Advisory Committee Survey

May 14, 2020

Thank you for answering this survey, and for volunteering as an Advisory Committee member for <u>We Breathe</u>, the Statewide Coordinating Center to reduce LGBTQ tobacco-related disparities. <u>Harder+Company Community Research</u> is working with We Breathe to evaluate the LGBTQ Tobacco-Related Disparities project. We are interested in better understanding your experience being an Advisory Committee member, including the meetings and trainings, communication with We Breathe staff, and Advisory Committee assets and needs.

This survey will take about 10 minutes to complete. Your participation is voluntary and you may choose to end the survey at any time. The information you provide will be used to highlight strengths and opportunities for We Breathe to improve the Advisory Committee. Please answer questions openly and honestly. Your responses will remain confidential; none of what you share will be linked to your name; quotes included in summary reports will not be associated with individual names or other identifying information.

Advisory Committee Functioning

- 1. Within the last year, how many Advisory Committee meetings have you attended?
 - O None
 O 1
 O 2
 O 3
 O 4 (all)
- 2. How satisfied are you with each aspect of the Advisory Committee meetings?

	Strongly dissatisfied	Dissatisfied	Neither dissatisfied or satisfied	Satisfied	Strongly satisfied
Discussions during the meetings	0	0	0	0	Ο
Meeting facilitator's knowledge	Ο	0	Ο	0	0
Meeting content	0	0	0	0	0
Meeting frequency	0	0	0	0	0
Meeting structure	0	0	0	0	0

Objectives 2.E.1

Advisory Committee Survey

2.e.1: LGBTQ Advisory Committee members will complete an online survey to assess member diversity, functioning, and satisfaction. Results will be used to improve Advisory Committee functioning, meetings, trainings, and technical assistance.

2a. If part of subcommittee, how satisfied are you with each aspect of subcommittee meetings?

	Strongly dissatisfied	Dissatisfied	Neither dissatisfied or satisfied	Satisfied	Strongly satisfied
Discussions during the meetings	0	0	Ο	0	Ο
Meeting facilitator's knowledge	Ο	0	0	0	Ο
Meeting content	0	0	0	Ο	0
Meeting frequency	0	0	0	0	0
Meeting structure	0	0	0	Ο	0

Communication

- 3. In a typical month, how often do you communicate with We Breathe?
 - O Never
 - O Less than once a month
 - O About once a month
 - O Two or three times a month
 - O About once a week
 - O More than once a week
- 4. Please rate your level of agreement with the following statements about your interactions with We Breathe staff.

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
I feel comfortable asking questions to We Breathe staff	0	0	0	0	Ο
I understand the different roles of the We Breathe staff	0	0	Ο	0	Ο
We Breathe staff are responsive and supportive	0	Ο	0	0	0

5. How, if at all, can *We Breathe* improve communication with the Advisory Committee? _____

Advisory Committee Assets

6. What do you like best about being part of the We Breathe Advisory Committee?

Advisory Committee Opportunities

7. Please indicate your level of agreement or disagreement with the following statements about Advisory Committee membership.

The Advisory Committee	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
does a good job of retaining existing members	0	0	0	0	0
has a membership that reflects the diversity in our community	Ο	0	Ο	Ο	0
has an effective system for recruiting new members	0	0	0	0	0
has members that participate actively	0	0	0	Ο	0

8. What do you find most challenging about being part of the We Breathe Advisory Committee? _____

9. What are your suggestions to improve the Advisory Committee? ______

Demographics

Lastly, we want you to review the information you provided in your application about yourself and your work. Please update any information that has changed.

10. What geographic area do represent?

City:
State:
County:

11. What is your age?

- O Under 25
- O 25-35
- O 36-45
- O 46-55
- O 56-65

- O 66-75
- O Over 76
- O Decline
- 12. Which of the following high needs populations does your organization serve? (*please check all that apply*)
 - O Asian/Pacific Islander
 - O Black/African American
 - O Hispanic/Latinx
 - O Immigrant groups
 - O LGBTQ communities
 - O Low literacy populations
 - O Low-income populations
 - O People with intellectual and developmental disabilities
 - O Rural communities
 - O A population not listed here (please specify): _____
- 13. Which of the following languages do you speak? (please check all that apply)
 - O Chinese
 - O English
 - O Korean
 - O Spanish
 - O Tagalog
 - O Vietnamese
 - O A language not listed here (please specify): _____
 - O Prefer not to answer
- 14. What is your race/ethnicity? (please check all that apply)
 - O American Indian or Alaska Native
 - O Asian
 - O Black/African American
 - O Hispanic or Latino
 - O Native Hawaiian or other Pacific Islander
 - O White

O A race/ethnicity not listed here (please specify): _____

- O Prefer not to answer
- 15. Which of these best describes your current gender identity?
 - O Woman
 - O Man
 - O Gender non-binary
 - O Genderqueer
 - O Transgender female/woman
 - O Transgender male/man
 - O A gender not listed here (please specify) _____
 - O Prefer not to answer

16. Which of these best describes your current sexual orientation?

- O Bisexual
- O Gay
- O Heterosexual / Straight
- O Lesbian
- O Queer
- O Questioning/Unsure
- O A sexual orientation not listed here (please specify) _____
- O Prefer not to answer
- 17. Are you a veteran?
 - O Yes, what branch: _____
 - O No
 - O Prefer not to answer