

Partner Interview Guide

OMB Control Number: XXX (Expires XX/XX/XX)

INTERVIEW GUIDE

(5 minutes)

My name is _____ and I am a _____ with JBS International. Thank you so much for volunteering to take part in this interview. I know you are busy and appreciate you taking the time to join me for this conversation today. I also want to introduce my colleague _____ who will take notes during our conversation.

Introduction

To briefly introduce you to the purpose behind this discussion, AmeriCorps awarded a contract to JBS to evaluate the Public Health AmeriCorps program. Our conversation with you today **will cover the partnership your organization or department has with [Project Name] at [Grantee Name], as it relates to the Public Health AmeriCorps program.** Our conversation today **will help AmeriCorps understand the nature of the partnerships between Public Health AmeriCorps grantees and their partners.** JBS is an independent contractor, and the information JBS gathers is for the purpose of the evaluation. We will report our results in aggregate, which means that you will not be identified when the results are presented. Today's conversation will take about 30 minutes. As a requirement, we need your consent to participate in the interview.

Consent

INTERVIEWER: Do you agree to continue with the interview?

- If respondent refuses to participate, ask why they don't want to participate and thank them for their time. Then, end the interview.
- If respondent agrees with the interview; continue with the interview.

[INTERVIEWER: Ask the interviewee for permission to record the interview, explaining that recording would help accurately capture the interviewee's responses. Ask them if recording is okay, and give them the opportunity to say yes or no. If they refuse, please do not record the interview.]

Confidentiality and Privacy

The recording and our conversation today will be kept private. The notes from the interview will not include any personally identifiable information

about you. JBS will present findings in aggregate, not for any specific person or organization. Please provide candid answers. If there are any questions you do not wish to answer, you do not have to answer; however, please try to answer and be as involved as you can.

Interview Questions (20 minutes)

1. When and how did your organization establish its partnership with [Program Name] at [Grantee Name]?

[**Probe:** Is the partnership connected with a specific department or group within your organization or is it connected to your organization broadly?]

[**INTERVIEWER:** If the partnership is connected with a specific department or group, then for the rest of the interview, please use the appropriate term – “department” or “group” – whenever a question asks about the participant’s “department/group/organization.” Otherwise, please use the term “organization” whenever a question asks about the participant’s “department/group/organization.”]

[**Probe:** How did your department/group/organization determine that [Program Name] at [Grantee Name] would be a good fit as a partner?]

2. What roles and responsibilities does your department/group/organization have in this partnership?

[**Probe:** Is there a formal agreement that outlines those roles and responsibilities?]

[**Probe:** How does your department/group/organization support the members who serve [Program Name] at [Grantee Name]?]

[**Probe:** In what ways does that support help members prepare for a career in public health?]

3. What are your department’s/group’s/organization’s goals for the partnership?

[**Probe:** Are those goals aligned with the [Program Name’s] goals for the partnership?]

[**Probe:** Has your department/group/organization been able to achieve some of those goals?]

4. How does your department/group/organization and [Program Name] ensure effective collaboration with each other?
5. What are some positive outcomes that have resulted from the partnership so far?

[**Probe:** What have been some positive impacts on the community being served by [Program Name]?]

[**Probe:** What have been some positive impacts on members who served with [Program Name]?]

6. Have there been any significant challenges with the partnership?
 - o [**IF YES:** What are those challenges, and how has your department/group/organization tried to address them?]
 - [**Probe:** What lessons has your department/group/organization learned from these challenges?]

[**Probe:** Are there any resources you think AmeriCorps could provide to [Program Name] to facilitate the partnership?]

Wrap-Up Questions (5 minutes)

1. How do you see the partnership evolving over time?
2. Is there anything else about the partnership you would like to share?

Conclusion

Thank you so much for taking the time to participate in this interview! This has been very helpful. Your thoughts and opinions will be an important part of this evaluation and will help to improve Public Health AmeriCorps programming.

If there is anything you would like to share with us or any concerns you have regarding this interview, you can call us at 1-800-207-0750 or email: PublicHealthAmeriCorpsEval@jbsinternational.com.