing?

- Community-based organization
- Faith-based organization
- Health department
- Clinic/medical provider
- Professional association
- Educational institution
- Other: _____

2. How much of a priority is increasing breast and cervical cancer screening within your organization?

- One of our top priorities
- A moderate priority
- Not a current focus, but we're open to supporting
- Not a current focus and unlikely to engage
- Unsure / not applicable

3. What is your organization currently doing to support or promote breast and cervical screening?

(Open text)

4. What is helping women in your community access screening services?

(Select all that apply)

- Transportation or mobile screening options
- Bilingual staff or translated materials
- Community health workers / trusted messengers
- Education or outreach campaigns
- Clinic reminder systems
- Peer support or survivor advocates
- Other: _____

Optional: Please describe anything specific that's working well in your community. (Open text)

5. What are the biggest barriers you see that prevent eligible women from being screened or rescreened?

- Transportation
- Language/communication barriers
- Trust or fear of diagnosis
- Lack of awareness or outreach
- Provider access or availability
- Confusion about eligibility or cost
- Other: _____

6. What kinds of support would help your organization increase its impact in this area?

(Select all that apply)

- Additional staff or time
- Culturally appropriate outreach materials
- Local champions or trusted messengers
- Access to mobile/on-site screening
- Peer learning opportunities
- Training or capacity-building
- Data or reporting tools
- Funding or incentives
- Other: _____

7. What has your experience been with the Every Woman Matters program?

- We currently refer or use EWM regularly

- We're familiar with EWM but don't use it consistently
- We've heard of it but don't use it
- We've never heard of EWM
- Other: _____

8. What is one idea you'd like to explore with partners to increase screening rates in your community?

(Open text)

9. Who else should be involved in this work moving forward?

(Open text)

10. What contribution could your organization make to support this effort?

(Examples: outreach, space, communications, facilitation, etc.)

11. Would you be open to continued involvement?

- Yes, I'm interested
- Maybe — I'd like to learn more
- No, not at this time