

**SURVEY ON ACADEMIC/PRACTICE LINKAGES
CONDUCTED AT STATE AND LOCAL HEALTH DEPARTMENTS IN OHIO
2000**

Respondent Information

Name: _____

Title: _____

Name of health department: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Department web site: _____

What is your annual budget (current year)? _____

What is your annual budget for employee training and/or continuing education? _____

How many full-time equivalents do you have on staff? _____

How many employees do you have?

Full-time: _____

Part-time: _____

Seasonal: _____

Contractual: _____

Total: _____

Survey

Q1. A. Does your health department engage in cooperative practice activities with an academic institution¹? (Such activities might include field placements for students, internships, staff/faculty exchanges, technical assistance and any other collaborations between the health department and academic institution.)

- 1. Yes
- 2. No

B. If yes, with which academic institution(s) (including name of department or program) does your department collaborate?

Specify name(s):

Q2. A. Are you the person in your health department responsible for coordination of practice activities conducted in cooperation with an academic institution?

- 1. Yes (*Skip to # Q3.*)
- 2. No

B. Has someone else been designated for this role?

- 1. Yes
- 2. No
- 3. Not sure

C. If yes, who is that person?

Name: _____

Title: _____

Phone: _____ **E-mail:** _____

****Please forward the remainder of this survey to the person you have listed above.***

¹ Throughout this survey, the term “academic institution” is used. This refers to an **academic institution of higher learning** (e.g., university, college, school of public health) that trains health professionals (e.g., health services administrators, epidemiologists, health educators, statisticians, nurses, physicians, social workers, nutritionists, environmental health workers, etc.).

Q3. A. Do representatives of your health department serve on academic institution steering or advisory committees or other entities that plan joint activities between community agencies, including local health departments, and the participating academic institution?

1. Yes
2. No (*Skip to # Q4.*)

B. What is the name of this/these committee(s)? (*If you work with more than one academic institution, specify the name of the committee for each institution. Attach additional pages if necessary.*)

Academic institution #1: _____

Academic institution #2: _____

Academic institution #3: _____

C. Who convenes this/these committee(s)? (*If you work with more than one academic institution, provide this information for each institution. Attach additional pages if necessary.*)

Academic institution #1 – Name: _____

Title: _____

Academic institution #2 – Name: _____

Title: _____

Academic institution #3 – Name: _____

Title: _____

Q4. What facilities do you currently utilize at the academic institution(s) with which you collaborate? (*Circle all that apply.*)

Name of academic institution	Facilities					
	Library	Computer Services	Survey Lab	Meeting Rooms	Laboratory Services	Other (Please specify in each box)
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	
	1	2	3	4	5	

Q5. Health departments engage in a variety of “practice activities” in cooperation with academic institutions. Think about such activities conducted by your own department. Please indicate in the following chart:

- Whether your department engages in the activity listed with an academic institution
- Whether the activity specified is conducted with or without a formal written agreement with the academic institution
- Whether the activity specified is conducted with or without financial support from your department

(Please circle appropriate responses. For health departments that work with more than one academic institution, two response grids have been provided. If you work with more than two academic institutions, please reproduce this page and attach it at the end of the survey.)

Name of academic institution (including department or programs): _____

	Activities With Academic Institution		Covered by a Formal Written Agreement		Do You Provide Financial Support for This Activity?	
	Yes	No	Yes	No	Yes	No
Field placements for students	1	2	1	2	1	2
Joint research	1	2	1	2	1	2
Non-degree training programs for department staff	1	2	1	2	1	2
Office space for department staff at academic institution	1	2	1	2	1	2
Office space for academic institution faculty at department	1	2	1	2	1	2
Placement or exchange of department staff to work in the academic institution	1	2	1	2	1	2
Placement or exchange of academic institution faculty to work in department	1	2	1	2	1	2
Technical assistance and consultation from department for academic institution	1	2	1	2	1	2
Technical assistance and consultation from academic institution for department	1	2	1	2	1	2
Volunteer opportunities for health professions students	1	2	1	2	1	2
Joint conference sponsorship	1	2	1	2	1	2
Other: _____ _____ _____	1	2	1	2	1	2

Name of academic institution (including department or program): _____

	Activities With Academic Institution		Covered by a Formal Written Agreement		Do You Provide Financial Support for This Activity?	
	Yes	No	Yes	No	Yes	No
Field placements for students	1	2	1	2	1	2
Joint research agendas	1	2	1	2	1	2
Non-degree training programs for department staff	1	2	1	2	1	2
Office space for department staff	1	2	1	2	1	2
Office space for academic institution faculty	1	2	1	2	1	2
Placement or exchange of department staff to work in the academic institution	1	2	1	2	1	2
Placement or exchange of academic institution faculty to work in department	1	2	1	2	1	2
Technical assistance and consultation from department for academic institution	1	2	1	2	1	2
Technical assistance and consultation from academic institution for department	1	2	1	2	1	2
Volunteer opportunities for health professions students	1	2	1	2	1	2
Joint conference sponsorship	1	2	1	2	1	2
Other: _____ _____ _____	1	2	1	2	1	2

Q6. A. From whom does your health department receive training for building skills and competence of your staff? (Circle all that apply.)

1. Academic institutions
2. Consultants
3. Health care organizations
4. Pharmaceutical companies
5. Management firms
6. Federal government agencies
7. State government agencies
8. Local government agencies
9. In-house training
10. Professions organizations (SOPHE, NEHA, etc.)
11. Other: _____
12. No one

B. Based on your experiences with staff training, which organization(s) provide(s) the best training for building skills and competence? (“Best” is a factor of affordability, accessibility, and skills and competence building.) 1 = best, 2 = second best, 3 = third best.

	<u>Rank</u>
1. Academic institutions	_____
2. Consultants	_____
3. Health care organizations	_____
4. Pharmaceutical companies	_____
5. Management firms	_____
6. Federal government agencies	_____
7. State government agencies	_____
8. Local government agencies	_____
9. In-house training	_____
10. Professions organizations (SOPHE, NEHA, etc.)	_____
11. Other: _____	_____

Q7. A. Does your board of health support funding for continuing education or training?

1. Yes
2. No

B. If an entity other than your board of health is involved in budget approval, does it support funding for continuing education or training?

1. Yes
2. No

Q8. Some health departments have begun to work with academic institutions in developing placements or exchanges of faculty and department staff. These appointments can provide participating health departments and academic institutions with opportunities for sharing expertise and resources; provision of technical assistance, consultation and education; and collaboration within designated program areas.

A. Are faculty from academic institutions appointed to positions within your department?

1. Yes
2. No

If yes, how many? _____ (Skip to # Q9.)

B. Would it be of benefit to achieving your mission to appoint faculty from academic institutions to positions within your department?

1. Yes
2. No (Skip to # Q9.)
3. Not sure

C. Would these appointments be full-time or part-time?

1. Full-time
2. Part-time
3. Other: _____

D. What support from your department (e.g., salary, travel and lodging, etc.) might be available for such appointments?

Q9. A. Do you have department staff with faculty appointments at academic institutions?

1. Yes
2. No

If yes, how many? _____ (Skip to # Q10.)

B. Would you be interested in having department staff placed in faculty appointments at academic institutions?

1. Yes
2. No (Skip to # Q10.)

C. Would these appointments be full-time or part-time?

1. Full-time
2. Part-time
3. Other: _____

D. In what types of programs or projects might your staff be interested in participating within an academic institution? (Circle all that apply.)

1. Teaching
2. Research
3. Administration
4. Other: _____

E. What support from your department (e.g. salary, travel and lodging, etc.) might be available for faculty appointments to academic institutions?

Q10. A. Does your department participate in a field placement program for health professions students (e.g., Master's and Bachelor's level, health administration, nursing, medical, social work, health education, epidemiology, environmental, dental, nutrition, health services administration, etc.)?

1. Yes
2. No (Skip to # Q11.)

B. How many health professions students participate in field placements in your department on an average annual basis?

C. How many of these students are?

	Number
1. Certificate level	_____
2. Bachelor's level	_____
3. Master's level	_____
4. Doctoral level	_____
5. Other	_____

D. How many of these students would you characterize as follows:

	Number
1. Health services administration	_____
2. Epidemiology	_____
3. Health education	_____
4. Statistics	_____
5. Nursing	_____
6. Medicine	_____
7. Social work	_____
8. Nutrition	_____
9. Environmental health	_____
10. Counseling	_____
11. Other: _____	_____

E. With which academic institution(s) does your department participate in field placement programs?

F. Has a practice activities coordinator been identified within the academic institution? (Please specify academic institution, name of practice activities coordinator, and address. Attach additional sheets if necessary.)

Academic Institution: _____

- 1. Yes
- 2. No

Academic Institution: _____

- 1. Yes
- 2. No

Academic Institution: _____

- 1. Yes
- 2. No

Academic Institution: _____

1. Yes
2. No

Q11. Consider the following statements about field placement for health professions students, and choose how often they occur.

	Always	Often	Sometimes	Rarely	Never
Students from academic institutions in field placement positions in your department receive financial support:					
1. From the academic institution	1	2	3	4	5
2. From the department	1	2	3	4	5
Department preceptors are prepared for their supervisory role:					
1. By the academic institution	1	2	3	4	5
2. By the department	1	2	3	4	5
The department shares with the academic institution:					
1. In the joint planning of field placement programs	1	2	3	4	5
2. In the joint evaluation of field placement programs	1	2	3	4	5

Q12. A. How much value does your health department place on research and technical assistance collaborations with academic institutions?

1. Much value
2. Some value
3. Little or no value

B. How much value does your health department place on collaborative training?

1. Much value
2. Some value
3. Little or no value

Q13. A. Would your department be interested in participating in a state clearinghouse to provide field placement opportunities to health professions students from Ohio's academic institutions?

1. Yes
2. No (*Skip to end of survey.*)

B. Inventory of field placement slots available on a regular ongoing basis: This refers to field placement slots which are continually available and which can be filled by students who rotate through these slots for a fixed period of time (e.g. 1 year, 6 months, 6 weeks, etc.). For example, your Division of Epidemiology may have the ability to take on health professions students to act as field investigators on an ongoing basis.

Would your department be interested in listing field placement slots available on a regular ongoing basis through a state clearinghouse?

1. Yes
2. No

Q14. Would your department be interested in receiving assistance and/or consultation related to the development of public health academic/practice linkages?

1. Yes
2. No

If Yes, in what areas would assistance/consultation be useful to your department? (Circle all that apply.)

1. Field placement program development
2. Continuing education or training program development
3. Relationships with academic institutions
 - a. Establishment of joint committees
 - b. Development of formal written agreements
 - c. Guidelines for clinical track appointment
 - d. Department staff/faculty exchange programs
4. Other: _____

Thank you for your time and participation.

If you have any questions, please contact Dianna Conrad at the Public Health Foundation – (202) 898-5600, ext. 3003 or dconrad@phf.org.

Please return your completed survey in the enclosed postage paid envelope or fax to Dianna Conrad – (202) 898-5609.