CONSUMER ENGAGEMENT SURVEY

The goal of this survey is to learn more about the experiences of consumer representatives—individual consumers and those involved who represent a specific constituency of consumers or patients—who are engaged in AF4Q Alliances. Ensuring that consumer representatives are involved in shaping the direction, projects, and deliverables of the AF4Q is critical to achieving AF4Q goals.

The aggregated results (with no individual attribution) of this survey will be shared with Alliance leaders to give them feedback on three specific areas:

- Orientation
- Meaningful Engagement; and
- Individual Support and Resources

These survey results will help Alliance leaders better understand the areas in which their consumer engagement efforts are yielding positive results and identify areas that need improvement.

Thank you for completing the survey!

CONSUMER ENGAGEMENT SURVEY

I. Orientation

1. To what extent did the Alliance provide background information on the Aligning Forces for Quality (AF4Q) initiative and the key issues associated with AF4Q?

2. To what extent did the Alliance discuss your skills, interests and expertise with you to determine the best role for you? Please explain.

3. How clearly has your individual role within the Alliance been explained to you?

Not Very _____

Somewhat Clearly _____

Clearly _____

Very Clearly _____

II. Orientation (cont.)

What could be done to clarify your role?

3. How clearly have the objectives of the Alliance workgroups and committees been explained to you?

Not Very _____

Somewhat Clearly _____

Clearly _____

Very Clearly _____

What could be done to clarify the objectives?

4. Are you the only person representing consumers in an Alliance workgroup or do you have consumer peers? Please share your thoughts about whether consumers are adequately represented.

III. Meaningful Engagement

1. Do you feel your involvement in the Alliance is making an impact? Why or Why not?

2. Have you taken the lead on any Alliance projects, deliverables, etc? If yes, please explain.

If no, would you like to take the lead on an Alliance project or deliverable? Please explain.

III. Meaningful Engagement (cont.)

3. Do you have a clear understanding of how decisions are made within the various workgroups and the Alliance as a whole?

Not Very Clear _____

Somewhat Clear _____

Clear Understanding _____

Very Clear Understanding _____

What could be done to improve your understanding?

4. Do you feel you are on equal footing with the other stakeholders in the Alliance when it comes to shaping deliverables or making decisions? Please explain.

III. Meaningful Engagement (cont.)

5. What do you feel is the biggest benefit to participating in the Alliance? Please explain.

6. What has been challenging for you in your role as a consumer representative? Please explain.

IV. Individual Support & Resources

1. Please place a check mark next to the support you receive from the Alliance.

Pre-/post-meeting discussion to review key decisions coming before the Alliance and to review your role articulating consumer perspectives _____

Agenda and materials prior to meetings to familiarize yourself with upcoming issues, decisions, etc. _____

Fact sheets, materials, etc. on AF4Q focus areas to enhance your content knowledge _____

Other (please specify)_____

If you are not receiving this support, would it be helpful to you? Please explain.

IV. Individual Support & Resources (cont.)

2. Which of the following skills and content trainings are you interested in to help maximize your effectiveness at the Alliance table?

Introduction to Health Care Quality _____

Fundamentals of Performance Measurement & Public Reporting _____

Collecting Race, Ethnicity, & Language Data and Reducing Health Care Disparities _____

Patient Experience Data Collection _____

Patient Empowerment in Your Community _____

Principles of Health Literacy and Consumer Friendly Language _____

Leadership Training for Multi-Stakeholder Settings _____

Other (please specify) _____

3. Which types of support listed below are you interested in to help maximize your effectiveness within the Alliance?

None. I don't require additional individual support _____

Peer-to-peer support from consumer representatives participating in other AF4Q Alliances _____

Alliance staff assigned as "consumer stakeholder liaison" to serve as main contact for you _____

IV. Individual Support & Resources (cont.)

Scheduled check-ins with Alliance staff to prepare for or debrief on Alliance meetings _____

Direct contact with AF4Q TA Providers, i.e., National Partnership for Women & Families _____

Other (please specify) _____

4. Please share any other kinds of assistance or support you would like to receive.

V. Respondent Information

1. Please enter your personal information below. You may also submit your responses anonymously by mail or via Survey Monkey.

Name:

Company or Organizations (if applicable):

V. Respondent Information (cont.)

2. Please indicate your role within the Alliance. Choose all that apply.

Member of Leadership Team ___

Member of Consumer Engagement Workgroup ___

Other (please specify) ___

3. How long have you been involved with the Alliance?