**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: \_\_\_\_

1. 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].

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

[] Yes

[] No

[] Unsure

1. 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].

1. 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.]

1. 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].

1. 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 or weekly communication) | Periodically communicate about activities (e.g., communicate during partner meetings, or quarterly) | We do not work together |
| [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.

1. 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

1. 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

1. 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

1. 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

1. 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

1. 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

1. 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

1. 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

1. 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:

1. Taking responsibility for the partnership

[] Excellent

[] Very good

[] Good

[] Fair

[] Poor

[] Don’t know

1. Inspiring or motivating people involved in the partnership

[] Excellent

[] Very good

[] Good

[] Fair

[] Poor

[] Don’t know

1. Empowering people involved in the partnership

[] Excellent

[] Very good

[] Good

[] Fair

[] Poor

[] Don’t know

1. Communicating the vision on the partnership

[] Excellent

[] Very good

[] Good

[] Fair

[] Poor

[] Don’t know

1. 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:

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

[] Excellent

[] Very good

[] Good

[] Fair

[] Poor

[] Don’t know

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

[] Excellent

[] Very good

[] Good

[] Fair

[] Poor

[] Don’t know

1. Resolving conflict among partners

[] Excellent

[] Very good

[] Good

[] Fair

[] Poor

[] Don’t know

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

[] Excellent

[] Very good

[] Good

[] Fair

[] Poor

[] Don’t know

1. 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:

1. Recruiting diverse people and organizations into the partnership

[] Excellent

[] Very good

[] Good

[] Fair

[] Poor

[] Don’t know

***Efficiency***

1. 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.

1. 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.

1. 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:

1. Coordinating communication among partners

[] Excellent

[] Very good

[] Good

[] Fair

[] Poor

[] Don’t know

1. Coordinating communication with people and organizations outside the partnership

[] Excellent

[] Very good

[] Good

[] Fair

[] Poor

[] Don’t know

1. Organizing partnership activities, including meetings and projects

[] Excellent

[] Very good

[] Good

[] Fair

[] Poor

[] Don’t know

1. Applying for and managing grants and funds

[] Excellent

[] Very good

[] Good

[] Fair

[] Poor

[] Don’t know

1. 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:

1. Performing secretarial duties

[] Excellent

[] Very good

[] Good

[] Fair

[] Poor

[] Don’t know

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

[] Excellent

[] Very good

[] Good

[] Fair

[] Poor

[] Don’t know

1. Evaluating the progress and impact of the partnership

[] Excellent

[] Very good

[] Good

[] Fair

[] Poor

[] Don’t know

1. 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?

1. 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

1. 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

1. 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

1. 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?

1. 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

1. 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?

1. 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

1. 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?

1. 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***

1. 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

1. 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

1. 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.

1. Enhanced ability to address an important issue

[] Yes

[] No

1. Development of new skills

[] Yes

[] No

1. Heightened public profile

[] Yes

[] No

1. Increased utilization of my experts or services

[] Yes

[] No

1. Acquisition of useful knowledge about services, programs, or people in the community

[] Yes

[] No

1. Enhanced ability to affect public policy

[] Yes

[] No

1. Development of valuable relationships

[] Yes

[] No

1. Enhanced ability to meet the needs of my constituency or clients

[] Yes

[] No

1. 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:

1. Ability to make a contribution to the community

[] Yes

[] No

1. 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.

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

[] Yes

[] No

1. Insufficient influence in partnership activities

[] Yes

[] No

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

[] Yes

[] No

1. Frustration or aggravation

[] Yes

[] No

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

[] Yes

[] No

1. Conflict between my job and the partnership’s work

[] Yes

[] No

***Comparing Benefits and Drawbacks***

1. 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***

1. 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

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

[] Completely satisfied

[] Mostly satisfied

[] Somewhat satisfied

[] A little satisfied

[] Not at all satisfied

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

[] Completely satisfied

[] Mostly satisfied

[] Somewhat satisfied

[] A little satisfied

[] Not at all satisfied

1. How satisfied are you with the partnerships’ plans for achieving is goals?

[] Completely satisfied

[] Mostly satisfied

[] Somewhat satisfied

[] A little satisfied

[] Not at all satisfied

1. 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