

1 Month Post Program See, Test & Treat Report

Please fill out the following information after reviewing the "See, Test & Treat Data Collection Guide". For this report, we are primarily interested in answering the questions "Who did your See, Test & Treat program help?" and "How did you serve this population?"

Contact information of individual filling out this form.

Contact Name _____
Email _____
Phone Number _____

See, Test & Treat Institution Information

Institution Name _____
Program Date _____

Who did your See, Test & Treat program help?

Access to Care Indicators

	Number of Patients

Screened for Breast or Cervical Cancer	-

With no health insurance	-

With health insurance but report being unable to see a doctor because of cost	-

Who report having trouble accessing care because they don't know where to go	-

Who do not seek preventative care regularly	-

Who do not have a medical home	-

Over the age of 40 who have never received a mammogram	-

Over the age of 21 who have never had a pap test

-

Provided with transportation to or from the Program

-

Who report having difficulty accessing health care because of child care

-

Who report having difficulty accessing health care because of transportation

-

Provided with interpretation services during program


-

Living in Medically Underserved Areas

-

 **Interpreters supported the following languages:**

- Spanish
- Polish
- Arabic
- Other _____
- None

 Describe any modifications made to make your program more culturally sensitive/appropriate (e.g., modesty gowns, LGBTQ trainings for providers, ethnic food/entertainment)



Race of Patients Receiving Screenings

Number of Patients

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Other Category #1 (Category Name, #)

Other Category #2 (Category Name, #)

Other Category #3 (Category Name, #)

Declined to Answer



Ethnicity of Patients Receiving Screenings

Number of Patients

Hispanic/Latino/Spanish Origin

Not Hispanic/Latino/Spanish Origin



Age of Patients Receiving Screenings

Number of Patients

< 20

21 to 29

30 to 39

40 to 49

50 to 59

60 to 69

70+



How Did Your See, Test & Treat Program Help This Population?

Cervical Cancer Screenings

Number of Patients

Screened for cervical cancer (using cotesting, cytology only, reflex testing or HPV only)

Receiving cytology results same day (IN PERSON OR OVER THE PHONE FROM A MEDICAL PROFESSIONAL)



Summary of Cervical Cytology Diagnoses and Referral for Follow Up

Identified as Needing additional follow up care to address abnormal test results.

Scheduled for additional follow-up care after cervical screenings



Breast Cancer Screenings

Number of Patients

Receiving a screening mammogram

Receiving screening mammogram results within 1 week of the program (IN PERSON OR OVER THE PHONE FROM A MEDICAL PROFESSIONAL)

Identified as needing additional follow up care for abnormal screening mammogram results

Scheduled for additional diagnostics or procedures following abnormal screening mammogram results





Connection to Care and Health Education


Number of Patients


Meeting with health insurance navigator, patient navigator or financial counselor before or during program

Receiving health education at the program

 Connection to Health Care Options: Describe the system in place/onsite representatives that met with patients to discuss available health care options along with the type of information shared with them.

 Health Education: Detail what topics were covered, how and where this information was presented and who presented this information.

 Describe how your program increased the visibility of pathologists and the field of pathology.

 Partnerships: Discuss any new partnerships that were developed/established as a result of See, Test & Treat, leading to better engagement and services for your local medically underserved populations.

External Partnerships, Additional Screenings, Services and Health Education Provided

Enter the name of all organizations who contributed to your program on the day of the event. If they provided additional screenings or social services, indicate what kind (e.g., a social service would be signing women up for health insurance or providing cancer

prevention health education (list topic);additional screening could be blood pressure, Hepatitis B, STI, vision, dental, etc.). Also list organizations that contributed to children's activities and transport. **For all listings, enter the # of individuals served and the outcomes of the service.**

	Partner/Organization Name	Describe the service, screenings, and/or education provided	List any findings/outcomes
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____


 **What is the Impact of Your See, Test & Treat Program?**

Participant Knowledge/Attitude Changes

	# Patients Who definitely	# Patients who may be/some what
Feel more comfortable going to the doctor because of See, Test & Treat	_____ _____ _____	_____ _____ _____
Understand why they should get Pap tests regularly because of See, Test & Treat	_____ _____ _____	_____ _____ _____
Understand why they should get mammograms regularly because of See, Test & Treat	_____ _____ _____	_____ _____ _____
Know where to get their preventative screenings because of what they learned at program	_____ _____ _____	_____ _____ _____

Reported meeting a pathologist

_____	_____
_____	_____
_____	_____
_____	_____

 # of surveys collected

 **Volunteers**


Individuals that volunteered their time on the day of the program.

Number of..

Volunteers (those who were not paid to work at the program)

Volunteer hours

Pathologist volunteers

 Thank you for completing the one month report- a friendly reminder to also complete the budget reconciliation to receive the 2nd See, Test & Treat grant payment.