



EVALUATING PARTNERSHIPS

LEARNING AND GROWING THROUGH EVALUATION

MODULE 3

JULY 2012



Copies of *Learning and Growing through Evaluation: Evaluating Partnerships* can be viewed or downloaded from the following website: http://www.cdc.gov/asthma/program_eval/guide.htm

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Evaluating Partnerships

After reading this section, users should be able to:

- ① Describe how partnerships are conceptualized within the context of state asthma programs
- ② Develop individual evaluation plans for the partnership component of a state asthma program
- ③ Implement a partnership evaluation in a manner that conforms to professional evaluation standards
- ④ Use evaluation results to strengthen asthma partnerships

Partnerships, along with surveillance and interventions, are critical components of state asthma programs. They aid in planning, implementing, and evaluating the interventions that are intended to improve the public's health. As an essential part of the infrastructure of state asthma programs, partnerships warrant ongoing evaluation to enhance their effectiveness.

Partnership evaluation can serve many functions. Evaluation of your partnership can:

- Assess progress toward goals
- Improve partnership activities
- Identify sources of conflict as well as solutions
- Provide accountability
- Increase community awareness and support

State asthma programs are expected to conduct at least one partnership evaluation over the course of the cooperative agreement. Module 1, *Learning and Growing through Evaluation: State Asthma Program Evaluation Guide*, provides guidance for including partnerships as a key program component in the strategic evaluation planning process. The module is also a resource for developing individual evaluation plans.

Module 2, *Implementing Evaluations*, focuses on actually carrying out the evaluation and includes appendices that provide suggestions for many of the tasks undertaken during an evaluation. This module, Module 3, *Evaluating Partnerships*, focuses on the particular challenges that come with assessing the collaborative work states do to diminish the burden of asthma.

In this module we apply the generic strategies presented in the *CDC Framework for Evaluating Public Health Programs (MMWR, 1999)* to the evaluation of state asthma partnerships. For each

step of the Framework, we illustrate how its principles apply to partnership evaluations. We hope these examples will stimulate your thinking about ways to tailor your own asthma partnership evaluation so that it is useful, feasible, ethical, and accurate. Please note that this level of in-depth evaluation differs from the monitoring that many groups do via an annual partnership satisfaction survey.¹

To frame our thinking about evaluating partnerships, in 2006–2007 the Air Pollution and Respiratory Health Branch convened a joint CDC-state workgroup.² Specific questions we sought to answer included: What are the critical dimensions of partnerships? How do these dimensions influence partnership effectiveness? How have others measured these dimensions?

In addition to producing the conceptual model around which this module is organized (see below), the workgroup compiled a large number of resources for use in evaluating partnerships, and these are included in the appendices.

- Appendix A is a glossary of terms used in the module; **GLOSSARY TERMS** are highlighted in green.
- Appendix B presents the evidence base on effective partnerships.
- Appendix C provides a crosswalk of partnership concepts with evaluation questions and tools.
- Appendix D is a collection of sample partnership evaluation tools that can be used to measure partnership concepts.

State Asthma Program Partnerships

Public health has a rich tradition of using **PARTNERSHIPS** to pursue its goals. Partnerships can have multiple forms and names, including coalitions, task forces, and networks, among many others. Typically, these shared outcomes include decreased asthma symptoms, morbidity, and mortality; decreased asthma disparities; improved productivity and quality of life for people with asthma and their families; and sustained or improved statewide asthma efforts.

Irrespective of the name or form, a core function of a partnership is to facilitate collaboration among distinct entities for the purpose of working toward outcomes of mutual interest and pooling abilities, expertise, and resources.

Deliberations of the joint CDC-state workgroup members confirmed that state asthma partnerships are as varied as the programs themselves. All state asthma programs form statewide partnerships and involve partners in developing and implementing state plans, but there is significant variation in partnership purpose, membership composition, size, structure, and stage of development. This same level of variation may also occur within a single partnership over time.

State asthma partnerships also share many similarities. The workgroup developed the **PARTNERSHIP CONCEPT MAP** (see **Figure 1**) to capture and record these commonalities, thereby helping us think systematically about partnerships and how best to evaluate them.

¹ Research demonstrates a correlation between a member's level of involvement and member satisfaction. While it is clear that member satisfaction is related to continued involvement with the partnership, it is less clear whether increased member involvement also results in desired (longer term) programmatic outcomes.

² The CDC-State Partnership Evaluation Workgroup was comprised of representatives from 10 state asthma programs and staff from APRHB and Battelle Centers for Public Health Research and Evaluation.

The model is built around the assumption that all state asthma programs make decisions about partnership composition, structure, activities, and goals. It further assumes that partnerships that perform well on these dimensions ultimately will contribute to positive changes in long-term programmatic outcomes such as reduced morbidity and mortality and improved quality of life for people with asthma. It does not assume that all partnerships will function effectively or that partnership development is linear. Key questions to consider are:

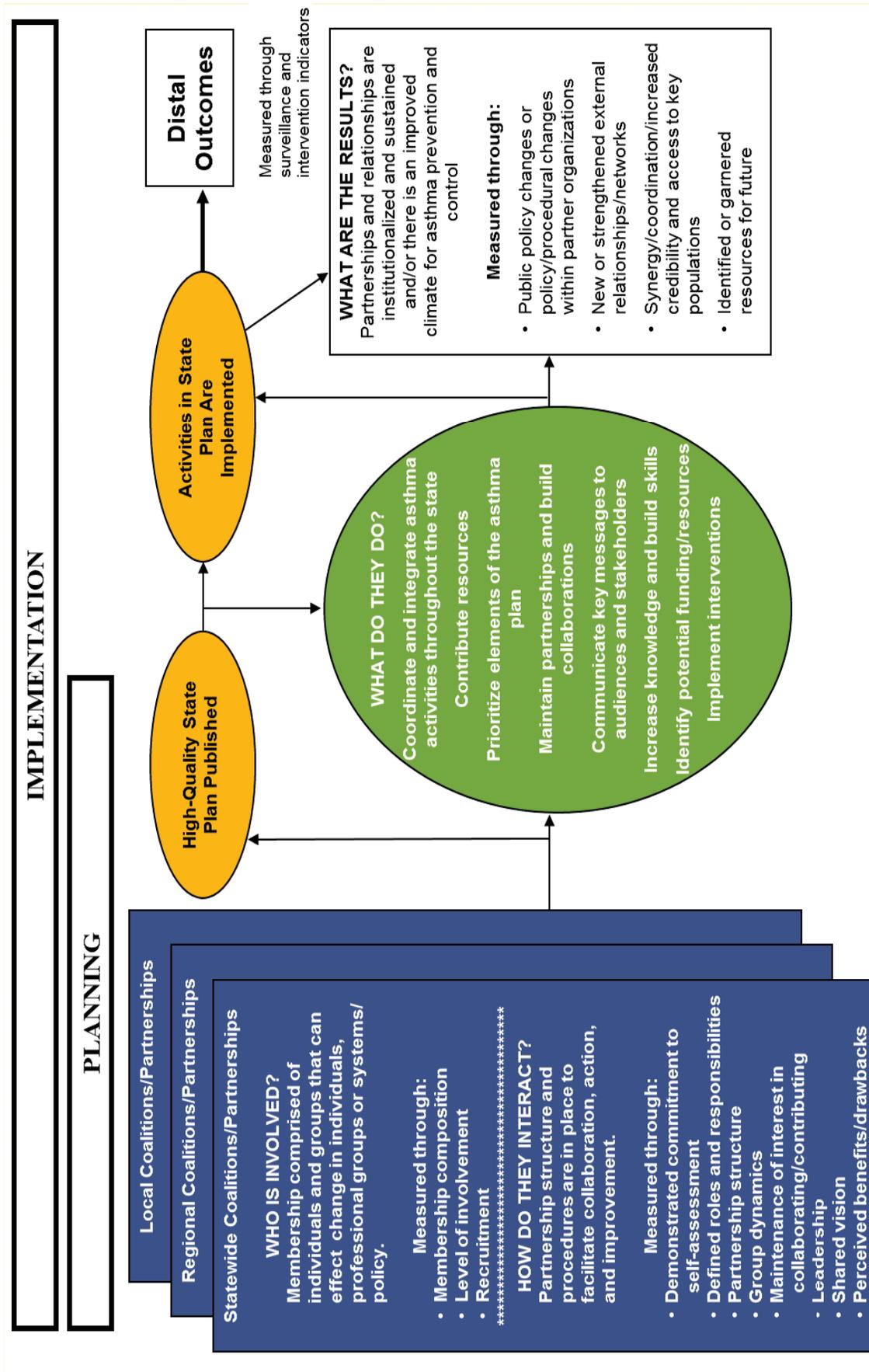
Who is involved? On the left side of the partnership concept map, we acknowledge the variation in structure that exists across state asthma partnerships, noting that they may be organized at the state, regional, or local level. Research indicates that, for partnerships to be effective, membership should include people who understand the problem (in this case asthma) and are able to stimulate local responses and solutions.

How do they interact? The left side of the partnership concept map also considers how partners interact with one another. Research indicates that partnerships with formalized procedures, structures, and roles/responsibilities are more likely to engage members and pool resources. Partnership structures that are action-oriented (e.g., comprised of task forces or action teams) tend to be effective in mobilizing resources and implementing strategies. Additionally, research indicates the importance of leadership, communication, shared vision, positive group dynamics, and the ability to resolve conflicts.

Members are more likely to remain interested when they view the benefits of engagement as outweighing the costs. Benefits typically described by members include: skill acquisition, exposure to new ideas and groups, strengthened ability to meet individual and collective goals, empowerment, capacity building, new relationships, and the opportunity to contribute to a shared vision. A commitment to self-assessment is also considered important for a partnership.

What do they do? In the center of the partnership concept map we list potential roles that partners may play. Partners take on a wide variety of roles in state asthma programs, from contributing material resources to actively implementing asthma interventions. They may also develop their own knowledge and skills and use these to effect change in the organizations they represent.

Figure 1. Partnership Concept Map for the National Asthma Control Program



What are the results? According to the literature, when a partnership performs well, a variety of partnership-specific outcomes emerge. The broad engagement of partners mobilized to effect change in multiple community sectors is more likely to lead to sustained environmental change within partners' peer groups and organizations. The strength of networks and relationships built by the partnership may be important for sustaining the partnership itself as well as for helping it achieve long-term programmatic outcomes. Similarly, the ability of the partnership to secure financial resources for its work may predict its sustainability and its ability to influence outcomes.

The literature further demonstrates that combining the perspectives, knowledge, and skills of diverse partners can enable the partnership to think in new ways, plan more comprehensive programs, and strengthen relationships to the broader community. This **SYNERGY** is believed to be an important **INDICATOR** that a partnership will be effective in reaching its ultimate goals.

Applying the CDC Evaluation Framework to Partnership Evaluation

In applying the six steps of the CDC Evaluation Framework to evaluating state asthma program partnerships, we focus on special considerations that pertain to partnerships—for example, which **STAKEHOLDERS** might you engage because this is a *partnership* evaluation and not a surveillance evaluation? For each step, we illustrate the application of the elements in the partnership concept map to state asthma partnerships, with an emphasis on moving from planning to implementation and then to taking action based on the evaluation findings.

Applying Step 1 – Engaging Stakeholders in Your Partnership Evaluation

Multiple stakeholder perspectives can contribute to a rich and comprehensive description of your partnership, while also facilitating a well-balanced and useful evaluation. Involving stakeholders in planning and implementing your evaluation will enrich the experience, increase partner buy-in, and help facilitate the use of findings. In fact, failure to include multiple perspectives can result in a skewed or incomplete evaluation, and thus a skewed or incomplete “picture” of the partnership itself.

Stakeholders who are likely to have a specific interest in partnership evaluation include:

- **Stakeholders directly involved with the partnership.** These may include staff, workgroup leaders and other members of the state asthma program partnership, funders, and other collaborators.
- **Stakeholders served or affected by the partnership.** These may include organizational members of the partnership, individuals affected by interventions conducted by partners.
- **Stakeholders who may be interested in the evaluation results.** These may include other health-related coalitions in your state (e.g., statewide diabetes coalition), other state asthma programs, regional/local asthma coalitions that were not the focus of the specific evaluation.

With a stakeholder group as potentially diverse as asthma program staff, business owners, medical professionals, insurance providers, and representatives of local community-based organizations, you should expect multiple perspectives on issues from general approaches to evaluation, underlying value systems and motivating factors, and standards and definitions of success. You may also expect that working with such a group will require considerable planning

as well as excellent facilitation skills.

Butterfoss (2009) reminds us of the need for clarifying terms and establishing your evaluation approach with all stakeholders. For example, medical professionals who may be most familiar with randomized control trials and other experimental study designs may have difficulty accepting the constraints of a utilization-focused evaluation that is conducted with a very small budget. Similarly, business owners who typically think in terms of fiscal years may find it challenging to relate to the much longer time horizons required when the goal is a change in health outcomes or a system-level change in a government health care agency.

Step 1 – Engage Stakeholders Workgroup Reorganization

Consider the case of an asthma program that recently decided to reorganize its Health Care System Workgroup after watching it make limited progress during the past year. The goal of the reorganization is to increase member engagement and improve connections to health care providers. An evaluation of the reorganization was prioritized in the strategic evaluation plan. The evaluation should provide information about the effectiveness of the reorganization while giving valuable information for making decisions about whether further changes are needed.

The evaluator invites a small set of stakeholders to participate in the evaluation planning team—two workgroup members who are actively planning the reorganization, another workgroup member who is not involved with it, and a member of the Public Policy Workgroup. Other stakeholders are invited to review the evaluation plan: a workgroup member who supports the reorganization, one who is critical of it, a leader from the Data and Surveillance Workgroup, and a member of the strategic evaluation planning team.

Knowing that stakeholder involvement is important throughout the evaluation life cycle, the planning team explicitly includes in the evaluation plan a discussion of stakeholder roles during all six phases of the evaluation.

Even though “Engage Stakeholders” is identified as Step 1 in CDC’s evaluation framework, you should continue to work with important program decision makers and constituents in all subsequent steps of your evaluation. Below we consider how these stakeholders might provide important information and support throughout the entire evaluation lifecycle.

During the planning phase, we recommend engaging a small number of stakeholders (4 to 6) as part of your partnership **EVALUATION PLANNING TEAM** to help create a detailed description of your partnership and develop an individual evaluation plan that is focused on your most pressing information needs. Start by reviewing your list of partners to identify key individuals who might join with state asthma program and evaluation staff to plan the evaluation. Some partners you might consider in this planning role include...

- Your state or local partnership leaders.
- Partners representing key constituents or populations that bear a heavy burden of asthma.
- Partners who may have expressed concerns about the composition, organization, or activities of your state asthma partnerships, i.e., your potential “critics.”
- External partners involved in other public health partnerships or local asthma advocacy efforts who might bring an informed outside perspective to your evaluation planning efforts.

Remember that it is important to engage individuals who have some level of decision-making authority at this early stage. Enlisting their help up front will aid in structuring the evaluation and in facilitating action based on the evaluation findings.

After you have developed an individual evaluation plan with your planning team, it should be shared with a broader group of stakeholders to obtain feedback or support. For example, you might include a member from your **STRATEGIC EVALUATION PLANNING TEAM** in this review. Members of this team who are not part of your individual evaluation planning team will have a broad picture of your program and the reasons this evaluation was prioritized.

Remember to define roles for stakeholders throughout the evaluation. For example, stakeholders might help you pretest data collection tools, ensure cultural appropriateness, provide data for the evaluation (such as attendance logs or meeting notes), conduct data collection activities with local partners, and help analyze and interpret the evaluation findings.

Finally, during the action-planning phase of your evaluation, engage stakeholders in reviewing your conclusions and developing an **ACTION PLAN** based on your findings. By including people from the outset who are in a position to implement changes, you will have prepared them for this important (and often neglected) phase of the evaluation.

Applying Step 2 – Describing Your Partnership

Working with your stakeholders to develop a visual description of the program, typically a logic model, can clarify and unify expectations about the partnership. It may also be helpful for orienting program staff and partners to how the partnership operates and what it intends to achieve. Because state asthma partnerships vary, especially in their structures, no two states' logic models will look alike, and because partnerships evolve over time, the logic models depicting them will vary over time as well.

When creating your logic model, you may find it helpful to draw upon the ideas included in both the partnership concept map and the asthma program impact model (found in *Learning and Growing through Evaluation*). **Figures 2 and 3** provide examples of a possible logic model format organized by typical logic model components: **INPUTS**, **ACTIVITIES**, **OUTPUTS**, and **OUTCOMES**. These figures are described in Appendix E.

Figure 2. Partnership Logic Model for Hypothetical State Asthma Program

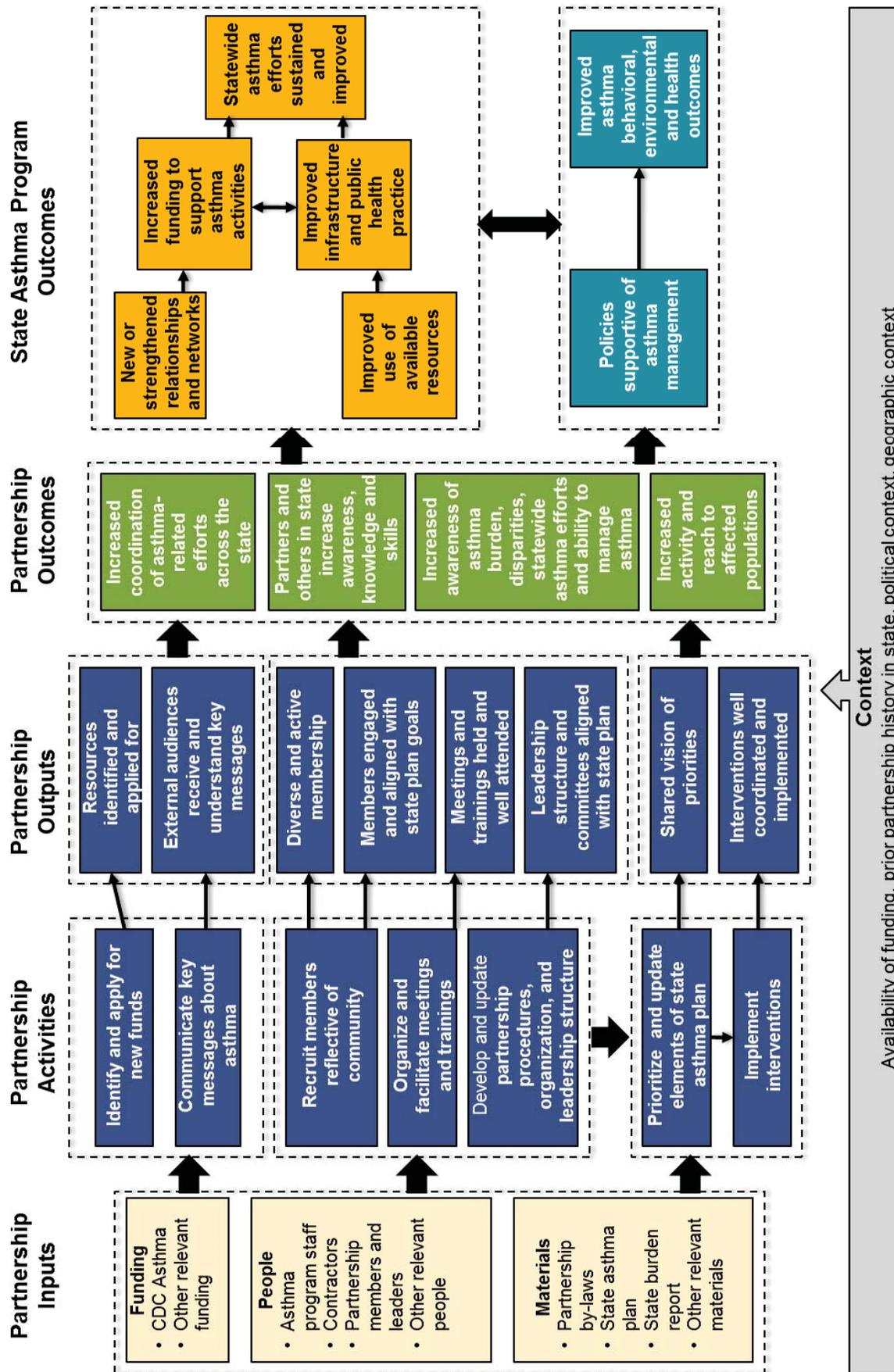


Figure 3. Zooming In: Logic Model for a Hypothetical Health Care System Workgroup Reorganization

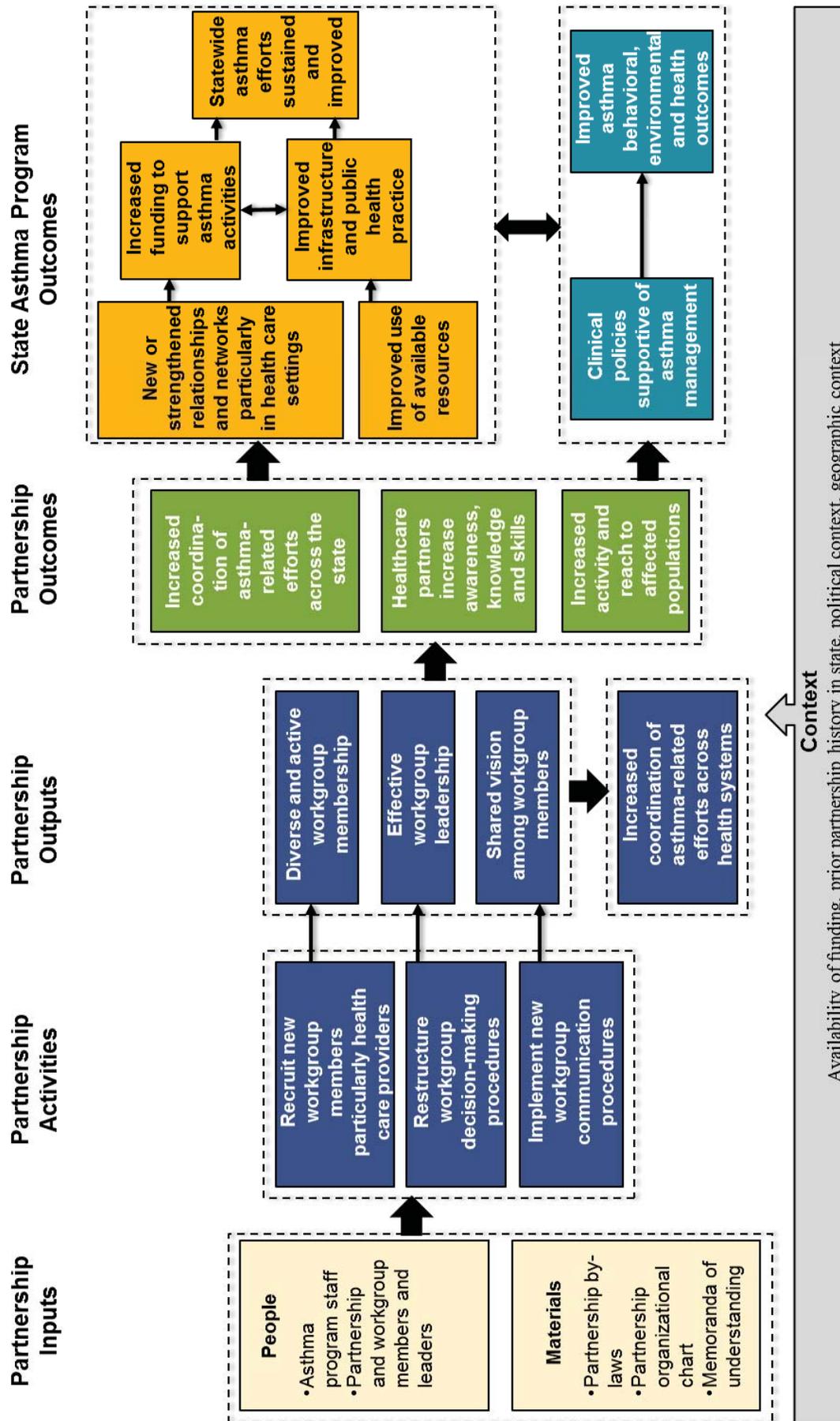


Figure 2 uses these concepts and logic model components to depict an overarching state asthma partnership. However, it is probable that you and the stakeholders will choose instead to evaluate one particular aspect of the partnership. Therefore, you may find it helpful to create another logic model that “zooms in” on that aspect, as depicted in Figure 3.

Consider the example of the reorganization of the Health Care System Workgroup provided in Step 1. In this case, the partnership wants to evaluate the reorganization process itself. Under the heading “partnership activities” in Figure 2 there are two logic model boxes that are specifically relevant to this evaluation:

1. Develop and update partnership procedures, organization, and leadership structure
2. Recruit members reflective of the community

These outcomes are the primary focus of the proposed evaluation, and so we created a new logic model that pulls out these specific items and then modified them slightly to reflect the Health Care System Workgroup. Figure 3 presents this logic model.

Applying Step 3 – Focusing Your Partnership Evaluation

In order to focus your evaluation you need to formulate **EVALUATION QUESTIONS** and consider elements of **EVALUATION DESIGN**. We discuss each of these topics in turn.

Evaluation questions. To focus your evaluation, encourage the individual evaluation planning team members to discuss the pressing questions they have about the partnership and its functioning. The partnership concept map may help stimulate this dialogue.

You also can use your logic model to guide the discussion. Are there any arrows between boxes indicating relationships that seem somewhat tenuous? For example, will focusing on recruiting health care providers really lead to a more diverse membership? Is that a proposition you might test? Or you may see a box with numerous arrows coming out of it. The contents of that box (e.g., the activity) may be an important area for focusing your evaluation because it is the source of many processes or outcomes. Finally,

Step 3 – Focus the Evaluation Membership Assessment

In the next 6 months, a state asthma program plans to engage the state asthma partnership in developing and implementing a set of interventions that focus on particular populations with high rates of asthma emergency department (ED) visits across the state. The strategic evaluation planning team prioritized an evaluation of the ability of the partnership to support this new, resource-intensive statewide effort.

The evaluation planning team refined the initial evaluation questions as follows:

- To what extent does our current membership include individuals who are able to effectively represent those populations with high ED usage for asthma? Where are the gaps?
- What is the current level of involvement among members who represent these populations? What do they perceive as the benefits and drawbacks of participation? How might we increase their involvement?

The evaluation planning team anticipates that the evaluation will guide the restructuring of the partnership and/or recruitment of new members to help support the upcoming intervention more effectively. Because the strategic evaluation planning team was thoughtful in proposing the timeline it is likely that this specific evaluation will be planned, implemented, and acted upon so that the right people are at the table.

when you look at the logic model, do any of the boxes or arrows represent “critical pathways”, that is, if it fails, everything else does as well? These may also be important areas on which to focus.

Your partnership’s stage of development should guide the identification of your evaluation questions. For example, newer partnerships may find it most useful to focus on ideas reflected on the left of the partnership concept map in the “Who?” and the “How?” as well as in the “What?” dimension in the middle. Identifying the resources that are needed and available to develop and sustain the partnership would be important when a new partnership is forming, as would defining the vision, mission, and core strategy.

On the other hand, more mature partnerships may find greater utility in focusing on the ideas included to the right of the partnership concept map, under the “What Are the Results?” dimension. Partnership activities in later years may focus more on achieving outcomes and ensuring sustainability, as well as ensuring that important processes are effective, like communication and leadership.

Regardless of how long your partnership has been in existence, it likely has evolved in response to changing circumstances. The capacity to understand and respond to changes is an important feature of a partnership. Thus, triggering events (e.g., changes in membership or leadership, recruitment challenges, conflict among members, or emerging priorities) may help you and your partners focus the evaluation on questions for which you need timely answers. Other factors that might prompt key evaluation questions include changes in political context or resource availability, new evidence about best practices in asthma management, or a marked shift in your state’s asthma burden.

If the partnership evaluation planning team develops questions that are significantly different from those prioritized by the strategic evaluation planning team, it will be necessary to review emerging priorities with them and collectively agree on any changes to the evaluation’s focus.

We provide a few sample evaluation questions in **Table 1**. Your evaluation questions should be derived from your customized logic model and reflect the evaluation needs you prioritized in the strategic and individual evaluation plans. The list of questions should be fairly succinct, and each question should be sufficiently important to warrant expending evaluation resources. You should have a clear idea about how you will use the information gleaned in asking and answering the questions.

Appendix C provides a more extensive list of sample evaluation questions. However, even this longer list of questions is meant to serve as inspiration, rather than as a “menu.”

Table 1. Example Partnership Evaluation Questions

PROCESS EVALUATION	Who Is Involved?
	To what extent does the expertise of your partners align with current and upcoming activities? What is the current level of representation from stakeholder organizations, priority areas, and priority populations?
	To what extent do different partners have the authority to make a commitment of resources?
	Where are the gaps in membership of the state asthma partnership? Which of these gaps do existing partners feel are most important to address in the immediate future?
	How Do They Interact?
	To what extent do partners feel their roles and responsibilities are clearly articulated?
	What role do committees and subcommittees play? How well do these roles relate to attaining the goals of the state asthma plan? How might these committees change to come into greater alignment with the plan?
	How effective are workgroup leaders? What areas of the current workgroup leadership are weak, and how might they be improved? What are the strengths of the current workgroup leadership, and how can they be built upon? How efficient and timely is communication (if at all)?
	What Do They Do?
	How does the asthma program interface with other asthma-related activities in local communities in working with their partnership? What has been the quality of these interactions? What successful strategies have emerged from existing efforts?
What resources do partners contribute to accomplishing the goals of the state asthma plan?	
What training or educational interventions are currently being conducted by partners? How might these efforts be better coordinated across the state? To what extent do these efforts reflect the needs articulated in the surveillance data and among the statewide partners?	
OUTCOME EVALUATION	What are the Results?
	To what extent have state asthma program partners influenced policies that affect organizational staffing, funding, or other practices within their own organization, agency, or program to reflect good asthma management practices?
	How did involvement with the state asthma program partnership contribute (if at all) to changes in these organizational policies?

Evaluation design. For many partnership evaluations, you will find that a simple, **NON-EXPERIMENTAL DESIGN** (e.g., one without multiple time points or a **COMPARISON GROUP**) is a satisfactory evaluation design. For example, if you want to take a “snapshot” of your membership composition and do not anticipate major changes, your evaluation likely will involve collecting and analyzing data from one group of members at only one point in time. However, if you have made or expect to make an intentional change in the composition or functioning of your partnership, you might consider using a **QUASI-EXPERIMENTAL DESIGN** that includes the collection of data before and after the intentional change (i.e., with no comparison group) to evaluate the effects of these changes on the processes or outcomes associated with your

partnership. Appendix E of Module 2, *Implementing Evaluations*, contains more information about evaluation design options.

In selecting your design, it is useful to consider the four **EVALUATION STANDARDS** that reside at the center of the CDC Evaluation Framework—**UTILITY, FEASIBILITY, PROPRIETY, and ACCURACY**. Will certain evaluation designs provide more relevant and useful information? Do you have the resources and expertise to implement a particular design? Does the proposed design pose any ethical issues? Will the design lead to accurate answers to your questions? For example, if you are interested in causation have you included strategies to help rule out **THREATS TO INTERNAL VALIDITY**?

Applying Step 4 – Gathering Credible Evidence about Your Partnership

After you have decided on your evaluation questions and chosen a basic evaluation design, you are ready to finalize your approach to answering the evaluation questions. This includes developing indicators for some or all of your questions and identifying your data collection methods and instruments.

Developing indicators. For some of the questions you ask about your partnership, you may need to develop indicators—specific, observable, and measurable statements that help define exactly what you mean. For example, if you ask “Are coalition members sufficiently engaged in strategic planning?” How do you know what constitutes “sufficiently engaged”? Working with your evaluation planning team, you will need to clarify what you mean by both “engaged” and “sufficiently”. Getting agreement on these indicators and how you measure success or achievement may take time as you work to reconcile varying perspectives.

Consider another scenario involving identifying standards of success. You may be interested in seeing how many of your partners modify their internal policies to be consistent with your goal of widespread use of asthma-friendly cleaning products. You may decide that to qualify as having modified their policies, organizations must have a formal policy addressing cleaning products; changing their practice for the moment is not considered sufficient. In this case, your indicator is the presence of a formal policy.

If your evaluation reveals that about 50% of your coalition members have adopted policies mandating the use of asthma-friendly cleaning products in their workplaces, will you consider that a success? Or will it need to be closer to 100% before it is time to celebrate? It is important to identify these standards of success *before* you have the results of your evaluation so that you are not tempted to let your results influence your deliberations. You can base your standards on scientific literature, on results you have seen in other settings, or simply the collective wisdom about a reasonable goal.

Data collection methods. Options for gathering data include:

- **Collecting and analyzing existing data.** Information may come from many sources including annual reports, attendance records, meeting minutes, activity logs, budgetary information, agency or organizational databases or policy statements, or information that is routinely reported, such as the data about partnerships that you enter into CDC’s Asthma Information Reporting System (AIRS).

- **Key informant interviews.** To get in-depth information, you may decide to conduct **KEY INFORMANT INTERVIEWS** with a variety of individuals, such as partnership members, members in leadership positions, leaders of participating organizations who do not themselves participate, former members, staff, community leaders, individuals or organizational representatives you would like to have in your partnership, and even critics of the partnership or its work.
- **Focus groups.** As with interviews, you can conduct **FOCUS GROUPS** with a variety of individuals including partnership members, a subset of members engaged in a particular workgroup or activity, a particular member type (e.g., health care providers or minority-serving organizations), community leaders, or families affected by asthma. In-person focus groups are the most common, but if potential participants are geographically dispersed, telephone or Web-based focus groups can work well.
- **Surveys.** To get information from a broad spectrum of respondents, surveys can be useful in evaluating partnerships, including post-partnership meeting effectiveness surveys and satisfaction surveys. These can be conducted via the Internet, by mail, or in person.

You and your partners will need to weigh the advantages and disadvantages of each method for answering the particular questions you have selected.³ You may also consider whether one method will be sufficient, or if there is merit in using multiple methods to answer different aspects of the same question or add robustness to your findings.⁴

Data collection instruments. Depending on your evaluation question(s), you may be able to adapt existing **DATA COLLECTION INSTRUMENTS** to meet your needs. A list of instruments is provided in Appendix D. If you wish to read more about partnership data collection instruments and their validity, a good source is Granner and Sharpe (2004).

Not all evaluation questions you might pose can be answered using existing instruments. You may need to tailor existing instruments to fit your particular circumstances, or develop new instruments altogether. If you develop your own data collection instruments you may wish to review the checklist at www.cdc.gov/HealthyYouth/evaluation/pdf/brief15.pdf. Although this checklist was designed for telephone interviews, it can be adapted for use with focus groups or in-person interviews.

If your evaluation planning team decides to review existing documents or records, you will need to develop another type of data collection instrument—an **ABSTRACTION FORM**. As with any data collection, individuals who abstract data using these forms should be trained to use them consistently.⁵

Piloting newly developed data collection instruments. **PILOT TESTING** a new data collection instrument is critical to ensure it will elicit the information you need. Pilot your survey or interview instrument with two or three potential participants drawn from a population similar to the one you are targeting. To ascertain whether each question is consistently understood by respondents, you can use **COGNITIVE INTERVIEWING** in your piloting process. The results of

³ For more information about the pros and cons of various data collection methods see Appendix H of Module 2.

⁴ For additional information about using a mix of methods in evaluation see Appendix E of Module 2.

⁵ For tips for training data collectors see Appendix I of Module 2.

your pilot testing will suggest elements you may want to cover in training your data collectors or clarify in written survey instructions.

Module 2, *Implementing Evaluations*, contains many tips to help develop processes for obtaining **INFORMED CONSENT**, training people for data collection, developing an analysis plan, and overall evaluation management techniques.

Applying Step 5 – Justifying Conclusions about Your Partnership

The first step in justifying your conclusions is analyzing the data you have collected according to the analytic procedures specified in your **INDIVIDUAL EVALUATION PLAN**. Your analytic techniques might include anything from descriptive and inferential statistics of your survey findings to content analysis of documents or interview transcripts. If you use an off-the-shelf data collection instrument in its existing form, it may come with instructions for analyzing the data.

After analyzing the data, you will need to interpret your findings. Interpretation entails “figuring out what the findings mean and is part of the overall effort to understand the evidence gathered in an evaluation” (*MMWR*, 1999); interpretation goes beyond merely displaying the results of your analysis. Part of this interpretation will include revisiting the expectations you agreed on in the planning stages and weighing your findings against them. For example, what is an acceptable result or level of performance? What findings will trigger the need for action? How will you act on what you learn in the evaluation? To the extent possible, you should anticipate these questions and include them in your evaluation plan.

Interpretation of evaluation results requires judgment, and different stakeholders will bring a variety of perspectives on which to base their judgments. At the very least, the interpretation step should include members of your evaluation planning team. When interpreting findings, you may want to consider the following questions⁶:

- Are there alternate explanations for your results?
- How do your results compare with those of similar partnerships?
- Have the different data collection methods used to measure your progress shown similar results?
- Are your results consistent with theories supported by previous research on partnerships?
- Are your results similar to what you expected? If not, why do you think they may be different?

A thorough review and discussion of your findings will help ensure that your interpretations are sound. Make sure that the interpretations relate directly to the findings from your analyses; it is easy to over-interpret findings through such discussions. Including stakeholders in this process will also increase the likelihood that your conclusions make sense for your partnership and will facilitate the use of evaluation findings (see Step 6 below).

When interpreting and reporting the data, be sure to disclose any limitations inherent in the data, such as **RESPONSE RATES** or **BIASES**.

⁶ This list is taken from Centers for Disease Control and Prevention, *Evaluation Technical Assistance Document: Division of Nutrition, Physical Activity, and Obesity (DNPAO) Partnership Evaluation Guidebook and Resources*, Atlanta, GA: Centers for Disease Control and Prevention, DNPAO, 2011.

Applying Step 6 –Using Evaluation Findings to Strengthen Your Partnership

As you consider how best to use evaluation findings to strengthen your partnership, think about when, how, and to whom to communicate results, as well as how to ensure your findings lead to appropriate action.

Communicating results. To increase the likelihood that evaluation findings are used, it is important to think through how, with whom, and when you will communicate them. Ask:

- Who should be aware of your evaluation questions and design?
- Who should be kept informed about the timing of planned evaluation activities?
- Who would be interested in interim findings and status reports?
- When should interim and final findings be shared?
- Who should receive the final evaluation findings and in what format(s)?

If you have developed a communication plan as part of your individual evaluation plan, use that plan to guide your dissemination activities. If your ideas about how to communicate the final results have evolved, it is fine to update your plan, keeping in mind both purpose and **AUDIENCE**.

Consider a variety of ways to communicate your results, tailoring them to their audiences and intended uses. In some cases, a formal evaluation report may be expected and useful. In other cases, less formal formats may be preferred, for example, a series of updates published in the partnership's quarterly e-newsletter. Posters, video presentations, listserv postings, and one-on-one presentations are other methods for communicating your results.

Presenting negative results can be a major communication challenge. It is important to help stakeholders anticipate and process negative data with routine communication throughout the life of an evaluation project. It can also be helpful to present positive results first. Another approach is to frame negative results in the context of continuous improvement by providing specific recommendations for actions to improve the partnership in a way that might yield a more positive finding in the future.

Step 6 – Ensure Use Membership Assessment Example (Continued from Step 3)

In your interviews with community leaders, you identified community members who may be interested in supporting a new statewide intervention designed to reduce emergency department (ED) visits for asthma within certain priority populations with high rates of ED usage. The interviews also gave you information about potential barriers to their participation. Knowing that participation from these groups in the planning and implementation of the intervention will improve it, you want to increase their representation on your partnership.

To convert these findings into action, you first establish a timeline of tasks to remove the barriers to participation among current members of the population of interest (e.g., holding meetings at different times, days, or locations or devising alternative ways to provide input). Then you assign responsibility for recruiting the new members. Each task has an associated date and a method for reporting the activities and outcomes to the evaluation team.

Action planning. Evaluation results are more likely to be used if you take the time to develop an action plan listing the specific actions you will take based on evaluation findings. For each action, specify a specific activity, a responsible individual, and a timeline.

Appendix K of Module 2, *Implementing Evaluations*, provides a template that you can use to summarize your findings and identify the actions that your planning team agrees will address the findings. You can also use the template to identify those responsible for the actions and for monitoring changes to see whether the actions lead to desired improvements. Reviewing the action plan as a standing agenda item at partnership meetings can provide accountability and demonstrate the evaluation's worth on a regular basis.

In the membership assessment example provided in Step 3, an evaluation identified concrete steps to increase the involvement of certain groups in the design and implementation of an intervention. An excerpt from the action plan based on those findings might look like the sample plan in **Figure 4**.

Figure 4. Sample Action Plan to Increase Participation in the Partnership by Community Members from Priority Populations

Plan of Action to Achieve Change	3. Suggested Change(s)	<i>Increase participation in the asthma partnership by community members from priority populations. Fill the identified gaps in membership from the priority populations</i>
	4. Activities Required to Implement Change	<ol style="list-style-type: none"> 1. <i>Remove identified barriers to participation (change meeting location, times, and dates)</i> 2. <i>Identify recruitment coordinator who is responsible for outreach to the priority populations</i> 3. <i>Identify community leaders within these priority populations</i> 4. <i>Identify interested individuals through community leaders</i>
	5. Person(s) Responsible	<ul style="list-style-type: none"> • <i>Activity 1: Meeting logistics support person</i> • <i>Activity 2: Asthma program director</i> • <i>Activities 3 and 4: Recruitment coordinator</i>
	6. Resources Required	<ul style="list-style-type: none"> • <i>Internet access to identify alternative meeting venues in community locations</i> • <i>Recruiting database to collect information on potential new members</i> • <i>Administrative support to help recruitment coordinator</i>
	7. Timeline	<ul style="list-style-type: none"> • <i>New locations for meetings identified (March 15, 2011)</i> • <i>Recruitment coordinator identified (March 30, 2011)</i> • <i>New meeting schedule established (April 30, 2011)</i> • <i>Referral list completed (May 31, 2011)</i> • <i>Potential members invited (June 30, 2011)</i>

In sum, you have just invested considerable effort and time in conducting and implementing your partnership evaluation. Make sure as you ensure use and share lessons learned that you also take the time to celebrate your accomplishments, build on your relationships, and acknowledge the many stakeholder contributions that have led to your successful evaluation.

References

1. Butterfoss FD. Evaluating partnerships to prevent and manage chronic disease. *Prev Chronic Disease* 2009;6(2):171–188.
2. Granner ML and Sharpe PA. Evaluating community coalition characteristics and functioning: A summary of measurement tools. *Health Education Research* 2004;19(5):514–532.

Appendix A

Glossary

Note: Numbers in square brackets [#] refer to sources from which a given definition has been drawn or adapted, as listed at the end of the Glossary. Words highlighted in green, bold, small caps indicate cross-references to other terms included in the Glossary.

Abstraction form	A data collection form designed to ensure that abstraction of data from charts, records, or other documentation is done systematically across documents and among abstractors; careful instruction and training are essential to maximize consistency of data abstraction.
Accuracy	One of the program evaluation standards developed by the Joint Committee on Standards for Educational Evaluation. The extent to which an evaluation is truthful or valid in what it says about a program, project, or material. See also FEASIBILITY , PROPRIETY , and UTILITY . [13]
Action plan	The steps to be taken to complete an objective or implement a recommendation. An action plan outlines specific tasks, resource requirements, responsible parties, and a timeline for completion. [Adapted from 11]
Activities	The actual events or actions that take place as a part of the program. [13]
Audience	The individuals (such as your STAKEHOLDERS and other evaluation users) with whom you want to communicate the results of an evaluation. [7]

Bias	The extent to which a measurement, sampling, or analytic method systematically underestimates or overestimates the true value of an attribute. For example, words, sentence structure, attitudes, and mannerisms may unfairly influence a respondent's answer to a question. Bias in questionnaire data can stem from a variety of other factors, including choice of words, sentence structure, and the sequence of questions. See also THREATS TO VALIDITY . [14]
Coalition	A group of organizations and/or individuals coming together for a common purpose, most often with formal structures and policies. Coalitions may occur at various geographic levels, e.g., regional, state, or local, and represent one type of partnership in which state asthma programs may participate.
Cognitive interviewing	A way of testing the appropriateness of questions in a questionnaire. Specifically, people are asked to complete the questionnaire, thinking aloud and articulating their thoughts about the questions and why they are responding as they are.
Comparison group	A group not exposed to a program or treatment. Sometimes referred to as a control group, comparison group is a term used more frequently in QUASI-EXPERIMENTAL DESIGNS (than in EXPERIMENTAL DESIGNS). [13]
Data collection instrument	A form or set of forms used to collect information for an evaluation. Forms may include interview instruments, intake forms, case logs, and attendance records. They may be developed specifically for an evaluation or modified from existing instruments. [14]

Evaluation design	<p>The kinds of information, sampling methods, and comparison base that are used (or proposed) to address the specified evaluation questions. Evaluation designs may also address information sources, information collection methods, the timing and frequency of information collection, and information analysis plans. Evaluation designs fall into one of three broad categories: EXPERIMENTAL DESIGN, QUASI-EXPERIMENTAL DESIGN, and NON-EXPERIMENTAL DESIGN. [Adapted from 15]</p>
Evaluation Planning Team	<p>As used in this guide, this term refers to a small group of evaluation stakeholders convened by a state asthma program to develop and implement an INDIVIDUAL EVALUATION PLAN.</p>
Evaluation question	<p>A question generated by your stakeholders to ascertain information about a program's implementation, outputs, or outcomes, depending on where on the continuum of the logic model the evaluation is focused. The goal of an evaluation effort is to answer one or more evaluation question(s). [11]</p>
Evaluation standards	<p>Developed by the Joint Committee on Standards for Educational Evaluation, evaluation standards are the criteria upon which the quality of program evaluations can be judged. See also ACCURACY, FEASIBILITY, PROPRIETY, and UTILITY. [10]</p>
Experimental design	<p>Designs that try to ensure the initial equivalence of one or more control groups to a treatment group by administratively creating the groups through random assignment, thereby ensuring their mathematical equivalence. Examples of experimental or randomized designs are randomized block designs, Latin square designs, fractional designs, and the Solomon four-group. [13]</p>
Feasibility	<p>One of the program evaluation standards developed by the Joint Committee on Standards for Educational Evaluation. The feasibility standards are intended to ensure that an evaluation will be realistic, prudent, diplomatic, and frugal. See also ACCURACY, PROPRIETY, and UTILITY. [13]</p>

Focus group	A group of people selected for their relevance to an evaluation and are engaged by a trained facilitator in a series of discussions designed for sharing insights, ideas, and observations on a topic of concern. [13]
Indicator	A specific, observable, and measurable characteristic or change that shows the progress a program is making toward achieving a specified OUTCOME . [13]
Individual Evaluation Plan	As used in this guide, a written document describing the overall approach or design that will be used to guide an evaluation. It includes what will be done, how it will be done, who will do it, when it will be done, why the evaluation is being conducted, and how the findings will likely be used. May also be called an evaluation protocol. [14]
Informed consent	A written agreement by the program participants to voluntarily participate in an evaluation or study after having been advised of the purpose of the study, the type of the information being collected, and how information will be used. [14]
Inputs	Resources that go into a program in order to mount the activities successfully. [13]
Internal validity	The degree to which inferences drawn from studies or evaluations pertain to the group or program being studied or evaluated. [7]
Intervention	The part of a strategy, incorporating method and technique, that actually reaches a person or population.
Key informant interview	A conversation with persons who have specialized, in-depth knowledge about the topic of interest. Interviews can range from loosely structured discussions to structured interviews, where each respondent is asked the same set of questions.

Non-experimental design	An evaluation design in which participant information is gathered before and after the program intervention or only afterwards. A control group or COMPARISON GROUP is not used. Therefore, this design does not allow you to determine whether the program or other factors are responsible for producing a given change. [7]
Outcome evaluation	The systematic collection of information to assess the impact of a program, present conclusions about the merit or worth of a program, and make recommendations about future program direction or improvement. [13]
Outcomes	The results of program operations or activities; the effects triggered by the program (for example, increased knowledge or skills, changed attitudes, reduced asthma morbidity and mortality). [13]
Outputs	The direct products of program activities; immediate measures of what the program did. For example, a partnership recruits new workgroup members, so the output could be a diverse and active workgroup membership. [13]
Partnership	Collaboration among distinct entities for the purpose of pooling abilities, expertise, and resources to affect an outcome of mutual interest.
Partnership Concept Map	A graphic depiction of the conceptual thinking behind how partnerships generally work and the concepts that relate to partnership processes; as distinguished from a partnership logic model, which depicts a partnership's specific functions and what it intends to achieve.
Performance standard	A generally accepted, objective form of measurement that serves as a rule or guideline against which an organization's level of performance can be compared. Frequently referred to as benchmarks.

Pilot testing	A pretest or trial run of a program, evaluation instrument, or sampling procedure for the purpose of correcting any problems before it is implemented or used on a larger scale.
Process evaluation	The systematic collection of information to document and assess how a program was implemented and operates. [13]
Propriety	One of the program evaluation standards developed by the Joint Committee on Standards for Educational Evaluation. The extent to which the evaluation has been conducted in a manner that evidences uncompromising adherence to the highest principles and ideals (including professional ethics, civil law, moral code, and contractual agreements). See also ACCURACY , FEASIBILITY , and UTILITY . [13]
Quasi-experimental design	Study structures that use COMPARISON GROUPS to draw causal inferences but do not use randomization to create the treatment and control groups. The treatment group is usually given the treatment or program, whereas the control group (selected to match the treatment group as closely as possible) is not; in this way inferences on the incremental impacts of the program can be made. [13]
Response rate	The percentage of persons in a sample who respond to a survey. [14]
Stakeholders	People or organizations that are invested in the program (program stakeholders) or that are interested in the results of the evaluation or what will be done with results of the evaluation (evaluation stakeholders). [13]
Strategic Evaluation Plan	As used in this guide, this term refers to a written document describing the rationale, general content, scope, and sequence of the evaluations to be conducted over time.

Strategic Evaluation Planning Team	As used in this guide, this term refers to a group of program STAKEHOLDERS charged with directing implementation of the STRATEGIC EVALUATION PLAN .
Synergy	The mechanism that accounts for the advantage a partnership achieves by successfully collaborating—something created and valuable that, as a whole, is greater than the sum of its parts. [19]
Threats to internal validity	<p>The factors that can threaten internal validity include:</p> <p><i>Confounding:</i> The true effect between an input and an output is influenced by one or more extraneous factors (called confounders), so that the observed effect indicates an incorrect relationship.</p> <p><i>Selection bias:</i> Units included or excluded in an evaluation which are systematically more likely to have characteristics that lead to the outcome being measured, resulting in a biased estimate of a program’s effect.</p> <p><i>Information bias:</i> BIAS in an estimate that arises from consistent measurement error. Includes misclassification bias and recall bias. [7]</p>
Utility	One of the program evaluation standards developed by the Joint Committee on Standards for Educational Evaluation. The extent to which an evaluation produces and disseminates reports that inform relevant audiences and have beneficial impact on their work. See also ACCURACY , FEASIBILITY , and PROPRIETY . [13]

Sources

1. Bartholomew LK, Parcel GS, Kok G, and Gottlieb NH. *Planning Health Promotion Programs: An Intervention Mapping Approach*. 2nd edition. Hoboken, NJ: Wiley Publishing, 2006.
2. CDC Unified Process Project Management Guide. Available at: http://www2a.cdc.gov/cdcup/library/pmg/frame_page.htm. Last accessed December 12, 2009.
3. Department of Health and Human Services. *Evaluation Guide: Fundamentals of Evaluating Partnerships*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, State Heart Disease and Stroke Prevention Program., 2008.
4. Donaldson SI. *Program Theory-Driven Evaluation Science: Strategies and Applications*. Mahwah, NJ: Erlbaum, 2007.
5. Johnson B and Christensen L. *Educational Research: Quantitative, Qualitative, and Mixed Approaches*. Thousand Oaks, CA: Sage Publications, 2008.
6. Lasker RD, Weiss ES, and Miller R. Partnership synergy: A practical framework for studying and strengthening the collaborative advantage. *Milbank Quarterly* 2001;79(2):179–205 III-IV.
7. National Public Health Performance Standards Program (NPHPSP) Acronym, Glossary, and Reference Terms. Available at: <http://www.cdc.gov/od/ocphp/nphpsp/PDF/Glossary.pdf>. Last accessed December 12, 2009.
8. Preskill H and Boyle S. A multidisciplinary model of evaluation capacity building. *American Journal of Evaluation* 2008;29:443–459.
9. Rothman K, Greenland S, and Lash T. *Modern Epidemiology*. 3rd edition. Philadelphia, PA: Lippincott Williams and Wilkins, 2008.
10. Salabarría-Peña Y, Apt BS, and Walsh CM. *Practical Use of Program Evaluation among Sexually Transmitted Disease (STD) Programs*. Atlanta, GA: Centers for Disease Control and Prevention, 2007.
11. Schiavo R. *Health Communication: From Theory to Practice*. San Francisco, CA: Jossey-Bass, 2007.
12. The Joint Committee on Standards for Educational Evaluation. *The Student Evaluation Standards*. Thousand Oaks, CA: Sage, 2003.
13. Turning Point National Program Office. *Guidebook for Performance Measures*. Seattle, WA: University of Washington, 1999.
14. University of Wisconsin Superior. Continuous Improvement and Planning Team. Glossary of Terms. Available at: <http://www.uwsuper.edu/cipt/planning/glossary.cfm>. Last accessed December 12, 2009.

15. U.S. Department of Health and Human Services. *A Public Health Action Plan to Prevent Heart Disease and Stroke*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2003.
16. U.S. Department of Health and Human Services. *Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide*. Atlanta, GA: Centers for Disease Control and Prevention, Office of the Director, Office of Strategy and Innovation, 2005.
17. U.S. Environmental Protection Agency. *Program Evaluation Glossary*. Last updated on Thursday, November 1, 2007. Available at: <http://www.epa.gov/evaluate/glossary/all-esd.htm>. Last accessed December 12, 2009.
18. U.S. Government Accountability Office. *Designing Evaluations*. GAO/PEMD-10.1.4. March 1991. Available at: http://www.gao.gov/special.pubs/10_1_4.pdf. Last accessed December 12, 2009.
19. U.S. Government Accountability Office. *Performance Measurement and Evaluation: Definitions and Relationships*. GAO-05-739SP. Washington, DC: U.S. Government Accountability Office, 2005.
20. Willis GB. *Cognitive Interviewing: A Tool for Improving Questionnaire Design*. Thousand Oaks, CA: Sage Publications, Inc., 2004.

NOTES

Appendix B

Evidence Base on Effective Partnerships

A rich tradition exists of using partnerships to pursue health-related goals. The purpose of partnerships is to mobilize members' commitment, talents, and assets to effect change (Butterfoss, 2006). Whether they are called partnerships, coalitions, task forces, or some other name, the published literature points to a number of factors that contribute to their effectiveness. There is no commonly agreed upon definition of effectiveness, but both the success of partnerships in engaging and sustaining the involvement of members (process) and the outcomes they achieve have been the target of study. For our purposes, we define effective partnerships as those that bring together important program stakeholders, then organize and engage them so as to achieve the mission, goals, and objectives of both the state asthma program and its partners. Below we briefly summarize what is currently known about effective partnerships, drawing primarily from a literature review conducted by Battelle in 2007. Our presentation is organized around the dimensions and concepts described in the Partnership Concept Map, which is included in this module as Figure 1.

Who Is Involved?

In this section we briefly summarize what is known about some of the concepts included on the far left-hand side of the Partnership Concept Map—the “Who?” of partnerships. Specifically we summarize what is currently known about the relationship between partnership effectiveness and the following dimensions: membership composition, membership recruitment, and level of involvement.

Membership composition. Membership composition is routinely assessed in partnerships. However, size and diversity in themselves have not been found to be key. Rather, optimal membership for defining and achieving goals should be the objective. Does the partnership have the right mix of people to (1) gain the full picture of the problem, (2) stimulate new and locally responsive solutions, and (3) implement comprehensive actions (Lasker, Weiss, and Miller, 2001)? Do the members have the authority to take action? Other important practices include maintaining an open and inclusive approach to members so that all members of a community who endorse the mission are welcome to join (Wolff and Foster, 1997).

Membership recruitment. It is widely accepted that recruitment is an ongoing process and that recruitment strategies need to vary depending upon the type of individuals or organizations one wishes to engage. It is also well accepted that the types of members one may wish to recruit vary with the type of goals and objectives a partnership has at a given point in time. The literature does not offer specific guidance about what types of partners should be recruited by state asthma partnerships.

Level of involvement. The level of involvement of partners—measured through both number of hours outside meetings and number of roles partners take on—has been found to be higher among those partners that perceive benefits to involvement, who believe they have influence in decision-making, and who rate the partnership leadership highly (Butterfoss, Goodman, and Wandersman, 1996). Thus the literature suggests that the level of involvement is one indicator of the effectiveness of a coalition. Indeed it is one of the hypotheses of the Community Coalition

Action Theory⁷ developed by Butterfoss and Kegler (Butterfoss and Kegler, 2002), but little direct evidence links level of involvement of partners to desired outcomes.

How Do They Interact?

In this section we briefly summarize the remaining concepts located on the far left-hand side of the Partnership Concept Map—what is known about the “How?” of partnerships. Specifically, we summarize what is known about the relationship between partnership effectiveness and the following dimensions: commitment to self-assessment, defined roles and responsibilities, partnership structure, group dynamics, maintenance of interest in collaborating/contributing, leadership, shared vision/mission, and perceived benefits/drawbacks.

Demonstrated commitment to self-assessment. Self-assessment frequently is touted as a means for assessing partnership functioning to improve satisfaction. Self-assessment is one way to obtain evaluation information related to other partnership concepts listed. However, the literature does not address the relationship of this commitment to long-term outcomes.

Defined roles and responsibilities. Evidence suggests that partnerships are more likely to engage members, pool resources, and assess and plan well when they have formalized rules, roles, structures, and procedures (Butterfoss and Kegler, 2002). Clear definitions of roles and responsibilities, for both staff and members, is an important component of partnership efficiency and has been identified as a factor influencing the success of collaboration (Mattessich, Murray-Close, and Monsey, 2001).

Formalized partnership structure. In the Community Coalition Action Theory, formalized rules, roles, structures, and procedures make pooling of resources, member engagement, and effective assessment and planning more likely (Butterfoss and Kegler, 2002). Structuring a coalition or partnership to focus on action, such as creating task forces or action teams, is associated with increased resource mobilization and implementation of strategies (Kegler, Steckler, McLeroy, et al., 1998).

Effective group dynamics. Frequent productive communication among members increases satisfaction, commitment, and implementation of strategies. Satisfaction, in turn, is related to member influence in decision-making. Conflict is inevitable, but the ability to effectively resolve conflicts is associated with goal attainment (Butterfoss, LaChance, and Orians, 2006). Other group dynamics factors that have been consistently associated with effective partnerships are shared decision-making, balance of power, and respect and trust among members (Butterfoss, Goodman, and Wandersman, 1996; Lasker, Weiss, and Miller, 2001).

Collaborative mindset. Interest in collaborating and contributing among partners is closely related to membership and level of involvement, with the addition of the time dimension. That is, as time passes, continued or especially increased interest in collaboration is viewed as a positive indicator of partnership functioning. In the Community Coalition Action Theory, maintenance of member engagement is hypothesized as leading to more effective coalitions (Butterfoss and Kegler, 2002).

⁷ The Community Coalition Action Theory is based on nearly two decades of practice and research. The model that describes the theory takes into account the diverse factors that influence the formation, implementation, and maintenance of coalitions.

Leadership. The National Study of Partnership Functioning⁸ found that partnership synergy is directly related to effective leadership (Weiss, Anderson, and Lasker, 2002). This finding is consistent with many other studies that address leadership across all phases of partnership development. In the national study, leadership was measured using 10 items that looked at leaders' abilities to take responsibility for the partnership: inspire and motivate partners; empower partners; work to develop a common language within the partnership; foster respect, trust, inclusiveness, and openness in the partnership; create an environment where differences of opinion can be voiced; resolve conflict among partners; combine the perspectives, resources, and skills of partners; and help the partnership look at things differently and be creative (Weiss, Anderson, and Lasker, 2002). A consistent relationship is found between partners' assessments of leader competence and member satisfaction (Butterfoss and Kegler, 2002).

Shared vision/mission. A collective recognition that coordination of efforts will improve a situation, as well as recognition of a mutual need, are acknowledged stimuli to partnership formation (Butterfoss, Goodman, and Wandersman, 1993) and have been identified as factors influencing the success of collaboration (Mattessich, Murray-Close, and Monsey, 2001). Commitment of the membership to the vision must be elicited and maintained if a partnership or coalition is to be sustained (Clark, Doctor, and Friedman et al., 2006).

Perceived benefits/drawbacks. The types of benefits and the costs or drawbacks to participating in a partnership that partners have described are broad and varied. Benefits include acquisition of skills, exposure to new ideas and groups, strengthened ability to meet individual and collective goals, attaining the desired outcomes from the partnership's efforts, receiving personal recognition, empowerment, development of new relationships, and opportunity to make a meaningful contribution. Drawbacks include diversion of time and resources, loss of independence or competitive advantage, frustration, and insufficient recognition or credit. In general, effective partnerships are those that are able to maximize the perceived benefits of members and minimize the costs (Lasker, Weiss, and Miller, 2001).

What Do They Do?

In this section we briefly summarize the concepts within the oval at the center of the Partnership Concept Map—what is known about the “What?” of partnerships. Specifically, we summarize what is known about the relationship between partnership effectiveness and the following dimensions of partnership action: coordinate and integrate asthma activities, contribute resources, prioritize elements of the asthma plan, implement elements of the asthma plan, maintain partnerships and build collaboration, communicate key messages, increase knowledge and build skills, and identify potential funding/resources.

Coordinate and integrate asthma activities. Coordination and integration of activities are cited frequently among the benefits and goals of participating in a collaborative partnership. (Butterfoss, Goodman, and Wandersman, 1993). Allies Against Asthma defined integration as “the alignment of concurrent activities across and within sectors in pursuit of a shared vision and common goals” (Krieger, Bourcier, and Lara et al., 2006). Initially, networking may begin with learning about other activities and resources, with the hope that over time opportunities arise to coordinate and even integrate these disparate activities. Allies Against Asthma coalitions report

⁸ To shed light on how partnerships work, the National Study of Partnership Functioning examined the relationship between various dimensions of partnership functioning and partnership synergy. The results form the basis for the self-assessment tool for partnerships referenced in Appendix D of this module.

some evidence of success in increasing access to priority populations, obtaining services for clients, and improving the quality of services delivered (Krieger, Bourcier, and Lara et al., 2006). Some researchers have suggested that the coordinated implementation of empirically supported strategies is part of the definition of an effective partnership and that a partnership that functions and interacts well is more likely to be effective in this regard (Feinberg, Greenberg, and Osgood, 2004).

Contribute resources. Partnership resources that have been examined frequently include financial resources as well as non-financial resources (e.g., skills and expertise, data and information, connections to target populations, connections to political decision-makers, endorsements that provide legitimacy and credibility) (Butterfoss, Goodman, and Wandersman, 1993). Staff resources are also frequently cited as important to effective functioning. Resources are cited as a building block of partnership synergy (Lasker, Weiss, and Miller, 2001). Assessing the contribution and exchange of resources among partners is one way to measure the type of involvement of members in the success of the partnership.

Prioritize elements of the state asthma plan. A frequently cited role of partnerships is to identify possible direction and choices. Setting priorities may be, but is not necessarily, part of that role. The literature does not indicate whether this is an important contributor to partnership-specific outcomes, although it is reasonable to assume that if a program expects partners to help implement a plan, it would be advantageous to include them in priority-setting activities. For asthma programs, it may well be one of the important functions of a partnership.

Implement elements of the state asthma plan. To the extent that partners are willing to contribute their own resources to implement state asthma plan elements, it is clear that this is advantageous to a partnership. If the plan elements are funded by the program, the literature does not shed light on whether it is better for partners or staff to implement, unless partners are uniquely positioned to implement the particular plan element successfully, such as providing access to priority populations that would otherwise be unavailable to the program, or influencing key policy-makers to take a specific action.

Maintain partnerships and build collaboration. When coalitions are used as an intervention strategy in public health, the need for them to be built and maintained over time becomes self-evident. It takes time to effect behavior change and health outcomes at the population level (Butterfoss, Goodman, and Wandersman, 1993). As mentioned previously, the Community Coalition Action Theory hypothesizes that maintenance of member engagement will lead to more effective coalitions (Butterfoss and Kegler, 2002).

Communicate key messages. Communication among members is an oft-mentioned component of effective partnerships (Butterfoss, Goodman, and Wandersman, 1993). Specifically, open and frequent communication and established communication links are cited as factors influencing successful collaborations (Mattessich, Murray-Close, and Monsey, 2001). Communicating key messages incorporates both this concept and the concept of communicating externally. The partnership literature does not shed much light on external communication, but it is reasonable to think that external communication would be an important short-term outcome of efforts to build support for asthma management activities.

Increase knowledge and build skills. Increased knowledge and skill-building among members frequently are cited as benefits to participating in a collaborative partnership and thus are

important to foster so that the benefits outweigh the costs of participation. Many partnerships report successes in conducting activities designed toward this end (Butterfoss, Goodman, and Wandersman, 1993). Increasing knowledge and skill levels of partners are believed to enhance the ability of partnerships to implement activities (Butterfoss and Kegler, 2002) and to build community capacity to tackle other community issues (Kegler, Steckler, and McLeroy, et al., 1998; Butterfoss and Kegler, 2002).

Identify potential funding/resources. One role that partners can play is to help identify funding/resources to implement priority activities. Sometimes they are willing to take the lead in applying for those funds with the support of the partnership. To the extent that this happens, they have essentially contributed resources over and beyond what their agencies can directly contribute. Pooling resources and building capacity to pursue other opportunities are cited as advantages of a partnership approach to public health (Butterfoss, Goodman, and Wandersman, 1993). Preliminary unpublished data suggest that this has been one of the roles of partners in Allies Against Asthma. Resource mobilization has been shown to be associated with effective implementation of coalition strategies (Kegler, Steckler, and McLeroy, et al., 1998).

What Are the Results?

In this section we briefly summarize what is known about the concepts listed on the right-hand side of the Partnership Concept Map. These concepts reflect the “So What?” of partnerships, specifically the relationship between partnership effectiveness and the following desired outcomes: public or organizational policies, new or strengthened external relationships/networks, synergy, and identified or garnered resources for the future.

Public or organizational policies. Effecting change in policy and legislation is frequently but not always a desired outcome of a partnership (Balloch and Taylor, 2001). When the convening organization is an entity that is restricted in its ability to advocate for change, the partnership is often viewed as the entity that can best act in this manner. A recent review concludes that broad engagement of partners who are mobilized to effect change in multiple community sectors is more likely to lead to sustained environmental change within partners’ peer groups, organizations, and context (Roussos and Fawcett, 2000).

New or strengthened external relationships/networks. Networks comprise one part of the larger concept of community capacity. The literature suggests that part of the attraction of a collaborative partnership approach to complex health issues lies in the partnership’s ability to enhance community capacity (Weiss, Anderson, and Lasker, 2002). Community capacity implies that these relationships and networks will have implications for other health issues and for sustaining change even when program funding changes. The strength of networks and relationships may also be important to sustaining the coalition and helping it achieve long-term goals (Butterfoss and Kegler, 2002). Allies Against Asthma coalitions report some evidence of success in building relationships and networks and using these to integrate service delivery and improve program outcomes. They suggest that this is a sustainable role for coalitions as it requires fewer resources than direct service delivery and results in institutionalization of system changes (Krieger, Bourcier, and Lara et al., 2006).

Synergy. A partnership creates synergy by combining the perspectives, knowledge, and skills of diverse partners in ways that enable the partnership to think in new ways, plan more comprehensive programs, and strengthen relationships to the broader community (Weiss,

Anderson, and Lasker, 2002). In operational terms, synergy affects the ability of a group to conceptualize problems and solutions, carry them out, and develop a supportive relationship with the broader community. Partnership synergy is believed to be an important indicator of a partnership that will be effective in reaching its ultimate goals (Lasker, Weiss, and Miller, 2001).

Identified or garnered resources for future. Achieving changes in population health indicators requires significant human and financial resources that endure over a sufficient period of time to affect intended outcomes. The ability of a partnership to secure financial resources to implement the efforts toward a goal may predict its sustainability and its ability to influence outcomes (Roussos and Fawcett, 2000).

References

- Balloch S and Taylor M, eds. *Partnership Working: Policy and Practice*. Bristol, UK: The Policy Press, 2001.
- Butterfoss FD. Evaluating partnerships to prevent and manage chronic disease. *Preventing Chronic Disease* 2009;6(2):1–10.
- Butterfoss FD. Process evaluation for community participation. *Annual Review of Public Health* 2006;27:323–340.
- Butterfoss FD, LaChance LL, and Orians CE. Building Allies coalitions: Why formation matters. *Health Promotion Practice* 2006;7(2):23S–33S.
- Butterfoss FD and Kegler MC. Toward a comprehensive understanding of community coalitions: Moving from practice to theory. In: DiClemente R, Crosby L, Kegler MC, eds. *Emerging Theories in Health Promotion Practice and Research*. San Francisco, CA: Jossey-Bass Publishers, 2002; pp. 157–193.
- Butterfoss FD, Goodman RM, and Wandersman A. Community coalitions for prevention and health promotion: Factors predicting satisfaction, participation, and planning. *Health Education Quarterly* 1996;23(1):65–79.
- Butterfoss FD, Goodman RM, and Wandersman A. Community coalitions for prevention and health promotion. *Health Education Research* 1993;8(3):315–330.
- Clark NM, Doctor L, Friedman AR, et al. Community coalitions to control chronic disease: Allies Against Asthma as a model and case study. *Health Promotion Practice* Supplement to Apr 2006;7(2):14S–22S.
- Feinberg ME, Greenberg MT, and Osgood DW. Readiness, functioning, and perceived effectiveness in community prevention coalitions: A study of Communities That Care. *American Journal of Community Psychology* 2004;33(3/4):163–176.
- Francisco VT, Paine AL, and Fawcett SB. A methodology for monitoring and evaluating community health coalitions. *Health Education Research* 1993;8(3):403–416.
- Granner ML and Sharpe PA. Evaluating community coalition characteristics and functioning: A summary of measurement tools. *Health Education Research* 2004;19(5):514–532.
- Kegler M, Steckler A, McLeroy K, and Malek S. Factors that contribute to effective community health promotion coalitions: A study of ten Project ASSIST coalitions in North Carolina. *Health Education and Behavior* 1998;25:338–353.
- Krieger JW, Bourcier E, Lara M, et al. Integrating asthma prevention and control: The role of the coalition. *Health Promotion Practice* 2006;7(2):127S–138S.
- Lasker RD and Weiss ES. Broadening participation in community problem solving: A multidisciplinary model to support collaborative practice and research. *Journal of Urban Health* 2003;80(1):14–47.
- Lasker RD, Weiss ES, and Miller R. Partnership synergy: A practical framework for studying and strengthening the collaborative advantage. *The Milbank Quarterly* 2001;79(2):179–205.
- Mattessich PW, Murray-Close M, and Monsey BR. *Collaboration: What Makes it Work*. 2nd edition. St. Paul, MN: Amherst H. Wilder Foundation, 2001.
- Roussos ST and Fawcett SB. A review of collaborative partnerships as a strategy for improving community health. *Annual Review Public Health* 2000;21:369–402.
- Weiss ES, Anderson RM, and Lasker RD. Making the most of collaboration: Exploring the relationship between partnership synergy and partnership functioning. *Health Education and Behavior* 2002;29(6):683–698.

Wolff T and Foster D. Principles of success in building community coalitions. In: Kaye G and Wolff T, eds. *From the Ground Up*. Amherst, MA: AHEC/Community Partners, 1997.

Zakocs RC and Edwards EM. What explains community coalition effectiveness? A review of the literature. *American Journal of Preventive Medicine* 2006;30(4):351–361.

Appendix C

Crosswalk of Partnership Concepts with Evaluation Questions and Tools

The table in this appendix provides a crosswalk of (1) partnership concepts with (2) example evaluation questions, as well as (3) relevant **tools** (marked in bold) and *methods* (in italics) that state asthma partnerships can build upon in designing evaluations of their own partnerships.

Partnership concepts. Partnership concepts are a way of organizing what we generally know about partnerships or what we hope to learn more about. Derived from the partnership literature (see Appendix B), these concepts have also been vetted by members of the CDC–State Asthma Control Program Partnership Evaluation Workgroup, who incorporated them into the Partnership Concept Map they developed in 2006–2007 (see Figure 1 in this module). Thus, the concepts in the first column of the table represent measurable factors that researchers and practitioners alike believe can play an important role in the functioning and/or effectiveness of a partnership.

Partnership evaluation questions. Partnership evaluation questions are generated by you and your stakeholders to learn or discover information about your partnership’s processes or effectiveness. Because the Partnership Concept Map is based on general concepts identified as important to partnership functioning (processes) and effectiveness (outcomes), your evaluation questions likely will fall somewhere within these concepts. The second column of **Table C.1** (below) contains examples of evaluation questions that explore each partnership concept. Note that process questions fall largely within the *Who*, *How*, and *What*, whereas outcome questions focus on *What Are the Results?*

The examples provided can help to: (1) clarify the link between the abstract concepts in the Partnership Concept Map and the real-world concerns of a state asthma program; (2) provide a partial list of questions for adopting or adapting to your own state-specific context; and (3) serve as a jumping-off point for developing additional questions of particular relevance to your program. What you and your stakeholders believe to be pertinent to your specific objectives and unique context should guide your choice of questions. Reviewing Figure 1, in light of issues facing your own partnership, may help you choose a question or, alternatively, formulate different questions. Once you have developed your own state asthma partnership logic model that depicts your view of how your partnership functions and produces results, new or different concepts or pathways in the model may generate further evaluation questions that are customized to your program and its specific information needs.

The evaluation tools/methods. Having zeroed in on the concept(s) for which your information needs are greatest and developed a brief list of clear, succinct questions that you wish to answer, you are ready to select appropriate data collection tools and methods. In the third column of Table C.1, you will find: 1) suggested ways to collect information in connection with a given concept; 2) a related set of evaluation questions; and 3) specific tools (# in brackets corresponds to tool # in Appendix D). Cited tools are available free of charge; explanatory information about the tools has been published in some fashion. The fact that a tool is cited means that at least a portion of the instrument deals with a given concept, although the tool may also deal with many other aspects of partnership. Appendix D has more information on selected tools, including a reference list to help you obtain copies of the tools.

Table C.1 Crosswalk of Partnership Concepts with Sample Evaluation Questions and Tools

Partnership Concept		Example Evaluation Questions	Some Relevant Tools/ Methods
		Who Is Involved?	
Membership Composition	<ul style="list-style-type: none"> Who are the members of the state asthma program partnership? To what extent does the expertise of these partners align with current and upcoming state asthma plan activities? To what extent do partners have the authority to commit resources or other support? 	<ul style="list-style-type: none"> Community Group Member Survey (UW Extension) Coalition Self-Assessment Survey Wildier Collaboration Factors Inventory (CEI) Self-Assessment Tool (Butterfoss) Coalition Effectiveness Inventory (CEI) Self-Assessment Tool (Butterfoss) <i>Abstraction of attendance/partnership records</i> <i>Progress monitoring</i> 	
Level of Involvement	<ul style="list-style-type: none"> How regularly do partners attend scheduled meetings? What partners are frequent attendees? Which partners attend less regularly? Why do these partners attend fewer meetings? How engaged are partners? To what extent do they assume leadership roles? What types of actions are they most likely to take and how do these actions align with our needs? 	<ul style="list-style-type: none"> Coalition Effectiveness Inventory Coalition Self-Assessment Survey Coalition Effectiveness Inventory (CEI) Self-Assessment Tool (Butterfoss) <i>Abstraction of attendance records</i> 	
Membership Recruitment	<ul style="list-style-type: none"> What gaps in the asthma program partnership have been identified? Which of these gaps do existing partners feel are most important to address in the immediate future? How does our membership compare with other state asthma program partnerships? What additional partners should we add to support our efforts? How timely are gaps identified and addressed in the asthma program partnership? 	<ul style="list-style-type: none"> Coalition Effectiveness Inventory Coalition Self-Assessment Survey Diagnostic Tool for Evaluating Group Functioning Coalition Effectiveness Inventory (CEI) Self-Assessment Tool (Butterfoss) <i>Progress monitoring</i> <i>Key informant interviews</i> 	

Table C.1 Crosswalk of Partnership Concepts with Sample Evaluation Questions and Tools, continued

Partnership Concept		Example Evaluation Questions	Some Relevant Tools/ Methods
	How Do They Interact?		
Demonstrated Commitment to Self-assessment	<ul style="list-style-type: none"> How frequently does the coalition or partnership conduct a self-assessment? How is information from these self-assessments used? How might the use of the results be improved? To what extent is the current monitoring of partnership functioning effective? What types of records are kept regarding regularity of partnership meetings, retention of members, and addressing of follow-up items? How often are these records reviewed? How might this monitoring function be improved? 	<ul style="list-style-type: none"> Key Informant Interview Guide (Allies Against Asthma) <i>Key informant interviews</i> <i>Abstraction of partnership documentation</i> <i>Progress monitoring</i> Am I A High Functioning Coalition Member? (Butterfoss) 	
Defined Roles and Responsibilities	<ul style="list-style-type: none"> To what extent do partners feel their roles and responsibilities are described clearly? What is the role of staff in the partnership? To what extent does the role of staff align with the culture of this partnership? Are there additional or different roles that the members feel are necessary and within the constraints of available resources? How effective are staff members in supporting the partnership? In what ways does the staff currently support partnership efforts? How might communication from staff to the partnership be improved? 	<ul style="list-style-type: none"> Wilder Collaboration Factors Inventory Coalition Self-Assessment Survey <i>Key informant interviews</i> Coalition Member Survey (Butterfoss) 	
Structure	<ul style="list-style-type: none"> To what extent does the current structure of our partnership support efficient and effective partnership functioning? What roles do committees and subcommittees play? To what extent do these roles support attainment of the goals of our state asthma plan? How might these committee roles change to better align with the state asthma plans? 	<ul style="list-style-type: none"> Assessing Strategic Partnership: the Partnership Assessment Tool Coalition Effectiveness Inventory Coalition Effectiveness Inventory (CEI) Self-Assessment Tool (Butterfoss) <i>Abstraction of partnership documentation</i> 	

Table C.1 Crosswalk of Partnership Concepts with Sample Evaluation Questions and Tools, continued

Partnership Concept	Example Evaluation Questions	Some Relevant Tools/ Methods
<p>How Do They Interact? (cont'd)</p> <p>Group Dynamics</p> <ul style="list-style-type: none"> How satisfied are partners with the group's ability to collaborate? With what aspects of the partnership are partners most satisfied? How might the partnership structure and activities be modified to improve satisfaction with the group dynamics? In what ways do partners collaborate to promote asthma management? Are these collaborations in line with the needs outlined in the state asthma plan? How well does the group collaborate on these topics? Where have conflicts arisen within the partnership? How well were these conflicts resolved by the group? What strategies might be effective in reducing these types of conflicts in the future or finding more expedient resolutions? What is the decision-making process and how well does it work? What types of decisions does this process work well for? In what ways? In what instances does this process not work well, and why? What is the level of trust among the partners in this group? To what extent do members feel they can openly share their comments and ideas? How effective is the communication within the partnership/coalition? 	<ul style="list-style-type: none"> Partnership Self-Assessment Tool (Center for the Advancement of Collaborative Strategies in Health) Coalition Self-Assessment Survey Instrument for Evaluating Dimensions of Group Dynamics (Schultz) Wildier Collaboration Factors Inventory Diagnostic Tool for Evaluating Group Functioning (ISU) Coalition Effectiveness Inventory Diagnosing the Health of Your Coalition Assessing Strategic Partnership: the Partnership Assessment Tool Climate Diagnostic Tool: The Six R's of Participation Coalition Member Survey (Butterfoss) 	
<p>Maintaining Interest in Collaborating/Contributing</p> <ul style="list-style-type: none"> How interested are members in sustaining the collaboration? To what extent (if at all) does this differ among members in this collaboration? To what extent has the partnership been able to maintain the membership's interest? What techniques have been most successful in maintaining member interest? 	<ul style="list-style-type: none"> Evaluating Community Coalition Characteristics and Functioning (Grammer and Sharp) Coalition Effectiveness Inventory (CEI) Self-Assessment Tool (Butterfoss) <i>Abstraction of partnership attendance records</i> <i>Key informant interviews</i> 	

Table C.1 Crosswalk of Partnership Concepts with Sample Evaluation Questions and Tools, continued

Partnership Concept		Example Evaluation Questions	Some Relevant Tools/ Methods
		How Do They Interact? (cont'd)	
Leadership	<ul style="list-style-type: none"> Who are the leaders of this partnership? How were they selected or how did they emerge? To what extent does their leadership style match the preferences of the partnership? What is the leader's role? To what extent is the leader's role appropriate to the stage of maturity of this partnership? In what ways might the role of the leader be strengthened? What are the strengths and weaknesses of the current workgroup leadership? 	<ul style="list-style-type: none"> Coalition Self-Assessment Survey Collaboration Checklist Wilder Collaboration Factors Inventory Partnership Self-Assessment Tool (Center for the Advancement of Collaborative Strategies in Health) Coalition Member Survey (Butterfoss) 	
Shared Vision/ Mission/ Planning	<ul style="list-style-type: none"> To what extent does the partnership have a clearly articulated vision? To what extent is this vision shared among members of the partnership? In what ways are the goals of this partnership realistic or not? How might the procedures used to define goals be refined to promote more realistic goals? How effective are the plans developed by the coalition/partnership? What are the strengths and weaknesses of the current approach? 	<ul style="list-style-type: none"> Wilder Collaboration Factors Inventory Coalition Self-Assessment Survey Coalition Member Survey (Butterfoss) 	
Perceived Benefits/ Drawbacks	<ul style="list-style-type: none"> To what extent have organizations or individuals benefited from group participation? What benefits did they expect that were not realized? What do members perceive as the drawbacks or costs of participation? What is the level of ownership or commitment to the partnership? 	<ul style="list-style-type: none"> Coalition Self-Assessment Survey Key Informant Interview Guide (Allies Against Asthma) Partnership Self-Assessment Tool (Center for the Advancement of Collaborative Strategies in Health) Wilder Collaboration Factors Inventory Coalition Member Survey (Butterfoss) 	

Table C.1 Crosswalk of Partnership Concepts with Sample Evaluation Questions and Tools, continued

Partnership Concept		Example Evaluation Questions	Some Relevant Tools/ Methods
Coordinate and Integrate Asthma Activities	What Do They Do?	<ul style="list-style-type: none"> How does the asthma program interface with other state or federally funded programs or agencies? In what ways are resources leveraged between state agencies or CDC-funded programs to support the asthma program or to accomplish the state asthma plan goals? How might additional resources be leveraged? How does the asthma program interface with other asthma-related activities in local communities? In what ways can these relationships be improved upon and sustained? 	<ul style="list-style-type: none"> Key Informant Interview Guide (Allies Against Asthma) Coalition Effectiveness Inventory (CEI) Self-Assessment Tool (Butterfoss) <i>Progress monitoring</i>
	Contribute Resources	<ul style="list-style-type: none"> What types of resources have partners contributed to accomplishing the goals of the state asthma plan? Does the partnership need other types of resources (e.g., money, time, supplies)? How might these gaps be filled, and by whom? In what ways do members of this partnership contribute to the state asthma program surveillance and evaluation activities? How might any current untapped resources for these activities be realized through the partnership? What role do partners play with respect to the state asthma plan? How do these roles align with what the leadership anticipates the partners will do? What outside resources does the partnership use? To what extent are resources efficiently transferred between members of this partnership? In what ways might the actions of the partnership/coalition staff contribute to more efficient resource transfer? How appropriate is the level of resources in relation to planned activities and anticipated outcomes? How well are these resources managed, and where might loss be prevented? 	<ul style="list-style-type: none"> Assessing Strategic Partnership: the Partnership Assessment Tool Partnership Self-Assessment Tool (Center for the Advancement of Collaborative Strategies in Health) <i>Abstraction of partnership documentation (e.g., financial documents)</i> <i>Progress monitoring</i>

Table C.1 Crosswalk of Partnership Concepts with Sample Evaluation Questions and Tools, continued

Partnership Concept		Example Evaluation Questions	Some Relevant Tools/ Methods
		What Do They Do? (cont'd)	
Prioritize Elements of Asthma Plan	<ul style="list-style-type: none"> What role do asthma partners play in identifying priority interventions? How are activities of the asthma plan prioritized by the partners? To what extent do these partners feel they were appropriately engaged in prioritization activities? 	<ul style="list-style-type: none"> Key informant interviews with partners 	
Implement Interventions	<ul style="list-style-type: none"> What is the role of partners in implementing training and educational interventions? What is the envisioned role of partners with respect to organizational or public policies about asthma management? How does this compare with the role of partners in other states? What training or educational interventions are being conducted by partners? How might these interventions be expanded or sustained to facilitate quicker or fuller accomplishment of the state asthma plan goals? What subpopulations or geographic areas are targeted by the training or educational intervention conducted by partners? To what extent does the focus of these efforts align with the disparities identified through state asthma surveillance data? 	<ul style="list-style-type: none"> Process monitoring Key informant interviews Coalition Member Survey (Butterfoss) Coalition Effectiveness Inventory (CEI) Self-Assessment Tool (Butterfoss) 	
Maintain Partnerships and Build Collaboration	<ul style="list-style-type: none"> To what extent has the partnership been able to maintain or expand its membership to accomplish priority activities? How can the partnership be further developed or sustained? To what extent has networking increased within the partnership? 	<ul style="list-style-type: none"> Coalition Effectiveness Inventory www.cadca.org/files/CoalitionEffectivenessInventory.pdf Key Informant Interview Guide (Allies Against Asthma) Coalition Self-Assessment Survey Coalition Member Survey (Butterfoss) Coalition Effectiveness Inventory (CEI) Self-Assessment Tool (Butterfoss) Abstraction of attendance and other partnership records 	

Table C.1 Crosswalk of Partnership Concepts with Sample Evaluation Questions and Tools, continued

Partnership Concept		Example Evaluation Questions	Some Relevant Tools/ Methods
	What Do They Do? (cont'd)		
Communicate Key Messages	<ul style="list-style-type: none"> What communication techniques does the coalition use to share key messages with its members? How effective do members perceive these communications to be? What other means of communication resonate well with these individuals, and how might they be used to improve the transmission of important messages? How does the partnership communicate with the broader community? Does this technique have the ability to promote or influence good asthma management in the state and beyond? How frequent are these communications? How effective are these external communications? 	<ul style="list-style-type: none"> Annual Satisfaction Survey for Community Coalitions Partnership Self-Assessment Tool (Center for the Advancement of Collaborative Strategies in Health) <i>Abstraction of records documenting partner activities; abstraction of meeting minutes</i> 	
Increase Knowledge and Build Skills	<ul style="list-style-type: none"> To what extent have members increased their knowledge about asthma management since they joined the coalition/ partnership? What do these individuals perceive to be the most influential learning moments during their engagement, and why? What specific activities were conducted to develop skills? How effective were these activities? What skills or knowledge have members gained as a result of their involvement with the state asthma coalition/partnership? 	<ul style="list-style-type: none"> Partnership Self-Assessment Tool (Center for the Advancement of Collaborative Strategies in Health) Sustainability Benchmarks 	
Identify Potential Funding/ Resources	<ul style="list-style-type: none"> How is the partnership positioning itself for future funding? To what extent do members feel this process can be improved upon? Of the funding opportunities identified by the coalition/ partnership over the past year, which ones do members feel are most relevant to accomplishing the goals outlined in the state asthma plan? What characteristics about these relevant funding opportunities do the partners feel have the potential to be most influential/helpful? 	<ul style="list-style-type: none"> Annual Satisfaction Survey for Community Coalitions Coalition Effectiveness Inventory (CEI) Self-Assessment Tool (Butterfoss) 	

Table C.1 Crosswalk of Partnership Concepts with Sample Evaluation Questions and Tools, continued

Partnership Concept		Example Evaluation Questions	Some Relevant Tools/ Methods
Public or Organizational Policy Change	<p>What Are the Results?</p> <ul style="list-style-type: none"> How (if at all) have partners changed policies that affect organizational staffing, funding, or other practices within their own organization, agency, or program that are intended to contribute to improved asthma management? Are these changes potentially related to their involvement with the state asthma program? For those partners who have not made these changes, what factors hindered change? In what ways have partners contributed to discussions about public policy that promotes better asthma management? What is needed to create an atmosphere in the state that is conducive to facilitating this type of change? 	<ul style="list-style-type: none"> <i>Progress monitoring</i> 	
	Synergy	<ul style="list-style-type: none"> How effective is the partnership in combining the perspectives, knowledge, and skills of diverse partners in a way that enables members to think in new ways, plan more comprehensive programs, and strengthen relationships with the broader community? How might this synergy be enhanced? To what extent have activities or programs occurred that would not have occurred had the partnership not existed? To what extent does the partnership have the credibility and connections it needs to reach the goals outlined in the state asthma plan? Has access to high-risk and difficult-to-reach groups increased as a result of partnership activities? If not, what has hindered access? 	<ul style="list-style-type: none"> Partnership Self-Assessment Tool (Center for the Advancement of Collaborative Strategies in Health) Key Informant Interview Guide (Allies Against Asthma) <i>Abstraction of records documenting partner activities</i>

Table C.1 Crosswalk of Partnership Concepts with Sample Evaluation Questions and Tools, continued

Partnership Concept		Example Evaluation Questions	Some Relevant Tools/ Methods
Identified or Garnered Resources for Future	<p>What Are the Results? (cont'd)</p> <ul style="list-style-type: none"> How successful have the partners' efforts been to acquire funds to support the state asthma plan? What are some key factors that contributed to this success? What has hindered this success? How have the resources garnered through the members' efforts enabled additional activities to be undertaken? How much will these additional activities contribute to improvements in asthma management? 		<ul style="list-style-type: none"> Partnership Self-Assessment Tool (Center for the Advancement of Collaborative Strategies in Health) Key Informant Interview Guide (Allies Against Asthma) Coalition Effectiveness Inventory (CEI) Self-Assessment Tool (Butterfoss)
	<ul style="list-style-type: none"> To what extent has the coalition's/partnerships' efforts enhanced the capacity of the state (and communities within the state) to improve asthma management practices? In what ways has the statewide asthma partnership contributed to producing new linkages between the partnership and other coalitions or organizations? Between entities external to the partnership itself? How do these new connections contribute to improving asthma management practices across the state? What are the unanticipated effects, if any, of these new connections (positive or negative)? 		<ul style="list-style-type: none"> Partnership Self-Assessment Tool (Center for the Advancement of Collaborative Strategies in Health) Key Informant Interview Guide (Allies Against Asthma) Coalition Effectiveness Inventory (CEI) Self-Assessment Tool (Butterfoss)
New or Strengthened External Relationships/ Networks			

Appendix D

Sample Partnership Evaluation Tools

Tool Name	Source	Population/ Instructions	Terms in Partnership Concept Map
Annual Satisfaction Survey for Community Coalitions, Worksheet 1 www.tomwolff.com/resources/baker.pdf pp. 28–33	Fawcett et al., 1997.	Coalition members and funding partners	<ul style="list-style-type: none"> • Synergy/coordination/Increased credibility and access to key populations • Group dynamics • Partnership structure • Identified and garnered resources for future • Increase knowledge and build skills • Perceived benefits and drawbacks • New or strengthened external relationships/networks • Communicate key messages to audiences and stakeholders
Assessing Strategic Partnership: The Partnership Assessment Tool www.floridashealth.com/Planning/eval/CHAI/documents/AssessingStrategicPartnership.pdf	Hardy et al. Nuffield Institute for Health, Strategic Partnering Taskforce.	Partnerships – Developmental tool to assess the effectiveness of a partnership. Checklist approach used with individual partners and discussed to ascertain areas of consensus or conflict in six Partnership Principles areas	<ul style="list-style-type: none"> • Implement interventions • Synergy/coordination/Increased credibility and access to key populations • Group dynamics • Partnership structure • Perceived benefits and drawbacks • Contribute resources
Climate Diagnostic Tool: The Six R's of Participation, Worksheet 4 www.tomwolff.com/resources/baker.pdf pp.50–57	Kaye and Resnick, 1994.	Coalition members	<ul style="list-style-type: none"> • Group dynamics • Partnership structure • Perceived benefits and drawbacks • Maintain partnerships and build collaborations

Tool Name	Source	Population/ Instructions	Terms in Partnership Concept Map
<p>Coalition Effectiveness Inventory www.cadca.org/files/CoalitionEffectivenessInventory.pdf</p>	<p>Butterfoss F. Center for Pediatric Research, South Carolina DHEC.</p>	<p>Partnership members Coalition members complete rating of coalition. Can be repeated pre- and post-intervention.</p>	<ul style="list-style-type: none"> • Level of involvement • Implement interventions • Synergy/coordination/increased credibility and access to key populations • Membership composition • Group dynamics • Partnership structure • Recruitment • Identified or garnered resources for the future • Perceived benefits and drawbacks • New or strengthened external relationships/networks • Maintain partnerships and build collaborations • Contribute resources • Communicate key messages to audiences and stakeholders
<p>Coalition Self-Assessment Survey II www.asthma.umich.edu/media/eval_autogen/CSAS.pdf</p>	<p>Allies Against Asthma (A)</p>	<p>Coalition members Survey administered annually</p>	<ul style="list-style-type: none"> • Level of involvement • Implement interventions • Synergy/coordination/increased credibility and access to key populations • Membership composition • Defined roles and responsibilities • Group dynamics • Partnership structure • Recruitment • Leadership • Shared vision • Increase knowledge and build skills • Perceived benefits and drawbacks • Maintain partnerships and build collaborations

Tool Name	Source	Population/ Instructions	Terms in Partnership Concept Map
Collaboration Checklist www.ioe.org/ioe/1999april/tt1.html	Borden and Perkins, 1999.	Coalitions Coalition members read a brief description for each of the areas (core concepts) and then rate how well the collaboration is functioning in each area.	<ul style="list-style-type: none"> • Group dynamics • Leadership
Community Group Member Survey: Using the Results http://learningstore.uwex.edu/pdf/G3658-9.PDF	Taylor-Powell. University of Wisconsin Extension.	Community group members Survey, also provides examples of how to report on evaluation results to internal and external stakeholders using survey.	<ul style="list-style-type: none"> • Maintenance of interest in collaborating/contributing • Level of involvement • Implement interventions • Membership composition • Group dynamics • Partnership structure • Perceived benefits and drawbacks
Diagnosing the Health of Your Coalition http://ctb.ku.edu/en/tablecontents/sub_section_tools_1058.aspx	Community Toolbox	Coalition members (larger group preferable) Survey. Instrument developers suggest reviewing results and making recommendations for changes and conducting an annual review to assess progress.	<ul style="list-style-type: none"> • Membership composition • Group dynamics • Partnership structure • Shared vision • Perceived benefits and drawbacks • New or strengthened external relationships/networks • Maintain partnerships and build collaboration • Communicate key messages to audiences and stakeholders
Diagnosing Your Coalition: Risk Factors for Participation, Worksheet 2 www.tomwolff.com/resources/baker.pdf p. 34–47	Kaye, 1993.	Coalition members	<ul style="list-style-type: none"> • Demonstrate commitment to self-assessment • Group dynamics • Partnership structure • Perceived benefits and drawbacks • New or strengthened external relationships/networks • Maintain partnerships and build collaborations • Communicate key messages to audiences and stakeholders

Tool Name	Source	Population/ Instructions	Terms in Partnership Concept Map
Diagnostic Tool for Evaluating Group Functioning www.extension.iastate.edu/Publications/PM1844.pdf	Iowa State University Extension (based on Taylor-Powell et al., 1998.)	Partnership members Each member is asked to rate what's happening in the group. Then members should have a "time out" group discussion about what's happening and what to do about it.	<ul style="list-style-type: none"> • Defined roles and responsibilities • Group dynamics • Recruitment • Leadership • Shared vision • Communicate key messages to audiences and stakeholders
Evaluating Community Coalition Characteristics and Functioning: A summary of measurement tools. http://her.oxfordjournals.org/cgi/rapidprint/cyg056v1.pdf	Granner and Sharpe, 2004.	Various coalitions Review article listing a variety of evaluation tools from various articles	<ul style="list-style-type: none"> • Maintenance of interest in collaborating • Level of involvement • Implement interventions • Changes to policy, staffing, or funding within partner organizations • Synergy/coordination/Increased credibility and access to key populations • Membership composition • Group dynamics • Partnership structure • Recruitment • Leadership • Identified and garnered resources for future • Increase knowledge and build skills • Perceived benefits and drawbacks • New or strengthened external relationships/networks • Maintain partnerships and build collaborations • Contribute resources • Prioritize elements of the asthma plan

Tool Name	Source	Population/ Instructions	Terms in Partnership Concept Map
Instrument for evaluating dimensions of group dynamics within community-based participatory research partnerships	Schulz et al., 2003.	Partnership members Compilation from three questionnaires for evaluating group dynamics characteristics and intermediate measures of partnership effectiveness	<ul style="list-style-type: none"> • Implement interventions • Synergy/coordination/Increased credibility and access to key populations • Membership composition • Group dynamics • Partnership structure • Leadership • Increase knowledge and build skills • Perceived benefits and drawbacks • New or strengthened external relationships/networks
Inclusivity Checklist, Worksheet 6 www.tomwolff.com/resources/baker.pdf p. 63	Rosenthal, 1997.	Coalition members Coalition members check which of 11 items describe their coalition. Unchecked items indicate areas for improvement.	<ul style="list-style-type: none"> • Membership composition • Group dynamics
Key Informant Interviews www.asthma.umich.edu/media/eval_autogen/key_informant.pdf	Allies Against Asthma (B)	Partnership members	<ul style="list-style-type: none"> • Synergy/coordination/Increased credibility and access to key populations • Identified or garnered resources for the future • Perceived benefits and drawbacks • Maintain partnerships and build collaboration

Tool Name	Source	Population/ Instructions	Terms in Partnership Concept Map
Partnership Self-Assessment Tool http://partnershiptool.net	Center for the Advancement of Collaborative Strategies in Health	Partnership members of coalitions with the following characteristics: <ul style="list-style-type: none"> • In existence at least 6 months • Group of people and organizations that continually work together • Have begun to implement plans • Have at least 5 active partners Members fill out a questionnaire. The Web site provides detailed instructions on how to score, summarize, and report findings.	<ul style="list-style-type: none"> • Implement interventions • Synergy/coordination/increased credibility and access to key populations • Group dynamics • Partnership structure • Leadership • Identified or garnered resources for the future • Increase knowledge and build skills • Perceived benefits and drawbacks • New or strengthened external relationships/networks • Contribute resources • Communicate key messages to audiences and stakeholders • Identify potential funding/resources
Sustainability Benchmarks, Worksheet 8 www.tomwolff.com/resources/bac-ker.pdf p. 66–72	Center for Collaborative Planning, 2000.	Coalition members	<ul style="list-style-type: none"> • Changes policy, staffing, or funding within partner organizations • Synergy/coordination/increased credibility and access to key populations (C009) • Identified or garnered resources for future • Increase knowledge and build skills • New or strengthened external relationships/networks • Communicate key messages to audiences and stakeholders • Identify potential funding/resources
Wilder Collaboration Factors Inventory www.caahs.colostate.edu/ccp/PDF/The%20Wilder%20Collaboration%20Factors%20Inventory- Reformat.pdf	Mattessich et al., 2001.	Partnership members	<ul style="list-style-type: none"> • Membership composition • Defined roles and responsibilities • Group dynamics • Leadership • Shared vision • Perceived benefits and drawbacks

References

- Allies Against Asthma (A). “Coalition Self-Assessment Survey II.” Available at: www.asthma.umich.edu/media/eval_autogen/CSAS.pdf. Accessed October 29, 2010.
- Allies Against Asthma (B). “Key Informant Interviews.” Available at: www.asthma.umich.edu/media/eval_autogen/key_informant.pdf. Accessed October 29, 2010.
- Borden LM and Perkins DF. Assessing your collaboration: A self-evaluation tool. *Journal of Extension* 1999;37(2):2TOT1. Available at: www.joe.org/joe/1999april/tt1.html. (“A Collaboration Checklist.”) Accessed October 29, 2010.
- Butterfoss F. “Coalition Effectiveness Inventory.” Center for Pediatric Research, South Carolina DHEC, 1994 (rev 1998). Available at: www.cadca.org/files/CoalitionEffectivenessInventory.pdf. Accessed October 29, 2010.
- Community Toolbox. *Diagnosing the Health of Your Coalition*. Available at: http://ctb.ku.edu/en/tablecontents/sub_section_tools_1058.aspx. Accessed October 29, 2010.
- Center for Collaborative Planning. *Sustainability Benchmarks*. Sacramento, CA: Center for Collaborative Planning, 2000. Available at: www.tomwolff.com/resources/backer.pdf. (“Sustainability Benchmarks” – Worksheet 8, pp. 66-72) Accessed October 29, 2010.
- Fawcett S, Foster D, and Francisco V. Monitoring and evaluation of coalition activities and success. In: Kay G and Wolff T, eds. *From the Ground Up: A Workbook on Coalition Building and Community Development*. Amherst, MA: AHEC/Community Partners, 1997; pp.163–185. Available at: www.tomwolff.com/resources/backer.pdf. (“Annual Satisfaction Survey for Community Coalitions” – Worksheet 1, pp. 28–33) Accessed October 29, 2010.
- Granner ML and Sharpe PA. Evaluating community coalition characteristics and functioning: A summary of measurement tools. *Health Educ Res* Oct 2004;19(5):514–532. Available at: <http://her.oxfordjournals.org/cgi/reprint/cyg056v1.pdf>. (review article) Accessed October 29, 2010.
- Hardy B, Hudson R, and Waddington E. *Assessing Strategic Partnership: The Partnership Assessment Tool*. London, England: Nuffield Institute for Health, Strategic Partnering Task Force, May 2003. Available at: www.floridashealth.com/Planning_eval/CHAI/documents/AssessingStrategicPartnership.pdf. (“The Partnership Assessment Tool”) Accessed October 29, 2010.
- Iowa State University Extension. Purposeful partnerships in the community interest. Publication no. PM1844. March 2000. Available at: www.extension.iastate.edu/Publications/PM1844.pdf. (“Partnerships and Collaboratives: Diagnostic Tool for Evaluating Group Functioning”) Accessed October 29, 2010. [Based on Taylor-Powell E, Rossing B, and Geran J. Internal Collaborative Functioning Scales. In: *Evaluating Collaboratives: Reaching the Potential*. Publication no. G3658-08. Madison, WI: University of Wisconsin-Extension, 1998; p. 89. Available at: <http://learningstore.uwex.edu/Assets/pdfs/G3658-08.pdf>. Accessed October 29, 2010.

Kaye G. Diagnosing your coalition: Risk factors for participation. Brooklyn, NY: Community Development Consultants, 1993. Available at: www.tomwolff.com/resources/backer.pdf. (“Risk Factors for Participation” – Worksheet 2, pp. 34–47) Accessed October 29, 2010.

New York Academy of Medicine, Division of Public Health, Center for the Advancement of Collaborative Strategies in Health. “Partnership Self-Assessment Tool.” Available at: <http://partnershiptool.net>. Accessed October 29, 2010.

Kaye G and Resnick I. Climate Diagnostic Tool. Brooklyn, NY: Community Development Consultants, 1994. Available at: www.tomwolff.com/resources/backer.pdf. (“Climate Diagnostic Tool” – Worksheet 4, pp. 50–57) Accessed October 29, 2010.

Mattessich PW, Murray-Close M, and Monsey BR. *Collaboration: What Makes it Work*. St. Paul, MN: Amherst H. Wilder Foundation, Wilder Research Center, 2001. Available at: www.caahs.colostate.edu/ccp/PDF/The%20Wilder%20Collaboration%20Factors%20Inventory-Reformat.pdf. (“Wilder Collaboration Factors Inventory”) Accessed October 29, 2010.

Rosenthal B. Multicultural issues in coalitions. In: Kay G and Wolff T, eds. *From the Ground Up: A Workbook on Coalition Building and Community Development*. Amherst, MA: AHEC/Community Partners, 1997. Available at: www.tomwolff.com/resources/backer.pdf. (“Inclusivity Checklist” – Worksheet 6, p. 63) Accessed October 29, 2010.

Schulz AJ, Israel BA, and Lantz P. Instrument for evaluating dimensions of group dynamics within community-based participatory research partnerships. *Evaluation and Program Planning* 2003;26(3):249–262.

Taylor-Powell E. “Community Group Member Survey”: Using the results. Publication no. G3658-9. Madison, WI: University of Wisconsin Extension, August 1998. Available at: <http://learningstore.uwex.edu/pdf/G3658-9.PDF>. Accessed October 29, 2010.

Wolff T. A practical approach to evaluating coalitions. Chapter 4. In: Backer T, ed. *Evaluating Community Collaborations*. New York, NY: Springer Publishing, 2000. Contains nine worksheets for evaluating various aspects of coalitions, several cited separately in this reference list under the creator of a given worksheet. Descriptive text about the nine worksheets can be found on pp. 8–24 of this reference. Available at: www.tomwolff.com/resources/backer.pdf. Accessed October 29, 2010.

Appendix E

Text Description of Figures 2 and 3

Figure 2. Partnership Logic Model for Hypothetical State Asthma Program

The hypothetical logic model starts with partnership inputs, which include funding from the CDC National Asthma Control Program and other sources; people, including asthma program staff, contractors, partnership members and leaders, and other relevant people; and partnership by-laws, the state asthma plan, the state burden report, and other relevant materials.

These inputs support partnership activities: identifying and applying for new funds; communicating key messages about asthma; recruiting members reflective of the community; organizing and facilitating meetings and trainings; and developing and updating partnership procedures, organization, and leadership structure. These activities support subsequent activities: prioritizing and updating elements of the state asthma plan and implementing interventions.

Outputs of the partnership activities are: resources identified and applied for; external audiences receive and understand key messages; a diverse and active membership; members engaged and aligned with state plan goals; meetings and trainings held and well attended; leadership structure and committees aligned with the state plan; a shared vision of priorities; and interventions that are well coordinated and implemented.

These specific outputs lead to partnership outcomes: increased coordination of asthma-related efforts across the state; partners and others in state increase their awareness, knowledge, and skills; increased awareness of asthma burden, disparities, statewide asthma efforts, and ability to manage asthma; and increased activity and reach to affected populations.

Partnership outcomes lead to state asthma program outcomes: new or strengthened relationships and networks and improved use of available resources, which lead to increased funding to support asthma activities and improved infrastructure and public health practice, which lead to statewide asthma efforts sustained and improved. These outcomes contribute to and benefit from policies that are supportive of asthma management and improved asthma behavioral, environmental, and health outcomes.

Lastly, all of these inputs, activities, outputs, and outcomes are set into the broader context of funding availability, partnership history in the state, political climate, and geographic context.

Figure 3. Zooming In: Logic Model for a Hypothetical Health Care System Workgroup Reorganization

This zoomed-in logic model for a hypothetical healthcare system workgroup reorganization starts with partnership inputs of both people and materials. People include asthma program staff and partnership and workgroup members and leaders; materials include partnership by-laws, an organizational chart, and memoranda of understanding.

These inputs support partnership activities: recruiting new workgroup members, particularly healthcare providers; restructuring workgroup decision-making procedures; and implementing new workgroup communication procedures.

Partnership outputs are the result of activities: a diverse and active workgroup membership; effective workgroup leadership; a shared vision among workgroup members; and increased coordination of asthma-related efforts across health systems.

These outputs then lead to partnership outcomes: increased coordination of asthma-related efforts across the state; healthcare partners increase their awareness, knowledge and skills; and increased activity and reach to affected populations.

These partnership outcomes then flow into larger state asthma program outcomes: new or strengthened relationships and networks, particularly in healthcare settings and improved use of available resources, which lead to increased funding to support asthma activities and improved infrastructure and public health practice, which lead to sustained and improved statewide efforts.

These program outcomes contribute to and benefit from clinical policies that are supportive of asthma management and, eventually, improved asthma behavioral, environmental, and health outcomes.

Lastly, all of these inputs, activities, outputs, and outcomes are set into the broader context of funding availability, partnership history in the state, political climate, and geographic context.