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**COMMUNITY PARTNERSHIPS STUDY  
PARTNERSHIP MEMBER SURVEY**

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***STAKEHOLDERS QUESTIONNAIRE***

# ***Community Partnerships***

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  - References for this tool are on the last page

# COMMUNITY PARTNERSHIPS STUDY

**Purpose of the Survey:** This survey assesses your current views of the activities, roles, responsibilities, and outcomes of your Community Partnership.

It asks for YOUR OWN BELIEFS AND VIEWS (not what stereotypes say about Partnerships, or what some professionals say or do).

## General Instructions

This questionnaire is being administered to the various categories of partners involved in the Community Partnership. In completing the questionnaire, please select the response option that comes closest to representing you and your views. In most cases you are asked to circle the number beside the response that is most applicable. Where appropriate, please write in your answers in the space provided.

Some of the questions contain terms that may have different meanings to different individuals. The meanings of these terms *as intended for this questionnaire* are provided below. Please consider these definitions as you respond to the questions.

**Partnership:** Group of organizations and individuals who share some interests and are working toward one or more common goals while maintaining their own agendas. A Partnership effort can enable members to engage in activities and accomplish goals beyond the reach of any one organization or individual.

**Teaching - institutions Staff:** any personnel from a university, faculty, college, training or teaching institution whether it is a technical, medical, nursing, agricultural establishment or otherwise, involved with the Partnership.

**Health-services staff:** any personnel from any branch or sub-branch of the national, regional, provincial or district health department/services involved in some way with the Partnership.

**Project-staff:** any personnel working/ stationed full time in the Partnership, with no other responsibility except the Partnership.

**Community members:** any personnel/ leaders from the community, s/elected on any of the committees/ subcommittees/ societies subserving the Partnership, also includes 'solo' individuals from the community.

**Community Health Workers (CHWs):** any s/elected personnel from the community, aware of the local culture, paid or unpaid, acting as a change agent/ catalyst between the Partnership and the broader community.

**Government-services staff:** any personnel from any branch or sub-branch of the national, provincial, regional or district government services, apart from the health services, involved in some way with the coalition (eg. agriculture, education, water works, sewage etc.)

**All responses to this questionnaire will be kept strictly confidential**

**To which Partnership do you belong?**

1. \_\_\_\_\_ (Write in full name) \_\_\_\_\_ (code)

**Please indicate your agreement or disagreement with the statements below by circling the number on the scale that best represents your experience with any Partnership meeting(s) you have attended (1 indicates that you strongly disagree and 7 indicates that you strongly agree with the statement).**

**A) Management capabilities**

	<b>Strongly disagree</b>							<b>Strongly agree</b>
	1	2	3	4	5	6	7	
2. Meetings starts and stop on time	1	2	3	4	5	6	7	
3. The purpose of each task or agenda item is defined and kept in mind	1	2	3	4	5	6	7	
4. Technical terms and acronyms are clearly defined and understood by all	1	2	3	4	5	6	7	
5. Routine matters are handled quickly	1	2	3	4	5	6	7	
6. Sub-committee and / or other reports are routinely made to the entire Partnership	1	2	3	4	5	6	7	
7. Materials for meetings are prepared adequately and in advance of meetings (agendas, minutes, study documents)	1	2	3	4	5	6	7	
8. Minutes accurately reflect the proceedings of the meeting	1	2	3	4	5	6	7	
9. Notification of meetings is timely	1	2	3	4	5	6	7	
10. Members have a good record of attendance at meetings	1	2	3	4	5	6	7	
11. Everyone (not just a few) participates in discussions	1	2	3	4	5	6	7	
12. Members stay with the task	1	2	3	4	5	6	7	
13. Interest is generally high	1	2	3	4	5	6	7	
14. Members seem well-informed and up-to-date and understand what is going on at all times	1	2	3	4	5	6	7	
15. Meetings have free discussion	1	2	3	4	5	6	7	
16. Meetings run smoothly, without interruptions or blocking	1	2	3	4	5	6	7	
17. The atmosphere is friendly, cooperative , and pleasant	1	2	3	4	5	6	7	
18. There is no fighting for status or hidden agendas	1	2	3	4	5	6	7	
19. Partnership members feel safe in speaking out	1	2	3	4	5	6	7	
20. The Partnership uses the resources of all , not just a few	1	2	3	4	5	6	7	
21. Meeting times work well with my schedule	1	2	3	4	5	6	7	
22. Location of meetings is convenient	1	2	3	4	5	6	7	
23. I am usually clear about my role as a Partnership member	1	2	3	4	5	6	7	
24. The roles of the health department staff in relation to the Partnership are clearly defined and followed	1	2	3	4	5	6	7	

**B) Rules and Procedures: (tick the box that corresponds best to your view)**

25. Does your Partnership:	Yes (1)	No (2)	Don't know (3)
a. have a written mission statement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. have written by-laws or operating principles ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. review its by-laws or operating principles periodically ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. engage in strategic planning ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. have a long - range plan beyond Kellogg funding ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. have specific coverage of fund raising ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. have written objectives ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. review its mission, goals, and objectives periodically ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. have clear procedures for leader selection ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. provide orientation for new members ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C) Operational Understanding (tick the box that corresponds best to your view)**

26. Do you know:	Yes	No
a. how new members are appointed ?	<input type="checkbox"/>	<input type="checkbox"/>
b. how committees and task forces are formed ?	<input type="checkbox"/>	<input type="checkbox"/>
c. the organizational structure of the Partnership and its staffing ?	<input type="checkbox"/>	<input type="checkbox"/>
d. the mission of the Partnership and clearly understand it ?	<input type="checkbox"/>	<input type="checkbox"/>
e. what your term of membership is ?	<input type="checkbox"/>	<input type="checkbox"/>

**D) Experience with Partnerships: please answer the following questions.**

	Yes	No
27. Have you worked in/with any Partnerships/coalitions before ?	<input type="checkbox"/>	<input type="checkbox"/>
If yes; for how many <u>months</u> ? (round to whole months)	_____	
28. How many <u>months</u> have you served on this "Health Personnel Education" Partnership ?	-----	-----

**E) Involvement in the Partnership: please answer the following questions.**

29. How involved have you been in the Partnership ?			
not very involved	moderately involved	very involved	
(1)	(2)	(3)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. What percentage of regular Partnership meetings have you attended over the past 12 months ?	_____ %		
31. On average , in any given month, about how many hours of your time do you spend on Partnership activities ? (e.g., regular Partnership meetings, committee work, Partnership sponsored activities, preparation for meetings and activities)	_____ hours per/month		

32. Since joining the Partnership, how many times have you: (write a number from 0 to 99)

- a. recruited new members to the Partnership? \_\_\_\_\_
- b. served as a spokesperson for the Partnership? \_\_\_\_\_
- c. testing before a government body in support of Partnership - sponsored activities ? \_\_\_\_\_
- d. worked on implementing educational/cultural activities or events sponsored by the Partnership (other than meetings)? \_\_\_\_\_
- e. served as a representative of the Partnership to other groups ? \_\_\_\_\_
- and since joining, how many different;
- f. committees have you worked on ? \_\_\_\_\_
- g. committee or team leadership positions have you held ? \_\_\_\_\_

33. Do you have the authority to make decisions on behalf of the organization you represent at Partnership meetings ? (please tick one box only)

- (0) Do not represent an organization
- (1) Yes
- (2) Not without approval of other staff in my organization
- (3) Not without approval of my board of membership
- (4) Not at all

**F) Community representation in the Partnership; please answer the following questions.**

34. How representative do you think the Partnership is of the people in your county / local health jurisdiction ? (please circle the number that corresponds best to your view)

Not at all representative		Moderately representative			Very representative	
1	2	3	4	5	6	7

35. In your opinion, which groups are not well - represented on the Partnership that should be ? (please tick up to three)

- a. \_\_\_ Families (pregnant women, parents )
- b. \_\_\_ Medical community
- c. \_\_\_ Low income / unemployed
- d. \_\_\_ Specified work groups (e.g., fieldworker, blue collar, professional )
- e. \_\_\_ Worksites, business
- f. \_\_\_ Youth
- g. \_\_\_ Elderly
- h. \_\_\_ Schools (teachers, students )
- i. \_\_\_ Media
- k. \_\_\_ Community based organizations
- l. \_\_\_ Policy makers
- m. \_\_\_ Volunteer Agencies
- n. \_\_\_ Rural population
- o. \_\_\_ Indian
- p. \_\_\_ Asian
- q. \_\_\_ Black / African
- r. \_\_\_ Caucasian
- s. \_\_\_ Other \_\_\_\_\_

**G) Staff- community member communication**

36. Please rate communication between the **staff** (teaching institutions and health services) and **other partners** over the past year on the following scales (**circle one number for each**)

a. poor							good
1	2	3	4	5	6	7	
b. not often							often
1	2	3	4	5	6	7	
c. bad at giving information						good at giving information	
1	2	3	4	5	6	7	
d. uncomfortable							comfortable
1	2	3	4	5	6	7	
e. ineffective							effective
1	2	3	4	5	6	7	

### H) Community members communication

37. Please rate communication among the **community members** over the past year on the following scales

a. poor							good
1	2	3	4	5	6	7	
b. not often							often
1	2	3	4	5	6	7	
c. uninformative							informative
1	2	3	4	5	6	7	
d. uncomfortable							comfortable
1	2	3	4	5	6	7	
e. ineffective							effective
1	2	3	4	5	6	7	

**I) Contributions to the Partnership; For each of the following, to what extent have you or your organization contributed to the activities of the Partnership? (circle the number that corresponds best to your view)**

	Not at all						Quite a lot
38. My time, staff time, volunteers time	1	2	3	4	5	6	7
39. Money to support joint activities	1	2	3	4	5	6	7
40. In - kind resources such as publicity, printing, equipment, facilities, etc.	1	2	3	4	5	6	7
41. Facilitate access to special populations	1	2	3	4	5	6	7

**J) Participation Benefits; To what extent have each of the following been a benefit to your participation or your organization's participation on the Partnership ?**

	Not at all						Quite a lot
42. Getting to know other agencies and their staff	1	2	3	4	5	6	7
43. Gaining recognition and respect from others	1	2	3	4	5	6	7
44. Developing collaborative relationships with other agencies	1	2	3	4	5	6	7
45. Getting help from or helping other organizations	1	2	3	4	5	6	7
46. Making our community a better place to live	1	2	3	4	5	6	7
47. Helping my organization move towards our goals	1	2	3	4	5	6	7

	<b>Not at all</b>						<b>Quite a lot</b>
48. Learning about community events, services, etc.	1	2	3	4	5	6	7
49. Having access to target populations with whom we've previously had little contact	1	2	3	4	5	6	7
50. Building my organization's capacity	1	2	3	4	5	6	7
51. Helping my organization get funding	1	2	3	4	5	6	7
52. Building my own skills in partnership work	1	2	3	4	5	6	7

**K) Participation Costs; To what extent have each of the following been a difficulty for your participation or your organization's participation in the Partnership ?**

							<b>Strongly disagree</b>						<b>Strongly agree</b>
53. Partnership activities do not effectively reach my primary constituency	1	2	3	4	5	6	7						
54. Time spent on the Partnership keeps me from doing my work	1	2	3	4	5	6	7						
55. My organization doesn't get enough public recognition for our work on the Partnership	1	2	3	4	5	6	7						
56. Being involved in implementing the Partnership's activities is a problem	1	2	3	4	5	6	7						
57. My skills and time are not well - used	1	2	3	4	5	6	7						

**L) Role clarity; Recognizing that the Steering Committee/ Executive Board of Trustees of the Partnership has ultimate authority, what type of input does your organization/ agency typically have in the following areas? (tick one answer for each question)**

58. What type of input does your organization/ agency typically have in **setting the budget** for the Partnership's programs? **(tick one box only)**
- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>no role</b>           | <b>advice only</b>       | <b>develop</b>           | <b>recommend</b>         | <b>approve</b>           |
| (1)                      | (2)                      | (3)                      | (4)                      | (5)                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
59. What type of input does your organization/ agency typically have in **designing program goals and objectives** for the Partnership's programs? **(tick one box only)**
- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>no role</b>           | <b>advice only</b>       | <b>develop</b>           | <b>recommend</b>         | <b>approve</b>           |
| (1)                      | (2)                      | (3)                      | (4)                      | (5)                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
60. What type of input does your organization/ agency typically have in **selecting local contractors and subcontractors** for the Partnership's programs? **(tick one box only)**
- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>no role</b>           | <b>advice only</b>       | <b>develop</b>           | <b>recommend</b>         | <b>approve</b>           |
| (1)                      | (2)                      | (3)                      | (4)                      | (5)                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
61. What type of input did your organization/ agency have in **developing the Partnership's comprehensive plan**? **(tick one box only)**
- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>no role</b>           | <b>advice only</b>       | <b>develop</b>           | <b>recommend</b>         | <b>approve</b>           |
| (1)                      | (2)                      | (3)                      | (4)                      | (5)                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**M) Satisfaction with the Partnership;** Please indicate how much you agree or disagree with the following statements (circle the number that corresponds best to your view)

	Strongly disagree							Strongly agree
	1	2	3	4	5	6	7	
62. I would not like to change anything about the Partnership								
63. I am satisfied with how the Partnership operates								
64. This Partnership is a worthwhile effort								
65. The work accomplished by the Partnership has met my expectations								
66. I am satisfied with what is accomplished by the Partnership								

**N) Sense of ownership;** Please indicate how much you agree or disagree with the following statements

	Strongly disagree							Strongly agree
	1	2	3	4	5	6	7	
67. I am committed to the work of the Partnership								
68. I feel that I have a voice in what the Partnership decides								
69. I feel a sense of pride in what the Partnership accomplishes								
70. I really care about the future of this Partnership								

**O) Member organization commitment**

To what extent:	Not at all							Very much
	1	2	3	4	5	6	7	
71. has your organization endorsed or adopted the mission and goals of the Partnership?								
72. does your organization participate in Partnership sponsored activities?								
73. has your organization publicly endorsed or cosponsored Partnership activities?								
74. does the community see the Partnership as a resource for influencing health personnel education?								

**P) leadership skills (please tick the box that corresponds best to your view)**

75. The Partnership leadership:	Yes (1)	No (2)
a. provides me with a lot of good information	<input type="checkbox"/>	<input type="checkbox"/>
b. makes me feel welcome at meetings	<input type="checkbox"/>	<input type="checkbox"/>
c. gives praise/ recognition at meetings	<input type="checkbox"/>	<input type="checkbox"/>
d. intentionally seeks out and welcomes my views	<input type="checkbox"/>	<input type="checkbox"/>
e. provides me with continuing education opportunities	<input type="checkbox"/>	<input type="checkbox"/>
f. reports our accomplishments through newsletters, etc.	<input type="checkbox"/>	<input type="checkbox"/>
g. holds social gatherings for Partnership members	<input type="checkbox"/>	<input type="checkbox"/>
h. solicits my opinions and comments during meetings	<input type="checkbox"/>	<input type="checkbox"/>
i. intentionally seeks out the views of other people outside the Partnership	<input type="checkbox"/>	<input type="checkbox"/>



- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| j. asks me to assist with organizational tasks  | <input type="checkbox"/> | <input type="checkbox"/> |
| k. offers group activities (tours of other Partnerships, etc.) to Partnership members | <input type="checkbox"/> | <input type="checkbox"/> |

**Q) Communication mechanisms; (please tick the box that corresponds best to your view)**

76. In which of the following ways does the Partnership communicate?
- |   | Yes<br>(1)               | No<br>(2)                |
|---|--------------------------|--------------------------|
| a. regularly published newsletters                            | <input type="checkbox"/> | <input type="checkbox"/> |
| b. written reports from staff                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| c. written reports from funded projects                       | <input type="checkbox"/> | <input type="checkbox"/> |
| d. verbal reports at Partnership and committee meetings       | <input type="checkbox"/> | <input type="checkbox"/> |
| e. opportunities to talk with funded projects at meetings     | <input type="checkbox"/> | <input type="checkbox"/> |
| f. talking with staff outside of meetings                     | <input type="checkbox"/> | <input type="checkbox"/> |
| g. talking with other Partnership members outside of meetings | <input type="checkbox"/> | <input type="checkbox"/> |
| h. talking with funded projects outside of meetings           | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Other  | <input type="checkbox"/> | <input type="checkbox"/> |
- (please specify) \_\_\_\_\_

**R) Staff and member expertise; Please rate the level of expertise/ability of: a) the professional staff (teaching institutions/ health services) and b) the Partnership's community members in the following areas.**

	a. Professional Staff							b. Community Members													
	low ability							high ability		low ability							high ability				
	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
77. Designing/ implementing educational activities																					
78. Maintaining an effective and active Partnership																					
79. Working with community groups																					
80. Community organizing																					
81. Planning																					
82. How to bring about change in the <u>community</u>																					
83. How to bring about change in the <u>teaching institutions</u>																					
84. How to bring about change in the <u>health department</u>																					
85. Health personnel education policy																					
86. Budget management																					
87. Reaching target populations																					

**S) Resource allocation satisfaction**

88. How satisfied are you with the allocation of funds in your Partnership?

Not at all satisfied			Moderately satisfied			Very satisfied
1	2	3	4	5	6	7

**T) Participation benefits/difficulties**

89. Overall for your organization, how would you compare the benefits with the difficulties of being a member of this Partnership? ( please tick one box only)

- (1) Many more difficulties than benefits
- (2) A few more difficulties than benefits
- (3) About the same amount of benefits and difficulties
- (4) A few more benefits than difficulties
- (5) Many more benefits than difficulties

**U) Partnership Activities; Health Personnel Education policy/advocacy work**

90. How much has the Partnership engaged in policy/advocacy work?

Not at all							A great deal
1	2	3	4	5	6	7	

91. Which of the following are true for your Partnership?

- |    |                          |                          |   |
|----|--------------------------|--------------------------|---|
|    | True                     | False                    |   |
|    | (1)                      | (2)                      |   |
| a. | <input type="checkbox"/> | <input type="checkbox"/> | The role of the Partnership in public policy has been clearly identified and accepted by the Partnership and the health department. |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | The health department must approve all policy positions of the Partnership.   |

92. Think of one of the more important **policy actions** accomplished by your partnership (e.g. ---) in your local jurisdiction. x.  tick here if none accomplished to date (skip 92 a and 92 b)

To what extent were the partners;	<b>Not at all</b>						<b>Very much</b>
a. involved in action	1	2	3	4	5	6	7
b. effective in their work?	1	2	3	4	5	6	7

93. What were the contributions you made in this policy action? (please tick all that apply)

- |   |  |  |  |
|---|--|--|--|
| <b><u>Grassroots organizing/community mobilization/public education</u></b>         |  | <b><u>Campaigning</u></b>                    |  |
| a. ___ meetings with citizen, organizations, or government officials (non-lobbying) |  | o. ___ drafting policy                       |  |
| b. ___ making presentations to community or government officials (non-lobbying)     |  | p. ___ lobbying                              |  |
| c. ___ letter writing   |  | q. ___ Testifying                            |  |
| d. ___ phone calling  |  | r. ___ developing campaign strategy          |  |
| e. ___ mailings (e.g., stuffing envelopes)  |  | s. ___ gathering petitions signatures        |  |
| f. ___ help organize events and presentations                                       |  | t. ___ serving on task force                 |  |
| g. ___ organizing support   |  | u. ___ organizing speakers                   |  |
| h. ___ participate in planning  |  | v. ___ attending council or Board Supervisor |  |
| i. ___ other _____  |  | w. ___ meeting in support of ordinance       |  |
|   |  | x. ___ Other _____                           |  |
| <b><u>Media relations</u></b>   |  |  |  |
| j. ___ spokesperson   |  | l. ___ arranging media                       |  |
| k. ___ press conference   |  | m. ___ developing media packages             |  |
| n. ___ other _____  |  |  |  |

**V) Partnership Activities; educational activities**94. How much has the Partnership engaged in **educational** activities?

Not at all							A great deal
1	2	3	4	5	6	7	

95. Think of one of the more important **educational activities** accomplished by your Partnership (e.g. sponsoring/ implementing seminars, workshops, conferences, Health Day, Awareness Day ).

To what extent were Partnership members:	Not at all						Very much
a. involved in the action?	1	2	3	4	5	6	7
b. effective in their work?	1	2	3	4	5	6	7

96. What were the contributions you made to this educational activity? (**tick all that apply**)

- |  |  |
|--|--|
| a. <input type="checkbox"/> Planning and organization          | f. <input type="checkbox"/> Provide materials or funding |
| b. <input type="checkbox"/> Speaking/presenting                | g. <input type="checkbox"/> Dissemination                |
| c. <input type="checkbox"/> Staffing event or program          | h. <input type="checkbox"/> Conducting surveys           |
| d. <input type="checkbox"/> Set up/clean up                    | i. <input type="checkbox"/> Media (marketing, PR)        |
| e. <input type="checkbox"/> Recruitment and community outreach | j. <input type="checkbox"/> other _____                  |

**W) Partnership interaction; (please circle the number that corresponds best to your view)**

	Strongly disagree						Strongly agree
97. There are established ways to settle most differences that arise in the Partnership	1	2	3	4	5	6	7
98. Conflict is handled effectively in the Partnership	1	2	3	4	5	6	7
99. The Partnership team is tolerant of differences or disagreements	1	2	3	4	5	6	7
100. Partners of this project have a shared vision of what they would like to accomplish	1	2	3	4	5	6	7
101. The Partnership has a feeling of togetherness and teamwork	1	2	3	4	5	6	7
102. The Partnership's professional staff (university or health services ) are too controlling	1	2	3	4	5	6	7
103. The Partnership's professional staff encourages participation in decision making	1	2	3	4	5	6	7

**X) Decision making**

	Strongly disagree						Strongly agree
104. It is easy to get my ideas across to the project leadership if I have a suggestion	1	2	3	4	5	6	7
105. I feel I have many opportunities for participation in the Partnership	1	2	3	4	5	6	7
106. Participation in decision making by <u>community</u> representatives is high	1	2	3	4	5	6	7
107. Participation in decision making by <u>university</u> representatives is high	1	2	3	4	5	6	7
108. Participation in decision making by <u>health services</u> representatives is high	1	2	3	4	5	6	7
109. Decisions are made only by a small group of leaders	1	2	3	4	5	6	7
110. In general, <u>university</u> representatives have a lot of influence in major decisions	1	2	3	4	5	6	7

111. In general, community representatives have a lot of influence in major decisions 1 2 3 4 5 6 7

112. In general, health services representatives have a lot of influence in major decisions 1 2 3 4 5 6 7

**Y) Flow of information (please circle the number that corresponds best to your view)**

113. Far too little information on important topics is shared among the partners **Strongly disagree** 1 2 3 4 5 6 7 **Strongly agree**

114. The information I receive about the Partnership gives me a clear understanding of the Partnership 1 2 3 4 5 6 7

115. The information I receive about the Partnership is accurate 1 2 3 4 5 6 7

116. I receive information about the Partnership in a timely fashion 1 2 3 4 5 6 7

117. The information I receive about the Partnership is relevant to my needs 1 2 3 4 5 6 7

**Z) Outcomes (please circle the number that corresponds best to your view)**

118. Thinking about the work accomplished in influencing Health Personnel Education in your county/ health jurisdiction over the past years, how important was the P'ship in getting this work accomplished? **Not very important** 1 2 3 4 5 6 7 **Very important**

In your county / local health jurisdiction; How certain are you that your Partnership **will be able to do what it has planned** related to the following activities **Not at all certain** 1 2 3 4 5 6 7 **Totally certain**

119. the curriculum 1 2 3 4 5 6 7

120. providing primary care services 1 2 3 4 5 6 7

121. sustainability of the Partnership as an identifiable organization 1 2 3 4 5 6 7

122. that Partnership efforts will influence health personnel education 1 2 3 4 5 6 7

123. the Partnership existing beyond Kellogg funding 1 2 3 4 5 6 7

How certain are you that the Partnership's activities/changes that are planned with respect to curriculum, primary care service, or organizational changes, will achieve the Partnership's goal for the increased number of

124. medical students who will enter primary care practice **Not at all certain** 1 2 3 4 5 6 7 **Totally certain**

125. nursing students who will enter primary care practice 1 2 3 4 5 6 7

126. other health professions students who will enter primary care practice 1 2 3 4 5 6 7

How certain are you that the Partnership's activities and changes that are planned will actually increase the number of:

127. medical students who will practice in underserved areas once they finish their training **Not at all certain** 1 2 3 4 5 6 7 **Totally certain**

128. <u>nursing</u> students who will practice in underserved areas once they finish their training	1	2	3	4	5	6	7	
129. <u>other health professions</u> students who will practice in underserved areas once they finish their training	1	2	3	4	5	6	7	
130. How certain are you that the Partnership's activities will increase community involvement in health care reforms?								
<b>Not at all certain</b>				<b>Moderately certain</b>				<b>Totally certain</b>
1	2	3	4	5	6	7		
131. How certain are you that the community Partnership will have an influence on public policy such as state or province legislation, or funding decisions, with respect to health professions education?								
<b>Not at all certain</b>				<b>Moderately certain</b>				<b>Totally certain</b>
1	2	3	4	5	6	7		
132. How certain are you that your organization or community is ready to implement permanent structural changes (changes in policies, reward systems, funding mechanisms) to sustain the Partnership's goals?								
<b>Not at all certain</b>				<b>Moderately certain</b>				<b>Totally certain</b>
1	2	3	4	5	6	7		
133. How certain are you that as a result of the way activities in this Partnership are structured there will be an increase in the use of multi-professional teams of physicians, nurses, social workers and others in providing health care to patients?								
<b>Not at all certain</b>				<b>Moderately certain</b>				<b>Totally certain</b>
1	2	3	4	5	6	7		

**A1) Organizational Barriers;** Please rate the extent to which each of these barriers presents a problem in how your Partnership functions. **(tick one box that best represents your views)**

	<b>Major Problem (1)</b>	<b>Minor Problem (2)</b>	<b>Not a problem (3)</b>
134. Competing priorities among partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
135. Partnership versus organization fund-raising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
136. Partnership vs. organization credit for activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
137. Assumption of leadership by a lead partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
138. Marketing of individual partners' materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
139. Differences in partners' fiscal years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140. Differences in partners' philosophies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141. Coordination of activities among partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
142. Internal recognition for work on SFC-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
143. Goal setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
144. Differences in partners' service areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
145. Differences in partners' structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
146. Leadership from the national level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
147. Lack of participation by one or more partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
148. Availability of funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

149. Conflict between Local versus centralized control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150. Decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
151. Communications between partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B1) Personnel Barriers** Please rate the extent to which each of the following barriers presents a problem in how your Partnership functions. **(tick the box that best represents your views)**

	<b>Major problem (1)</b>	<b>Minor problem (2)</b>	<b>Not problem (3)</b>
152. Staff availability for the Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
153. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
154. Staff interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
155. Volunteer availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Major problem (1)</b>	<b>Minor problem (2)</b>	<b>Not problem (3)</b>
156. Volunteer turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
157. Maintaining volunteer interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
158. Expertise of staff and volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
159. Interest in Partnership activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160. Staff priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C1) Perceived Effectiveness;** How effective would you rate your Partnership functioning in each of the following areas:

	<b>Extremely Effective (1)</b>	<b>Effective (2)</b>	<b>Ineffective (3)</b>	<b>Extremely Ineffective (4)</b>
161. Communication between partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
162. Goal setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
163. Making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
164. Focus on Primary Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
165. Training Community Health Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
166. Volunteer coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
167. Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
168. Public relations/ media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
169. Minority activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>Extremely Effective</b>	<b>Effective</b>	<b>Ineffective</b>	<b>Extremely Ineffective</b>
170. Evaluation of its performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
171. Making health planning more responsive to community needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
172. Helping the community emerge as a political force on issues of health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
173. Improving the quality of local health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
174. Increasing the accessibility of local health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175. Raising public awareness of health issues and planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D1) Perceived Activity (tick the box that best represents your views)**

176. Please indicate your assessment of the level of Partnership activity over the past year (200x).	<b>Very active</b>	<b>Moderately active</b>	<b>Inactive</b>	<b>Very inactive</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
177. Please indicate your assessment of the level of Partnership activity over this year (200x)?	<b>Very active</b>	<b>Moderately active</b>	<b>Inactive</b>	<b>Very inactive</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please answer a few questions about yourself;**

178. Your gender:
- (1) female  (2) male
179. Your age: \_\_\_ \_\_\_ years
180. Your ethnicity:
- (1) African / Black  (4) Caucasian
- (2) Asian  (5) Other
- (3) Indian (please specify) \_\_\_\_\_
181. Which **one** of the following groups do you represent primarily on the Partnership ? **(tick one only; please revisit the definitions on the first page of this questionnaire )**
- (1) University / college /teaching institutions staff  (2) Health services staff
- (3) Government services staff (other than health services)  (4) Community health worker
- (5) Project staff (stationed at the project)  (6) Broader community
- (7) Voluntary agency/ community-based / Non-Governmental organization
- (8) other (please specify) \_\_\_\_\_
182. Are you an active member of any State established ethnic network ?
- (1) Yes  (2) No

**Thank you!**

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