

STATE ASTHMA CONTROL PROGRAM EVALUATION

Reference materials for designing and implementing evaluations

MODULE 1: PARTNERSHIPS



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INTRODUCTION & ACKNOWLEDGEMENTS

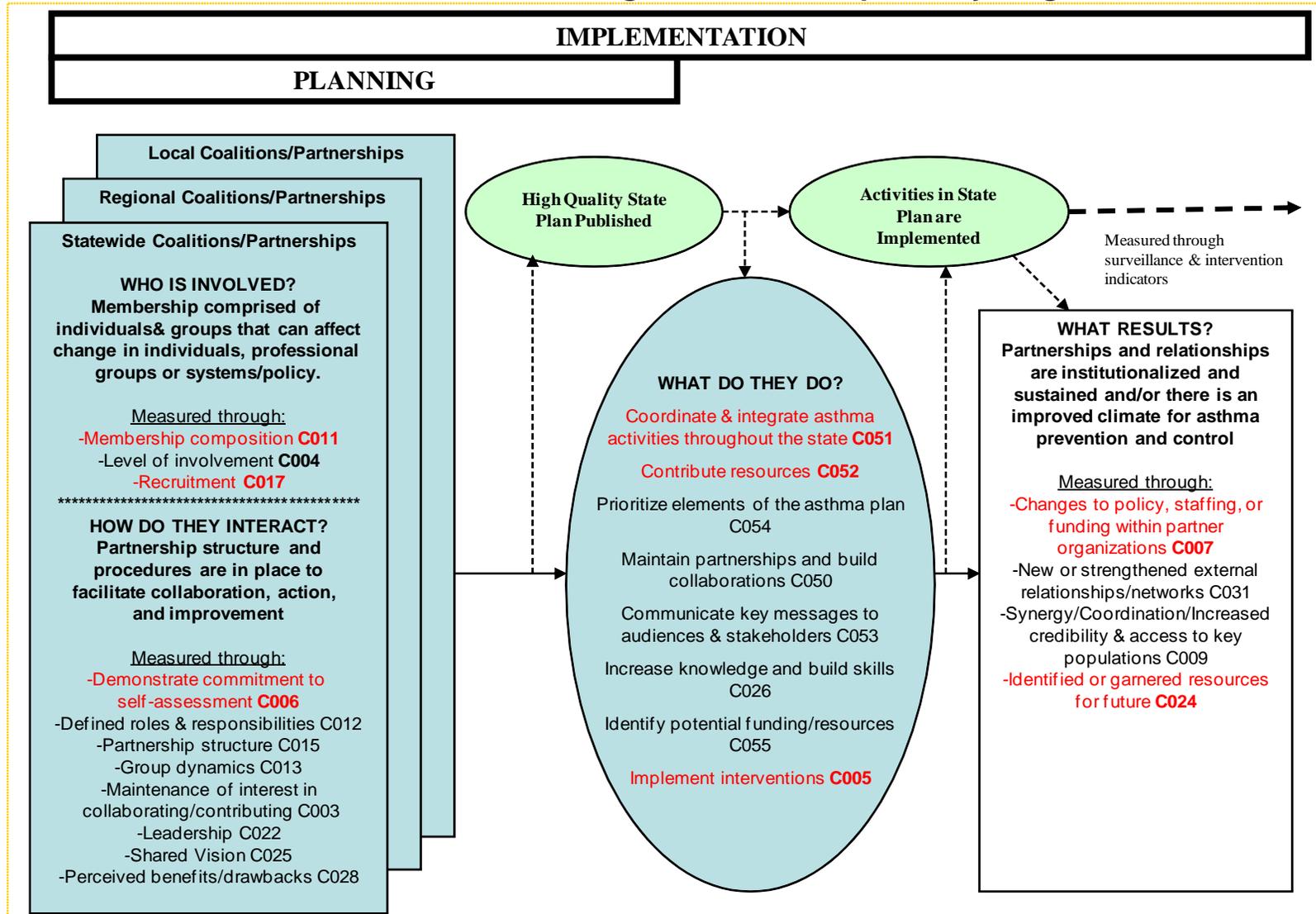
The reference materials in this module are the result of extensive work conducted by the APRHB-State Asthma Control Program Partnership Evaluation Workgroup. This workgroup was convened in July 2006 and finalized activities on May 3, 2007. Workgroup members included CDC staff (project officers, epidemiologists, and team management), and representatives from 10 funded state asthma programs. The Battelle Centers for Public Health Research and Evaluation were contracted to assist in facilitating workgroup discussions and in developing reference documents. Individuals who participated on the workgroup at any point in time are listed in the table below.

The reference items included in this module are meant to be used in alignment with CDC's Framework for Program Evaluation in Public Health (referred to as the "CDC Framework" for the remainder of this document) and in conjunction with the Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide (referred to as the "Self Study Guide" for the remainder of this document). Both of these documents can be downloaded at: www.cdc.gov/eval or <http://www.cdc.gov/eval/whatsnew.htm>.

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REFERENCE ITEM #1

State Asthma Control Program- Partnership Theory Diagram



REFERENCE ITEM #2

What We Know About Effective Partnerships

Literature summary prepared for CDC-funded state asthma programs

By: Battelle Centers for Public Health Research and Evaluation, 2006

What Is a Partnership and Why Have One? There is a rich literature on the use of coalitions and partnerships to pursue health goals. A variety of working definitions exist for both coalitions and partnerships. Regardless of the term used, the core element of a partnership or coalition is collaboration among distinct entities for the purpose of pooling abilities, expertise, and resources to affect an outcome of mutual interest. At its most basic, a coalition is defined as

“a body formed by the coalescing of originally distinct elements; a temporary alliance of distinct parties, persons or states for joint action” (Merriam-Webster’s, 1997).

Addressing asthma management and control is the type of public health action for which partnerships and coalitions are believed to be advantageous. This is because the prevalence of asthma is high,¹ and because acute asthma events can result from many things including but not limited to exposure to environmental irritants or triggers, lack of access to quality medical care, and individual psychosocial factors. Furthermore, prevention and management of asthma is not the responsibility of any one individual or organization. Instead, it requires the concerted actions of many parties working together toward a common goal.

What is Known About Effective Partnerships? The purpose of partnerships is to effectively mobilize members’ commitment, talents and assets to affect change (Butterfoss, 2006). The most commonly measured aspects of partnerships are diversity of participants, recruitment and retention of members, roles, attendance, time spent, benefits and challenges of participation, satisfaction with the work or process, and balance of power and leadership (Butterfoss, 2006). If the goal in the long run is to improve community health, short-term outcomes that are believed to be important are 1) individual empowerment, 2) bridging social ties, and 3) synergy (Lasker and Weiss, 2003). Other short-term outcomes suggested include the coordinated implementation of empirically supported strategies (Feinberg, Greenberg and Osgood, 2004). This suggests that a successful partnership or coalition must empower individuals to make decisions, build relationships and networks built on trust, and effectively combine talents so that the work of the whole is larger than the sum of its parts. The factors that have been most strongly linked to partnership synergy are partnership leadership and partnership efficiency (Weiss, Anderson, and Lasker, 2002), where partnership synergy is defined as “the breakthroughs in thinking and action that are produced when a collaborative process successfully combines the complementary knowledge, skills, and resources of a group of participants” (Lasker and Weiss, 2003). Table 1 briefly summarizes what is currently known about effective partnerships with respect to the concepts included in the partnership concept map developed for states funded by the CDC to address asthma from a public health perspective.

¹ In 2004 it was estimated that 20,545,000 individuals in the U.S. currently have asthma (<http://www.cdc.gov/asthma/nhis/04/data.htm>)

Concept	Evidence
Who is Involved?	
Membership Composition	Membership composition is routinely assessed in partnerships. However, size and diversity in itself has not been found to be key. Rather, optimal membership for defining and achieving goals should be the objective. Does the partnership have the right mix of people to 1) gain the full picture of the problem, 2) stimulate new and locally responsive solutions, and 3) implement comprehensive actions (Lasker, Weiss and Miller, 2001)? Other important practices are maintaining an open and inclusive approach to members, so that all members of a community who endorse the mission are welcome to join (Wolff and Foster, 1997).
Membership Recruitment	It is widely accepted that recruitment is an ongoing process and that recruitment strategies need to vary depending upon the type of individuals or organizations that one wishes to engage. It is also well accepted that the types of members one may wish to recruit vary with the type of goals and objectives that a partnership has at any given point in time. The literature does not offer specific guidance about what types of partners should be recruited at any point in time by state asthma partnerships.
Level of Involvement	The level of involvement of partners, measured through both number of hours outside meetings and the number of roles partners take on, has been found to be higher among those partners that perceive benefits to involvement, who believe they have influence in decision making, and who rate the partnership leadership highly (Butterfoss, Goodman and Wandersman, 1996). Thus the literature suggests that the level of involvement is one indicator of the effectiveness of a coalition, indeed it is one of the hypotheses of the Community Coalition Action Theory (Butterfoss and Kegler, 2002), but there is little direct evidence to link level of involvement of partners to desired outcomes.
How do They Interact?	
Demonstrate 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 importance of this commitment to long term outcomes.
Defined Roles and Responsibilities	Evidence suggests that partnerships are more likely to engage members, pool resources and assess and plan well when they have formalized rules, roles, structures and procedures (Butterfoss and Kegler, 2002). Clear definitions of roles and responsibilities, for both staff and members, is an important component of partnership efficiency and has been identified as a factor influencing the success of collaboration (Mattessich, Murray-Close and Monsey, 2001).
Partnership Structure	In the Community Coalition Action Theory, formalized rules, roles, structures, and procedures make pooling of resources, members engagement, and effective assessment and planning more likely (Butterfoss and Kegler, 2002). Structuring a coalition or partnership to focus on action, such as creating task forces or action teams, is associated with increased resource mobilization and implementation of strategies (Kegler, Steckler and McLeroy, et al, 1998).
Group Dynamics	Frequent productive communication among members increases satisfaction, commitment, and implementation of strategies. Satisfaction in turn is related to member influence in decision making. Conflict is inevitable, but the ability to effectively resolve conflicts is associated with goal attainment (Butterfoss, LaChance and Orians, 2006). Other group dynamics factors that have been consistently associated with effective partnerships are shared decision making,

Concept	Evidence
	balance of power, and respect and trust among members (Butterfoss, Goodman and Wandersman, 1996; Lasker, Weiss and Miller, 2001).
Maintenance of Interest in Collaborating/Contributing	This concept is closely related to membership and level of involvement, with the addition of the time dimension. That is, do partners continue to want to be involved as time progresses? Maintenance (or expansion) of interest is viewed as a positive indicator of partnership functioning. In the Community Coalition Action Theory, maintenance of member engagement is hypothesized as leading to more effective coalitions (Butterfoss and Kegler, 2002).
Leadership	The National Study of Partnership Functioning found that partnership synergy is directly related to effective leadership. 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' ability to take responsibility for the partnership; inspire and motivate partners; empower partners; work to develop a common language within the partnership; foster respect, trust, inclusiveness, and openness in the partnership; create an environment where differences of opinion can be voiced; resolve conflict among partners; combine the perspectives, resources, and skills of partners; and help the partnership look at things differently and be creative (Weiss, Anderson and Lasker, 2002). A consistent relationship is found between partners' assessment of leader competence and member satisfaction (Butterfoss and Kegler, 2002).
Shared Vision/Mission	A collective recognition that coordination of efforts will improve a situation, as well as recognition of a mutual need, are recognized stimuli to partnership formation (Butterfoss, Goodman and Wandersman, 1993) and have been identified as factors influencing the success of collaboration (Mattessich, Murray-Close and Monsey, 2001). Commitment of the membership to the vision must be elicited and maintained if a partnership or coalition is to be sustained (Clark, Doctor and Friedman et al, 2006).
Perceived Benefits/Drawbacks	The types of benefits and the costs or drawbacks to participating in a partnership that partners have described are broad and varied. Benefits include acquisition of skills, exposure to new ideas and groups, strengthened ability to meet individual and collective goals, development of new relationships, and opportunity to make a meaningful contribution. Drawbacks include diversion of time and resources, loss of independence or competitive advantage, frustration, and insufficient recognition or credit. In general, effective partnerships are those that are able to maximize the perceived benefits of members and minimize the costs (Lasker, Weiss and Miller, 2001).
What do They Do?	
Coordinate and Integrate Asthma Activities	Coordination and integration of activities are frequently cited among the benefits and goals of participating in a collaborative partnership. (Butterfoss, Goodman and Wandersman, 1993). Allies Against Asthma defined integration as “the alignment of concurrent activities across and within sectors in pursuit of a shared vision and common goals” (Krieger, Bourcier and Lara et al, 2006). Initially, networking may begin with learning about other activities and resources, with the hope that over time opportunities arise to coordinate and even integrate these disparate activities. Allies Against Asthma coalitions report some evidence of success in increasing access to priority populations, obtaining services for clients, and improving the quality of services delivered (Krieger, Bourcier and Lara et al, 2006). Some researchers have suggested that the coordinated implementation of empirically supported strategies is part of the definition of an effective partnership

Concept	Evidence
	and that a partnership that functions and interacts well is more likely to be effective in this regard (Feinberg, Greenberg and Osgood, 2004).
Contribute Resources	Partnership resources that have been examined frequently include financial resources as well as non-financial resources (e.g., skills and expertise, data and information, connections to target populations, connections to political decision makers, endorsements that provide legitimacy and credibility) (Butterfoss, Goodman and Wandersman, 1993). Staff resources are also frequently cited as important to effective functioning. Resources are cited as a building block of partnership synergy (Lasker, Weiss and Miller, 2001). Assessing the contribution and exchange of resources among partners is one way to measure the type of involvement of members in the success of the partnership.
Prioritize Elements of the Asthma Plan	A frequently cited role of partnerships is to identify possible direction and choices. Setting priorities may be, but is not necessarily, part of that role. The literature does not indicate whether this is important to outcomes, although it is reasonable to assume that if a program expects partners to help implement a plan, it would be advantageous to include them in priority setting activities. For asthma programs, it may well be one of the important functions of a partnership.
Implement Elements of the Asthma Plan	To the extent that partners are willing to contribute their own resources to implement state plan elements, it is clear that this is advantageous to a partnership. If the plan elements are funded by the program, the literature does not shed light on whether it is better for partners or staff to implement, unless partners are uniquely positioned to successfully implement the particular plan element, such as providing access to priority populations that would otherwise be unavailable to the program, or influencing key policymakers to take a specific action.
Maintain Partnerships and Build Collaboration	When coalitions are used as an intervention strategy in public health, the need for them to be built and maintained over time becomes self-evident. It takes time to affect behavior change and health outcomes at the population level (Butterfoss, Goodman and Wandersman, 1993). As mentioned previously, the Community Coalition Action Theory hypothesizes that maintenance of member engagement will lead to more effective coalitions (Butterfoss and Kegler, 2002).
Communicate Key Messages	Communication among members is an oft-mentioned component of effective partnerships (Butterfoss, Goodman and Wandersman, 1993). Specifically, open and frequent communication, and established communication links are cited as factors influencing successful collaborations (Mattessich, Murray-Close and Monsey, 2001). Communicating key messages incorporates both this concept and the concept of communicating externally. The partnership literature does not shed much light on external communication, but it is reasonable to think that external communication would be an important short-term outcome of efforts to build support for asthma control 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, Goodman and Wandersman, 1993). Increasing knowledge and skill levels of partners is believed to enhance the ability of partnerships to implement activities (Butterfoss and Kegler, 2002) and to build community capacity to tackle other community issues (Kegler, Steckler and McLeroy, et al, 1998; Butterfoss and Kegler, 2002).

Concept	Evidence
Identify Potential Funding/Resources	One role that partners can play is to help identify funding/resources to implement priority activities. And sometimes they are willing to take the lead in applying for those funds with the support of the partnership. To the extent that this happens, they have essentially contributed resources over and beyond what their agencies can directly contribute. Pooling resources and building capacity to pursue other opportunities are cited as one of the advantages of a partnership approach to public health (Butterfoss, Goodman and Wandersman, 1993). Preliminary unpublished data suggest that this has been one of the roles of partners in Allies Against Asthma. Resource mobilization has been shown to be associated with effective implementation of coalitions strategies (Kegler, Steckler and McLeroy, et al, 1998).
What Results?	
Public or Organizational Policies	Affecting change in policy and legislation is frequently but not always a desired outcome of a partnership (Balloch and Taylor, 2001). When the convening organization is an entity that is restricted in its ability to advocate for change, the partnership is often viewed as the entity that can best act in this manner. A recent review concludes that broad engagement of partners who are mobilized to effect change in multiple community sectors is more likely to lead to sustained environmental change within partners' peer groups, organizations, and context (Roussos and Fawcett, 2000).
New or Strengthened External Relationships/ Networks	Networks comprise one part of the larger concept of community capacity. The literature suggests that part of the attraction of a collaborative partnership approach to complex health issues lies in its ability to enhance community capacity (Weiss, Anderson and Lasker, 2002). Community capacity implies that these relationships and networks will have implications for other health issues and for sustaining change even when program funding changes. The strength of networks and relationships may also be important to sustaining the coalition and helping it achieve long-term goals (Butterfoss and Kegler, 2002). Allies Against Asthma coalitions report some evidence of success in building relationships and networks and using these to integrate service delivery and improve program outcomes. They suggest that this is a sustainable role for coalitions as it requires fewer resources than direct service delivery and results in institutionalization of system changes (Krieger, Bourcier and Lara et al, 2006).
Synergy	A partnership creates synergy by combining the perspectives, knowledge, and skills of diverse partners in a way that enables the partnership to think in new ways, plan more comprehensive programs, and strengthen relationships to the broader community (Weiss, Anderson and Lasker, 2002). In operational terms, synergy affects the ability of a group to conceptualize problems and solutions, carry them out, and develop a supportive relationship with the broader community. Partnership synergy is believed to be an important indicator of a partnership that will be effective in reaching its ultimate goals (Lasker, Weiss and Miller, 2001).
Identified or Garnered Resources for Future	Achieving changes in population health indicators requires significant human and financial resources that endure over a sufficient period of time to affect intended outcomes. The ability of a partnership to secure financial resources for the work may predict its sustainability and its ability to influence outcomes (Roussos and Fawcett, 2000).

What are the Limitations of Current Knowledge? Few published studies have shed light on the partnership factors that lead to successful implementation of interventions or to intermediate or long term outcomes (Francisco, Paine and Fawcett, 1993; Kegler, Steckler and McLeroy, et al, 1998; Roussos and Fawcett, 2000). The record of achievement is mixed, and the study designs to date have not shed light on which factors lead to which outcomes (Zakocs and Edwards, 2006). Limited anecdotal evidence points to adequate staff time, structures, frequent and productive communication, and cohesion as important factors leading to implementation, suggesting that partnerships that are able to engender a sense of belonging or cohesion among members have better communication and higher levels of implementation (Kegler, Steckler and McLeroy, et al, 1998). However, there does not exist a list of evidence-based coalition-building factors that have been empirically linked to indicators of outcome effectiveness (Zakocs and Edwards, 2006). In part, this is because coalitions by nature work toward different specific goals and utilize different means as determined by the community's needs, thus it is very difficult to examine the relationship systematically across coalitions. Thus, most research has focused on one or only a few partnerships (Feinberg, Greenberg and Osgood, 2004). It has been suggested that the dearth of research linking partnership effectiveness to more distal outcomes is that the pathway by which partnerships can affect these outcomes has not been sufficiently explicated (Lasker, Weiss and Miller, 2001; Lasker and Weiss, 2003). Research to address the role of partnership and partnership functioning in obtaining these distal outcomes is currently underway by Allies Against Asthma and others. In addition, there are operating hypotheses that suggest that the same factors that lead to high levels of partnership functioning may also lead to health outcomes, with some preliminary data to support this hypothesis (Feinberg, Greenberg and Osgood, 2004) but the evidence base is not yet conclusive. Of particular note, comprehensive, causal theories have recently been proposed that justify the selection of hypothesized partnership factors and expected outcomes. These theories include Butterfoss and Kegler's Community Coalition Action Theory (Butterfoss and Kegler, 2002), and Lasker and Weiss's model of Community Health Governance (Lasker and Weiss, 2003). Those interested in reading more about this topic might do well to start with these models.

What Methods Can be Used to Assess Partnerships? Methods that may be used to assess partnership structure and function include:

- collecting and analyzing existing data. This information may come from a variety of sources including but not limited to annual reports, attendance records, meeting minutes, activity logs, agency or organizational databases;
- key informant interviews;
- post coalition meeting effectiveness surveys;
- focus groups; and
- surveys that measure members' levels of satisfaction, commitment, and participation.

A list of readily available survey instruments to measure partners' perceptions is provided as a separate document. A list of indicators and the questions they address is also provided separately. If you wish to read more about partnership measurement tools and the validity of various measures, a good source is Granner and Sharpe (2004).

Methods for assessing the results of partnership activities include some of the same methods cited above, including key informant interviews, and review of annual reports, meeting minutes,

activity logs, and agency or organizational databases. For a recent review of published articles from 1980 to 2004 that empirically examine relationships among coalition-building factors and indicators of coalition effectiveness (defined both as coalition functioning and community-wide changes), you may wish to read Zacoks and Edwards (2006).

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REFERENCE ITEM #3: Example Evaluation Questions
By concept & classification (core/not core)

The following table lists evaluation questions derived from the partnership theory model. Questions relate to the partnership theory model by concept (e.g. Membership composition-C011) and to the list of example indicators by keyword (e.g. who, key, authority). Concepts in red are those under which at least one core evaluation question resides. Core evaluation questions are in red.

Keywords	Questions
Who is Involved?	
Membership Composition (C011)	
Who	Who are the members of the state asthma program partnership?
Key	Are groups or organizations that CDC assumes to be important to implementation of stat asthma program activities included in this partnership?
Authority	Do the individuals involved as partners have the authority to make a commitment of resources or other support?
Level of Involvement (C004)	
Activity	Do partners regularly attend scheduled meetings? Do they take leadership roles?
Membership Recruitment (C017)	
Gaps Identified	Are gaps in the asthma program partnership identified?
Gaps Filled	Are gaps in the asthma program partnership filled with appropriate groups/individuals in a timely manner?
How Do They Interact?	
Demonstrate Commitment to Self-assessment (C006)	
Self-Assessment	Is the coalition or partnership regularly assessed?
Monitoring	Is there effective monitoring of partnership functioning?
Method of Assessment/monitoring	How is the partnership assessed?
Defined Roles & Responsibilities (C012)	
Member Roles and Responsibilities	Are there clear roles and responsibilities for partners?
Staff Role	What is the role of staff in the partnership?
Staff Effectiveness	How effective are staff members?
Structure (C015)	
Structure	What is the partnership structure?
Committees and Subcommittees	What role do committees and subcommittees play?
Group Dynamics (C013)	
Satisfaction	How satisfied are you with how well the group works together?

Keywords	Questions
Collaboration	How well does the group collaborate and increase networking?
Conflict Resolution	How well does the group resolve conflict?
Decision-making	What is the decision-making process and how well does it work?
Trust	What is the level of trust and openness in the group?
Internal Communication	Is the partnership/coalition effective at internal communication?
Organizational Climate	To what extent is the organizational climate conducive to collaborative activity?
Maintenance of Interest in Collaborating/Contributing (C003)	
Coalition Interest	Is there interest in sustaining the collaboration?
Member Maintenance	Have members been maintained over time?
Leadership (C022)	
Leaders	Who are the leaders?
Leadership Effectiveness	How effective are group leaders?
Leader Role	What are leaders' roles/level of involvement?
Shared Vision/Mission/Planning (C025)	
Vision	Does the group have a clearly articulated vision that is shared?
Goals	Does the group set realistic goals?
Plans	Does the coalition/partnership develop effective plans?
Perceived Benefits/Drawbacks (C028)	
Benefits	To what extent have organizations or individuals benefited from group participation?
Costs	What are the drawbacks or costs of participation?
Ownership	What is the level of ownership or commitment to the group?
What Do They Do?	
Coordinate and Integrate Asthma Activities (C051)	
Other Program Relationships	How does the asthma program interface with other state or federally-funded programs or agencies?
Resource Leveraging	Are resources leveraged between state agencies or CDC funded programs to support the asthma program or to accomplish the state asthma plan goals?
Other Community Relationships	How does the asthma program interface with other asthma-related activities in local communities?
Contribute Resources (C052)	
Contribution to Plan Goals	What resources do partners contribute to accomplishing the goals of the state asthma plan?
Contribution to Surveillance & Evaluation	What resources do partners contribute to state asthma program surveillance and evaluation activities?
Contribution to State Plan	What role does the partner play with respect to the state asthma plan?
Resource Utilization	What outside resources does the partnership use?

Keywords	Questions
Resource Adequacy	Does the group have sufficient resources? Are the resources well-managed?
Prioritize Elements of Asthma Plan (C054)	
Plan Priorities	What role do asthma partners play in identifying priority interventions?
Implement Interventions (C005)*	
Training/educational Interventions- Role	What is the role of partners in implementing training and educational interventions?
Training/educational Interventions- Action	What training or educational interventions are currently being conducted by partners?
Training/educational Interventions- Target	What is the target audience of the training or educational intervention? What subpopulations? Where?
Direct services- Role	What is the role of partners in implementing direct services?
Direct Services- Action	What types of direct services are currently being conducted by partners?
Asthma Policies-Role	What is the role of partners in changing asthma-related policy?
Maintain Partnerships and Build Collaboration (C050)	
Partnership Increase	Have you maintained or increased partnership members over time?
Partner Development	How do you further develop or sustain your partnerships?
Networking	To what extent has the partnership increased networking ?
Communicate Key Messages (C053)	
Communication Effectiveness	How well does your partnership communicate with the community?
Communication Process	How does your partnership communicate with the community?
Increase Knowledge and Build Skills (C026)	
Knowledge Gain	Has the partnership increased the knowledge and skills of its members?
Identify Potential Funding/Resources (C055)	
Fund Identification	How is the partnership positioning itself for future funding?
What Results?	
Organizational Policy Change (C007)	
Organizational Policy	Have state asthma program partners changed policies that affect organizational staffing, funding or other practices within their own organization, agency or program? Are these changes potentially related to their involvement with the state asthma program?
Synergy (C009)	
Synergistic Process	Does the partnership work together in a synergistic fashion?
Synergistic Product	Are there activities or programs that would not have occurred without the partnership?
Credibility	Does the partnership have the credibility and connections it needs to reach its goals?
Access	Has access to high risk and difficult to reach groups increased as a result of partnership activities?
Identified or Garnered Resources for Future (C024)	

Keywords	Questions
Future Funding	Does the partnership have a source of funding for the future?
Fund Management	How well does the partnership manage its funds?
Acquisition of new funds	Have partners helped to acquire new funds to support asthma activities?
New or Strengthened External Relationships/Networks (C031)	
Linkages	Are there linkages between the partnership and other coalitions or organizations?

*Core questions regarding implementation of interventions by partners will be integrated and elaborated upon by future workgroups focusing on interventions.

REFERENCE ITEM #4: Sample Partnership Evaluation Tools

Tool Name	Source	Population	Data Collection & Analysis Instructions (if given)	Concepts in Partnership Theory Diagram
Coalition Self-Assessment Survey II http://www.asthma.umich.edu/media/eval_autogen/CSAS.pdf	Allies Against Asthma	Coalition members	Survey administered annually	<ul style="list-style-type: none"> • Level of Involvement (C004) • Implement Interventions (C005) • Synergy/Coordination/Increased credibility & access to key populations (C009) • Membership Composition (C011) • Defined roles & responsibilities (C012) • Group Dynamics (C013) • Partnership Structure (C015) • Recruitment (C017) • Leadership (C022) • Shared Vision (C025) • Increase knowledge and build skills (C026) • Perceived benefits and drawbacks (C028) • Maintain partnerships and build collaborations (C050)
Partnership Self-Assessment Tool http://www.cacsh.org/psat.html	Center for the Advancement of Collaborative Strategies in Health at The New York Academy of Medicine	Partnership members of coalitions with the following characteristics A partnership needs to: <ul style="list-style-type: none"> • Be in existence at least 6 months • Be a group of people and organizations that continually work together to develop and modify strategies • Have begun to take action to implement plans • Have at least 5 active partners 	Partner members fill out a questionnaire. The website provides detailed instructions on how to score, summarize, and report findings.	<ul style="list-style-type: none"> • Implement interventions (C005) • Synergy/Coordination/Increased credibility & access to key populations (C009) • Group Dynamics (C013) • Partnership Structure (C015) • Leadership (C022) • Identified or garnered resources for the future (C024) • Increase knowledge and build skills (C026) • Perceived benefits and drawbacks (C028) • New or strengthened external relationships/networks (C031) • Contribute resources (C052) • Communicate key messages to audiences & stakeholders (C053) • Identify potential funding/resources (C055)

Tool Name	Source	Population	Data Collection & Analysis Instructions (if given)	Concepts in Partnership Theory Diagram
Diagnosing the Health of your Coalition http://ctb.ku.edu/tools/en/sub_section_tools_1058.htm	The Community Toolbox	Coalition members (larger group preferable)	Survey. Suggests reviewing results and making recommendations for changes and conducting review on an annual basis to assess progress.	<ul style="list-style-type: none"> • Membership Composition (C011) • Group Dynamics (C013) • Partnership Structure (C015) • Shared vision (C025) • Perceived benefits and drawbacks (C028) • New or strengthened external relationships/networks (C031) • Maintain partnerships and build collaboration (C050) • Communicate key messages to audiences & stakeholders (C053)
Assessing Strategic Partnership: The Partnership Assessment Tool http://www.nuffield.leeds.ac.uk/downloads/pat.pdf	Strategic Partnering Taskforce: Brian Hardy, Bob Hudson, Eileen Waddington	Partnerships – Developmental tool to assess the effectiveness of partnership.	Checklist approach used with individual partners and discussed to ascertain areas of consensus or conflict in six Partnership Principles areas	<ul style="list-style-type: none"> • Implement interventions (C005) • Synergy/Coordination/Increased credibility & access to key populations (C009) • Group Dynamics (C013) • Partnership Structure (C015) • Perceived benefits and drawbacks (C028) • Contribute resources (C052)

Tool Name	Source	Population	Data Collection & Analysis Instructions (if given)	Concepts in Partnership Theory Diagram
Coalition Effectiveness Inventory http://www.izta.org/coalitionresources/Coalition%20Effectiveness%20Inventory.pdf	Center for Pediatric Research. Fran Butterfoss	Partnership members	Coalition members complete rating of coalition. Can be repeated pre- and post-intervention	<ul style="list-style-type: none"> • Level of involvement (C004) • Implement interventions (C005) • Synergy/Coordination/Increased credibility & access to key populations (C009) • Membership composition (C011) • Group Dynamics (C013) • Partnership Structure (C015) • Recruitment (C017) • Identified or garnered resources for the future (C024) • Perceived benefits and drawbacks (C028) • New or strengthened external relationships/networks (C031) • Maintain partnerships and build collaborations (C050) • Contribute resources (C052) • Communicate key messages to audiences & stakeholders (C053)
A Collaboration Checklist http://www.joe.org/joe/1999april/t1.html	Borden, L.M, & Perkins, D.F. (1999). Assessing your collaboration: a self-evaluation tool. Journal of Extension [On-Line], 37(2). Retrieved Jan 2006	Coalitions	Coalition members read a brief description for each of the areas (core concepts) and then rate how well the collaboration is functioning in each area.	<ul style="list-style-type: none"> • Group dynamics (C013) • Leadership (C022)

Tool Name	Source	Population	Data Collection & Analysis Instructions (if given)	Concepts in Partnership Theory Diagram
Diagnostic Tool for Evaluating Group Functioning http://www.extension.iastate.edu/Publications/PM1844.pdf	Iowa State University Extension Based on Internal Collaborative Functioning Scales, p. 89, in Evaluating Collaboratives: Reaching the Potential (G3658-8). Ellen Taylor-Powell, Boyd Rossing and Jean Geran. 1998. University of Wisconsin-Extension	Partnership members	Each member is asked to rate what's happening in the group. Then members should have a "time out" group discussion about what's happening and what to do about it.	<ul style="list-style-type: none"> • Defined roles & responsibilities (C012) • Group dynamics (C013) • Recruitment (C017) • Leadership (C022) • Shared vision (C025) • Communicate key messages to audiences & stakeholders (C053)
Instrument for evaluating dimensions of group dynamics within community-based participatory research partnerships	Schulz, A. J. ; Israel, B. A., and Lantz, P. Evaluation and Program Planning. 2003; 26(3):249-262.	Partnership members	Compilation from 3 questionnaires for evaluating group dynamics characteristics and intermediate measures of partnership effectiveness	<ul style="list-style-type: none"> • Implement interventions (C005) • Synergy/Coordination/Increased credibility & access to key populations (C009) • Membership composition (C011) • Group dynamics (C013) • Partnership structure (C015) • Leadership (C022) • Increase knowledge and build skills (C026) • Perceived benefits and drawbacks (C028) • New or strengthened external relationships/networks (C031)
Capacity Building Inventory http://www.chestnet.org/patients/guides/asthmaManual/p24.php http://www.chestnet.org/patients/guides/asthmaManual/index.php	A Development Manual for Asthma Coalitions. American College of Chest Physicians.	Coalition members	Coalition members rate items on the extent to which each of the competency statements is true of the coalition.	<ul style="list-style-type: none"> • Synergy/Coordination/Increased credibility & access to key populations (C009) • Membership composition (C011) • Group dynamics (C013) • Partnership structure (C015) • Recruitment (C017) • Identified and garnered resources for future (C024) • Communicate key messages to audiences & stakeholders (C053) • Identify potential funding/resources (C055)

Tool Name	Source	Population	Data Collection & Analysis Instructions (if given)	Concepts in Partnership Theory Diagram
Community Group Member Survey http://learningstore.uwex.edu/pdf/G3658-9.PDF	University of Wisconsin Extension Ellen Taylor-Powell	Community group members	Survey, also provides examples of how to report on evaluation results to internal and external stakeholders using survey.	<ul style="list-style-type: none"> • Maintenance of interest in collaborating/contributing (C003) • Level of involvement (C004) • Implement interventions (C005) • Membership composition (C011) • Group dynamics (C013) • Partnership structure (C015) • Perceived benefits and drawbacks (C028)
Evaluating community coalition characteristics and functioning: a summary of measurement tools. http://her.oxfordjournals.org/cgi/eprint/cyg056v1.pdf	Granner, M. L. and Sharpe, P. A. Health Educ Res. 2004 Oct; 19(5):514-32.	Various coalitions	Review article listing a variety of evaluation tools from various articles	<ul style="list-style-type: none"> • Maintenance of interest in collaborating (C003) • Level of involvement (C004) • Implement interventions (C005) • Changes to policy, staffing, or funding within partner organizations (C007) • Synergy/Coordination/Increased credibility & access to key populations (C009) • Membership composition (C011) • Group dynamics (C013) • Partnership structure (C015) • Recruitment (C017) • Leadership (C022) • Identified and garnered resources for future (C024) • Increase knowledge and build skills (C026) • Perceived benefits and drawbacks (C028) • New or strengthened external relationships/networks (C031) • Maintain partnerships and build collaborations (C050) • Contribute resources (C052) • Prioritize elements of the asthma plan (C054)

Tool Name	Source	Population	Data Collection & Analysis Instructions (if given)	Concepts in Partnership Theory Diagram
Inclusivity Checklist http://www.tomwolff.com/resources/backer.pdf	Rosenthal, B. (1997). Multicultural issues in coalitions. In Kay, G. & Wolff, T. (Eds.) From the ground up: A workbook on coalition building and community development. In T. Backer (Ed.) Evaluating Community Collaborations	Coalition members	Coalition members check which of 11 items describe their coalition. Unchecked items indicate areas for improvement.	<ul style="list-style-type: none"> • Membership composition (C011) • Group dynamics (C013)
Annual Satisfaction Survey for Community Coalitions http://www.tomwolff.com/resources/backer.pdf	Fawcett, S., Foster, D., & Francisco, V. (1997). Monitoring and evaluation of coalition activities and success. In Kay, G. & Wolff, T. (Eds.), From the Ground Up, pp.163-185	Coalition members and funding partners	Coalition members rate satisfaction on a 5-point scale with 30 aspects of their coalition. The average and range of ratings for each item are calculated. Survey can be mailed or administered in-person.	<ul style="list-style-type: none"> • Synergy/Coordination/Increased credibility & access to key populations (C009) • Group dynamics (C013) • Partnership structure (C015) • Identified and garnered resources for future (C024) • Increase knowledge and build skills (C026) • Perceived benefits and drawbacks (C028) • New or strengthened external relationships/networks (C031) • Communicate key messages to audiences & stakeholders (C053)
Diagnosing Your Coalition: Risk Factors for Participation, Worksheet 2 http://www.tomwolff.com/resources/backer.pdf	Kaye, G. (1993). Diagnosing your coalition: Risk factors for participation. In Wolff, T. A practical approach to evaluating coalitions. In T. Backer (Ed.) Evaluating Community Collaborations	Coalition members	Partner members rate their coalition (on a 5-point scale) on 50 statements. An overall rating is calculated for each of the 10 factors. There is a diagnostic score sheet to interpret the scores.	<ul style="list-style-type: none"> • Demonstrate commitment to self-assessment (C006) • Group dynamics (C013) • Partnership structure (C015) • Perceived benefits and drawbacks (C028) • New or strengthened external relationships/networks (C031) • Maintain partnerships and build collaborations (C050) • Communicate key messages to audiences & stakeholders (C053)

Tool Name	Source	Population	Data Collection & Analysis Instructions (if given)	Concepts in Partnership Theory Diagram
Climate Diagnostic Tool: The Six R's of Participation, Worksheet 4 http://www.tomwolff.com/resources/backer.pdf	Kaye, G. & Resnick, I. (1994) Climate Diagnostic Tool. Brooklyn, NY: Community Development Consultants. In T. Backer (Ed.) Evaluating Community Collaborations	Coalition members	On a 5-point scale, members rate how well their collaboration does in terms of member recognition, respect, role, relationship, and reward. A diagnostic score sheet is used to interpret the overall score for each area.	<ul style="list-style-type: none"> • Group dynamics (C013) • Partnership structure (C015) • Perceived benefits and drawbacks (C028) • Maintain partnerships and build collaborations (C050)
Sustainability Benchmarks, Worksheet 8 http://www.tomwolff.com/resources/backer.pdf	Center for Collaborative Planning (2000). Sustainability Benchmarks. Sacramento, CA: Author. In T. Backer (Ed.) Evaluating Community Collaborations	Coalition members	In 1-2 pages of narrative, members respond to open-ended questions about five components of sustainability. Benchmarks are provided along with key questions to stimulate thinking and discussion.	<ul style="list-style-type: none"> • Changes policy, staffing, or funding within partner organizations (C007) • Synergy/Coordination/Increased credibility & access to key populations (C009) • Identified or garnered resources for future (C024) • Increase knowledge and build skills (C026) • New or strengthened external relationships/networks (C031) • Communicate key messages to audiences & stakeholders (C053) • Identify potential funding/resources (C055)
Wilder Collaboration Factors Inventory http://www.caahs.colostate.edu/ccp/PDF/The%20Wilder%20Collaboration%20Factors%20Inventory-Reformat.pdf	Mattessich PW, Murray-Close M, Monsey BR, Wilder Research Center. 2001. Collaboration: What Makes it Work. Amherst H. Wilder Foundation. St. Paul Minnesota	Partnership members	Partner members rate their level of agreement (on a 5-point scale) with 40 statements. An average rating is calculated for items within each of the 20 factors.	<ul style="list-style-type: none"> • Membership composition (C011) • Defined roles & responsibilities (C012) • Group dynamics (C013) • Leadership (C022) • Shared vision (C025) • Perceived benefits and drawbacks (C028)

Tool Name	Source	Population	Data Collection & Analysis Instructions (if given)	Concepts in Partnership Theory Diagram
Allies Against Asthma, Key Informant Interviews http://www.asthma.umich.edu/media/eval_autogen/key_informant.pdf	Allies Against Asthma	Partnership members	In-person or telephone interview with key informants.	<ul style="list-style-type: none"> • Synergy/Coordination/Increased credibility & access to key populations (C009) • Identified or garnered resources for future (C024) • Perceived benefits and drawbacks (C028) • Maintain partnerships and build collaboration (C050)

REFERENCE ITEM #5: Examples of partnership evaluation indicators

<u>WHO IS INVOLVED?</u>			
MEMBERSHIP COMPOSITION (C011)			
<u>Keyword</u>	<u>Example indicators</u>	<u>Method</u>	<u>Instrument(s)</u>
Who	# of different organizations represented by partners.	Survey or review of records	Coalition Self Assessment Survey or Abstraction of Attendance/ Partnership Records
	% of partners by type of organization.		
	% of partners representing an organization.		
	% of partners at the table as an individual not as a representative.		
	# of different sectors represented by partners.	Survey or review of records	UW Ext Community Group Member Survey or Abstraction of Attendance/ Partnership Records
	% of partners by sector type.		
	Additional indicators can be derived for state use from CDC Core Instrument that align with national level aggregate indicators (TBD)	Online survey	CDC Core Instrument
Key	Indicators can be derived for state use from CDC Core Instrument that align with national level aggregate indicators (TBD)	Online survey	CDC Core Instrument
Authority	% of members who agree that each of the people who participate can speak for the entire organization they represent, not just a part.	Survey	Wilder Collaboration Factors Inventory
	% of members who believe that more than half or nearly all members have enough authority to commit resources.	Survey	Coalition Self Assessment Survey
LEVEL OF INVOLVEMENT (C004)			
<u>Keyword</u>	<u>Example indicators</u>	<u>Method</u>	<u>Instrument(s)</u>
Activity	% of partners who rate that the partners are regularly participating in meetings and activities.	Survey	Coalition Effectiveness Inventory
	% of partners who rate that partners are actively planning, implementing and evaluating activities.	Survey	
	% of partners who rank their involvement over the past year as very involved or fairly involved.	Survey	Coalition Self Assessment Survey

MEMBERSHIP RECRUITMENT (C017)			
<u>Keyword</u>	<u>Example indicators</u>	<u>Method</u>	<u>Instrument(s)</u>
Gaps Identified	# of times in past year that the partnership has assessed the adequacy and representativeness of its membership.	Survey	Capacity Building Inventory
	% of partners surveyed who feel the coalition has sufficient representation from groups, organizations and/or schools in the community to accomplish the objectives of the coalition.	Survey	Coalition Self Assessment Survey
Gaps Filled	Indicators can be derived for state use from CDC Core Instrument that align with national level aggregate indicators (TBD)	Online survey	CDC Core Instrument
<u>HOW DO THEY INTERACT?</u>			
DEMONSTRATED COMMITMENT TO SELF-ASSESSMENT (C006)			
<u>Keyword</u>	<u>Example indicators</u>	<u>Method</u>	<u>Instrument(s)</u>
Self Assessment	Indicators can be derived for state use from CDC Core Instrument that align with national level aggregate indicators (TBD)	Online survey	CDC Core Instrument
Monitoring			
Method of Assessment and/or monitoring			
DEFINED ROLES AND RESPONSIBILITIES (C012)			
<u>Keyword</u>	<u>Example indicators</u>	<u>Method</u>	<u>Instrument(s)</u>
Member Roles and Responsibilities	% of members/partners who agree that members have a clear sense of their roles and responsibilities.	Survey	Wilder Collaboration Factors Inventory
	% of members/partners who agree that members take responsibility for getting the work done.	Survey	Coalition Self Assessment Survey
Staff Role	% of members/partners who agree that the collaborative has adequate "people power" to meet its accomplishments.	Survey	Wilder Collaboration Factors Inventory
Staff Effectiveness	% of members/partners who agree that the work of the paid staff supports the work of the coalition.	Survey	Coalition Self Assessment Survey

PARTNERSHIP STRUCTURE (C015)			
<u>Keyword</u>	<u>Example indicators</u>	<u>Method</u>	<u>Instrument(s)</u>
Structure	% of partners who rate that coalition structures are in place.	Survey	Coalition Effectiveness Inventory
Committees and Subcommittees	Statement of role of central planning group (e.g., steering committee) or subcommittees.	Review of records	Abstraction of Partnership Documentation
GROUP DYNAMICS (C013)			
<u>Keyword</u>	<u>Example indicators</u>	<u>Method</u>	<u>Instrument(s)</u>
Satisfaction	% of partners who state that they are completely or mostly satisfied with their participation in the partnership (several dimensions measured).	Survey	Partnership Self Assessment Tool (NYAM)
Collaboration	% of partners who state that they are completely or mostly satisfied the way that people in the partnership work together.	Survey	Partnership Self Assessment Tool (NYAM)
Conflict Resolution	% of partners/members who state leaders are skillful in resolving conflict.	Survey	Coalition Self Assessment Survey
	% of partners/members who are satisfied with they way the group deals with problems that come up.	Survey	Schultz
Decision-making	% of partners who state that they are extremely or very comfortable with the way decisions are made in the partnership.	Survey	Partnership Self Assessment Tool (NYAM)
	% of partners/members who agree that the leadership builds consensus on key decisions.	Survey	Coalition Self Assessment Survey
	% of partners/members who agree that they have "a lot of influence" in making decisions within the partnership/coalition.		
Trust	% of partners who state that the partnership's leaders are excellent or very good at fostering respect, trust, inclusiveness, and openness.	Survey	Partnership Self Assessment Tool (NYAM)
	% of partners who rate that the partners have mutual respect, trust, and understanding.	Survey	Wilder Collaboration Factors Inventory

Internal communication	% of partners who agree that members/partners communicate well with each other.	Survey	ISU- Diagnostic tool for Evaluation; CPR Coalition Effectiveness Inventory; Wilder Collaboration Factors Inventory
Organizational Climate	% of partners who respond that the partnership always or almost always recognizes and rewards all partner contributions, large or small.	Survey	Diagnosing the Health of your Coalition
MAINTENANCE OF INTEREST IN COLLABORATING (C003)			
<u>Keyword</u>	<u>Example indicators</u>	<u>Method</u>	<u>Instrument(s)</u>
Coalition Interest	% of partners who indicate a "strong" or "very strong" commitment to the coalition over time.	Survey	Granner and Sharpe
Member Maintenance	% of partners who are "active" 1 year after partnering/joining.	Review of records	Abstraction of Attendance Records
LEADERSHIP (C022)			
<u>Keyword</u>	<u>Example indicators</u>	<u>Method</u>	<u>Instrument(s)</u>
Leaders	% of partners who indicate particular person as being the most significant in providing leadership- by role (i.e. chair, officers, staff, members, other, DK).	Survey	Coalition Self Assessment Survey
Leadership Effectiveness	% of partners who agree that people in leadership positions have good skills for working with other people and organizations.	Survey	Wilder Collaboration Factors Inventory
	% of partners/members who rate partnership leaders as "effective" (leadership scale).	Survey	Partnership Self Assessment Tool (NYAM)
Leader Role	% members who agree that the leadership (1) works collaboratively with coalition members; or (2) creates an appropriate balance of responsibility between leaders, staff, and members.	Survey	Coalition Self Assessment Survey

SHARED VISION/MISSION/PLANNING (C025)			
<u>Keyword</u>	<u>Example indicators</u>	<u>Method</u>	<u>Instrument(s)</u>
Vision	% of partners who agree that their ideas about what the group wants to accomplish seem to be the same as the ideas of others.	Survey	Wilder Collaboration Factors Inventory
	% of partners who agree that the leadership has a clear vision for the coalition.	Survey	Coalition Self Assessment Survey
Goals	% of partners who agree that the collaborative group has established reasonable goals.	Survey	Wilder Collaboration Factors Inventory
	% of partners who agree that there is general agreement with respect to the priorities of the coalition.	Survey	Coalition Self Assessment Survey
Plans	% of partners who agree that the action plan defines well the roles, responsibilities and timelines for conducting the activities that work towards achieving the stated mission of the coalition/partnership.	Survey	Coalition Self Assessment Survey
PERCEIVED BENEFITS AND DRAWBACKS (C028)			
<u>Keyword</u>	<u>Example indicators</u>	<u>Method</u>	<u>Instrument(s)</u>
Benefits	% of partners who agree that benefits of participation outweigh drawbacks for themselves or their organizations.	Survey	Coalition Self Assessment Survey
	Number and types of benefits experienced by key informant partners and their organizations.	Key Informant Interview	AAA-Key Informant Interview Guide
Costs	% of partners/members who answer that they have received the majority of potential benefits listed.	Survey	Partnership Self Assessment Tool (NYAM)
Ownership	% of partners/members who agree that the level of commitment among the collaboration participants is high.	Survey	Wilder Collaboration Factors Inventory

<u>WHAT DO THEY DO?</u>			
COORDINATE AND INTEGRATE ASTHMA ACTIVITIES (C051)			
<u>Keyword</u>	<u>Example indicators</u>	<u>Method</u>	<u>Instrument(s)</u>
Other Program Relationships	Indicators can be derived for state use from CDC Core Instrument that align with national level aggregate indicators (TBD)	Online survey	CDC Core Instrument
Resource leveraging			
Other Community Relationships	Frequency and types of ways the partnership collaborates with other organizations and individuals outside of the coalition who are also involved in asthma control.	Key Informant Interview	AAA-Key Informant Interview Guide
CONTRIBUTE RESOURCES (C052)			
<u>Keyword</u>	<u>Example indicators</u>	<u>Method</u>	<u>Instrument(s)</u>
Contributions to Plan Goals	Indicators can be derived for state use from CDC Core Instrument that align with national level aggregate indicators (TBD)	Online survey	CDC Core Instrument
Contribution to Surveillance			
Contribution to State Plan			
Resource Utilization	% of all resources (\$ and in-kind) obtained through external sources that were expended by partnership by predefined expenditure categories.	Record review	Abstraction of Partnership Documentation (e.g. financial documents)
Resource Adequacy	% of partners who state that the partnership has all or most of the money/space, and equipment it needs to work effectively.	Survey	Partnership Self Assessment Tool (NYAM)
PRIORITIZE ELEMENTS OF ASTHMA PLAN (C054)			
<u>Keyword</u>	<u>Example indicators</u>	<u>Method</u>	<u>Instrument(s)</u>
Plan Priorities	% of partners who report that they were substantially engaged in prioritizing elements of the state asthma plan.	Survey	None identified for this purpose.

IMPLEMENT INTERVENTIONS (C005)			
<u>Keyword</u>	<u>Example indicators</u>	<u>Method</u>	<u>Instrument(s)</u>
Training/Educational Interventions - Role	<p>Involvement of partners in implementing interventions is a concept that cuts across multiple components of the state asthma program.</p> <p>Indicators for the role partners play in the implementation of interventions can be derived for state use from CDC Core Instrument that align with national level aggregate indicators (TBD)</p>	Online survey	CDC Core Instrument—Interventions
Training/Educational Interventions - Action			
Training/Educational Interventions - Target			
Direct Services - Role			
Direct Services - Action			
Asthma Policies- Role			
MAINTAIN PARTNERSHIPS AND BUILD COLLABORATION (C050)			
<u>Keyword</u>	<u>Example indicators</u>	<u>Method</u>	<u>Instrument(s)</u>
Partnership Increase	Increasing partnership membership trends over time.	Record review	Abstraction of attendance records
	% of partners that rate members as having been maintained or increased.	Survey	Coalition Effectiveness Inventory
Partner Development	# and type of activities undertaken to sustain and maintain the partnership.	Record review	Partnership records
	Ratio of negative and positive feelings expressed by partners with respect to the likely sustainability of the partnership.	Key Informant Interview	No specific instruments identified.
Networking	Frequency and types of changes in the level of exchange of resources and information among organizations experienced by key informant partners and their organizations.	Key Informant Interview	AAA-Key Informant Interview Guide
	% of partners who agree that a major function of the partnership is to network with other professionals or concerned citizens.	Survey	Coalition Self Assessment Survey

COMMUNICATE KEY MESSAGES (C053)			
<u>Keyword</u>	<u>Example indicators</u>	<u>Method</u>	<u>Instrument(s)</u>
Communication Effectiveness	% of partners who state that the partnership is excellent or very good at coordinating communication with people and organizations outside the partnership.	Survey	Partnership Self Assessment Tool (NYAM)
Communication Process	# of communication methods used to communicate with community.	Record review	Abstraction of records documenting partner activities; abstraction of meeting minutes.
	Proportion of communication messages that are targeted towards communities at high risk for poor asthma management.	Record review	Abstraction of records documenting partner activities and comparison with surveillance findings.
INCREASE KNOWLEDGE AND BUILD SKILLS (C026)			
<u>Keyword</u>	<u>Example indicators</u>	<u>Method</u>	<u>Instrument(s)</u>
Knowledge Gain	% of partners who state that by participating in the partnership they have developed new skills, and acquired useful knowledge.	Survey	Partnership Self Assessment Tool (NYAM)
IDENTIFY POTENTIAL FUNDING/RESOURCES (C055)			
<u>Keyword</u>	<u>Example indicators</u>	<u>Method</u>	<u>Instrument(s)</u>
Fund Identification	% of partners who rate the partnership highly on its plan to achieve funding to meet future goals.	Survey	ACCP – Capacity Building Inventory
<u>WHAT RESULTS?</u>			
ORGANIZATIONAL POLICY CHANGES (C007)			
<u>Keyword</u>	<u>Example indicators</u>	<u>Method</u>	<u>Instrument(s)</u>
Organizational Policy	Indicators can be derived for state use from CDC Core Instrument that align with national level aggregate indicators (TBD)	Online survey	CDC Core Instrument

SYNERGY (C009)			
<u>Keyword</u>	<u>Example indicators</u>	<u>Method</u>	<u>Instrument(s)</u>
Synergistic Process	% of partners who state that by working together, partners are able to identify new and creative ways to solve problems extremely or very well.	Survey	Partnership Self Assessment Tool (NYAM)
	% of partners who state that by working together, partners are able to respond to the needs and problems of the community extremely or very well.		
Synergistic Product	% of partners who state that by working together, partners are able to implement strategies that are most likely to work in the community extremely or very well.	Survey	Partnership Self Assessment Tool (NYAM)
	% of partners who state that by working together, partners are able to carry out comprehensive activities that connect multiple services, programs, or systems extremely or very well.		
	List interventions and activities that key informant partners believe could only have been generated through collective thinking and action.	Key Informant Interview	AAA-Key Informant Interview Guide
Credibility	% of partners who agree that the partnership has all or most of what it needs with respect to legitimacy and credibility to work effectively.	Survey	Partnership Self Assessment Tool (NYAM)
Access	Number of organizations or groups representing high-risk or difficult to reach populations with which increased linkage has occurred.	Record review	Abstraction of records documenting partner activities
IDENTIFIED OR GARNERED RESOURCES FOR FUTURE (C024)			
<u>Keyword</u>	<u>Example indicators</u>	<u>Method</u>	<u>Instrument(s)</u>
Future Funding	% of partners who feel that the partnership has high quality plans to acquire funds to sustain and expand state asthma plan activities in the future.	Survey, Key Informant Interviews	None identified
Fund Management	% of partners who state that the partnership makes excellent or very good use of partners' financial resources, in-kind resources, and time.	Survey	Partnership Self Assessment Tool (NYAM)

	% of partners who state that the partnership is excellent or very good at applying for and managing grants and funds.		
Acquisition of New Funds	#, types, and description of examples cited by partners of the ability of member organizations to secure additional resources for asthma control.	Key Informant Interview	AAA-Key Informant Interview Guide
NEW OR STRENGTHENED EXTERNAL RELATIONSHIPS/NETWORKS (C031)			
<u>Keyword</u>	<u>Example indicators</u>	<u>Method</u>	<u>Instrument(s)</u>
Linkages	% of partners who state that by participating in the partnership they have developed valuable relationships	Survey	Partnership Self Assessment Tool (NYAM)
	# and types of effects the state asthma program partnership has had on the community, specifically interactions between sectors in the community as noted by key informants.	Key Informant Interview	AAA-Key Informant Interview Guide

REFERENCE ITEM #6: DRAFT Core Data Collection Instrument **STATE ASTHMA PROGRAM PARTNERS**

In this module, you will be asked to respond to a series of general questions about the state asthma program partnership. These questions are designed to examine who the state asthma program is in partnership with and to provide some general information about how these partners contribute to assisting the state asthma program in reducing the burden of asthma within the state.

Purpose:

CDC is primarily interested in how you work with your partners. Who are your partners, and what do they contribute to the state's goal of reducing the burden of asthma? In structuring the questions contained in this module, we have attempted to capture the most common ways in which we believe partners contribute to accomplishing the asthma related goals within states. However, we understand that partners provide a wide array of connections, opportunities, influence, expertise, and insight at many levels of the state (local, regional, state) that are not well captured through a survey mechanism.

The data collected through this survey will provide us with general information helpful to answering common stakeholder questions such as, "Who do your states work with?" "How does Partner 'X' contribute to state asthma program activities?"

Furthermore, answers to these questions will provide us with information valuable to program planning at the national and state levels. For example, we may find that there is a certain agency or organization that multiple states would like to have represented in their partnership, but are having difficulty recruiting. CDC may be able to take this information and forge a partnership at the Federal level that increases the ease of creating a partnership at the state, regional, or local level. Additionally, answers provided will be shared in aggregate form with all state asthma programs. This may provide valuable information to you regarding how other states work with their partners, thereby contributing to future planning efforts.

What partners should I "count" when answering these questions?

State asthma program partnerships take a variety of forms. Partnerships differ in structure (existence of coalitions; coalitions at multiple levels; partnerships outside of coalition structures; steering committees; etc.) and number. Therefore, we have decided to leave the definition of "partner" open to your interpretation.

In order to interpret the information provided as accurately as possible we ask that you provide us with two text based descriptions of your state asthma program partnership. In the first instance we would like a description of the overarching structure of the state asthma program partnership within your state. This is followed by another question that asks you to explain how you defined partnership in order to answer the subsequent questions posed.

Who should provide the answers?

Asthma program managers, their associated staff (e.g. epidemiologists, evaluators, health educators, etc.), and contractors (where appropriate) should work together to provide their best estimate to the questions asked. CDC is not requiring that states set up internal monitoring systems or conduct extensive surveys of coalitions across the state to examine the contribution of partners.

STATE ASTHMA PROGRAM PARTNERSHIP STRUCTURE

1. Please provide a detailed description of the structure of your statewide asthma program partnership in the space below. Specifically, please include information about the following: Is there a state coalition? Are there regional coalitions, local coalitions? Is there an advisory group or committee? Is there an internal Department of Health team that addresses asthma across departments? What is the role of your state asthma program staff in this partnership structure? Feel free to provide any additional information you feel is important for us to understand about your partnership structure (e.g. information about any major changes that have occurred in the past 12 months to the structure or organization of this partnership).

- a. How many organizations, agencies, or programs are represented in your state asthma program partnership? _____
- b. Approximately how many individuals does this include? _____

2. In the following sections of this module you will be asked specific questions about the activities of your state asthma program partners. It is understood that obtaining reasonable estimates of partner activities is sometimes not possible. For example, it may be possible to provide information about the contributions of individuals sitting on a state coalition or steering committee, but too burdensome to provide information about the contributions made by partners who reside on local coalitions throughout your state. Please provide an explanation of what portions of the statewide asthma program partnership described in question 1 above will be referred to when providing answers to the remaining questions in this module.

- a. How many organizations, agencies, or programs are represented in this subset of your statewide asthma program partnership? _____
- b. Approximately how many individuals does this include? _____

Introduction: The following questions pertain to the location of the state asthma program within the state health department and the presence of other agencies, programs, and associations related to asthma within the state. Answers to these structural questions will help in interpreting answers to subsequent questions in this module.

3. Where does your state asthma program reside within the health department?

- Chronic Disease Prevention/Control
- Environmental Health
- Environmental/Occupational Health
- Other (Please describe in box below)

4. Which of the following state-based programs, agencies or associations exist within your state?

	Exist within state?				Exist within state?		
	Yes	No	DK*		Yes	No	DK*
Coordinated school health program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Occupational Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Public Health Tracking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Controlling Asthma in American Cities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STEPS to a Healthier U.S.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	State Department of Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	State Medicaid Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco Prevention/Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	State Medicare Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal and Child Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	State Hospital Association	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Chronic disease prevention/control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				

*DK= Don't know

STATE ASTHMA PROGRAM PARTNERS- CONTRIBUTION OF RESOURCES

Introduction: Partners contribute in many ways to reducing the burden of asthma within states, and the nation. Each partner that is engaged in the partnership brings their own unique contribution, whether this is in the form of physical resources, expertise, or connections to critical groups or institutions within communities. We are interested in the contributions your partners bring to the table. Information from the following questions will help to provide a better understanding as to what types of partners assist the state asthma programs in accomplishing the goals of the state asthma plan, and specifically how these partners contribute.

5. The following table requests information about how your partners assisted the state asthma program in reducing the burden of asthma within the state. In the tables below, please fill in the circle if **at least one individual** representing the partner type contributed in the manner listed within **the past 12 months**. If one individual has contributed in some manner AND represents more than one type of partner, please include their contributions within each row of the partner type they represent. (Please click on the red “?” for additional information about specific partner types or contributions.)

Type of Partner	Money	Staff Time	Meeting space or supplies	Helped acquire new funds [?]	Endorsed or advocated for program and/or communicated or disseminated information about program [?]	Led goal or objective in state plan [?]	Implemented intervention or activities to accomplish state plan	Member of workgroup that plans interventions or activities to accomplish state plan [?]	Provided data for <u>surveillance</u> * [?]	Performed data analysis for <u>surveillance</u> [?]	Provided data for <u>evaluation</u> * [?]	Performed data analysis for <u>evaluation</u> [?]	Contributed in other important way not listed	Not a partner
Community clinics/FQHC	O	O	O	O	O	O	O	O	O	O	O	O	O	O
Community/neighborhood org	O	O	O	O	O	O	O	O	O	O	O	O	O	O
Religious/faith based org	O	O	O	O	O	O	O	O	O	O	O	O	O	O
Housing organization	O	O	O	O	O	O	O	O	O	O	O	O	O	O
Environmental advocacy group	O	O	O	O	O	O	O	O	O	O	O	O	O	O
Day care/preschool/Head Start centers/other child service agency	O	O	O	O	O	O	O	O	O	O	O	O	O	O
Other groups, agencies, collaboratives with asthma management as part of their mission	O	O	O	O	O	O	O	O	O	O	O	O	O	O
School management (K-12) [?]	O	O	O	O	O	O	O	O	O	O	O	O	O	O
Other school advocate/representative (K-12) [?]	O	O	O	O	O	O	O	O	O	O	O	O	O	O
School of Nursing	O	O	O	O	O	O	O	O	O	O	O	O	O	O
School of Medicine	O	O	O	O	O	O	O	O	O	O	O	O	O	O
School of Public Health	O	O	O	O	O	O	O	O	O	O	O	O	O	O
School of Pharmacy	O	O	O	O	O	O	O	O	O	O	O	O	O	O
School of Environmental Studies	O	O	O	O	O	O	O	O	O	O	O	O	O	O

Type of Partner	Money	Staff Time	Meeting space or supplies	Helped acquire new funds [?]	Endorsed or advocated for program and/or communicated or disseminated information about program [?]	Led goal or objective in state plan [?]	Implemented intervention or activities to accomplish state plan	Member of workgroup that plans interventions or activities to accomplish state plan [?]	Provided data for surveillance* [?]	Performed data analysis for surveillance [?]	Provided data for evaluation* [?]	Performed data analysis for evaluation [?]	Contributed in other important way not listed	Not a partner
School of Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Managed care organization(s)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other health insurers/plans	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Acute care facilities	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmaceutical company	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Local health departments	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Business [?]	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Media	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Elected representative or staff [?]	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Local asthma coalitions and other local health coalitions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual(s) affected by asthma	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Health care professional organizations/associations representing...														
Nurses (LVN, RN)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nurse Practitioners	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Physicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Respiratory Therapists	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Physician Assistants	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacists	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Racial or ethnic minority service or advocacy organization representing...														
American Indians/Alaska Natives	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Asians	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blacks or African Americans	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Native Hawaiians or Other Pacific Islanders	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hispanics	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service or advocacy organization that represents the following susceptible age groups or geographic areas...														
Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Elderly	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Type of Partner	Money	Staff Time	Meeting space or supplies	Helped acquire new funds?	Endorsed or advocated for program and/or communicated or disseminated information about program?	Led goal or objective in state plan?	Implemented intervention or activities to accomplish state plan	Member of workgroup that plans interventions or activities to accomplish state plan?	Provided data for surveillance*?	Performed data analysis for surveillance?	Provided data for evaluation*?	Performed data analysis for evaluation?	Contributed in other important way not listed	Not a partner
Rural	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs, Organizations, Departments or Agencies that typically reside at state or regional level (Note: Only those programs that exist as noted in Q3 above will be included here. The department in which state asthma program resides will automatically be excluded from this list)														
Coordinated school health program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Public Health Tracking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STEPS to a Healthier U.S.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco Prevention/Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal and Child Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic disease prevention/control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Controlling Asthma in American Cities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State environmental agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regional environmental agency?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
American Lung Association	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Department of Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Medicaid Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Medicare Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Hospital Association	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*This is the direct provision of data to the state asthma program. A positive response indicates that this data did not go through a third party prior to the asthma program acquiring the data. For example, if hospital discharge data from state hospital association went to directly to the biostatistics unit at the state health department and then to asthma program, the respondent should **not** fill in the circle for “state hospital association” under “provided data for surveillance.”

5. If there are individuals representing partner types not listed in the table above that contributed in one of the manners listed or in another major way within the past 12 months please list them in the space below:

POLICY, STAFFING, OR FUNDING CHANGES WITHIN PARTNER INSTITUTIONS

Introduction: It is thought that there are many positive benefits to including partners within the work the state asthma program conducts. One benefit includes the development and implementation of new policies, staffing or funding changes within partner agencies, organizations, institutions, or programs that aim to improve asthma services or asthma management. The following questions are designed to collect information about changes that have been made within your partner’s agencies, organizations, institutions, or programs that have the potential to impact the burden of asthma within your state.

6. In the space below please provide up to ten examples of policy, staffing or funding changes that have been made within state asthma program partner agencies, organizations, institutions, or programs in the past 12 months. In addition, please list the partner that implemented the change and whether, in your opinion, this change was the result of (in part or full) the partner's involvement with the state asthma program.

Consider the following when selecting examples:

- We are specifically interested in obtaining information about those changes that have the potential to affect individuals with asthma across the entire state population or a large subset of the state population. A change made within a few individual provider practices who serve a small proportion of your state population should not be listed. Rather, a policy to reimburse for asthma educators within a managed care organization that serves a large portion of the state population should be listed. Other examples include changes within large school systems, health payers, health care systems, or worksites.

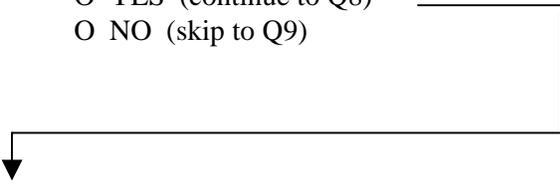
Description of change made in partner’s institution	Partner that made the change	“Partner type” to which they belong (drop down list of partners from Q4 above)	Do you feel this change was a result (in part or full) of the partner's involvement with the state asthma program?
1.			O Yes O No
2.			O Yes O No
3.			O Yes O No
4.			O Yes O No
5.			O Yes O No
6.			O Yes O No
7.			O Yes O No
8.			O Yes O No
9.			O Yes O No
10.			O Yes O No

RECRUITMENT OF PARTNERS

Introduction: In a recent summary of the current state of knowledge regarding what contributes to effective partnerships, Battelle Centers for Public Health Research and Evaluation noted the following, “Membership composition is routinely assessed in partnerships. However, size and diversity in itself has not been found to be key. Rather, optimal membership for defining and achieving goals should be the objective. Does the partnership have the right mix of people to 1) gain the full picture of the problem, 2) stimulate new and locally responsive solutions, and 3) implement comprehensive actions (Lasker, Weiss and Miller, 2001)?” Given this, it is important for state asthma programs to examine the current composition of their partnership and to look for partners that may be appropriate to add given the stage of the program and upcoming planning and implementation activities. The following questions ask about your plans for recruiting partners in the upcoming years.

7. Are there any types of partners you checked off as “not a partner at this time” in the previous table (question four) that you feel should be recruited as a partner in the next 12 months?

- YES (continue to Q8)
- NO (skip to Q9)



8. In the following table, please list up to three types of partners you feel are most important to add to the state asthma program partnership in the next 12 months. Please rank them in order of importance (1=most important).

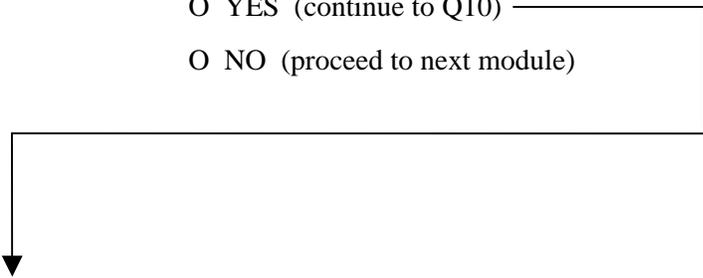
Rank (Circle ranking)	Partners you would like to add in the next 12 months (perhaps have drop down list of those noted as “not a partner” under question 5)
1 2 3	
1 2 3	
1 2 3	

SELF-ASSESSMENT OF STATE ASTHMA COALITION

Introduction: There are many methods that can be used to evaluate the structure, function, and dynamics of coalitions and partnerships. The following questions ask for general information about the methods and instruments you may have used within the past 12 months to evaluate your state asthma coalition (if one exists). Please note that CDC does not require that state asthma programs evaluate their state coalitions every 12 months, rather the timeline for this question reflects the time since this information was last provided to CDC.

9. Does your partnership structure include a state asthma coalition for which the state asthma program is primarily responsible (this can be direct or indirect (e.g. through a funded contract mechanism))?

- YES (continue to Q10)
- NO (proceed to next module)



10. In the following table, please provide us with information about what methods your state asthma program has used within the past 12 months to evaluate your statewide coalition. Please also provide us with information about the instruments you utilized.

Method	Used in the past 12 months?		Which of the following types of instruments were used?		
	Yes	No	Existing* instrument	Modified existing* instrument	Created new instrument
Surveys of coalition members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post coalition meeting effectiveness surveys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key informant interviews	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Informal discussion or feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other method used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* An existing instrument is one that was found on the web, through published papers or documents, from another state program, etc.

Descriptions of terms included in core instrument

Type of partner:

School management (K-12)-

This category includes individuals in school management at any level including but not limited to the school (e.g. principal), the district (e.g. superintendent), or other.

Other school advocate/representative (K-12)

Includes individuals who are representing one or more schools and are not in a management position. This might include individuals such as the school or district nurse, the school administrative staff, the janitorial staff, bus drivers, sports coaches, or other.

Business-

This is meant to capture a wide array of potential partners. Some examples include retail pharmacies or a medical supply store or chain. Businesses can be any size- existing at the local level (e.g. local pharmacy) or statewide (e.g. retail pharmacy chain such as Walgreen's). Businesses could be at the table for any reason- interest in worker health, provision of expertise regarding services, etc.

Elected representative or staff-

This category includes individuals elected to office at any level of government and/or representation of their office in the partnership through a staff member.

Regional environmental agency-

Regional Environmental Agencies are organizational offices within the Federal Environmental Protection Agency, and are present in all regions of the U.S. (for a map of these regions please see: <http://www.epa.gov/epahome/locate2.htm>). Although the central office may not be within your particular state, there may be opportunities to work with your assigned regional office.

Type of contribution:

Helped acquire new funds-

Partners may perform a variety of activities to assist in acquiring new funds for asthma activities within the state. Activities that could be included under this type of contribution, include but are not limited to: informing a central group (e.g. coalition) about the availability of funds (e.g. upcoming contracts, RFPs, etc.), applying for a grant or other funding opportunity to support activities to help in accomplishing the state asthma plan goals, or even providing assistance by reviewing and commenting on grant proposals.

Endorsed or advocated for program and/or communicated or disseminated information about program-

Partners bring with them a variety of experiences, backgrounds, and expertise to the table. Additionally they bring connections to communities, institutions and professions that the state health agency may not have previously had extensive access to in the past. Partners known for their good reputation within these communities, institutions, and/or professional groups may be

helpful in spreading information about asthma within new or difficult to reach settings. Furthermore, these partners may help to increase the awareness and acceptance of individuals within these settings to future interventions or activities conducted by the state asthma program. Partners to include within this category include but are not limited to those who have provided time outside of regular partner meetings by delivering presentations about the work of the state asthma program or state asthma partnership, or those who have disseminated materials about the state asthma program or partnership activities.

Led goal or objective in state plan-

In some cases, state asthma plans assign the coordination of activities under goals or objectives to a particular partner. This may be based upon a variety of factors including but not limited to partner interests or agency responsibilities. The partner taking the lead on a goal or objective does not necessarily have to conduct all activities under the goal or objective, but should be responsible for coordinating the associated activities or interventions across the state.

Member of workgroup that plans interventions or activities to accomplish state plan-

Many state asthma program partnerships include topic-specific workgroups. Some examples of workgroups include those associated with data, surveillance and/or evaluation; practitioner training/outreach; or school based interventions. Partners who have made this contribution are members of workgroups charged with actively developing a plan for how and/or what types interventions or activities will be conducted to move towards accomplishing the goals or objectives outlined in the state asthma plan.

Provided data for surveillance-

Public health surveillance is defined as, “the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health.” (CDC, 2001 p.2) Any partner directly providing data to the state asthma program for the purpose of conducting asthma surveillance (per the aforementioned definition) should be counted as “provided data for surveillance.” Please note that data must have been provided by the partner directly to the state asthma program in order for this to “count” as a contribution. For example, if the state hospital association provides data to the statistics department within your state health agency and then it is provided to the state asthma program, the state hospital association should not be counted as the partner making this contribution rather it would be the statistics department within your state health agency.

Performed data analysis for surveillance-

In many situations, the state asthma program does not have direct access to the data they need for asthma surveillance. In these instances they may have to send a query to a partner requesting a specific analysis to meet their surveillance needs. For example, it may be the case that the state agency for Medicaid cannot share data with the state asthma program. Therefore the state asthma program requests that the Medicaid agency regularly perform an analysis on their data to estimate the prevalence of asthma within the Medicaid population. This information is then used in subsequent reports or presentations given by the state asthma program, or is used for programmatic planning. In this case, the Medicaid agency would be counted as a partner that performs data analysis for surveillance. Please note that this contribution category does NOT

include data analyses conducted by partners for special studies, rather this includes the production of analytic results that are meant to be used for surveillance.

Provided data for evaluation-

There are a variety of definitions for evaluation. Perhaps the most common is, "...systematic investigation of the merit, worth or significance of an object." (CDC,1999 p.2). Although surveillance data can be useful in some evaluative contexts; here we are speaking of data IN ADDITION to that used for the primary purpose of conducting surveillance. Please note, in order to "count" as a contribution, the partner must have contributed this data DIRECTLY to the state asthma program (as described under "provided data for surveillance" above).

Performed data analysis for evaluation-

In some instances, the state asthma program may not have sufficient personnel resources to conduct evaluations of their program or its subcomponents. In other instances, it may be the case that a partner of the state asthma program has extensive experience and knowledge regarding evaluation and is willing to offer their services in this area. In any event, state asthma program partners may take the lead on conducting evaluation activities. If a partner has made this type of contribution it should be indicated under "performed data analysis for evaluation." Please note that this means that the partner conducted the analysis themselves, it does NOT include partners who helped with an evaluation (e.g. consulted as part of a group of stakeholders, helped with analyses, helped in interpreting analyses, etc.).

References:

Centers for Disease Control and Prevention. Framework for program evaluation in public health. MMWR 1999;48(No. RR-11).

Centers for Disease Control and Prevention. Updated guidelines for evaluating public health surveillance systems: recommendations from the guidelines working group. MMWR 2001;50(No. RR-13).