



# Evaluating Partnerships

## LEARNING AND GROWING THROUGH EVALUATION

### MODULE 3

*2021 Updates*

# MODULE 3

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Copies of *Learning and Growing through Evaluation: Asthma Program Evaluation Guide* can be viewed or downloaded from [http://www.cdc.gov/asthma/program\\_eval/guide.htm](http://www.cdc.gov/asthma/program_eval/guide.htm)

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## Chapter 1 Evaluating Partnerships

**After reading this section, users should be able to:**

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

**P**artnerships are critical components of asthma programs. Partners 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 asthma programs, **PARTNERSHIPS** warrant ongoing evaluation to enhance their effectiveness. Partnership evaluation can serve many functions. Evaluating your partnerships can help you

- Assess progress toward goals
- Provide insights for improving partnership **ACTIVITIES**
- Identify sources of conflict as well as solutions
- Provide accountability
- Increase community awareness and support

Module 1 of *Learning and Growing through Evaluation*, provides guidance for including partnerships as a key program component in the strategic evaluation planning process. Module 1 is also a resource for developing **INDIVIDUAL EVALUATION PLANS**. Module 2, *Implementing Evaluations*, focuses on carrying out the evaluation and includes appendices that provide suggestions for many of the tasks undertaken during an evaluation. Module 3, *Evaluating Partnerships*, focuses on the specific challenges that come with assessing the collaborations jurisdictions use to diminish the burden of asthma.

In this module, we apply the generic strategies presented in *CDC's Framework for Program Evaluation* (1999) to the evaluation of asthma partnerships. For each step of the Framework, we illustrate how its principles apply to partnership evaluations. We hope these examples will help you 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.<sup>1</sup>

<sup>1</sup> 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. However, increased collaboration and relationship coordination among organizations serving the same population results in achieving higher quality outcomes more efficiently (Gittell, 2002; Gittell, 2006; Gittell et al., 2000).

To frame our thinking about evaluating partnerships, in 2006–2007, the Asthma and Community Health Branch convened a joint CDC-state workgroup.<sup>2</sup> 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 **Figure 1.1**), the workgroup compiled a large number of resources for use in evaluating partnerships. These resources 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 list of **EVALUATION QUESTIONS** and tools relevant for various partnership concepts.
- **Appendix D** is a collection of partnership evaluation tools that can be used to measure partnership concepts.
- **Appendix E** describes two logic models for a hypothetical asthma program and the hypothetical reorganization of a healthcare system workgroup.
- **Appendix F** provides guidance on how to incorporate **HEALTH EQUITY** into evaluation efforts.

### Asthma Program Partnerships

Public health has a rich tradition of using partnerships to pursue shared outcomes (Price, Brown, & Wolfe, 2020). Partnerships can have multiple forms and names, including strategic partners, **COALITIONS**, task forces, and networks, among many others. Typically, 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 jurisdiction-wide 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 CDC-state workgroup confirmed that asthma partnerships are as varied as the programs themselves. All asthma programs involve partners in developing and implementing 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. This continues to be true for current asthma programs.

Asthma program partnerships also share many similarities. The workgroup developed the **PARTNERSHIP CONCEPT MAP** (see **Figure 1.1**) to capture and record these commonalities, thereby helping us think systematically about partnerships and how best to evaluate them. The map is built around the assumption that all asthma programs make decisions about partnership

<sup>2</sup> The CDC-State Partnership Evaluation Workgroup was comprised of representatives from 10 state asthma programs and staff members from ACHB and Battelle Centers for Public Health Research and Evaluation.

composition, structure, activities, and goals. It further assumes that partnerships that perform well on these dimensions ultimately will contribute to positive changes in intended long-term programmatic outcomes: improved health (e.g., more individuals have well-controlled asthma, fewer asthma-related ED visits), lower costs, and better care (e.g., reduced disparities in access to high-quality care). The map does not assume that all partnerships will function effectively or that partnership development is linear. Consider the following key questions:

**Who is involved?** On the left side of the partnership concept map, there is variation in structure across asthma program partnerships. Note that partnerships may be organized at the state, regional, or local level. Research indicates that effective partnerships include people who understand the problem (i.e., asthma) and are able to stimulate local responses and solutions.

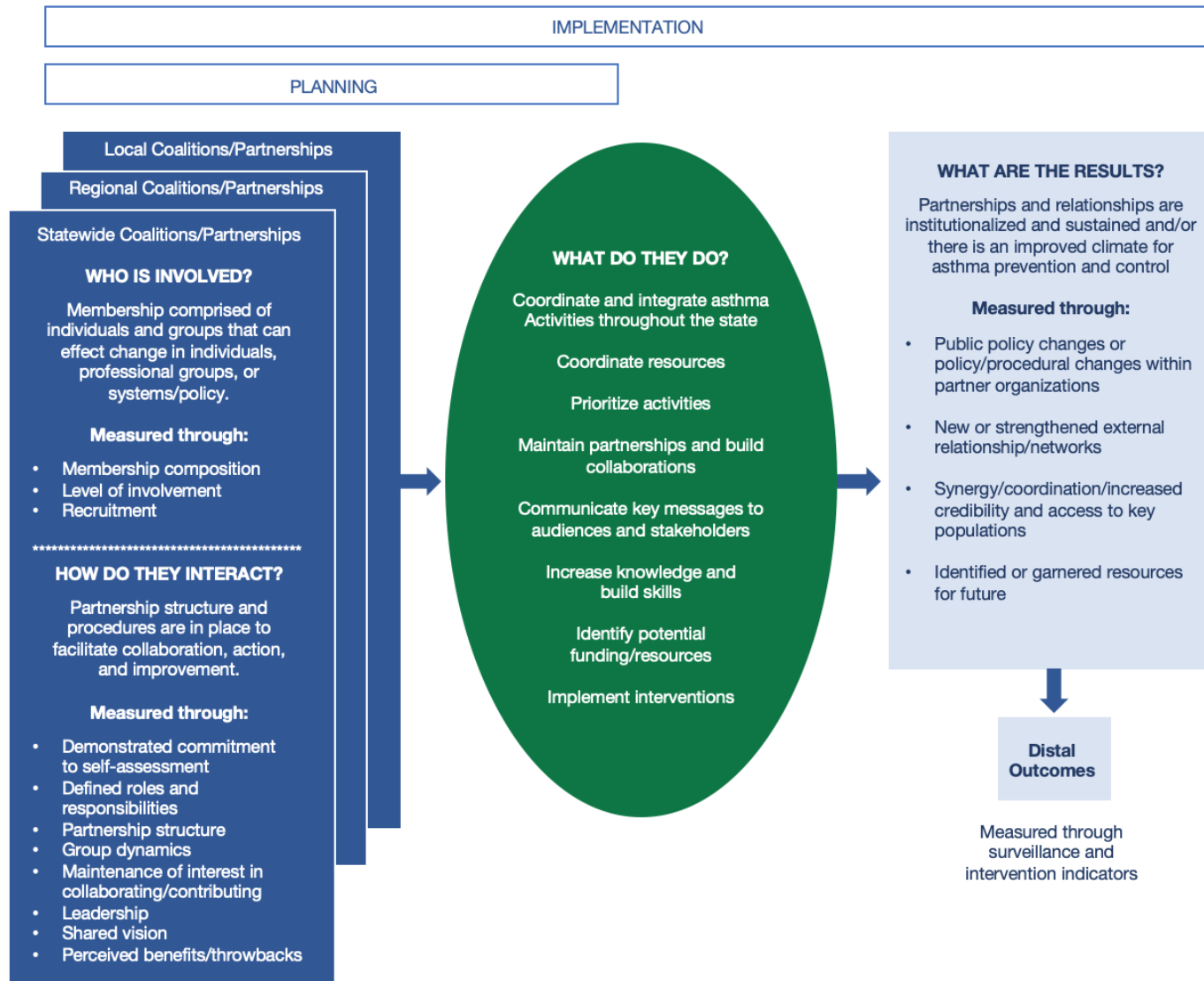
**How do they interact?** The left side of the partnership concept map shows how partners interact with one another. Research indicates that partnerships with formalized procedures, structures, and roles or responsibilities are more likely to engage members and pool resources. Partnership structures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

Partners are more likely to remain interested when they view the benefits of engagement as outweighing the costs (Butterfoss, Goodman, & Wandersman, 1996). They typically describe benefits such as skill acquisition, exposure to new ideas and groups, a 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 asthma programs, from contributing material resources to actively implementing asthma interventions. Partners may also develop their own knowledge and skills and use these to effect change in the organizations they represent.

**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. 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 with the broader community. This **SYNERGY** is believed to be an important **INDICATOR** that a partnership will be effective in reaching its ultimate goals.

**Figure 1.1 Partnership Concept Map for the National Asthma Control Program**



## Applying the CDC Framework to Partnership Evaluation

We focus on special considerations that pertain to partnerships when applying the six steps of the *CDC Framework for Program Evaluation* (1999) to evaluating asthma program partnerships. For example, we consider which **STAKEHOLDERS** you might engage given that this is a partnership evaluation and not a surveillance evaluation. For each step, we illustrate how to apply the elements in the partnership concept map to asthma program 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, preparing you for subsequent tasks in your evaluation. In addition, multiple perspectives can facilitate a well-balanced and useful evaluation. Involving stakeholders with a variety of perspectives in planning and implementing your evaluation will enrich the experience, increase partner buy-in and help facilitate the use of findings. To ensure the cultural responsiveness of your evaluation, it is critical to engage stakeholders who reflect the diversity of groups within the partnership. 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 members, workgroup leaders and other members of the asthma program partnership, funders, and other collaborators.
- **Stakeholders served or affected by the partnership.** These may include members of partner organizations and 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 jurisdiction (e.g., statewide diabetes coalition), other asthma programs, and regional or local asthma coalitions that were not the focus of the specific evaluation.

Your stakeholder group may include asthma program personnel, business owners, school personnel, asthma educators, medical professionals, insurance providers, and representatives of local community-based organizations. Consequently, you should expect differences in 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 and excellent facilitation skills.

Butterfoss (2009) reminds us of the need to clarify terms and establish your evaluation approach with all stakeholders. For example, medical professionals, who may be most familiar with randomized controlled 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 frame required when the goal is a change in health outcomes or a system-level change in a government healthcare agency.



Even though “Engage Stakeholders” is identified as Step 1 in the CDC 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 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**. These stakeholders should 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 asthma program and evaluation personnel 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 asthma program 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

#### Step 1 – Engaging Stakeholders in a Workgroup Reorganization

Consider the case of an asthma program that recently decided to reorganize its Healthcare System Workgroup after watching it make limited progress during the past year. The aims of this reorganization include an increase in the diversity and engagement of the members, enhanced coordination of members’ asthma-related efforts, and improvements in the coordination of asthma-related efforts across the jurisdiction. An evaluation of the reorganization was prioritized in the Strategic Evaluation Plan. The evaluation should provide information about the effectiveness of the reorganization and help determine 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 the reorganization plan, 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 lifecycle, the planning team explicitly includes a discussion of stakeholder roles during all six phases of the evaluation in the evaluation plan.

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

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After you have developed the Individual Evaluation Plan with your 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 the Strategic Evaluation Planning team, who are not a part of your Evaluation Planning Team, will have a broad picture of your program and the reasons why 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 (e.g., attendance logs, meeting notes), conduct data collection activities with local partners, help analyze and interpret the evidence to produce findings, and take action based on those findings.

Finally, during the action-planning phase of the evaluation, engage stakeholders in reviewing the conclusions of the evaluation and developing an **ACTION PLAN** based on the findings. By including people from the outset who are in a position to implement or influence 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. A visual description may also be helpful for orienting program staff members and partners on how the partnership operates and what it intends to achieve. Because asthma program partnerships vary, especially in their structures, no two jurisdictions' logic models will look alike. As partnerships evolve over time, the logic models depicting them will change as well.

When creating your logic model, you may find it helpful to draw upon the ideas included in both the Partnership Concept Map (**Figure 1.1**) and the Asthma Program Logic Model (included in the Notice of Funding Opportunity and Module 1, Figure 1.2). **Figures 1.2 and 1.3** 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 1.2 Partnership Logic Model for Hypothetical State Asthma Program

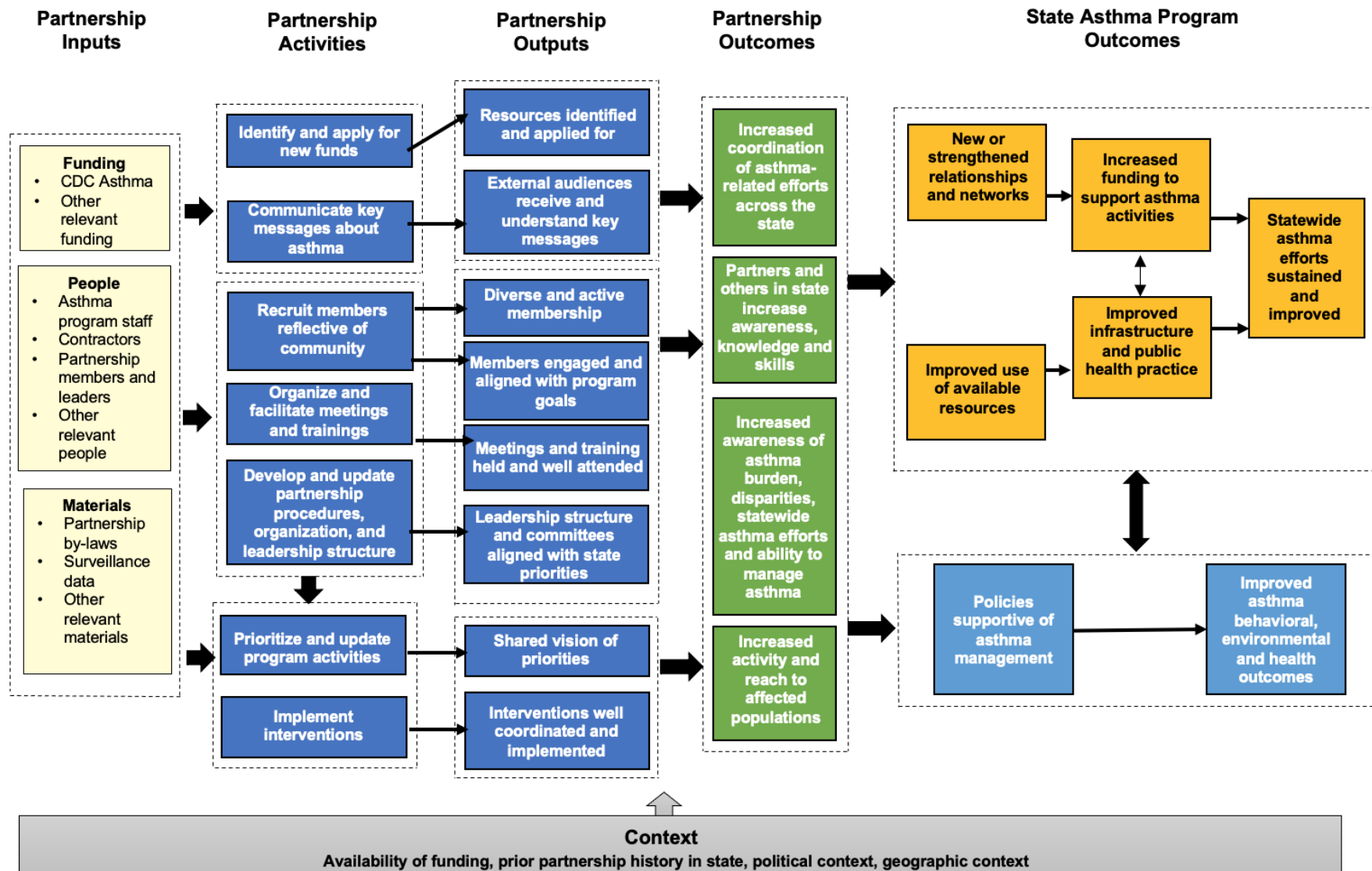
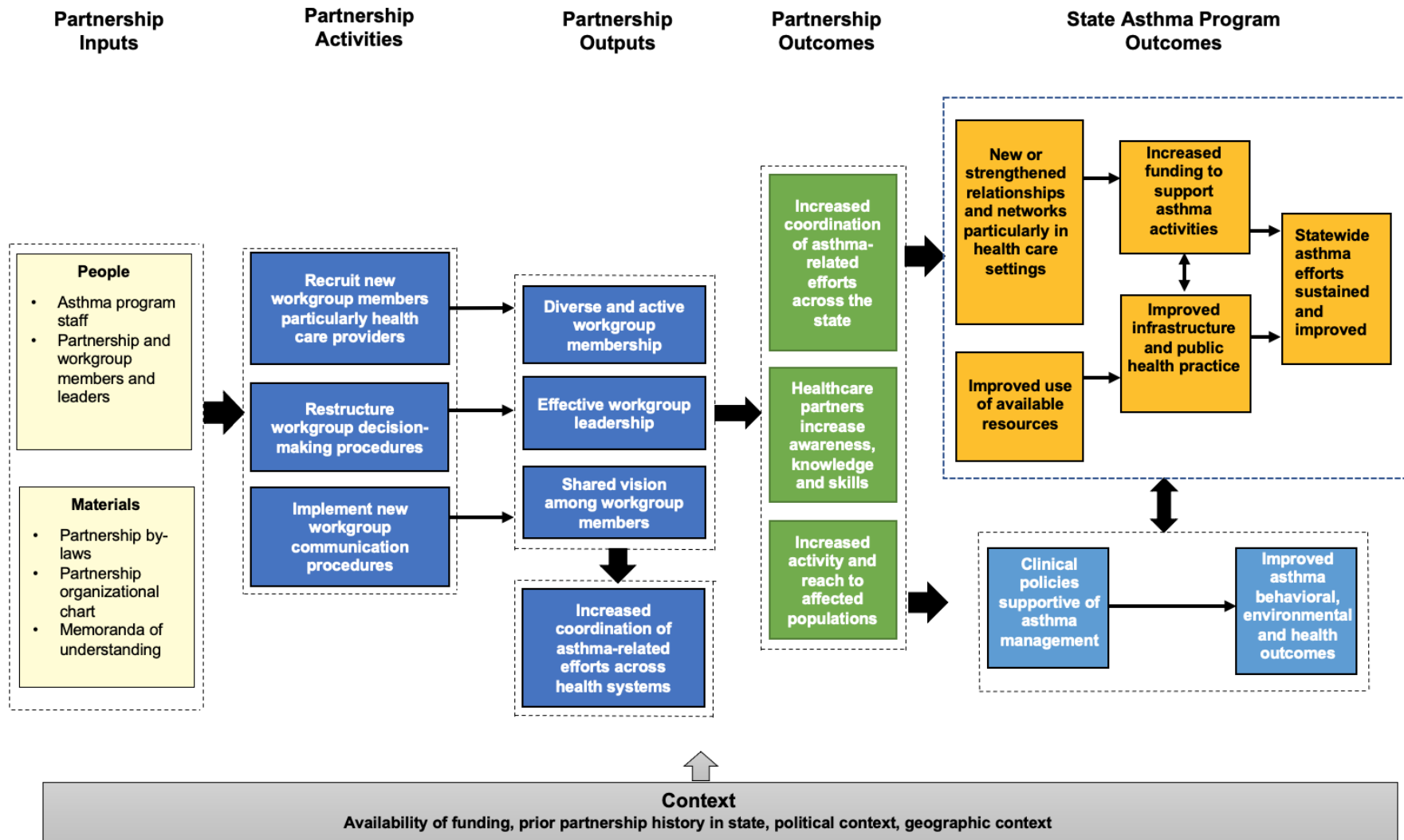


Figure 1.3 Zooming In: Logic Model for a Hypothetical Healthcare System Workgroup Reorganization



**Figure 1.2** uses these concepts and logic model components to depict an overarching asthma program partnership. However, it is probable that you and the stakeholders will instead choose to evaluate one particular aspect of a strategic partnership. Therefore, you may find it helpful to create another logic model that zooms in on that aspect, as depicted in **Figure 1.3**.

Consider the example of the reorganization of the Healthcare 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 1.2** 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 who reflect the community.

These activities are the primary focus of the reorganization evaluation. As a result, we created a new logic model that pulls out these specific items and then modified them slightly to reflect the Healthcare System Workgroup. **Figure 1.3** presents the newer logic model.

### Applying Step 3 – Focusing Your Partnership Evaluation

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

**Evaluation questions.** To focus your evaluation, encourage the Evaluation Planning Team members to discuss the pressing questions they have about the partnership and its functioning. The Partnership Concept Map (**Figure 1.1**) may help stimulate this dialogue.

You can also 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 healthcare providers really lead to a more diverse membership? Is that a proposition you might test? You may see a box with numerous arrows coming out of it. The contents of that box (e.g., an activity) may be an important area for focusing your evaluation because it is the source of many processes or outcomes. Finally, when you look at the logic model, do any of the boxes or arrows represent critical pathways (i.e., if it fails, then everything else does as well)? These may be important areas to focus on.

#### Step 3 - Focus the Evaluation Membership Assessment

In the next 6 months, a state asthma program plans to engage the state asthma partnership. They would like to develop and implement a set of interventions that focus on specific populations with high rates of asthma emergency department (ED) visits across the state. The Strategic Evaluation Planning Team wanted to evaluate the ability of the partnership to support this new, resource-intensive statewide effort.

The Evaluation Planning Team defined 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 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.

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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 (**Figure 1.1**) 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 is important when a new partnership is forming, as is 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, such as communication and leadership, are effective.

Regardless of how long your partnership has existed, it likely has evolved in response to changing circumstances. The capacity to understand and respond to changes is an important feature of a partnership. Triggering events (e.g., changes in membership or leadership, recruitment challenges, conflict among members, or emerging priorities) may help you and your partners focus on evaluation 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 jurisdiction's asthma burden.

If the Evaluation Planning Team develops questions that are significantly different from those prioritized by the Strategic Evaluation Planning Team, it will be necessary for both teams to review emerging priorities and collectively agree on any changes to the evaluation's focus.

We provide a few sample evaluation questions in **Table 1.1**. 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 to answer 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. Cases described in a recent issue of *New Directions for Evaluation* entitled, "Evaluating Community Coalitions and Collaboratives" may provide further inspiration (Wolfe, Price, & Brown, 2020).

**Table 1.1 Example Partnership Evaluation Questions**

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 asthma program 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 asthma program?
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 the leadership communication (if at all)?
What Do They Do?
How does the asthma program partnership interface with other asthma-related activities in local communities? What has been the quality of these interactions? What successful strategies have emerged from existing efforts?
How have partners developed, evaluated, expanded reach, and sustained strategies of comprehensive asthma control services?
What EXHALE strategies are currently being used by partners? What opportunities exist for better coordination across the jurisdiction? To what extent do these efforts reflect the needs articulated in the surveillance data and among the jurisdiction-wide partners?
What Are The Results?
To what extent have asthma program partners influenced the expansion and sustainment of comprehensive asthma control services?
How did involvement with the asthma program partnership contribute (if at all) to the development and use of evidence-based interventions?

**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 will likely 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**. A quasi-experimental design may include the collection of data before and after the intentional change, 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 Framework—**UTILITY, FEASIBILITY, PROPRIETY, and ACCURACY**.<sup>3</sup> 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 the evaluation questions and selected an evaluation design, you are ready to finalize the approach to answering the evaluation questions. This includes developing indicators for some or all of the questions and identifying 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 want to examine how many of your partners modify their internal policies to be consistent with your goal of widespread adoption and implementation of smoke-free policies. You may decide that to qualify as having modified their policies, organizations must have a formal, written smoke-free policy prohibiting smoking within a certain distance of the worksite; discouraging staff members from smoking in or near buildings is not considered sufficient. In this case, your indicator is the presence of a formal, specific policy.

If your evaluation reveals that about 50% of your coalition members have adopted smoke-free policies, will you consider that a success? Or will it need to be closer to 100% before it is time to celebrate? When possible, 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. In some instances there may not be enough information available to set a standard. In these cases, create a plan for who will be at the table and how you will go about discussing (e.g., what will you consider?) what constitutes a successful outcome when the results are available.

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<sup>3</sup> In 2010, a fifth evaluation standard was added, **EVALUATION ACCOUNTABILITY**. This standard encourages increased transparency in planning and implementation of evaluation as well as how conclusions are drawn through documentation and meta-evaluation (Yarbrough, Shulha, Hopson, & Caruthers, 2011).



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**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.
- **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 personally participate in partnership activities, former members, staff members, community leaders, individuals or organizational representatives you would like to include 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 specific workgroup or activity, a member type (e.g., healthcare 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 questions you have selected.<sup>4</sup> 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.<sup>5</sup>

**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 specific circumstances or develop new instruments altogether, especially if you intend to use instruments that are culturally responsive. If you develop your own data collection instruments, you may want to review the checklist at [www.cdc.gov/HealthyYouth/evaluation/pdf/brief15.pdf](http://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, in-person interviews, or surveys.

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.<sup>6</sup>

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<sup>4</sup> For more information about the pros and cons of various data collection methods see Appendix H of Module 2.

<sup>5</sup> For additional information about using a mix of methods in evaluation see Appendix E of Module 2.

<sup>6</sup> For tips for training data collectors see Appendix I of Module 2.

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**Piloting newly developed data collection instruments.** **PILOT TESTING** a new data collection instrument is critical to ensure it will elicit the information you need and is culturally responsive to your priority population. Pilot your survey or interview instrument with two or three potential participants drawn from a similar population. To ascertain whether each question is consistently understood by respondents, you can use cognitive interviewing<sup>7</sup> in your piloting process. The results of 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*, includes 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.

If you are conducting inferential statistical analysis in SAS, SPSS, STATA, or R, the following website provides resources on the correct statistical test to use depending on your data, as well as information on how to run those analyses in your respective statistical analysis software:

- <https://stats.idre.ucla.edu/other/mult-pkg/whatstat/>

R is an open-source statistical analysis software, and R Studio is an integrated platform within R that is useful for conducting and saving your analyses. For more information on R, R Studio, or guides for getting started, please see

- <https://www.r-project.org/>
- <https://rstudio.com/>
- <https://support.rstudio.com/hc/en-us/articles/201141096-Getting-Started-with-R>

If you are conducting qualitative analysis, content analysis is one useful method for analyzing information from interviews, focus groups, or documents. The following resource provides more information on how to conduct content analysis:

- <https://writing.colostate.edu/guides/guide.cfm?guideid=61>

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<sup>7</sup> Additional information on cognitive interviewing can be found at <https://www.cdc.gov/nchs/ccqder/evaluation/CognitiveInterviewing.htm>

Content analysis can be completed manually in Microsoft Word using the comments feature. QDA Miner Lite and QCAMap are two open-source software programs for conducting qualitative analysis by importing text documents and assigning codes to segments of text. Note that software programs only facilitate the coding of text; you must develop the coding scheme to be used for categorization. For more information on qualitative analysis software programs, please see

- <https://provalisresearch.com/products/qualitative-data-analysis-software/freeware/>
- <https://www.qcamap.org/>

In addition to statistical and content analysis, another potentially useful data analysis method for evaluating partnerships is Social Network Analysis (SNA). SNA can be useful for examining relationships, understanding how those relationships produce an effect, identifying important members in a network, understanding the capacity of a network to achieve a goal, tracking changes in a network over time, and understanding the connection between a network and outcomes (Honeycutt, 2009; Varda & Sprong, 2020). For more information on how to use SNA in program evaluation, please see

- <https://files.eric.ed.gov/fulltext/ED507482.pdf>

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” (CDC, 1999, p. 20). Interpretation goes beyond merely displaying the results of your analysis. Part of the 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 questions (CDC, 2011):

- 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?

If possible, present brief findings to the entire partnership to invite discussion. Traditional methods such as presentations, newsletters, and factsheets are time-efficient ways to present findings to large **AUDIENCES**. Infographics, data placemats, (<https://onlinelibrary.wiley.com/doi/full/10.1002/ev.20181>) and data dashboards ([https://www.betterevaluation.org/en/evaluation-options/data\\_dashboard](https://www.betterevaluation.org/en/evaluation-options/data_dashboard)) are visual ways to disseminate findings. Other methods for inviting discussion in person include hosting data parties ([https://www.betterevaluation.org/en/evaluation-options/data\\_party](https://www.betterevaluation.org/en/evaluation-options/data_party)) or sensemaking sessions to present findings and generate discussion to interpret results or provide recommendations.

You may or may not receive feedback but, at the very least, a precedent for inviting stakeholders to share their opinions will be established. Additionally, 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).

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

### 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 with whom to communicate results, as well as how to ensure your findings lead to appropriate action.

**Communications.** To increase the likelihood that evaluation findings are used, it is important to think through how, with whom, and when you will communicate about the evaluation. 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 the Individual Evaluation Plan, use it 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 in a culturally responsive manner, tailoring them to your audiences and intended users. 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 may be appropriate. Other methods for communicating your results include posters, video presentations, listserv postings, and one-on-one presentations. Consider whether findings will need to be communicated in languages other than English and whether written or oral communications are more culturally responsive.

Presenting negative results can be a major communication challenge. It is important to help stakeholders anticipate and process negative findings 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, feasible suggestions for action to improve the partnership.

**Action planning.** Evaluation results are more likely to be used if you take the time to develop an action plan listing the specific actions that individuals 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 Evaluation Implementation 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. **Figure 1.4** shows the action plan that might result.

**Figure 1.4 Sample Action Plan to Increase Participation by Priority Populations**

<b>Plan of Action to Achieve Change</b>	Suggested Change(s) Based on Evaluation Data	Increase participation in the asthma partnership by community members from priority populations. Fill the identified gaps in membership from the priority populations.
	Activities Required to Implement Change	<ul style="list-style-type: none"> <li>• Activity 1: Remove identified barriers to participation (change meeting location, times, and dates)</li> <li>• Activity 2: Identify recruitment coordinator who is responsible for outreach to the priority populations</li> <li>• Activity 3: Identify community leaders within these priority populations</li> <li>• Activity 4: Identify interested individuals through community leaders</li> </ul>
	Person(s) Responsible	<ul style="list-style-type: none"> <li>• Activity 1: Meeting logistics support person</li> <li>• Activity 2: Asthma program director</li> <li>• Activities 3 and 4: Recruitment coordinator</li> </ul>
	Resources Required	<ul style="list-style-type: none"> <li>• Internet access to identify alternative meeting venues in community locations</li> <li>• Recruiting database to collect information on potential new members</li> <li>• Administrative support to help recruitment coordinator</li> </ul>
	Timeline	<ul style="list-style-type: none"> <li>• New locations for meetings identified (March 15, 2021)</li> <li>• Recruitment coordinator identified (March 30, 2021)</li> <li>• New meeting schedule established (April 30, 2021)</li> <li>• Referral list completed (May 31, 2021)</li> <li>• Potential members invited (June 30, 2021)</li> </ul>

In sum, you have just invested considerable effort and time in conducting and implementing your partnership evaluation. As you ensure use and share lessons learned, remember to 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.

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**NOTES**

## Appendix A. Glossary

Definitions included in the glossary can be found in the sources referenced at the end of the appendix. Note that glossary terms are often close paraphrases or excerpts from sources. Words highlighted in **GREEN**, **BOLD**, **SMALL CAPS** indicate cross-references to other terms included in the Glossary.

<b>Abstraction Form</b>	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 (Banks, 1998).
<b>Accuracy</b>	One of the program <b>EVALUATION STANDARDS</b> 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 (Yarbrough, Shulha, Hopson, & Caruthers, 2011). See also <b>FEASIBILITY</b> , <b>PROPRIETY</b> , <b>UTILITY</b> , and <b>EVALUATION ACCOUNTABILITY</b> .
<b>Action Plan</b>	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 (Center for Community Health and Development, n.d.).
<b>Activities</b>	The actual events or actions that take place as a part of the program (DHHS, 2005).
<b>Audience</b>	The individuals (such as your <b>STAKEHOLDERS</b> and other evaluation users) with whom you want to communicate the results of an evaluation (Salabarría-Peña, Apt, & Walsh, 2007).
<b>Bias</b>	The extent to which a measurement or sampling method underestimates or overestimates the true value of an attribute. Bias in data collection instruments can come from the wording of questions, the order of questions, the way a survey is administered, etc. These things can influence a person's answer to a question, resulting in bias. A sample can be biased if it is not selected in a representative way (meaning that results will not be generalizable to the broader population) (EPA, 2007).
<b>Coalition</b>	A group of individuals or organizations that join 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 (Community Tool Box, n.d.).
<b>Comparison Group</b>	A group not exposed to a program or treatment. Sometimes referred to as a <b>CONTROL GROUP</b> , "comparison group" is a term used more frequently in <b>QUASI-EXPERIMENTAL DESIGNS</b> than in <b>EXPERIMENTAL DESIGNS</b> (DHHS, 2005; EPA, 2007).

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<b>Control Group</b>	A group whose characteristics are similar to those of a program’s participants but who do not receive the program services, products, or activities being evaluated. Participants are randomly assigned to either the experimental group (those receiving program services) or the control group. A control group is used to assess the effect of program activities on participants who are receiving the services, products, or activities being evaluated. The same information is collected for people in the control group and those in the experimental group (EPA, 2007). See also <b>RANDOM ASSIGNMENT</b> .
<b>Data Collection Instrument</b>	A form or set of forms used to collect information for an evaluation. Forms may include interview instruments, surveys, intake forms, case logs, and attendance records. They may be developed specifically for an evaluation or modified from existing instruments (EPA, 2007).
<b>Evaluation Accountability</b>	One of the program evaluation standards developed by the Joint Committee on Standards for Educational Evaluation. This standard encourages increased transparency in planning and implementation of evaluation as well as how conclusions are drawn through documentation and meta-evaluation (Yarbrough et al., 2011). See also <b>FEASIBILITY, PROPRIETY, ACCURACY, and UTILITY</b> .
<b>Evaluation Design</b>	The overarching plan for collecting data, including when and from whom. This includes the use of comparison or <b>CONTROL GROUPS</b> , sampling methods and measures that are used (or proposed) to address the specified <b>EVALUATION QUESTIONS</b> . Evaluation designs address information sources, data collection methods, the timing and frequency of data collection, and data analysis plans. Evaluation designs fall into one of three broad categories: <b>EXPERIMENTAL DESIGN, QUASI-EXPERIMENTAL DESIGN, and NON-EXPERIMENTAL DESIGN</b> (DHHS, 2003; GAO, 2012; Issel, 2009).
<b>Evaluation Planning Team</b>	As used in this guide, this term refers to a small group of evaluation <b>STAKEHOLDERS</b> convened by an asthma program to develop and implement a <b>STRATEGIC EVALUATION PLAN</b> and or <b>INDIVIDUAL EVALUATION PLAN</b> .
<b>Evaluation Question(s)</b>	A question generated by your <b>STAKEHOLDERS</b> to ascertain information about a program’s implementation, <b>OUTPUTS</b> , or <b>OUTCOMES</b> , 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) (Russ-Eft & Preskill, 2009).
<b>Evaluation Standards</b>	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 (Yarbrough et al.,

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	2011). See also <b>ACCURACY, EVALUATION ACCOUNTABILITY, FEASIBILITY, PROPRIETY, and UTILITY.</b>
<b>Experimental Design</b>	Designs that try to ensure the initial equivalence of one or more <b>CONTROL GROUPS</b> to a treatment group by administratively creating the groups through <b>RANDOM ASSIGNMENT</b> , 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 (DHHS, 2005).
<b>Feasibility</b>	One of the program <b>EVALUATION STANDARDS</b> 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 (Yarbrough et al., 2011). See also <b>ACCURACY, PROPRIETY, UTILITY, and EVALUATION ACCOUNTABILITY.</b>
<b>Focus Group</b>	A qualitative data collection method used to interview a group of people selected for their relevance to an evaluation. The group is engaged by a trained facilitator in a series of discussions designed for sharing insights, ideas, and observations on a topic of concern (Issel, 2009).
<b>Health Equity</b>	A state where everyone has access to health and where the barriers to health such as poverty, prejudice, and discrimination are eliminated (Braveman, Arkin, Orleans, Proctor, & Plough, 2017).
<b>Indicator</b>	A specific, observable, and measurable characteristic or change that shows the progress a program is making toward achieving a specified <b>OUTCOME</b> (DHHS, 2005).
<b>Individual Evaluation Plan</b>	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 (EPA, 2007).
<b>Informed Consent</b>	A process in which a person invited to participate in an evaluation or study is informed about the purpose of the study, the type of information being collected, and how the information will be used before making a decision to voluntarily participate or not (Lavrakas, 2008).
<b>Inputs</b>	Resources that go into a program in order to mount the <b>ACTIVITIES</b> successfully (DHHS, 2005).
<b>Internal Validity</b>	The degree to which causal relationships or cause-effect inferences drawn from studies or evaluations are truly responsible for the effects observed; the extent to which

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	observed changes can be attributed to the intervention rather than alternative causes (Trochim, 2020).
<b>Intervention</b>	Any group of <b>ACTIVITIES</b> that are coordinated by the asthma program to achieve <b>OUTCOMES</b> . Service interventions are those that are targeted to individual people with asthma, their families, and other caregivers. Health systems interventions address issues more broadly, often at the population level.
<b>Key Informant Interview</b>	A conversation with people 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 (Patton, 2014).
<b>Non-experimental Design</b>	An <b>EVALUATION DESIGN</b> in which participant information is gathered during or after an intervention. There is no <b>COMPARISON GROUP, CONTROL GROUP</b> , or repeated measurements of the treatment group (DHHS, 2005; Salabarría-Peña et al., 2007).
<b>Outcomes</b>	The results of program operations or <b>ACTIVITIES</b> ; the effects triggered by the program (for example, increased knowledge or skills, changed attitudes, reduced asthma morbidity and mortality) (DHHS, 2005).
<b>Outputs</b>	The direct products and services delivered by a program (for example, number of messages aired, number of trainings offered, or number of meetings held) (DHHS, 2005).
<b>Partnership</b>	Collaboration among distinct entities for the purpose of pooling abilities, expertise, and resources to affect an outcome of mutual interest (Rowitz, 2001).
<b>Partnership Concept Map</b>	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 (Lupion Torres, & de Cássia Veiga Marriott, 2010).
<b>Pilot Test</b>	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 (EPA, 2007).
<b>Propriety</b>	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 (Yarbrough et al., 2011). See also <b>ACCURACY, FEASIBILITY, UTILITY, and EVALUATION ACCOUNTABILITY</b> .

<b>Quasi-experimental Design</b>	Study structures that make comparisons to draw causal inferences but do not use randomization to create the treatment and <b>COMPARISON GROUPS</b> . The treatment group is usually given the treatment or program, whereas the comparison group is not; comparison groups may be selected to match the treatment group as closely as possible, selected as non-equivalent comparison groups which must be corrected for statistically, selected based on a specified pre-program cutoff score, or the treatment group may serve as its own comparison group over time to observe changes in an outcome; in this way inferences on the incremental impacts of the program can be made (Campbell & Stanley, 1966; Trochim, 2020).
<b>Random Assignment</b>	The assignment of individuals in the pool of all potential participants to either the experimental (treatment) group or the <b>CONTROL GROUP</b> in such a manner that their assignment to a group is determined entirely by chance (GAO, 2012; GAO, 2005).
<b>Response Rate</b>	The percentage of people from a sample who respond to a survey (EPA, 2007).
<b>Stakeholders</b>	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) (DHHS, 2005).
<b>Strategic Evaluation Plan</b>	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.
<b>Strategic Evaluation Planning Team</b>	As used in this guide, this term refers to a group of program <b>STAKEHOLDERS</b> charged with directing implementation of the <b>STRATEGIC EVALUATION PLAN</b> .
<b>Synergy</b>	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 (Lasker, Weiss, & Miller, 2001).
<b>Threats to Internal Validity</b>	The factors that can threaten the validity of the causal relationship established between the intervention and outcomes; threats include history, maturation, testing, instrumentation, statistical regression, mortality, selection bias, diffusion of treatment information, compensatory treatment equalization, compensatory rivalry, and demoralization of the comparison group (Campbell & Stanley, 1966; Trochim, 2020).
<b>Utility</b>	One of the program <b>EVALUATION STANDARDS</b> developed by the Joint Committee on Standards for Educational Evaluation. The extent to which an evaluation produces and disseminates reports that inform relevant <b>AUDIENCES</b> and have beneficial impact on their work (Yarbrough et al., 2011).

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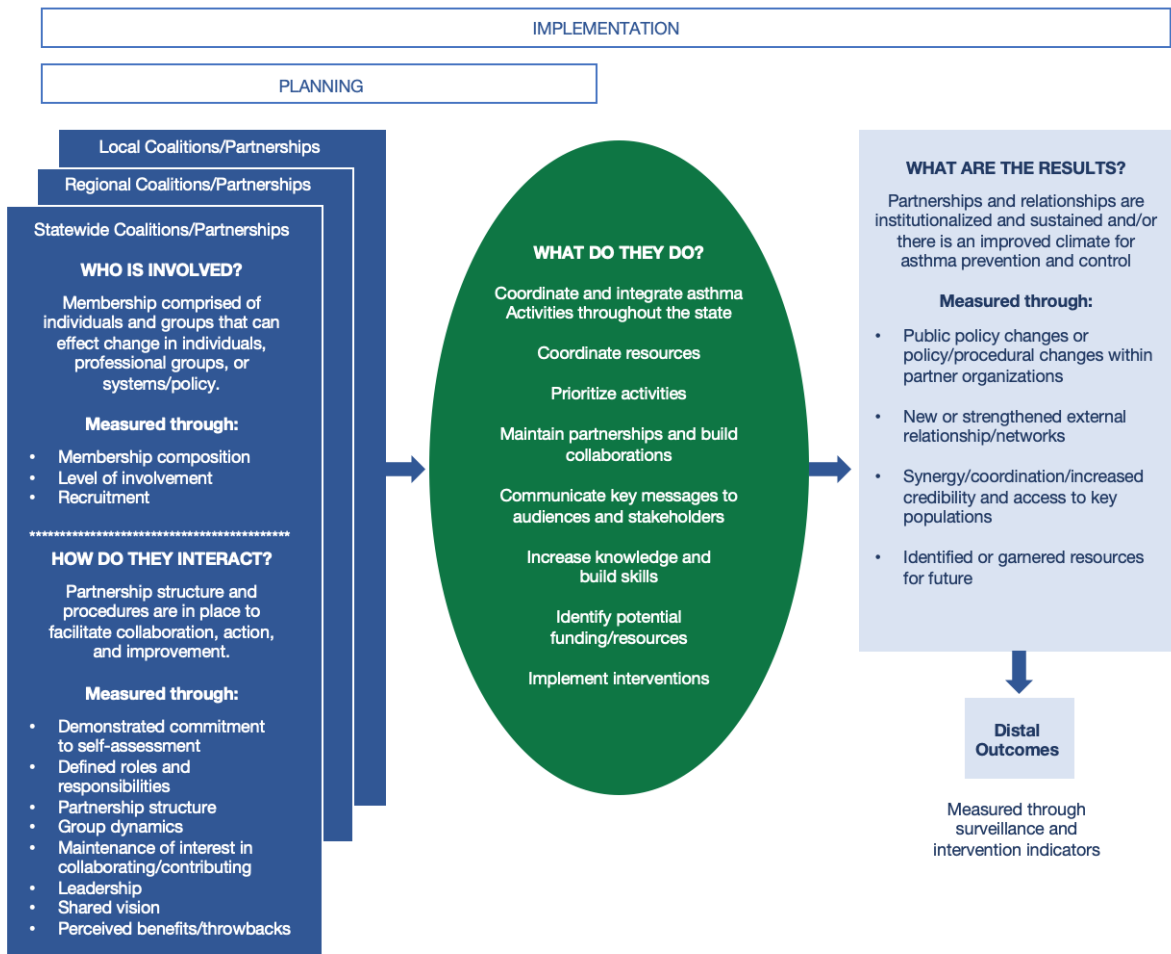
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**NOTES**

## Appendix B. Evidence Base on Effective Partnerships

There has been a rich tradition 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, strategic partners, 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 researchers have studied both the success of partnerships in engaging and sustaining the involvement of members (i.e., the process side of a logic model) and the outcomes they achieve. For our purposes, we define effective partnerships as those that bring together important program stakeholders, and then organize and engage them so as to achieve the mission, goals, and objectives of both the 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 1.1** and reprinted below for ease of reference.

**Figure 1.1 Partnership Concept Map**



### **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.** Partnerships routinely assess their membership composition. However, size and diversity have not been found to be critical factors leading to successful collaborations. Rather, partnerships should strive for the optimal membership needed to define and achieve goals. Evaluation questions related to composition include the following: 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, & 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 & Foster, 1997).

**Membership recruitment.** It is widely accepted that recruitment is an ongoing process and that recruitment strategies need to vary depending on the type of individuals or organizations one wants 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 asthma program partnerships.

**Level of involvement.** The level of involvement of partners can be measured through both number of hours outside meetings and number of roles partners take on. The level of involvement of partners has been found to be higher among those partners who perceive benefits to involvement, who believe they have influence in decision-making, and who rate the partnership leadership highly (Butterfoss, Goodman, & 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 Theory developed by Butterfoss and Kegler (2002),<sup>7</sup> 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 or contributing, leadership, shared vision or mission, and perceived benefits or drawbacks.

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<sup>7</sup> 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.

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**Demonstrated commitment to self-assessment.** Self-assessment is frequently 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 & Kegler, 2002). Clear definition of roles and responsibilities, for both personnel and members, is an important component of partnership efficiency and has been identified as a factor influencing the success of collaboration (Mattessich, Murray-Close, & 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 & 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, & Malek, 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, & 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 et al., 1996; Lasker et al., 2001).

**Collaborative mindset.** Interest in collaborating and contributing among partners is closely related to membership and level of involvement. 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 believed to lead to more effective coalitions (Butterfoss & Kegler, 2002).

**Leadership.** The National Study of Partnership Functioning found that partnership synergy is directly related to effective leadership (Weiss, Anderson, & Lasker, 2002).<sup>8</sup> 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. The items assessed how leaders 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 et al., 2002). A consistent positive relationship is found between partners' assessments of leader competence and member satisfaction (Butterfoss & Kegler, 2002).

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<sup>8</sup> 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.

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

**Perceived benefits or drawbacks.** The types of benefits and the costs, or drawbacks, to participating in a partnership 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 et al., 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 dimensions of partnership action. The “What?” includes how the partners coordinate and integrate asthma activities, contribute resources, prioritize elements of the asthma planning process, implement elements of the asthma planning process, maintain partnerships and build collaboration, communicate key messages, increase knowledge and build skills, and identify potential funding or 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 et al., 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 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 some evidence of success in increasing access to priority populations, obtaining services for clients, and improving the quality of services delivered (Krieger 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, & Osgood, 2004).

**Contribute resources.** According to Butterfoss et al. (1993), 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 priority populations, connections to political decision-makers, endorsements that provide legitimacy and credibility). Staff resources are also frequently cited as important to effective functioning. Resources are cited as a building block of partnership synergy (Lasker et al., 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 asthma program.** 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 with planning, 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 asthma program.** To the extent that partners are willing to contribute their own resources to implement elements of asthma program planning, it is clear that this is advantageous to a partnership. If specific plan elements are funded by the program where literature does not shed light on whether it is better for partners or staff members to implement, unless partners are uniquely positioned to implement the particular plan element successfully, influencing key policy-makers to take a specific action may be a better choice.

**Develop products or projects.** In addition to influencing key policymakers, partnerships can create tangible products or services (Butterfoss, 2009). Combining the talents and resources of members and member organizations, asthma program coalitions have developed training guides, webinars, or fact sheets that educate the public on the importance of comprehensive asthma management.

**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 et al., 1993). As mentioned previously, the Community Coalition Action Theory hypothesizes that maintenance of member engagement will lead to more effective coalitions (Butterfoss & Kegler, 2002).

**Communicate key messages.** Communication among members is an oft-mentioned component of effective partnerships (Butterfoss et al., 1993). Specifically, open and frequent communication and established communication links are cited as factors influencing successful collaborations (Mattessich et al., 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 ongoing effort of strategic partners to build support for asthma management activities.

**Increase knowledge and build skills.** Increased knowledge and skill-building among members are frequently 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 et al., 1993). Increasing knowledge and skill levels of partners are believed to enhance the ability of partnerships to implement activities (Butterfoss & Kegler, 2002) and to build community capacity to tackle other community issues (Butterfoss & Kegler, 2002; Kegler, et al., 1998).

**Identify potential funding or resources.** One role that partners can play is to help identify funding or 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 described as

advantages of a partnership approach to public health (Butterfoss et al., 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 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 outcomes such as public or organizational policies, new or strengthened external relationships or 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 & 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 review by Roussos and Fawcett (2000) 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.

**New or strengthened external relationships or 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 et al., 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 & Kegler, 2002). Allies Against Asthma coalitions report some evidence of success in building relationships and networks and then using these relationships to integrate service delivery and improve program outcomes. They suggest that this networking function is a sustainable role for coalitions as it requires fewer resources than direct service delivery and results in the institutionalization of system changes (Krieger 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 et al., 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 whether a partnership will be effective in reaching its ultimate goals (Lasker et al., 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 & Fawcett, 2000).

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**NOTES**

## 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 asthma program 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 1.1** 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. Additional tools and potential evaluation questions were also incorporated in 2020, based on information presented in a *New Directions for Evaluation* issue, entitled Evaluating Community Coalitions and Collaboratives (Wolfe, Price, & Brown, 2020).

**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 will likely fall somewhere within these concepts. The second column of **Table C.1** 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 an asthma program; (2) provide a partial list of questions for adopting or adapting to your own jurisdiction-specific context; and (3) serve as a jumping-off point for developing additional questions of specific 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 1.1**, 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 asthma program 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 or methods.** After zeroing in on the concept(s) for which your information needs are greatest and developing 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. 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 or Methods
<b>Who is Involved?</b>		
Membership Composition	<ul style="list-style-type: none"> <li>• Who are the members of the asthma program partnership? To what extent does the expertise of these partners align with current and upcoming asthma program plans?</li> <li>• To what extent do partners have the authority to commit resources or other support?</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Community Group Member Survey</b> (Taylor-Powell, 1998)</li> <li>• <b>Coalition Self-Assessment Survey</b> (Allies Against Asthma, 2002)</li> <li>• <b>Inclusivity Checklist</b> (Rosenthal, 1997)</li> <li>• <b>Wilder Collaboration Factors Inventory</b> (Mattessich &amp; Johnson, 2018)</li> <li>• <b>Coalition Effectiveness Inventory (CEI) Self-Assessment Tool</b> (Butterfoss, 1998b)</li> <li>• <b>PARTNER (Platform to Analyze, Record, and Track Networks to Enhance Relationships) Tool</b> (Visible Networks Labs, n.d.)</li> <li>• <b>Adverse Childhood Experiences (ACEs) and Resilience Collective Community Capacity (ARC3) Survey</b> (Hargreaves et al., 2016)</li> <li>• <b>Equity Rubric</b> (Sparks Policy Institute &amp; ORS Impact, 2018)</li> <li>• <i>Abstraction of attendance or partnership records</i></li> <li>• <i>Progress monitoring</i></li> </ul>
Level of Involvement	<ul style="list-style-type: none"> <li>• How regularly do partners attend scheduled meetings? What partners are frequent attendees? Which partners attend less regularly? Why do these partners attend fewer meetings?</li> <li>• 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?</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Coalition Effectiveness Inventory</b> (Butterfoss, 1998a)</li> <li>• <b>Coalition Self-Assessment Survey</b> (Allies Against Asthma, 2002)</li> <li>• <b>Coalition Effectiveness Inventory (CEI) Self-Assessment Tool</b> (Butterfoss, 1998b)</li> <li>• <b>PARTNER (Platform to Analyze, Record, and Track Networks to</b></li> </ul>

		<p><b>Enhance Relationships) Tool</b> (Visible Networks Labs, n.d.)</p> <ul style="list-style-type: none"> <li>• <i>Abstraction of attendance records</i></li> </ul>
Membership Recruitment	<ul style="list-style-type: none"> <li>• 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?</li> <li>• How does our membership compare with other asthma program partnerships? What additional partners should we add to support our efforts?</li> <li>• How timely are gaps identified and addressed in the asthma program partnership?</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Community Group Coalition Effectiveness Inventory</b> (Butterfoss, 1998a)</li> <li>• <b>Coalition Self-Assessment Survey</b> (Allies Against Asthma, 2002)</li> <li>• <b>Diagnostic Tool for Evaluating Group Functioning</b> (Iowa State University, 2000)</li> <li>• <b>Coalition Effectiveness Inventory (CEI) Self-Assessment Tool</b> (Butterfoss, 1998b)</li> <li>• <b>Health Equity Rubric</b> (Sparks Policy Institute &amp; ORS Impact, 2018)</li> <li>• <i>Progress monitoring</i></li> <li>• <i>Key informant interviews</i></li> </ul>
<b>How Do They Interact?</b>		
Demonstrated Commitment to Self-assessment	<ul style="list-style-type: none"> <li>• 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?</li> <li>• 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?</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Key Informant Interview Guide</b> (Allies Against Asthma, 2003)</li> <li>• <b>Am I a High Functioning Coalition Member?</b> (Butterfoss, n.d.-a)</li> <li>• <b>Adverse Childhood Experiences (ACEs) and Resilience Collective Community Capacity (ARC3) Survey</b> (Hargreaves et al., 2016)</li> <li>• <b>Collective Impact Rubric</b> (Sparks Policy Institute &amp; ORS Impact, 2018)</li> <li>• <b>Population Change Rubric</b> (Sparks Policy Institute &amp; ORS Impact, 2018)</li> <li>• <i>Abstraction of partnership documentation</i></li> <li>• <i>Key informant interviews</i></li> <li>• <i>Progress monitoring</i></li> </ul>
Defined Roles and Responsibilities	<ul style="list-style-type: none"> <li>• To what extent do partners feel their roles and responsibilities are described clearly?</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Wilder Collaboration Factors Inventory</b> (Mattessich &amp; Johnson,</li> </ul>

	<ul style="list-style-type: none"> <li>• What is the role of staff members in the partnership? To what extent does the role of the staff member 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?</li> <li>• How effective are staff members in supporting the partnership? In what ways does the staff currently support partnership efforts? How might communication from staff members to the partnership be improved?</li> </ul>	<p>2018)</p> <ul style="list-style-type: none"> <li>• <b>Coalition Self-Assessment Survey</b> (Allies Against Asthma, 2002)</li> <li>• <b>Coalition Member Survey</b> (Butterfoss, n.d.-b)</li> <li>• <b>Adverse Childhood Experiences (ACEs) and Resilience Collective Community Capacity (ARC3) Survey</b> (Hargreaves et al., 2016)</li> <li>• <b>Collective Impact Rubric</b> (Sparks Policy Institute &amp; ORS Impact, 2018)</li> <li>• <b>Systems Change Rubric</b> (Sparks Policy Institute &amp; ORS Impact, 2018)</li> <li>• <i>Key informant interviews</i></li> </ul>
<p>Structure</p>	<ul style="list-style-type: none"> <li>• To what extent does the current structure of our partnership support efficient and effective partnership functioning?</li> <li>• What roles do committees and subcommittees play? To what extent do these roles support attainment of the goals of our asthma programs? How might these committee roles change to better align with the asthma program priorities?</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Assessing Strategic Partnership: the Partnership Assessment Tool</b> (Hardy, Hudson, &amp; Waddington, 2003)</li> <li>• <b>Coalition Effectiveness Inventory</b> (Butterfoss, 1998a)</li> <li>• <b>Coalition Effectiveness Inventory (CEI) Self-Assessment Tool</b> (Butterfoss, 1998b)</li> <li>• <b>PARTNER (Platform to Analyze, Record, and Track Networks to Enhance Relationships) Tool</b> (Visible Networks Labs, n.d.)</li> <li>• <b>Adverse Childhood Experiences (ACEs) and Resilience Collective Community Capacity (ARC3) Survey</b> (Hargreaves et al., 2016)</li> <li>• <b>Collective Impact Rubric</b> (Sparks Policy Institute &amp; ORS Impact, 2018)</li> <li>• <b>Systems Change Rubric</b> (Sparks Policy Institute &amp; ORS Impact, 2018)</li> <li>• <i>Abstraction of partnership documentation</i></li> </ul>

<p>Group Dynamics</p>	<ul style="list-style-type: none"> <li>• How satisfied are partners with the group’s ability to collaborate? How might the partnership structure and activities be modified to improve satisfaction with the group dynamics?</li> <li>• In what ways do partners collaborate to promote asthma management? How well does the group collaborate on these topics?</li> <li>• 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?</li> <li>• 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?</li> <li>• 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?</li> <li>• How effective is the communication within the partnership or coalition?</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Partnership Self-Assessment Tool</b> (Center for the Advancement of Collaborative Strategies in Health, 2002)</li> <li>• <b>Coalition Self-Assessment Survey</b> (Allies Against Asthma, 2002)</li> <li>• <b>Inclusivity Checklist</b> (Rosenthal, 1997)</li> <li>• <b>Instrument for Evaluating Dimensions of Group Dynamics</b> (Schulz, Israel &amp; Lantz, 2003)</li> <li>• <b>Wilder Collaboration Factors Inventory</b> (Mattesich &amp; Johnson, 2018)</li> <li>• <b>Diagnostic Tool for Evaluating Group Functioning</b> (Iowa State University, 2000)</li> <li>• <b>Coalition Effectiveness Inventory</b> (Butterfoss, 1998a)</li> <li>• <b>Diagnosing the Health of Your Coalition</b> (Community Toolbox, n.d.)</li> <li>• <b>Assessing Strategic Partnership: The Partnership Assessment Tool</b> (Hardy et al., 2003)</li> <li>• <b>Climate Diagnostic Tool: The Six R’s of Participation</b> (Kaye &amp; Resnick, 1994)</li> <li>• <b>Coalition Member Survey</b> (Butterfoss, n.d.-b)</li> <li>• <b>PARTNER (Platform to Analyze, Record, and Track Networks to Enhance Relationships) Tool</b> (Visible Networks Labs, n.d.)</li> <li>• <b>Adverse Childhood Experiences (ACEs) and Resilience Collective Community Capacity (ARC3) Survey</b> (Hargreaves et al., 2016)</li> </ul>
<p>Maintaining Interest in</p>	<ul style="list-style-type: none"> <li>• How interested are members in sustaining the collaboration? To what extent (if at all) does this differ among members in this</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Evaluating Community Coalition Characteristics and Functioning</b> (Granner</li> </ul>

<p>Collaborating or Contributing</p>	<p>collaboration?</p> <ul style="list-style-type: none"> <li>• To what extent has the partnership been able to maintain the membership’s interest? What techniques have been most successful in maintaining member interest?</li> </ul>	<p>&amp; Sharp, 2004)</p> <ul style="list-style-type: none"> <li>• <b>Coalition Effectiveness Inventory (CEI) Self-Assessment Tool</b> (Butterfoss, 1998b)</li> <li>• <b>Health equity Rubric</b> (Sparks Policy Institute &amp; ORS Impact, 2018)</li> <li>• <i>Abstraction of partnership attendance records</i></li> <li>• <i>Key informant interviews</i></li> </ul>
<p>Leadership</p>	<ul style="list-style-type: none"> <li>• 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?</li> <li>• 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?</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Coalition Self-Assessment Survey</b> (Allies Against Asthma, 2002)</li> <li>• <b>Collaboration Checklist</b> (Borden &amp; Perkins, 1999)</li> <li>• <b>Wilder Collaboration Factors Inventory</b> (Mattessich &amp; Johnson, 2018)</li> <li>• <b>Partnership Self-Assessment Tool</b> (Center for the Advancement of Collaborative Strategies in Health, 2002)</li> <li>• <b>Coalition Member Survey</b> (Butterfoss, n.d.-b)</li> <li>• <b>PARTNER (Platform to Analyze, Record, and Track Networks to Enhance Relationships) Tool</b> (Visible Networks Labs, n.d.)</li> <li>• <b>Adverse Childhood Experiences (ACEs) and Resilience Collective Community Capacity (ARC3) Survey</b> (Hargreaves et al., 2016)</li> <li>• <b>Collective Impact Rubric</b> (Sparks Policy Institute &amp; ORS Impact; 2018)</li> </ul>
<p>Shared Vision, Mission or Planning</p>	<ul style="list-style-type: none"> <li>• To what extent does the partnership have a clearly articulated vision? To what extent is this vision shared among members of the partnership?</li> <li>• 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?</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Wilder Collaboration Factors Inventory</b> (Mattessich &amp; Johnson, 2018)</li> <li>• <b>Coalition Self-Assessment Survey</b> (Allies Against Asthma, 2002)</li> <li>• <b>Coalition Member Survey</b> (Butterfoss, n.d.-b)</li> <li>• <b>PARTNER (Platform to</b></li> </ul>



	<ul style="list-style-type: none"> <li>• How effective are the plans developed by the coalition or partnership? What are the strengths and weaknesses of the current approach?</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Analyze, Record, and Track Networks to Enhance Relationships) Tool</b> (Visible Networks Labs, n.d.)</li> <li>• <b>Adverse Childhood Experiences (ACEs) and Resilience Collective Community Capacity (ARC3) Survey</b> (Hargreaves et al., 2016)</li> <li>• <b>Collective Impact Rubric</b> (Sparks Policy Institute &amp; ORS Impact, 2018)</li> </ul>
<p>Perceived Benefits or Drawbacks</p>	<ul style="list-style-type: none"> <li>• To what extent have organizations or individuals benefited from group participation? What benefits did they expect that were not realized?</li> <li>• What do members perceive as the drawbacks or costs of participation?</li> <li>• What is the level of ownership or commitment to the partnership?</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Coalition Self-Assessment Survey</b> (Allies Against Asthma, 2002)</li> <li>• <b>Key Informant Interview Guide</b> (Allies Against Asthma, 2003)</li> <li>• <b>Partnership Self-Assessment Tool</b> (Center for the Advancement of Collaborative Strategies in Health, 2002)</li> <li>• <b>Wilder Collaboration Factors Inventory</b> (Mattessich &amp; Johnson, 2018)</li> <li>• <b>Coalition Member Survey</b> (Butterfoss, n.d.-b)</li> <li>• <b>PARTNER (Platform to Analyze, Record, and Track Networks to Enhance Relationships) Tool</b> (Visible Networks Labs, n.d.)</li> </ul>
<b>What Do They Do?</b>		
<p>Coordinate and Integrate Asthma Activities</p>	<ul style="list-style-type: none"> <li>• How does the asthma program interface with other state or federally funded programs or agencies?</li> <li>• In what ways are resources leveraged between state agencies or CDC-funded programs to support the asthma activities or to accomplish the goals of the asthma program? How might additional resources be leveraged?</li> <li>• How does the asthma program interface with other asthma-related activities in local communities? In what ways can</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Key Informant Interview Guide</b> (Allies Against Asthma, 2003)</li> <li>• <b>Coalition Effectiveness Inventory (CEI) Self-Assessment Tool</b> (Butterfoss, 1998b)</li> <li>• <b>Adverse Childhood Experiences (ACEs) and Resilience Collective Community Capacity (ARC3) Survey</b> (Hargreaves et al., 2016)</li> <li>• <i>Progress monitoring</i></li> </ul>

	<p>these relationships be improved upon and sustained?</p>	
<p>Contribute Resources</p>	<ul style="list-style-type: none"> <li>• What types of resources have partners contributed to accomplishing the goals of the asthma program? Does the partnership need other types of resources (e.g., money, time, supplies)? How might these gaps be filled, and by whom?</li> <li>• In what ways do members of this partnership contribute to the asthma program surveillance and evaluation activities? How might any current untapped resources for these activities be realized through the partnership?</li> <li>• What role do partners play with respect to the asthma program planning efforts? How do these roles align with what the leadership anticipates the partners will do?</li> <li>• 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 or coalition staff contribute to more efficient resource transfer?</li> <li>• 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?</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Assessing Strategic Partnership: the Partnership Assessment Tool</b> (Hardy et al., 2003)</li> <li>• <b>Partnership Self-Assessment Tool</b> (Center for the Advancement of Collaborative Strategies in Health, 2002)</li> <li>• <b>PARTNER (Platform to Analyze, Record, and Track Networks to Enhance Relationships) Tool</b> (Visible Networks Labs, n.d.)</li> <li>• <b>Adverse Childhood Experiences (ACEs) and Resilience Collective Community Capacity (ARC3) Survey</b> (Hargreaves et al., 2016)</li> <li>• <b>Systems Change Rubric</b> (Sparks Policy Institute &amp; ORS Impact, 2018)</li> <li>• <i>Abstraction of partnership documentation (e.g., financial documents)</i></li> <li>• <i>Progress monitoring</i></li> </ul>
<p>Prioritize Elements of Asthma Plan</p>	<ul style="list-style-type: none"> <li>• What role do asthma partners play in identifying priority interventions? To what extent do these partners feel they were appropriately engaged in prioritization activities?</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Key informant interviews with partners</i></li> </ul>
<p>Implement Interventions</p>	<ul style="list-style-type: none"> <li>• 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 jurisdictions?</li> <li>• What training or educational interventions are being</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Coalition Member Survey</b> (Butterfoss, n.d.-b)</li> <li>• <b>Coalition Effectiveness Inventory (CEI) Self-Assessment Tool</b> (Butterfoss, 1998b)</li> <li>• <b>Health Equity Rubric</b> (Sparks Policy Institute &amp; ORS Impact, 2018)</li> <li>• <i>Process monitoring</i></li> </ul>

	<p>conducted by partners? How might these interventions be expanded or sustained to facilitate quicker or fuller accomplishment of the goals of the asthma program?</p> <ul style="list-style-type: none"> <li>• What subpopulations or geographic areas are prioritized by the training or educational intervention conducted by partners? To what extent does the focus of these efforts align with the disparities identified through asthma program surveillance data?</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Key informant interviews</i></li> </ul>
<p>Identify Potential Funding or Resources</p>	<ul style="list-style-type: none"> <li>• How is the partnership positioning itself for future funding? To what extent do members feel this process can be improved upon?</li> <li>• Of the funding opportunities identified by the coalition partnership over the past year, which ones do members feel are most relevant to accomplishing the program goals? What characteristics about these relevant funding opportunities do the partners feel have the potential to be most influential or helpful?</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Annual Satisfaction Survey for Community Coalitions</b> (Fawcett, Foster &amp; Francisco, 1997)</li> <li>• <b>Coalition Effectiveness Inventory (CEI) Self-Assessment Tool</b> (Butterfoss, 1998b)</li> </ul>
<p>Maintain Partnerships and Build Collaboration</p>	<ul style="list-style-type: none"> <li>• To what extent has the partnership been able to maintain or expand its membership to accomplish priority activities?</li> <li>• How can the partnership be further developed or sustained?</li> <li>• To what extent has networking increased within the partnership?</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Coalition Effectiveness Inventory</b> (Butterfoss, 1998b)</li> <li>• <b>Key Informant Interview Guide</b> (Allies Against Asthma, 2003)</li> <li>• <b>Coalition Self-Assessment Survey</b> (Allies Against Asthma, 2002)</li> <li>• <b>Coalition Member Survey</b> (Butterfoss, 1998b)</li> <li>• <b>Coalition Effectiveness Inventory (CEI) Self-Assessment Tool</b> (Butterfoss, 1998b)</li> <li>• <b>Adverse Childhood Experiences (ACEs) and Resilience Collective Community Capacity (ARC3) Survey</b> (Hargreaves et al., 2016)</li> <li>• <b>Systems Change Rubric</b> (Sparks Policy Institute &amp;</li> </ul>

		<p>ORS Impact, 2018)</p> <ul style="list-style-type: none"> <li>• <i>Abstraction of attendance and other partnership records</i></li> </ul>
<p>Communicate Key Messages</p>	<ul style="list-style-type: none"> <li>• 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?</li> <li>• How does the partnership communicate with the broader community? Does this technique have the ability to promote or influence good asthma management in the jurisdiction and beyond? How frequent are these communications? How effective are these external communications?</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Partnership Self-Assessment Tool</b> (Center for the Advancement of Collaborative Strategies in Health, 2002)</li> <li>• <b>Sustainability Benchmarks</b> (Center for Collaborative Planning, 2000)</li> <li>• <b>PARTNER (Platform to Analyze, Record, and Track Networks to Enhance Relationships) Tool</b> (Visible Networks Labs, n.d.)</li> <li>• <b>Adverse Childhood Experiences (ACEs) and Resilience Collective Community Capacity (ARC3) Survey</b> (Hargreaves et al., 2016)</li> <li>• <b>Collective Impact Rubric</b> (Sparks Policy Institute &amp; ORS Impact, 2018)</li> </ul>
<b>What are the Results?</b>		
<p>Public or Organizational Policy Change</p>	<ul style="list-style-type: none"> <li>• 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 asthma program? For those partners who have not made these changes, what factors hindered change?</li> <li>• 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 jurisdiction that is conducive to facilitating</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Progress monitoring</i></li> <li>• <i>Process tracing</i></li> <li>• <i>Records abstraction</i></li> </ul>

	<p>this type of change?</p> <ul style="list-style-type: none"> <li>• Is there a relationship between the collective impact approach and demonstrable population change or changes among people or places targeted by initiatives?</li> </ul>	
Synergy	<ul style="list-style-type: none"> <li>• 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?</li> <li>• To what extent have activities or programs occurred that would not have occurred had the partnership not existed?</li> <li>• To what extent does the partnership have the credibility and connections it needs to reach the goals of the asthma program?</li> <li>• Has access to high-risk and difficult-to-reach groups increased as a result of partnership activities? If not, what has hindered access?</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Partnership Self-Assessment Tool</b> (Center for the Advancement of Collaborative Strategies in Health, 2002)</li> <li>• <b>Key Informant Interview Guide</b> (Allies Against Asthma, 2003)</li> <li>• <b>Health equity Rubric</b> (Sparks Policy Institute &amp; ORS Impact, 2018)</li> <li>• <i>Abstraction of records documenting partner activities</i></li> </ul>
Identified or Garnered Resources for Future	<ul style="list-style-type: none"> <li>• How successful have the partners' efforts been to acquire funds to support the asthma program? What are some key factors that contributed to this success? What has hindered this success?</li> <li>• 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?</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Partnership Self-Assessment Tool</b> (Center for the Advancement of Collaborative Strategies in Health, 2000)</li> <li>• <b>Key Informant Interview Guide</b> (Allies Against Asthma, 2003)</li> <li>• <b>Coalition Effectiveness Inventory (CEI) Self-Assessment Tool</b> (Butterfoss, 1998b)</li> </ul>
New or Strengthened External Relationships or Networks	<ul style="list-style-type: none"> <li>• To what extent has the coalition's or partnership's efforts enhanced the capacity of the jurisdiction (and communities within the jurisdiction) to improve asthma management practices?</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Partnership Self-Assessment Tool</b> (Center for the Advancement of Collaborative Strategies in Health, 2000)</li> <li>• <b>Key Informant Interview Guide</b> (Allies Against</li> </ul>

	<ul style="list-style-type: none"> <li>• In what ways has the jurisdiction-wide 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 jurisdiction? What are the unanticipated effects, if any, of these new connections (positive or negative)?</li> </ul>	<p>Asthma, 2003)</p> <ul style="list-style-type: none"> <li>• <b>Coalition Effectiveness Inventory (CEI) Self-Assessment Tool</b> (Butterfoss, 1998b)</li> <li>• <b>Adverse Childhood Experiences (ACEs) and Resilience Collective Community</b> (Hargreaves et al., 2016)</li> <li>• <b>Health equity Rubric</b> (Sparks Policy Institute &amp; ORS Impact, 2018)</li> <li>• <b>Systems Change Rubric</b> (Sparks Policy Institute &amp; ORS Impact, 2018)</li> </ul>
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An additional concept that has direct importance to asthma programs and has recently been highlighted in the literature (as relevant to partnership evaluation) since the 2006–2007 Partnership Evaluation Workgroup convened is health equity. The logic model provided in the current NOFO emphasizes the overarching outcomes for the program—one of which is health equity. Thus, considering how to promote health equity through the partnership itself may be important. In the following table, we present some example evaluation questions that align with the concept of health equity in partnerships as well as some associated tools (Hilgendorf, Moore, Wells, & Stanley, 2020; Price, Brown, & Wolfe, 2020; Stachowiak, Lynn, & Akey, 2020; Varda & Sprong, 2020).

Partnership Concept	Example Evaluation Questions	Some Relevant Tools or Methods
<b>What are the Results? (Continued)</b>		
Health equity	<ul style="list-style-type: none"> <li>• In what ways does more diversity in a network make it more difficult or easier to manage goals, outcomes, or perceptions?</li> <li>• What is the role that powerful or influential members play in networks?</li> <li>• How do one-on-one meetings with leaders of adversely affected communities contribute to new insights on coalition recruitment and consideration of health equity in the coalition’s activities?</li> <li>• What are the health equity practices of coalition members? How do these health equity practices change over time in the coalition?</li> <li>• To what extent is the coalition addressing the social determinants of health that affect high-risk populations’ ability to achieve optimal health?</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Adverse Childhood Experiences (ACEs) and Resilience Collective Community Capacity (ARC3) Survey</b> (Hargreaves et al., 2016)</li> <li>• <b>Health equity Rubric</b> (Sparks Policy Institute &amp; ORS Impact, 2018)</li> <li>• <b>Systems Change Rubric</b> (Sparks Policy Institute &amp; ORS Impact, 2018)</li> <li>• <b>Population Change Rubric</b> (Sparks Policy Institute &amp; ORS Impact, 2018)</li> <li>• <i>Process tracing</i></li> </ul>

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**NOTES**

## Appendix D. Sample Partnership Evaluation Tools

Tool Name	Source	Population/ Instructions	Terms in Partnership Concept Map
Annual Satisfaction Survey for Community Coalitions Worksheet 1 <a href="https://www.tomwolff.com/resources/backer.pdf">https://www.tomwolff.com/resources/backer.pdf</a> pp. 28–33	Fawcett, Foster & Francisco, 1997.	Coalition members and funding partners	<ul style="list-style-type: none"> <li>• Synergy, coordination or increased credibility and access to key populations</li> <li>• Group dynamics</li> <li>• Partnership structure</li> <li>• Identified and garnered resources for future</li> <li>• Increase knowledge and build skills</li> <li>• Perceived benefits and drawbacks</li> <li>• New or strengthened external relationships or networks</li> <li>• Communicate key messages to audiences and stakeholders</li> </ul>
Assessing Strategic Partnership: The Partnership Assessment Tool  <a href="https://www.conservationgateway.org/ConservationPlanning/partnering/cpc/Documents/AssessingStrategicPartnership.pdf">https://www.conservationgateway.org/ConservationPlanning/partnering/cpc/Documents/AssessingStrategicPartnership.pdf</a>	Hardy, Hudson, & Waddington, 2003; Office of the Deputy Prime Minister, 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"> <li>• Implement interventions</li> <li>• Synergy, coordination or increased credibility and access to key populations</li> <li>• Group dynamics</li> <li>• Partnership structure</li> <li>• Perceived benefits and drawbacks</li> <li>• Contribute resources</li> </ul>
Climate Diagnostic Tool: The Six R's of Participation, Worksheet 4  <a href="https://www.tomwolff.com/resources/backer.pdf">https://www.tomwolff.com/resources/backer.pdf</a> p.50–57	Kaye and Resnick, 1994.	Coalition members	<ul style="list-style-type: none"> <li>• Group dynamics</li> <li>• Partnership structure</li> <li>• Perceived benefits and drawbacks</li> <li>• Maintain partnerships and build collaborations</li> </ul>
Coalition Effectiveness Inventory Self-Assessment Tool  <a href="http://coalitionswork.com/wp-content/uploads/coalition_effectiveness_inventory.pdf">http://coalitionswork.com/wp-content/uploads/coalition_effectiveness_inventory.pdf</a>	Butterfoss, F., 1998a, 1998b; Center for Pediatric Research, South Carolina DHEC.	Partnership members  Coalition members complete rating of coalition  Can be repeated pre- and post-intervention	<ul style="list-style-type: none"> <li>• Level of involvement</li> <li>• Implement interventions</li> <li>• Synergy, coordination or increased credibility and access to key populations</li> <li>• Membership composition</li> <li>• Group dynamics</li> <li>• Partnership structure</li> <li>• Recruitment</li> </ul>

Tool Name	Source	Population/ Instructions	Terms in Partnership Concept Map
			<ul style="list-style-type: none"> <li>• Identified or garnered resources for the future</li> <li>• Perceived benefits and drawbacks</li> <li>• New or strengthened external relationships or networks</li> <li>• Maintain partnerships and build collaborations</li> <li>• Contribute resources</li> <li>• Communicate key messages to audiences and stakeholders</li> </ul>
Coalition Self-Assessment Survey II  <a href="http://www.asthma.umich.edu/media/eval_autogen/CSAS.pdf">http://www.asthma.umich.edu/media/eval_autogen/CSAS.pdf</a>	Allies Against Asthma (2002).	Coalition members  Survey administered annually	<ul style="list-style-type: none"> <li>• Level of involvement</li> <li>• Implement interventions</li> <li>• Synergy, coordination or increased credibility and access to key populations</li> <li>• Membership composition</li> <li>• Defined roles and responsibilities</li> <li>• Group dynamics</li> <li>• Partnership structure</li> <li>• Recruitment</li> <li>• Leadership</li> <li>• Shared vision</li> <li>• Increase knowledge and build skills</li> <li>• Perceived benefits and drawbacks</li> <li>• Maintain partnerships and build collaborations</li> </ul>
Collaboration Checklist  <a href="https://www.joe.org/joe/1999april/tt1.php">https://www.joe.org/joe/1999april/tt1.php</a>	Borden and Perkins, 1999.	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"> <li>• Group dynamics</li> <li>• Leadership</li> </ul>
Community Group Member Survey: Using the Results  <a href="https://cdn.shopify.com/s/files/1/0145/8808/4272/files/G3658-09.pdf">https://cdn.shopify.com/s/files/1/0145/8808/4272/files/G3658-09.pdf</a>	Taylor-Powell, 1998; University of Wisconsin Extension	Community group members  Survey, also provides examples of how to report on evaluation results	<ul style="list-style-type: none"> <li>• Maintenance of interest in collaborating or contributing</li> <li>• Level of involvement</li> <li>• Implement interventions</li> <li>• Membership composition</li> <li>• Group dynamics</li> </ul>

Tool Name	Source	Population/ Instructions	Terms in Partnership Concept Map
		to internal and external stakeholders using survey.	<ul style="list-style-type: none"> <li>• Partnership structure</li> <li>• Perceived benefits and drawbacks</li> </ul>
<p>Diagnosing the Health of Your Coalition</p> <p><a href="https://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/maintain-a-coalition/tools">https://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/maintain-a-coalition/tools</a></p>	Community Toolbox, n.d.	<p>Coalition members</p> <p>Survey, ideally drawn from a larger group.</p> <p>Instrument developers suggest reviewing results and making recommendations for changes and conducting an annual review to assess progress.</p>	<ul style="list-style-type: none"> <li>• Membership composition</li> <li>• Group dynamics</li> <li>• Partnership structure</li> <li>• Shared vision</li> <li>• Perceived benefits and drawbacks</li> <li>• New or strengthened external relationships or networks</li> <li>• Maintain partnerships and build collaboration</li> <li>• Communicate key messages to audiences and stakeholders</li> </ul>
<p>Diagnosing Your Coalition: Risk Factors for Participation, Worksheet 2</p> <p><a href="https://www.tomwolff.com/resources/backer.pdf">https://www.tomwolff.com/resources/backer.pdf</a></p> <p>p. 34–47</p>	Kaye, 1993.	Coalition members	<ul style="list-style-type: none"> <li>• Demonstrate commitment to self-assessment</li> <li>• Group dynamics</li> <li>• Partnership structure</li> <li>• Perceived benefits and drawbacks</li> <li>• New or strengthened external relationships or networks</li> <li>• Maintain partnerships and build collaborations</li> <li>• Communicate key messages to audiences and stakeholders</li> </ul>
<p>Diagnostic Tool for Evaluating Group Functioning</p> <p><a href="https://www.extension.ias.tate.edu/Publications/PM1844.pdf">https://www.extension.ias.tate.edu/Publications/PM1844.pdf</a></p>	Iowa State University Extension, 2000 (based on Taylor-Powell et al., 1998).	<p>Partnership members.</p> <p>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.</p>	<ul style="list-style-type: none"> <li>• Defined roles and responsibilities</li> <li>• Group dynamics</li> <li>• Recruitment</li> <li>• Leadership</li> <li>• Shared vision</li> <li>• Communicate key messages to audiences and stakeholders</li> </ul>
Evaluating Community Coalition Characteristics and	Granner and	Various coalitions.	<ul style="list-style-type: none"> <li>• Maintenance of interest in collaborating</li> <li>• Level of involvement</li> </ul>

Tool Name	Source	Population/ Instructions	Terms in Partnership Concept Map
<p>Functioning: A summary of measurement tools</p> <p><a href="https://academic.oup.com/her/article/19/5/514/571017">https://academic.oup.com/her/article/19/5/514/571017</a></p>	<p>Sharpe, 2004.</p>	<p>Review article listing a variety of evaluation tools from various articles.</p>	<ul style="list-style-type: none"> <li>• Implement interventions</li> <li>• Changes to policy, staffing, or funding within partner organizations</li> <li>• Synergy, coordination or increased credibility and access to key populations</li> <li>• Membership composition</li> <li>• Group dynamics</li> <li>• Partnership structure</li> <li>• Recruitment</li> <li>• Leadership</li> <li>• Identified and garnered resources for future</li> <li>• Increase knowledge and build skills</li> <li>• Perceived benefits and drawbacks</li> <li>• New or strengthened external relationships or networks</li> <li>• Maintain partnerships and build collaborations</li> <li>• Contribute resources</li> <li>• Prioritize elements of the asthma program plans</li> </ul>
<p>Instrument for evaluating dimensions of group dynamics within community-based participatory evaluation partnerships</p>	<p>Schulz, Israel &amp; Lantz, 2003.</p>	<p>Partnership members.</p> <p>Compilation from three questionnaires for evaluating group dynamics characteristics and intermediate measures of partnership effectiveness.</p>	<ul style="list-style-type: none"> <li>• Implement interventions</li> <li>• Synergy, coordination or increased credibility and access to key populations</li> <li>• Membership composition</li> <li>• Group dynamics</li> <li>• Partnership structure</li> <li>• Leadership</li> <li>• Increase knowledge and build skills</li> <li>• Perceived benefits and drawbacks</li> <li>• New or strengthened external relationships or networks</li> </ul>
<p>Inclusivity Checklist, Worksheet 6</p> <p><a href="https://www.tomwolff.com/resources/backer.pdf">https://www.tomwolff.com/resources/backer.pdf</a></p> <p>p. 63</p>	<p>Rosenthal, 1997.</p>	<p>Coalition members.</p> <p>Coalition members check which of 11 items describe their coalition.</p>	<ul style="list-style-type: none"> <li>• Membership composition</li> <li>• Group dynamics</li> </ul>

Tool Name	Source	Population/ Instructions	Terms in Partnership Concept Map
		Unchecked items indicate areas for improvement.	
<p>Key Informant Interviews</p> <p><a href="http://www.asthma.umich.edu/media/eval_autogen/key_informant.pdf">www.asthma.umich.edu/media/eval_autogen/key_informant.pdf</a></p>	Allies Against Asthma, 2003.	Partnership members.	<ul style="list-style-type: none"> <li>• Synergy, coordination or increased credibility and access to key populations</li> <li>• Identified or garnered resources for the future</li> <li>• Perceived benefits and drawbacks</li> <li>• Maintain partnerships and build collaboration</li> </ul>
<p>Partnership Self-Assessment Tool</p> <p><a href="https://atrium.lib.uoguelph.ca/xmlui/bitstream/handle/10214/3129/Partnership_Self-Assessment_Tool-Questionnaire_complete.pdf?sequence=1&amp;isAllowed=y">https://atrium.lib.uoguelph.ca/xmlui/bitstream/handle/10214/3129/Partnership_Self-Assessment_Tool-Questionnaire_complete.pdf?sequence=1&amp;isAllowed=y</a></p>	Center for the Advancement of Collaborative Strategies in Health, 2002.	<p>Partnership members of coalitions with the following characteristics:</p> <ul style="list-style-type: none"> <li>• In existence at least 6 months</li> <li>• Group of people and organizations that continually work together</li> <li>• Have begun to implement plans</li> <li>• Have at least 5 active partners</li> </ul> <p>Members fill out a questionnaire. The website provides detailed instructions on how to score, summarize, and report findings.</p>	<ul style="list-style-type: none"> <li>• Implement interventions</li> <li>• Synergy, coordination or increased credibility and access to key populations</li> <li>• Group dynamics</li> <li>• Partnership structure</li> <li>• Leadership</li> <li>• Identified or garnered resources for the future</li> <li>• Increase knowledge and build skills</li> <li>• Perceived benefits and drawbacks</li> <li>• New or strengthened external relationships or networks</li> <li>• Contribute resources</li> <li>• Communicate key messages to audiences and stakeholders</li> <li>• Identify potential funding or resources</li> </ul>
<p>Sustainability Benchmarks, Worksheet 8</p> <p><a href="https://www.tomwolff.com/resources/backer.pdf">https://www.tomwolff.com/resources/backer.pdf</a></p> <p>p. 66–72</p>	Center for Collaborative Planning, 2000.	Coalition members.	<ul style="list-style-type: none"> <li>• Changes policy, staffing, or funding within partner organizations</li> <li>• Synergy, coordination or increased credibility and access to key populations</li> <li>• Identified or garnered resources for the future</li> <li>• Increase knowledge and build skills</li> <li>• New or strengthened external relationships or networks</li> </ul>

Tool Name	Source	Population/ Instructions	Terms in Partnership Concept Map
			<ul style="list-style-type: none"> <li>• Communicate key messages to audiences and stakeholders</li> <li>• Identify potential funding or resources</li> </ul>
<p>Wilder Collaboration Factors Inventory</p> <p><a href="https://www.wilder.org/wilder-research/resources-and-tools">https://www.wilder.org/wilder-research/resources-and-tools</a></p>	<p>Mattessich &amp; Johnson, 2018.</p>	<p>Partnership members.</p> <p>Members fill out a 44-item questionnaire measuring 22 evidence-based factors for successful collaboration.</p> <p>A paper questionnaire is available or groups can register to use the tool online to see item averages and open-ended responses.</p>	<ul style="list-style-type: none"> <li>• Membership composition</li> <li>• Demonstrated commitment to self-assessment</li> <li>• Defined roles and responsibilities</li> <li>• Group dynamics</li> <li>• Leadership</li> <li>• Maintain partnerships and build collaboration</li> <li>• Communicate key messages to audiences and stakeholders</li> <li>• Shared vision</li> <li>• Perceived benefits and drawbacks</li> </ul>
<p>Collective Impact, Health equity, Systems Change, and Population Change Rubrics</p> <p>Appendix A: <a href="https://www.orsimpact.com/DirectoryAttachments/10262018_111513_477_CI_Study_Report_10-26-2018.pdf">https://www.orsimpact.com/DirectoryAttachments/10262018_111513_477_CI_Study_Report_10-26-2018.pdf</a> p. A-10–A-13</p>	<p>Sparks Policy Institute &amp; ORS Impact, 2018.</p>	<p>Coalition member or site or initiative.</p> <p>Each site is categorized as mature, emerging, or absent for each set of indicators.</p>	<p>Collective impact rubric:</p> <ul style="list-style-type: none"> <li>• Demonstrated commitment to self-assessment</li> <li>• Defined roles and responsibilities</li> <li>• Structure</li> <li>• Leadership</li> <li>• Communicate key messages to audiences and stakeholders</li> <li>• Shared vision</li> </ul> <p>Health equity rubric:</p> <ul style="list-style-type: none"> <li>• Membership composition</li> <li>• Membership recruitment</li> <li>• Maintaining interest in collaborating or contributing</li> <li>• Implement interventions</li> <li>• Synergy, coordination or increased credibility and access to key populations</li> <li>• New or strengthened external relationships or networks</li> <li>• Health equity</li> </ul>



Tool Name	Source	Population/ Instructions	Terms in Partnership Concept Map
			<p>Systems change rubric:</p> <ul style="list-style-type: none"> <li>• Defined roles and responsibilities</li> <li>• Structure</li> <li>• Contribute resources</li> <li>• Maintaining interest in collaborating or contributing</li> <li>• Coordinate and integrate activities</li> <li>• New or strengthened external relationships or networks</li> <li>• Health equity</li> </ul> <p>Population change rubric:</p> <ul style="list-style-type: none"> <li>• Demonstrated commitment to self-assessment</li> <li>• Health equity</li> </ul>
<p>PARTNER (Platform to Analyze, Record, and Track Networks to Enhance Relationships) Tool</p> <p><a href="https://visiblenetworklabs.com/partner-platform/">https://visiblenetworklabs.com/partner-platform/</a></p> <p><a href="https://visiblenetworklabs.com/partner-tool-resources/">https://visiblenetworklabs.com/partner-tool-resources/</a></p>	<p>Visible Network Labs, n.d.</p>	<p>Partnership members.</p> <p>Collect data from respondents using the existing template or your own, score and visualize your network using the tool.</p>	<ul style="list-style-type: none"> <li>• Membership composition</li> <li>• Level of involvement</li> <li>• Partnership structure</li> <li>• Group dynamics</li> <li>• Leadership</li> <li>• Shared vision</li> <li>• Perceived benefits and drawbacks</li> <li>• Contribute resources</li> <li>• Communicate key messages to audiences and stakeholders</li> <li>• Can import data collected on other constructs to conduct additional analyses</li> </ul>
<p>Adverse Childhood Experiences (ACEs) and Resilience Collective Community Capacity (ARC3) Survey</p> <p><a href="http://www.appi-wa.org/wp-content/uploads/2016/07/APPI-White-Paper.pdf">http://www.appi-wa.org/wp-content/uploads/2016/07/APPI-White-Paper.pdf</a></p>	<p>Hargreaves et al., 2016</p>	<p>Coalition members.</p> <p>Measures capacity at the coalition, network, and community-wide levels.</p>	<ul style="list-style-type: none"> <li>• Membership composition</li> <li>• Demonstrated commitment to self-assessment</li> <li>• Defined roles and responsibilities</li> <li>• Structure</li> <li>• Group dynamics</li> <li>• Leadership</li> <li>• Shared vision</li> <li>• Coordinate and integrate asthma activities</li> <li>• Contribute resources</li> <li>• Maintain partnerships and build collaboration</li> </ul>

Tool Name	Source	Population/ Instructions	Terms in Partnership Concept Map
			<ul style="list-style-type: none"> <li>• Communicate key messages to audiences and stakeholders</li> <li>• New or strengthened external relationships or networks</li> <li>• Health equity</li> </ul>

You can also use the PARTNER survey (<https://visiblenetworklabs.com/partner-tool-resources/>) for quality improvement purposes to understand if the network is performing well. The PARTNER Quality Improvement Methodology (Varda & Sprong, 2020) prescribes three steps to do this:

- Define the goals of the network.
- Collect data in the PARTNER survey.
- Compare the data against the goals to understand where the network is and where it wants to be, and to identify steps to take to address gaps.

For more information on how to use the PARTNER Quality Improvement Methodology and examples, please see

- [https://www.maxwell.syr.edu/parcc/eparcc/simulations/2008\\_1\\_Simulation/](https://www.maxwell.syr.edu/parcc/eparcc/simulations/2008_1_Simulation/)
- <https://visiblenetworklabs.com/wp-content/uploads/2019/03/Data-Driven-Management-Strategies-in-PHCs.pdf>

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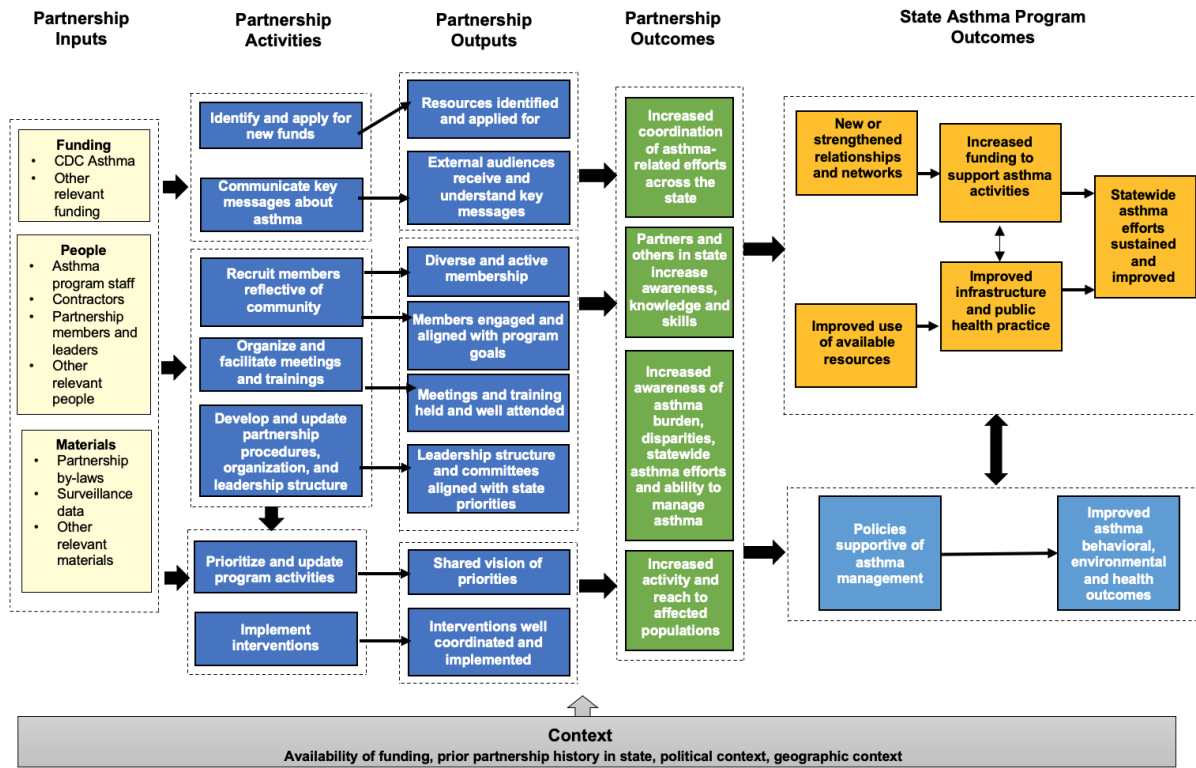
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## Appendix E. Text Descriptions of Figures 1.2 and 1.3

Figure 1.2 Partnership Logic Model for Hypothetical 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 personnel, contractors, partnership members and leaders, and other relevant people; and partnership by-laws, the jurisdiction-wide asthma plan, the jurisdiction's burden report, and other relevant materials.

These inputs support partnership activities: identifying and applying for new funds; communicating key messages about asthma; recruiting members who reflect 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 jurisdiction-wide 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 jurisdiction-wide plan goals, meetings and trainings held and well attended, leadership structure and committees aligned with the jurisdiction-wide plan, a shared vision of priorities, and interventions that are well-coordinated and implemented.

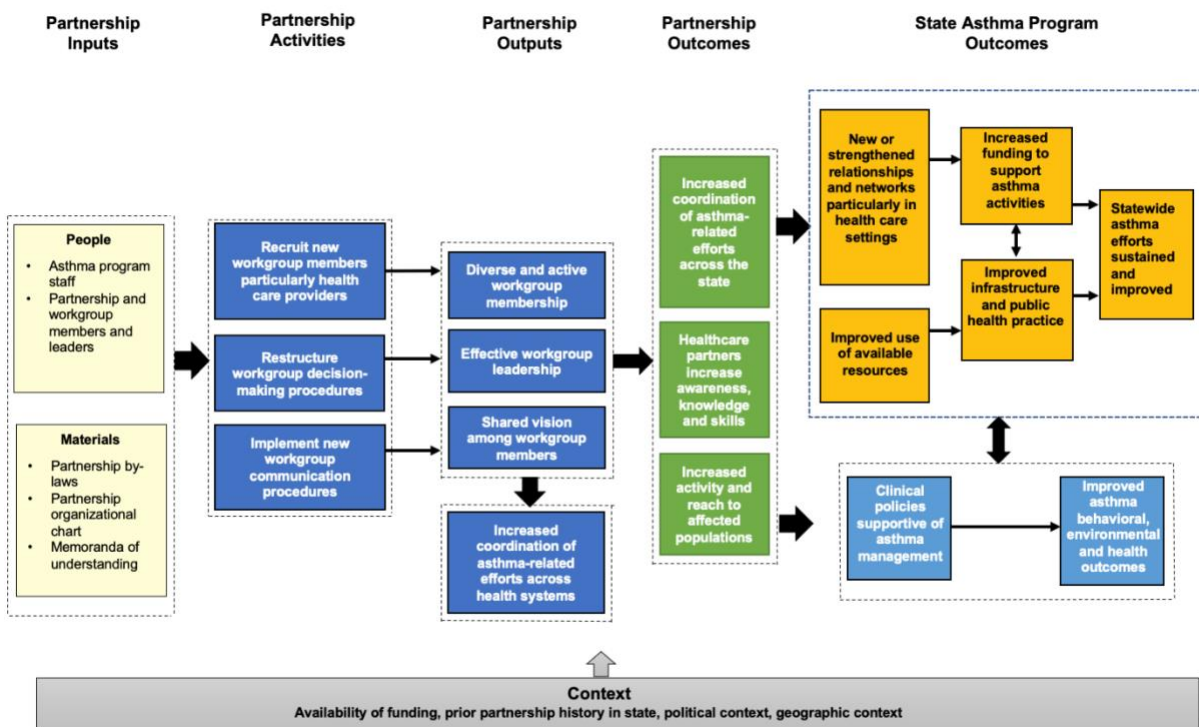
These specific outputs lead to partnership outcomes: increased coordination of asthma-related efforts across the jurisdiction; increased awareness, knowledge, and skills among partners and others in jurisdiction; increased awareness of asthma burden, disparities, increased jurisdiction-

wide asthma efforts, and ability to manage asthma; and increased activity and reach to affected populations.

Partnership outcomes lead to 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. This, then, results in jurisdiction-wide 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 jurisdiction, political climate, cultural factors, and geographic context, as these factors affect how well partnerships work together (Price, 2020).

**Figure 1.3 Zooming In: Logic Model for a Hypothetical Healthcare 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 the asthma program personnel 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, including 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, including increased coordination of asthma-related efforts across the jurisdiction, increased awareness, knowledge, and skills among healthcare partners, and increased activity and reach to affected populations.

These partnership outcomes then flow into larger 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 jurisdiction-wide 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 jurisdiction, political climate, cultural factors, and geographic context, as these factors affect how well partnerships work together (Price, 2020).

### References

Price, A. W. (2020). Lessons learned working with drug-free community coalitions and collaboratives. In S. M. Wolfe, A. M. Price, & K. K. Brown (Eds.), *Evaluating Community Coalitions and Collaboratives. New Directions for Evaluation*, 165, 171–180.



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**NOTES**

## Appendix F. Health Equity and Evaluation

To reduce health disparities, it is important to consider the role of health equity and trauma-informed care (i.e., human services to traumatized individuals recognize the history and events that form people and systems) in evaluation efforts (Wolfe, Long & Brown, 2020). Recent efforts by CDC to consider health equity in public health as well as recent publications focused on evaluating coalitions or collaboratives provide several insights for how to integrate health equity into the evaluation of partnerships. Some examples, with respect to Step 3 of the CDC Framework (Focusing the Evaluation), include developing evaluation questions that focus on who may be helped or harmed by the partnership and take into consideration structural inequities, or examine how equity was incorporated into the implementation of the partnership activities (Stachowiak, Lynn & Akey, 2020).

Process tracing is a useful method for understanding the extent to which health equity is achieved in system change. Rubrics can also be useful for examining how successfully health equity is incorporated into the partnership. For more information on how to apply process tracing or rubrics for evaluating health equity in partnerships, please see **Appendix A** of *When Collective Impact Has an Impact* available here:

[https://www.orsimpact.com/DirectoryAttachments/10262018\\_111513\\_477\\_CI\\_Study\\_Report\\_10-26-2018.pdf](https://www.orsimpact.com/DirectoryAttachments/10262018_111513_477_CI_Study_Report_10-26-2018.pdf)

Wolff and colleagues (2016) provide a list of six principles that can be used to guide the evaluation of partnerships and coalitions aimed at reducing health inequities. The list is available at <https://nonprofitquarterly.org/collaborating-equity-justice-moving-beyond-collective-impact/>. Use of these principles requires using a participatory evaluation approach, involving a variety of stakeholders in most, if not all, of the steps of the CDC Framework in equal partnership (**Table F.1**). This approach also requires using culturally responsive evaluation that is sensitive to social inequities, power dynamics, and cultural factors. For more information on working with the Collaborating for Health Equity and Justice Principles, please see <https://www.myctb.org/wst/CEJ/Pages/home.aspx>.

CDC provides a list of resources for advancing health equity in public health programs (<https://www.cdc.gov/nccdphp/dnpao/state-local-programs/health-equity-guide/index.htm>) and *Developing Partnerships and Coalitions to Advance Health Equity* (n.d.) (<https://www.cdc.gov/nccdphp/dnpao/state-local-programs/health-equity-guide/pdf/health-equity-guide/Health-Equity-Guide-sect-1-3.pdf>). CDC's (2013) *A Practitioner's Guide for Advancing Health Equity* provides questions for reflection on how to incorporate health equity into evaluation (<https://www.cdc.gov/nccdphp/dnpao/state-local-programs/health-equity-guide/pdf/health-equity-guide/Health-Equity-Guide-sect-1-7.pdf>).

Human Impact Partners' (2017) Health Equity Guide (<https://healthequityguide.org/strategic-practices/mobilize-data-research-evaluation/>) and the Racial Equity Tools (n.d.) website (<https://www.racialequitytools.org/evaluate>) provide ideas and resources about how to conduct equity-focused evaluation.

**Table F.1 Potential Practices for Incorporating Health Equity into Partnership Evaluation**

Step in the CDC Framework for Program Evaluation	Potential Practices
1. Engaging stakeholders	<ul style="list-style-type: none"> <li>• Research and understand contextual factors that influence the partnership and or stakeholders.</li> <li>• Acknowledge that evaluation is not value or culture free. Practice openness to diverse cultural perspectives and recognize power and privilege among stakeholders, including the evaluator.</li> <li>• Engage a variety of stakeholders.</li> <li>• Include community members experiencing health inequities.</li> </ul>
2. Describing the program	<ul style="list-style-type: none"> <li>• Document activities and outcomes targeting health inequity in the logic model.</li> </ul>
3. Focusing the evaluation design	<ul style="list-style-type: none"> <li>• Develop evaluation questions with a health equity lens to understand for whom the intervention worked and under what conditions.</li> </ul>
4. Gathering credible evidence	<ul style="list-style-type: none"> <li>• Select indicators and variables that will help understand who is experiencing health inequities (e.g., income, zip code, race, sex).</li> <li>• Use participatory approaches and qualitative methods to include a variety of voices.</li> <li>• Use culturally responsive methods (e.g., translated instruments, literacy level-appropriate language, facilitators participants may identify with).</li> </ul>
5. Justifying conclusions	<ul style="list-style-type: none"> <li>• Disaggregate data to understand which groups are affected by health inequities.</li> <li>• Interpret findings with community members experiencing health inequities to ensure conclusions are accurate and culturally responsive.</li> </ul>
6. Ensuring use and sharing lessons learned	<ul style="list-style-type: none"> <li>• Report disaggregated data.</li> <li>• Translate findings into different languages.</li> <li>• Use different reporting formats to share with a variety of audiences, including community members experiencing health inequities.</li> </ul>

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## References

- Centers for Disease Control and Prevention [CDC]. (n.d.). *Developing partnerships and coalitions to advance health equity*. Retrieved from <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/health-equityguide/pdf/health-equity-guide/Health-Equity-Guide-sect-1-3.pdf>
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