

Group Outreach and Education Survey

OMB CONTROL NUMBER: 0985-0056



The following questions ask about the presentation you recently attended. Please answer all of the questions and leave the comment card with the presenter when you finish. Thank you!

1. How did you learn about today's presentation? (mark all that apply)

- | | |
|--|--|
| ☐ (A) Event location announcement (e.g., senior center, library) | ☐ (E) Website |
| ☐ (B) Mailing | ☐ (F) Previous presentation |
| ☐ (C) Friend or relative | ☐ (G) TV, radio, or newspaper |
| ☐ (D) Another agency | ☐ (H) Flyer |
| | ☐ (I) Other (please specify _____) |

For questions 2 – 6, mark how much you agree or disagree with the following statement(s):	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
2. It was easy to find the details of the presentation, such as date, time, location, and topic.	☐ (A)	☐ (B)	☐ (C)	☐ (D)	☐ (E)
3. This presentation provided me with useful information.	☐ (A)	☐ (B)	☐ (C)	☐ (D)	☐ (E)
4. Overall, I am satisfied with the presentation today.	☐ (A)	☐ (B)	☐ (C)	☐ (D)	☐ (E)
5. I would contact the presenter for help or information.	☐ (A)	☐ (B)	☐ (C)	☐ (D)	☐ (E)
6. I would recommend this presentation to others.	☐ (A)	☐ (B)	☐ (C)	☐ (D)	☐ (E)

7. Based on what you learned today, do you plan to take any specific actions?

- ☐ (A) Yes (please specify below).

- ☐ (B) No.

- ☐ (C) Don't know/not sure.

8. What could we do to improve the information or service(s) provided to you today?

Presentation information to be completed by program official.

Location: _____

Time: _____ Date: _____

Name of Presenter: _____ Address: _____

Presented by: ☐ SHIP ☐ SMP ☐ Both Office of Management and Budget (OMB) Survey Expiration Date: 11/30/26

Survey continues on the next page

Demographic Questions

Thank you for answering our questions about your experience with the SHIP/SMP. We have two additional demographic questions to get a better sense of who we're serving. Your responses will not be shared individually. They will be reported in a summary with many other responses/answers. With each question, you have an option not to answer.

1. Which of the following race(s) best represent you? [Select ALL that apply]:

- | | |
|--|--|
| ☐ A American Indian or Alaskan Native | ☐ E Native Hawaiian or Other Pacific Islander |
| ☐ B Asian | ☐ F White |
| ☐ C Black or African American | ☐ G Prefer not to answer |
| ☐ D Hispanic or Latino | |

2. What is your sex?

- ☐ A Male
☐ B Female
☐ C Uncollected

Public Burden Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0056). Public reporting burden for this collection of information is estimated to average six minutes per response, including time for gathering and maintaining the data needed and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary.

Encuesta de satisfacción del cliente

NÚMERO DE CONTROL OMB: 0985-0056



Las siguientes preguntas son acerca de la presentación a la que usted asistió recientemente. Por favor, responda todas las preguntas y entregue la tarjeta de comentarios al presentador cuando finalice. Gracias.

1. ¿Cómo se enteró de la presentación de hoy? (marque todas las que correspondan)

- | | |
|--|---|
| ☐ (A) Anuncio en el lugar del evento (por ej.,
centro de jubilados, biblioteca) | ☐ (E) Sitio web |
| ☐ (B) Envío por correo | ☐ (F) Presentación anterior |
| ☐ (C) Amigo o familiar | ☐ (G) TV, radio o periódico |
| ☐ (D) Otro organismo o agencia | ☐ (H) Folleto |
| | ☐ (I) Otro medio _____ |

Para las preguntas 2 a 6, marque en qué medida está de acuerdo o en desacuerdo con las siguientes declaraciones:	Muy de acuerdo	De acuerdo	Ni de acuerdo ni en desacuerdo	En desacuerdo	Muy en desacuerdo
2. Fue fácil encontrar información sobre la presentación, tales como fecha, hora, lugar, y tema.	☐ (A)	☐ (B)	☐ (C)	☐ (D)	☐ (E)
3. Esta presentación me brindó información útil.	☐ (A)	☐ (B)	☐ (C)	☐ (D)	☐ (E)
4. En general, estoy satisfecho con la presentación de hoy.	☐ (A)	☐ (B)	☐ (C)	☐ (D)	☐ (E)
5. Consideraría contactar al presentador para solicitar ayuda o información.	☐ (A)	☐ (B)	☐ (C)	☐ (D)	☐ (E)
6. Recomendaría esta presentación a otros.	A	☐ (B)	☐ (C)	☐ (D)	☐ (E)

7. Basado en lo que aprendió hoy, ¿qué hará de manera diferente? (marque todo lo que corresponda)

- ☐ (A) Sí (especifique a continuación)

☐ (B) No

☐ (C) No sé/no estoy seguro

8. ¿Qué podríamos hacer para mejorar la información o el(los) servicio(s) ofrecido(s) a usted hoy?

Información sobre la presentación debe ser completada por el funcionario.

Lugar: _____

Hora: _____ Fecha: _____

Nombre del expositor / funcionario: _____

Domicilio: _____

Presentado por: ☐ SHIP ☐ SMP ☐ Los dos

Fecha de finalización de la Encuesta de la Oficina de Gestión y Presupuesto (OMB): 30/11/26

La encuesta continúa en la página siguiente

Preguntas demográficas

Gracias por contestar nuestras preguntas sobre su experiencia con el SHIP/SMP. Tenemos dos preguntas demográficas para entender mejor a quien le servimos. No se compartirán sus respuestas con su nombre, y se reportarán en una manera consolidada con otras respuestas. Con cada pregunta, se puede contestar en una manera voluntaria, y no se tiene que responder.

1. Cuáles de las siguientes razas le representan adecuadamente? [Seleccione todo que se identifica]:

- ☐ A Indígena americano/a o indígena alaskeno/a
- ☐ B Asiático/a
- ☐ C Negro o afroamericano/a
- ☐ D Hispano/a o latino/a
- ☐ E Indígena hawaiano/a o otro isleño/a del Pacífico
- ☐ F Blanco/a
- ☐ G Prefiero no contestar

2. Cuáles tu sexo?

- ☐ A Hombre
- ☐ B Mujer
- ☐ C No recogido

Información importante:

Según al Paperwork Reduction Act de 1995, no se requiere a nadie responder a una colección de información a menos que la colección expone un número de OMB válido (OMB 0985-0056). La carga del reportaje público para esta colección va a durar 6 minutos por respuesta, incluyendo el tiempo por recolectar y mantener los datos necesitados y completar y repasar la colección de información. No se obliga responder a esta colección y es totalmente voluntaria, lo que significa que no tiene usted que participar en cualquier momento.

Este documento está respaldado por la Administración de Vida Comunitaria (ACL, por sus siglas en inglés) del Departamento de Salud y Servicios Humanos de EE. UU. (HHS, por sus siglas en inglés), como parte de una concesión de ayuda económica con un total de \$3,000,000, de los cuales el 100 por ciento está financiado por ACL/HHS. El contenido pertenece al autor o autores y no representa necesariamente los puntos de vista oficiales, ni el respaldo, de ACL/HHS ni del gobierno estadounidense.

Group Outreach and Education Survey Job Aid

The Group Outreach and Education Survey is part of ACL's commitment to ensure the SHIP and SMP networks are able to provide the best possible service to beneficiaries and their communities. This survey will help the networks gain more insight into how attendees experience presentations by (1) highlighting what positively impacts presentation attendees and (2) identifying opportunities for improvement.

The survey relies on state volunteers to administer the survey, collect responses, and return the results to Keybridge via email; volunteers should scan the completed surveys and email them to medicaresurveys@keybridgedc.com. This email address is monitored Monday – Friday; for regular survey submissions, you may not receive an email acknowledging receipt due to the volume of received surveys, but rest assured that your submitted surveys are accounted for. If you email a question to that email address, we aim to respond within 48 hours. In addition to the administration of paper surveys, states and territories also have access to an Internet link that includes the same survey questions; this link sends you to a Qualtrics survey. Attendees at group outreach events can access the online version of the survey either through the link provided in the SHIP TA Center and SMP Resource Center, or through a QR code.

Instructions for survey submission can also be found through the SHIP TA Center and SMP Resource Center. We offer the survey (paper and online) in both English and Spanish.

This survey contains optional demographic questions; please stress to volunteers that these questions are *optional* and do not need to be answered or administered.

Keybridge collects surveys continually throughout the year. At the end of each quarter, we allow states to submit surveys for that quarter up to one month after the quarter's end. We then begin the reporting process. State directors will then receive a PDF of the quarterly report; we send all directors a report, even if no surveys were submitted by that state in that quarter. See below for a detailed schedule:

- Quarter 1: January – March
 - We collect surveys for this quarter until April 30th.
 - Reporting begins shortly thereafter; expect a quarterly report within two weeks after April 30th.
- Quarter 2: April – June
 - We collect surveys for this quarter until July 31st.
 - Reporting begins shortly thereafter; expect a quarterly report within two weeks after July 31st.
- Quarter 3: July – September

- We collect surveys for this quarter until October 31st.
- Reporting begins shortly thereafter; expect a quarterly report within two weeks after October 31st.
- Quarter 4: October – December
 - We collect surveys for this quarter until January 31st.
 - Reporting begins shortly thereafter; expect a quarterly report within two weeks after January 31st.

The following link can be used for the English Medicare Group Education Satisfaction Survey:

<https://bit.ly/46OI9ou>

The following QR Code image can be used to access the Medicare Group Education Satisfaction Survey.



The following link can be used for a Spanish version of the Medicare Group Education Satisfaction Survey (Encuesta de Satisfacción al Cliente de Medicare):

<https://bit.ly/4qf9kk6>

The following QR Code image can be used to access the Spanish version of the Medicare Group Education Satisfaction Survey.



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