

Attachment B4. Partnership Survey for MH Portfolio Grantees and Partners

Public Burden Statement: This is a new Information Collection Request (ICR) requesting approval to collect data for a portfolio-wide evaluation of Maternal Health (MH) programs funded by the Health Resources and Services Administration. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-XXXX and it is valid until XX/XX/202X. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Note to Reviewers: This survey will be tailored to each grantee based on the name and nature of each partnership, including the partners involved, partnership activities, and partnership goals.

Welcome to the Maternal Health Portfolio Evaluation Partnership Survey!

This questionnaire asks about different aspects of your experience with [NAME OF PARTNERSHIP]. It will take about 15-20 minutes to complete. Please answer every question.

This survey is being conducted for the evaluation of the Health Resources and Services Administration's (HRSA) Maternal Health Portfolio project. [NAME OF GRANTEE THAT SUPPORTS PARTNERSHIP] is part of the [NAME OF GRANT PROGRAM], which is a grant program within the HRSA Maternal Health portfolio. The overall purpose of the Maternal Health Portfolio evaluation is to assess the effectiveness of grantees' activities, including partnerships; barriers and facilitators to implementation; opportunities for scaling and spreading effective program interventions; and the overall impact of the portfolio on maternal health outcomes.

Your participation in this survey will provide important insight about the strengths, weaknesses, and connectedness of the [NAME OF PARTNERSHIP]. Information from this survey will be analyzed and may be included in documents associated with the Maternal Health Portfolio evaluation for HRSA, including interim and final reports, special topic papers, and presentations. We will not use your name or any others in these reports, and we will attempt to minimize the use of identifiable information.

Module 1: Partner Overview

The following questions ask about your organization.

1. Which of the following best describes your organization? Please select only one option.

- Healthcare facility
- National association
- State association
- University/college
- State health department
- Local health department
- Public payer (e.g., State Medicaid program)
- Private payer

- Tribal organization
 Other, please specify: _____

2. Which of the following best describes the geographic focus of your organization? Please select only one option.

- National
 Regional
 State
 Local/Community

Module 2: Partner Involvement

The following questions ask about your role and involvement with the [NAME OF PARTNERSHIP].

3. Are you paid to participate in the [NAME OF PARTNERSHIP]?

- Yes
 No
 Unsure

4. Which of the following activities have you worked on as part of [NAME OF PARTNERSHIP]?

- [Pre-populated list of partnership activities identified in program documents/by the grantee]

[THE FOLLOWING QUESTION WILL BE ASKED FOR EACH PARTNERSHIP ACTIVITY SELECTED IN QUESTION #3].

5. Please describe your role and how you contribute to the [PARTNERSHIP ACTIVITY]. [Open text box]

[THE FOLLOWING QUESTION WILL BE ASKED FOR EACH PARTNERSHIP GOAL IDENTIFIED IN PROGRAM DOCUMENTS/BY THE GRANTEE.]

6. Please describe your role and how you contribute to the [PARTNERSHIP GOAL]. [Open text box]

Module 3: Communication with Other Partners

The following question asks about your engagement with other organizations in the [NAME OF PARTNERSHIP].

7. Please indicate how frequently you communicate with each organization that is part of the [NAME OF PARTNERSHIP] for the purpose of the [NAME OF PARTNERSHIP].

Organization Name	Frequently communicate about activities (e.g. daily	Periodically communicate about activities (e.g.,	We do not work together

	or weekly communication)	communicate during partner meetings, or quarterly)	
[Pre-populated from list of partner organizations]			

Module 4: Partnership Self-Assessment

The following questions allow you to share your opinions and experiences about [NAME OF PARTNERSHIP].

Note to Reviewers: The questions in Module 4 are from a published partnership self-assessment tool: Center for the Advancement of Collaborative Strategies in Health. (2002). Partnership self-assessment tool questionnaire. Retrieved from https://atrium.lib.uoguelph.ca/xmlui/bitstream/handle/10214/3129/Partnership_Self-Assessment_Tool-Questionnaire_complete.pdf?sequence=1&isAllowed=y.

Synergy

Please think about the people and organizations that are participants in your partnership.

8. By working together, how well are these partners able to identify new and creative ways to solve problems?

Extremely well
 Very well
 Somewhat well
 Not so well
 Not well at all

9. By working together, how well are these partners able to include the views and priorities of the people affected by the partnership's work?

Extremely well
 Very well
 Somewhat well
 Not so well
 Not well at all

10. By working together, how well are these partners able to develop goals that are widely understood and supported among partners?

Extremely well
 Very well

- Somewhat well
- Not so well
- Not well at all

11. By working together, how well are these partners able to identify how different services and programs in the community relate to the problems the partnership is trying to address?

- Extremely well
- Very well
- Somewhat well
- Not so well
- Not well at all

12. By working together, how well are these partners able to respond to the needs and problems of the community?

- Extremely well
- Very well
- Somewhat well
- Not so well
- Not well at all

13. By working together, how well are these partners able to implement strategies that are most likely to work in the community?

- Extremely well
- Very well
- Somewhat well
- Not so well
- Not well at all

14. By working together, how well are these partners able to obtain support from individuals and organizations in the community that can either block the partnership's plans or help them move forwards?

- Extremely well
- Very well
- Somewhat well
- Not so well
- Not well at all

15. By working together, how well are these partners able to carry out comprehensive activities that connect multiple services, programs, or systems?

- Extremely well
- Very well
- Somewhat well
- Not so well
- Not well at all

16. By working together, how well are these partners able to clearly communicate to people in the community how the partnership's actions will address problems that are important to them?

- Extremely well
- Very well
- Somewhat well
- Not so well
- Not well at all

Leadership

Please think about all of the people who provide either formal or informal leadership in this partnership. Please rate the total effectiveness of your partnership's leadership in each of the following areas:

17. Taking responsibility for the partnership

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know

18. Inspiring or motivating people involved in the partnership

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know

19. Empowering people involved in the partnership

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know

20. Communicating the vision on the partnership

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know

21. Working to develop a common language within the partnership

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know

Please rate the total effectiveness of your partnership's leadership in:

22. Fostering respect, trust, inclusiveness, and openness in the partnership

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know

23. Creating an environment where the differences of opinion can be voiced

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know

24. Resolving conflict among partners

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know

25. Combining the perspectives, resources, and skills of partners

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know

26. Helping the partnership be creative and look at things differently

- Excellent
- Very good
- Good

- Fair
- Poor
- Don't know

Please rate the total effectiveness of your partnership's leadership in:

27. Recruiting diverse people and organizations into the partnership

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know

Efficiency

28. Please choose the statement that best describes how well your partnership uses the partners' financial resources.

- The partnership makes excellent use of partners' financial resources.
- The partnership makes very good use of partners' financial resources.
- The partnership makes good use of partners' financial resources.
- The partnership makes fair use of partners' financial resources.
- The partnership makes poor use of partners' financial resources.

29. Please choose the statement that best describes how well your partnership uses the partners' in-kind resources (e.g., skills, expertise, information, data, connections, influence, space, equipment, goods).

- The partnership makes excellent use of partners' in-kind resources.
- The partnership makes very good use of partners' in-kind resources.
- The partnership makes good use of partners' in-kind resources.
- The partnership makes fair use of partners' in-kind resources.
- The partnership makes poor use of partners' in-kind resources.

30. Please choose the statement that best describes how well your partnership uses the partners' time.

- The partnership makes excellent use of partners' time.
- The partnership makes very good use of partners' time.
- The partnership makes good use of partners' time.
- The partnership makes fair use of partners' time.
- The partnership makes poor use of partners' time.

Administration and Management

We would like you to think about the administrative and management activities in your partnership. Please rate the effectiveness of your partnership in carrying out each of the following activities:

31. Coordinating communication among partners

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know

32. Coordinating communication with people and organizations outside the partnership

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know

33. Organizing partnership activities, including meetings and projects

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know

34. Applying for and managing grants and funds

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know

35. Preparing materials that inform partners and help them make timely decisions

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know

Please rate the effectiveness of your partnership in:

36. Performing secretarial duties

- Excellent
- Very good
- Good

- Fair
- Poor
- Don't know

37. Providing orientation to new partners as they join the partnership

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know

38. Evaluating the progress and impact of the partnership

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know

39. Minimizing the barriers to participation in the partnership's meeting and activities (e.g., by holding them at convenient places and times, and by providing transportation and childcare)

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know

Non-financial Resources

A partnership needs non-financial resources in order to work effectively and achieve its goals. For each of the following types of resources, to what extent does your partnership have what it needs to work effectively?

40. Skills and expertise (e.g., leadership, administration, evaluation, law, public policy, cultural competency, training, community organizing)

- All of what it needs
- Most of what it needs
- Some of what it needs
- Almost none of what it needs
- None of what it needs
- Don't know

41. Data and information (e.g., statistical data, information about community perceptions, values, resources, and politics)

- All of what it needs
- Most of what it needs
- Some of what it needs
- Almost none of what it needs
- None of what it needs
- Don't know

42. Connections to target populations

- All of what it needs
- Most of what it needs
- Some of what it needs
- Almost none of what it needs
- None of what it needs
- Don't know

43. Connections to political decision-makers, government agencies, other organizations/groups

- All of what it needs
- Most of what it needs
- Some of what it needs
- Almost none of what it needs
- None of what it needs
- Don't know

For each of the following types of resources, to what extent does your partnership have what it needs to work effectively?

44. Legitimacy and credibility

- All of what it needs
- Most of what it needs
- Some of what it needs
- Almost none of what it needs
- None of what it needs
- Don't know

45. Influence and ability to bring people together for meetings and activities

- All of what it needs
- Most of what it needs
- Some of what it needs
- Almost none of what it needs
- None of what it needs
- Don't know

Financial and Other Capital Resources

A partnership also needs financial and other capital resources in order to work effectively and achieve its goals. For each of the following types of resources, to what extent does your partnership have what it needs to work effectively?

46. Money

- All of what it needs
- Most of what it needs
- Some of what it needs
- Almost none of what it needs
- None of what it needs
- Don't know

47. Space

- All of what it needs
- Most of what it needs
- Some of what it needs
- Almost none of what it needs
- None of what it needs
- Don't know

For the following types of resources, to what extent does your partnership have what it needs to work effectively?

48. Equipment and goods

- All of what it needs
- Most of what it needs
- Some of what it needs
- Almost none of what it needs
- None of what it needs
- Don't know

Decision Making

49. How comfortable are you with the way decisions are made in the partnership?

- Extremely comfortable
- Very comfortable
- Somewhat comfortable
- A little comfortable
- Not at all comfortable

50. How often do you support the decisions made by the partnership?

- All of the time
- Most of the time
- Some of the time
- Almost none of the time
- None of the time

51. How often do you feel that you have been left out of the decision making process?

- All of the time
- Most of the time

- Some of the time
- Almost none of the time
- None of the time

Benefits of Participation

For each of the following benefits, please indicate whether you have or have not received the benefit as a result of participating in the partnership.

- 52. Enhanced ability to address an important issue
 - Yes
 - No
- 53. Development of new skills
 - Yes
 - No
- 54. Heightened public profile
 - Yes
 - No
- 55. Increased utilization of my experts or services
 - Yes
 - No
- 56. Acquisition of useful knowledge about services, programs, or people in the community
 - Yes
 - No
- 57. Enhanced ability to affect public policy
 - Yes
 - No
- 58. Development of valuable relationships
 - Yes
 - No
- 59. Enhanced ability to meet the needs of my constituency or clients
 - Yes
 - No
- 60. Ability to have a greater impact than I could have on my own
 - Yes
 - No

As a result of your participation in the partnership, have you experience the following benefits:

- 61. Ability to make a contribution to the community
 - Yes
 - No

62. Acquisition of additional financial support

Yes

No

Drawbacks of Participation

For each of the following drawbacks, please indicate whether or not you have or have not experienced the drawback as a result of participating in this partnership.

63. Diversion of time and resources away from other proprieties or obligations

Yes

No

64. Insufficient influence in partnership activities

Yes

No

65. Viewed negatively due to association with other partners or the partnership

Yes

No

66. Frustration or aggravation

Yes

No

67. Insufficient credit given to me for contributing to the accomplishments of the partnership

Yes

No

68. Conflict between my job and the partnership's work

Yes

No

Comparing Benefits and Drawbacks

69. So far, how have the benefits of participating in this partnership compared to the drawbacks?

Benefits greatly exceed the drawbacks

Benefits exceed the drawbacks

Benefits and drawbacks are about equal

Drawbacks exceed the benefits

Drawbacks greatly exceed the benefits

Satisfaction with Participation

70. How satisfied are you with the way the people and organizations in the partnership work together?

Completely satisfied

Mostly satisfied

Somewhat satisfied

A little satisfied

Not at all satisfied

71. How satisfied are you with your influence in the partnership?

- Completely satisfied
- Mostly satisfied
- Somewhat satisfied
- A little satisfied
- Not at all satisfied

72. How satisfied are you with your role in the partnership?

- Completely satisfied
- Mostly satisfied
- Somewhat satisfied
- A little satisfied
- Not at all satisfied

73. How satisfied are you with the partnerships' plans for achieving its goals?

- Completely satisfied
- Mostly satisfied
- Somewhat satisfied
- A little satisfied
- Not at all satisfied

74. How satisfied are you with the way the partnership is implementing its plans?

- Completely satisfied
- Mostly satisfied
- Somewhat satisfied
- A little satisfied
- Not at all satisfied