**Public Health Partnership Feedback Survey**

**Introduction to Survey:**

We would like to gather your input regarding the organization, approach, and progress toward goals of the collaborative work that you are doing with [name of entity]. For purposes of this survey, we will refer to this collaborative work with other public health departments and/or boards of health as a “public health partnership.”

We are sending this survey to key stakeholders within each community involved in the [entity]. This may include board of health members, public health directors, and staff or contractors who perform public health services within your public health partnership. The survey will ask about your involvement with the public health partnership’s implementation phases as well as your opinions regarding the partnership’s mission and goals, cohesiveness and trust within the partnership, perceived impact to-date, successes and challenges, and technical assistance services provided.

Participation in this survey is voluntary. The survey data will be compiled by the [fill in]. Response data will be reviewed and shared in aggregate for each grantee group. Your individual responses will not be shared with anyone else. Our hope is that the information will be used by your public health partnership to identify areas of strength over the past year and areas in need of improvement for future years.

The survey should take about 10-15 minutes to complete.

**Personal Background**

**What is your role in the community you serve? (check all that apply)**

❑ Public health practitioner, health agent, inspector, public health nurse

❑ Board of Health member (both appointed and elected)

❑ Employee of the Board of Health/Health Department

❑ Contractor for the Board of Health/Health Department

❑ Chief Executive Officer for City/Town (e.g., Town Administrator, City Manager)

❑ Chief Elected Official for City/Town (e.g., Mayor, Selectman)

❑ Other: Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which public health partnership are you a part of in [state]?**

❑ **[name]**

❑ **[name]**

❑ **[name]**

❑ **[name]**

❑ **[name]**

❑ **[name]**

**How long have you been involved with this partnership?**

❑ 0-6 months

❑ 6-12 months

❑ 1-2 years

❑ More than 2 years

**To what extent were you involved in the development of the plan for cross jurisdictional service sharing/public health partnership?**

❑ Very active – participated in all or most planning meetings

❑ Somewhat active – participated in about half of the planning meetings

❑ Slightly active - participated in a few planning meetings

❑ Not active at all – participated in no planning meetings

**To what extent are you involved in the implementation of the cross jurisdictional service sharing model your public health partnership selected?**

❑ Very active – participate in all or most activities

❑ Somewhat active – participate in about half of all activities

❑ Slightly active – participate in a few activities

❑ Not active at all – participate in no activities

**For each of the following statements, please check the response that best describes your opinion about your public health partnership’s *mission and goals*.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Don’t Know** |
| a) Our public health partnership has a clear mission. |  |  |  |  |  |
| b) Our public health partnership is meeting the goals we set for Year 1. |  |  |  |  |  |
| c) We have encountered a number of challenges during our first year. |  |  |  |  |  |
| d) Our public health partnership is on the right track for improving public health services in our region. |  |  |  |  |  |
| e) I am aware of the services offered by my Public Health Partnership |  |  |  |  |  |
| f) Our public health partnership is meeting the needs of my Board of Health. |  |  |  |  |  |

***If you have any comments about the mission and goals of your public health partnership, please write them here:***

**Partnership Meetings**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Don’t Know** |
| a) Representatives from my municipality participate regularly in public health partnership meetings |  |  |  |  |  |
| b) Representatives from other municipalities involved in the partnership regularly attend meetings |  |  |  |  |  |
| c) Public health partnership meetings are well organized |  |  |  |  |  |
| d) Information from public health partnership meetings is communicated to stakeholders within my municipality |  |  |  |  |  |
| e) Information from public health partnership meetings is communicated to stakeholders in a timely manner |  |  |  |  |  |
| f) Partnership meetings occur as often as they need to |  |  |  |  |  |

***If you have any comments or suggestions for improving your public health partnership meetings, please write them here:***

**Satisfaction with the organization of your Public Health Partnership**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Don’t Know** |
| a) I have a clear understanding of my roles and responsibilities within the public health partnership |  |  |  |  |  |
| b) I have a clear understanding of other people’s roles and responsibilities within this public health partnership |  |  |  |  |  |
| c) I have a clear understanding of who is leading this public health partnership |  |  |  |  |  |
| d) I have a clear understanding of how decisions are made for our public health partnership |  |  |  |  |  |

***If you have any comments or suggestions about the organization of your public health partnership, please write them here:***

**Satisfaction with the Staffing of your Public Health Partnership**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Don’t Know** |
| a) The staff that are performing services for our public health partnership have the appropriate training and skills for the work they perform. |  |  |  |  |  |
| b) Our public health partnership has enough staff to perform the services we have proposed.  |  |  |  |  |  |
| c) Public health staff who are providing services for our public health partnership have appropriate supervision and oversight. |  |  |  |  |  |
| d) Our public health partnership has the appropriate staffing capacity to provide high quality services to all of the municipalities involved in our partnership. |  |  |  |  |  |
| e) My municipality is likely to utilize services provided through the public health partnership next year. |  |  |  |  |  |

***If you have any comments or suggestions about the staffing of your public health partnership, please write them here:***

**General Observations of the Partnership**

**Member interactions for your public health partnership**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Don’t Know** |
| a) Our public health partnership has a sense of cohesiveness and team spirit |  |  |  |  |  |
| b) Individuals within our public health partnership tend to trust one another |  |  |  |  |  |
| c) I can speak at a partnership meeting and feel that the views I express are addressed and discussed respectfully |  |  |  |  |  |
| d) Public health partnership members are willing to listen to other ideas  |  |  |  |  |  |
| e) I feel that I am involved in the decision-making process of the public health partnership |  |  |  |  |  |
| f) I feel that I am kept informed and updated about public health partnership activities |  |  |  |  |  |

***If you have any comments or suggestions for your public health partnership member interactions, please write them here.***

**Use of and Feedback on General Technical Assistance (use as appropriate)**

**Over the past year, has your partnership utilized legal technical assistance provided by the [agency/people]?**

[ ]  Yes

[ ]  No (skip)

[ ]  Don’t know (skip)

**If yes, how useful would you rate the Legal technical assistance you were provided**:

[ ]  Very useful [ ]  Useful [ ]  Somewhat useful [ ]  Not useful at all

**Over the past year, has your partnership utilized the Community Health Assessment technical assistance provided by [agency/people]?**

 [ ]  Yes

 [ ]  No (skip)

 [ ]  Don’t know (skip)

**If yes, how useful would you rate the Community Health Assessment technical assistance you were provided:**

[ ]  Very useful [ ]  Useful [ ]  Somewhat useful [ ]  Not useful at all

**Over the past year, has someone from your partnership taken part in the Learning Community organized by [agency/people]?**

 [ ]  Yes

 [ ]  No (skip)

 [ ]  Don’t know (skip)

**If yes, how useful would you rate the Learning Community workshops:**

[ ]  Very useful [ ]  Useful [ ]  Somewhat useful [ ]  Not useful at all

**Over the past year, has your partnership utilized the Evaluation technical assistance provided by the [agency/people]?**

[ ]  Yes

[ ]  No (skip)

[ ]  Don’t know (skip)

**If yes, how useful would you rate the Evaluation technical assistance you were provided:**

[ ]  Very useful [ ]  Useful [ ]  Somewhat useful [ ]  Not useful at all

**Over the past year, has your partnership utilized the general technical assistance provided by the [agency/people]?**

[ ]  Yes

[ ]  No (skip)

[ ]  Don’t know (skip)

**If yes, how useful would you rate the General technical assistance you were provided:**

[ ]  Very useful [ ]  Useful [ ]  Somewhat useful [ ]  Not useful at all

**What additional** **technical assistance, if any, do you think your partnership would benefit from in the coming year?**

**For each of the following statements, please check the response that best describes your opinion about the *impact* of your public health partnership to-date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Increased** | **Neither increased or decreased** | **Decreased** | **Don’t Know** |
| a) The quality of public health services provided to my municipality has… |  |  |  |  |
| b) The number of public health services provided to my municipality has… |  |  |  |  |
| c) The efficiency of public health service delivery has… |  |  |  |  |
| e) The cost of public health service delivery has… |  |  |  |  |

**Overall Comments:**

1. What do you think are the biggest strengths of your Public Health Partnership?
2. What are your suggestions for improving the work of your Public Health Partnership?
3. Is there anything else you’d like to add about your experience with participation in your Public Health Partnership?

*Thank you very much for completing this survey!*