

## Changing the Face of Pain in Missouri collaboration questionnaire

**Name of Your Organization:**

**Your Name:**

**Organizational Title:**

***Please answer the following questions and return the questionnaire to Ann Corley by November 4 via e-mail, fax (816-525-4739) or mail: 225 SE Sumpter Drive, Lee's Summit, MO 64063.***

1. My organization/agency would like to remain a part of the Changing of the Face of Pain in Missouri Collaborative.     Yes         No
  
2. I will continue to be the contact for my organization.  Yes     No (If no, please list name and contact information for the new contact here).  
     Name & Title:  
     Address:  
     Phone:  
     E-mail
  
3. I give permission to Ann Corley to forward my organization's name and my contact information to the American Pain Foundation (APF) for their national State Pain Advocacy Network (SPAN). *(NOTE: SPAN is a mobilization project to create a massive consumer voice to improve pain management. Their existing online advocacy system will be used to broadcast "alerts" to members and collaborating organizations with critical information and education on pain issues. This means the APF will be able to send alerts to us like the recently released Pain Policies Report Card, and we, in turn, can request that APF send pain-related "alerts" on behalf of the collaboration. For example, if we want to get a letter-writing campaign going to encourage our legislators to support language changes in our pain statutes, we can ask SPAN to send out an alert on our behalf and it will go to everyone in Missouri who has joined the APF network.)*  
      Yes         No
  
4. I am willing to join the Missouri based State Pain Advocacy Network (MO-SPAN) listserv. *(NOTE: The listserv will be used by collaboration members as the general communication tool through which to send pain-related announcements, legislative and policy alerts, and share information about what your organization is doing that may be of interest to your collaborative partners. The listserv will be maintained by the Missouri Pain Initiative but any listserv member can initiate a communication.)*  
      Yes         No
  
5. My organization/business is willing to appoint me or someone in my organization to serve on the following work group(s): *(NOTE: These work-groups are task oriented and time specific and the planning work will likely take place via conference call.. Once the task is complete, the work group will disband.)*
  - Organizing and executing a Pain Awareness Month Action Plan for 2007 and assisting in the implementation of the plan
  - Developing a component to POP presentations that provides specific advice to pain sufferers on how to communicate with health care provider, including what information they need to bring with them for discussion (e.g. - pain diary)
  - Organizing and executing a Pain Advocacy Day for legislative session 2007
  - Securing a Pain Awareness Month proclamation for 2007 and organizing a contingency to be present for signing ceremony.

6. My organization/business is willing to appoint me or someone in the organization to complete the following task(s):
- design a laminated with the pain care bills of rights on side and pain resources on the other side
  - develop strategic partnerships with health care organizations responsible for health care system improvement
  - distribute pain fact sheet and talking points to newly elected Missouri legislators. (*Note: This can be done either by mail or by visiting the legislators' offices in early 2007.*)
  - meet with key House and/or Senate committee members. (*Note: These meetings need to be arranged to take place after the State Advisory Council has formulated the wording changes to the Intractable Pain Treatment Act and the Controlled Substances Act.*)
7. My organization pledges the following in-kind support to be applied towards the implementation of the strategic plan. (*Please use the space below each item to specify the dollar amount/limit you are willing to pledge or the volume you are willing to print and if you have "in house" printing/reprint capability. If you have any questions about these costs, reprint rights, etc, please talk to Ann Corley.*)
- printing the laminated pain care bills of rights pocket card
  - printing the pain fact sheet and talking points to be distributed to newly elected Missouri legislators
  - purchase / reprint Missouri Pain Initiative's/Advisory Council's *Pain Guide*
  - purchase / reprint American Pain Foundation's *Pain Care Bill of Rights*
  - purchase / reprint American Pain Foundation's *Pain Resource Guide*
  - purchase / reprint American Pain Foundation's *Pain Action Guide*
  - purchase American Pain Foundation's Pain newest release, *Treatment Options: A Guide for People Living With Pain*
8. There are others ways I'd be willing to help the collaboration succeed:
- Identify and solicit venues through which to distribute pain materials
  - Identify and solicit venues for Power Over Pain community Presentations
  - Solicit volunteers from within my organization to train to be a Power Over Pain (POP) community education presenter.
  - Collaboration sustainability – Please check all that apply
    - grant writing     fundraising     financial planning
    - help identify sponsors who will give funds to underwrite operational costs to implement the plan
  - Other, please specify: \_\_\_\_\_