Key Informant Survey / Encuesta de Informante Clave

Instructions in English

Thank you for taking this survey! This survey is part of an ongoing project, Engage for Equity: Advancing Community Engaged Partnerships. This project aims to strengthen collaborative practices in partnerships. It also aims to translate research findings into practices, programs, and policies to improve health equity.

The terms project, partnership, and partner are used in this survey. **Project** refers to a federally-funded research project you have been a part of: _____. **Partnership** refers to a collaboration of **partners** working together for a common goal of which _____ may be only one part. Partners include both **community partners** and **academic partners**.

Community partners represent voices, perspectives, and knowledge of communities and can be individuals (such as community members, patients, caregivers, clinical providers, health care staff, policy makers, or other individual stakeholders) or organizations (such as community based organizations, advocacy organizations, agencies, tribal programs, clinics, health departments, or other groups representing communities).

Academic partners represent research knowledge and are individuals and organizations associated with universities, research Think Tanks, or other institutions that house research.

If you are not the Principal Investigator for the project, you will be asked for some demographic information about the PI for the project. Any information you share will be kept private, and will not be shared in any way that could be used to identify the PI or your responses to this survey.

There are "Submit" and "Save & Return Later" buttons at the bottom of this survey. Clicking either button will issue you a return code that you can use to change or add to your answers. To use the return code, click again on the survey link in your invitation email, click on the "Returning?" button on the upper right corner, and then enter your return code.

If you lose your return code or have any questions or comments about this survey, please let us know by email at CPR@salud.unm.edu or call (844) 377-1275.

Thank you for your time and attention!

Instrucciones en Español

¡Gracias por tomar esta encuesta! Esta encuesta es parte de un proyecto en marcha, Engage for Equity: Advancing Community Engaged Partnerships (Compromiso con la Equidad: Avanzando Colaboraciones de Participación Comunitaria). El objetivo de este proyecto es fortalecer prácticas colaborativas en colaboraciones. El proyecto también tiene como propósito traducir las conclusiones de la investigación en prácticas, programas, y políticas públicas para mejorar la equidad de salud.

Los términos proyecto, colaboración, y colegas son utilizados en esta encuesta. **Proyecto** se refiere a un proyecto de investigación financiado por el gobierno federal del cual usted ha sido parte: _____. **Colaboración** se refiere a una asociación entre **colegas** que trabajan juntos por una meta en común del cual _____ puede ser solo una parte. **Colegas** incluye ambos **colegas comunitarios** y **colegas académicos**.

Colegas comunitarios representan voces, perspectivas, y conocimiento de sus comunidades y pueden ser individuos (como miembros comunitarios, pacientes, cuidadores, proveedores clínicos, personal de atención médica, legisladores, u otros grupos y personas interesados) u organizaciones (como organizaciones comunitarias, organizaciones de abogacía, agencias, programas tribales, clínicas, departamentos de salud, u otros grupos que representan a la comunidad).

Colegas académicos representan conocimiento de investigación y son individuos y organizaciones asociadas con universidades, grupos de expertos en investigación (research Think Tanks), u otras instituciones que realizan investigaciones.

Si usted no es el Investigador Principal (IP) del proyecto, se le preguntara cierta información demográfica sobre el IP del proyecto. Cualquier información que usted comparta se mantendrá en privado, y no será compartida de ninguna manera de que pueda identificar al IP o sus respuestas en esta encuesta.

Al final de la encuesta, hay botones para "Submit" ("Enviar") y "Save & Return Later" ("Guardar & Volver Más Tarde"). Si oprime cualquiera de los botones obtendrá un código de retorno que usted puede utilizar para cambiar o añadir a sus respuestas. Para usar el código de retorno, regrese a su invitación en su correo electrónico y vuelva a hacer clic en el enlace de la encuesta, oprima el botón "Returning?" ("¿Regresar?") en la esquina superior derecha, y luego ingrese su código de retorno.

Si usted pierde su código de retorno o tiene alguna pregunta o comentario sobre esta encuesta, por favor déjenos saber por correo electrónico a CPR@salud.unm.edu o llámenos al (844) 377-1275.

¡Gracias por su tiempo y atención!

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In which language would you prefer to respond to these questions? ¿En qué lenguaje prefiere responder a esta encuesta?

○ Spanish/Español
○ English/Ingles

This survey refers specifically to a research project that received federal funding in 2015: [project_name]. Are you the Principal Investigator (PI) on this research project?

○ Yes
○ No

Please describe your role in this research project.

_____

Does this project have community partners who have or will be engaged across multiple stages of its research processes (e.g., across research design, methods, implementation, and dissemination and not just providing general input through a single focus group)?

○ Yes
○ No

Does this project have community partners from the community of interest (e.g., patients or community members from affected communities) who have or will be engaged across multiple stages of its research processes?

○ Yes
○ No

Does this project have at least one community partner who might be interested in participating in a workshop focused on partnership self-evaluation?

○ Yes
○ No

You have replied that [project_name] does not have community partners who have or will be engaged across multiple stages of its research processes. Based on this response, we have just a single remaining question with a few possible follow up questions for you. Once you complete your answer(s), please hit the "Submit" button to finish this survey.

Is this project associated with a research consortium, network, or infrastructure (e.g., a practice-based research network (PBRN), a clinical trials network (CTN), a clinical and translational science award (CTSA), or another type of established research consortium) with a community engaged component?

○ Yes
○ No

Does this research consortium have a community advisory board?

○ Yes
○ No

On average, how often does the consortium community advisory board meet per year? Please give a whole number value, even if it is approximate.

_____

How many people are members of the consortium community advisory board? Please give a whole number value, even if it is approximate.

_____

Esta encuesta se refiere específicamente a un proyecto de investigación que recibió financiamiento federal en el 2015: [project_name]. ¿Es usted el Investigador Principal (IP) de este proyecto de investigación?"

○ Sí
○ No

Por favor describa su papel en este proyecto de investigación.

_____

¿Tiene este proyecto colegas comunitarios los cuales están o estarán involucrados en faces múltiples de este proceso de investigación (ejemplo: a través del diseño de investigación, metodología, implementación, y difusión y no solo proporcionando recomendaciones generales a través de un solo grupo de enfoque)?

○ Sí
○ No

¿Tiene este proyecto colegas comunitaritos de la comunidad de interés (ejemplo: pacientes o miembros comunitarios de las comunidades afectadas) las cuales están o estarán involucradas en faces múltiples de este proceso de investigación?

○ Sí
○ No

¿Tiene este proyecto al menos un colega comunitario que pudiera estar interesado(a) en participar en un taller enfocado en auto-evaluación de la colaboración?

○ Sí
○ No

Ha respondido que [project_name] no tiene colegas comunitarios que están o estarán involucrados en faces múltiples de este proceso de investigación. Basándonos en esta respuesta, tenemos una sola pregunta restante con algunas preguntas de seguimiento. Una vez que termine su respuesta(s) por favor presione el botón "Submit" ("Enviar") para terminar la encuesta.

¿Está este proyecto asociado con un consorcio de investigación, red, o infraestructura [ejemplo: una red de investigación basada en práctica (PBRN por Practice-Based Research Network), red de ensayos clínicos (CTN por Clinical Trials Network), premios en ciencias clínica y en ciencias aplicables (CTSA por Clinical and Translational Science Award), u otro tipo de consorcio de investigación establecido] con un componente de involucración comunitaria?

○ Sí
○ No

¿Tiene este consorcio de investigación una junta de consejeros de la comunidad?

○ Sí
○ No

En promedio, en este consorcio, ¿qué tan seguido se reúne la junta de consejeros de la comunidad por año? Por favor dé un valor entero, aun cuando sea aproximado.

_____

¿Cuántas personas son miembros de la junta de consejeros de la comunidad? Por favor dé un valor entero, aun cuando sea aproximado.

_____

Project Features

Who initiated this study?

○ Community partners. Representing voices, perspectives, and knowledge of communities as individuals (such as community members, patients, caregivers, clinical providers, health care staff, policy makers or other individual stakeholders) or organizations (such as community based organizations, advocacy organizations, agencies, tribal programs, clinics, health departments, or other groups representing communities).
○ Academic partners. Representing research knowledge as individuals or organizations associated with universities, research Think Tanks/Expert Groups, or other institutions that house research.
○ Both
○ Other

Please describe who initiated this study.

_____

What types of community partners are involved in this project? Check all that apply.

☐ Individual community members
☐ Patients or caregivers
☐ Health care staff
☐ Clinical providers
☐ Policy makers
☐ Neighborhood associations
☐ Community based organizations or non-profits
☐ Advocacy organizations
☐ Nationally based membership associations
☐ Clinics
☐ Health care systems
☐ Health departments
☐ Other local, state, or federal government agencies
☐ Tribal programs or agencies
☐ Other community partners

Please describe the other community partners involved in this project.

_____

How would you describe this partnership?

○ We are funded as a planning grant or pilot to develop a collaboration.
○ We are funded in a new collaboration to do this research project together.
○ We are funded as an ongoing partnership to do this research project together.
○ We are funded in an established partnership that has worked on multiple projects together.

On average, how often do community and academic research partners meet together over the course of a year?

○ Weekly
○ Every two weeks
○ Monthly
○ Quarterly
○ Less often
○ Not at all

For any in-person meetings, where are these in-person meetings held?

○ All nearer academic partners
○ Most nearer academic partners
○ Equally split between community and academic partners
○ Most nearer community partners
○ All nearer community partners
○ There are no in-person meetings.

On average, how many academic partners attend these in-person meetings? Please give a whole number value, even if it is approximate.

_____

On average, how many community partners attend these in-person meetings? Please give a whole number value, even if it is approximate.

_____

Length and Size of Project and Partnership

Approximately how many years has this currently funded project been in existence?

_____

Approximately how many years has this partnership been in existence? Please include total time, even when the partnership was not funded.

_____

How many people are currently core members of the community partnership (include members from all relevant agencies and independent community members)? Please give a whole number value, even if it is approximate.

_____

Over the course of this partnership, how many people, in total, have participated as community partners? Please give a whole number value, even if it is approximate.

_____

Type of Study

Is this study primarily a pilot, descriptive, intervention, policy, or dissemination and implementation study?

- ◯ Pilot study. Feasibility testing and data gathering in support of future research
- ◯ Descriptive study. Needs assessment, community profile, epidemiological study, etc.
- ◯ Intervention study. Programs, practices, or interventions to improve health
- ◯ Policy study. Policy analysis, partnered effort to change policies, or a systematic study of the nature, causes, and effects of alternative public policies
- ◯ Dissemination and implementation study. Investigating approaches for producing and spreading information and materials or integrating knowledge into policy and practice
- ◯ None of the above. Some other type of study

What terms do you use to describe the type of study you are conducting?

_____

Does your study have a policy component?

- ◯ Yes
- ◯ No

Do you consider this project to be a multi-level intervention study?

- ◯ Yes
- ◯ No

Which of the following levels do your study aims address? Check all that apply.

- ☐ Individual
- ☐ Family
- ☐ Organization or systems
- ☐ Community
- ☐ Policy

Populations and Communities Involved in Project

Which of the following racial or ethnic groups are a major focus of this project? Please check all that apply.

☐ American Indian/ Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Hispanic or Latino

Which of the following population groups are a major focus of this project? Please check all that apply.

☐ LGBTQ
☐ Low socio-economic status
☐ Persons with disabilities
☐ Immigrants
☐ Refugees
☐ Additional population group(s)

Please describe the additional population group(s) that are a major focus of this project?

_____

PI Racial or Ethnic Groups. To the best of your knowledge, is the Principal Investigator (PI) of this project a member of the following racial or ethnic groups?

	Yes	No	Don't know
American Indian/ Alaska Native	○	○	○
Asian	○	○	○
Native Hawaiian or Other Pacific Islander	○	○	○
Black or African American	○	○	○
White	○	○	○
Hispanic or Latino	○	○	○

PI Population Groups. To the best of your knowledge, is the Principal Investigator (PI) of this project a member of the following population groups?

	Yes	No	Don't know
LGBTQ	○	○	○
Low socio-economic status	○	○	○
Persons with disabilities	○	○	○
Immigrants	○	○	○
Refugees	○	○	○
Additional population group	○	○	○

Please describe the additional population group that the PI is a member of.

_____