

ATTACHMENT 5I

PCCC HOUSTON LOCAL HUB MEMBER SURVEY

**Patient Centered Care Collaboration to Improve Minority Health
Initiative
U.S. Department of Health and Human Services' Office of Minority
Health**

**Houston
Local Hub Member Survey**

Dear Local Hub Member:

Thank you for agreeing to answer a few questions about the Patient Centered Care Collaboration to Improve Minority Health Initiative. The information you give us will help us to understand your involvement and how the initiative has worked.

Thank you for completing this survey.

Today's Date _____

Name _____

Organization _____

Organization _____ Address

_____ Number, Street, City, State, Zip Code

Work Telephone _____

Instructions

Please read each item carefully and provide a response to each one in the space provided.

Please return your completed survey to:
Name
Address

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average 1 hour and 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

1. In regard to the project leadership, were the appropriate local hub members including the workgroup and other community stakeholders at the table and were they the right people to make decisions for this community?

2. Was the vision for the initiative understood and shared by all hub members including workgroup members and other involved stakeholders? What role did this play in local hub discussions and decisions?

3. How important was it to your organization that you collaborate on this project? Select a response and then explain.

- 5=Very important
- 4= Moderately important
- 3= Important
- 2= A little important
- 1= Not important

4. What was the local hub’s process for making local decisions and how were local stakeholders involved in decisions regarding the selection of the proven CER and its implementation? How satisfied were you with this process?

5. What role did community engagement play in facilitating the implementation of MyRx in your community?

6. How did the fact that MyRx used proven CER evidence support its implementation in your community?

7. What were the local hub considerations regarding adaptations to MyRx in order to enhance translation and implementation? What are your thoughts about the value and acceptability of implementing MyRx through home visit, health education visits and follow up phone calls?

8. How did you think the community members would react to a program that includes home visits and follow-up telephone calls?

9. How ready was the local hub to implement the MyRx program to improve medication adherence for diabetes, hypertension, or weight management issues?

- 5= Very ready
- 4= Moderately ready
- 3= Ready
- 2= A little ready
- 1= Not ready

10. How satisfied were you with your level of involvement in the PCCC initiative? Select a response and then explain.

- 5=Very satisfied
- 4= Moderately satisfied
- 3= Satisfied
- 2= A little satisfied
- 1= Not satisfied

11. What benefits did you receive from your participation in this initiative (develop new local and national partnerships for collaborations, availability of additional resources, increased knowledge of CER/PCOR, enhanced ability to implement CER, new materials)?

12. What facilitators or barriers played in decisions about PCCC dissemination and implementation (e.g., availability of resources, staff, time, budget) shape local hub decisions?

Local Hub Leaders

1. Did the environmental scan conducted by Westat yield useful comparative effectiveness research for this project to consider implementing?

2. What factors facilitated and/or prohibited the MyRx implementation of this initiative? Funds, staff, time, participant recruitment, training, approvals.

3. Please describe your process for identifying, recruiting, and securing staff to work with the participants. What were your successes and challenges?

4. Describe the local hub process for setting up the training program and training staff to deliver the MyRx. Who developed MyRx, who conducted the training, were the trainees able to get CEU credits for the training?

5. From your perspective, what types of expertise should pharmacists/health educators have to effectively work with the targeted populations (African Americans, Hispanic/Latinos, and Asians)? Why is this expertise important?

6. What factors influenced local hubs decisions to use Pharmacists/Health Educators?

7. Please describe the local hub's process for identifying and recruiting program participants. What were your successes and challenges?

8. Did the selection criteria (inclusion and exclusion) have an impact on identifying a sufficient number of participants for the program?

9. What role did incentives play in recruiting participants?

10. What types of approvals did you need to implement this type of program in your facility (e.g., Institutional Review Board)? Please explain.

11. What factors played a role in your decision to house the program at the public housing facilities?
