





Rhode Island Asthma Control Coalition: A Preliminary Partnership Evaluation for 2011

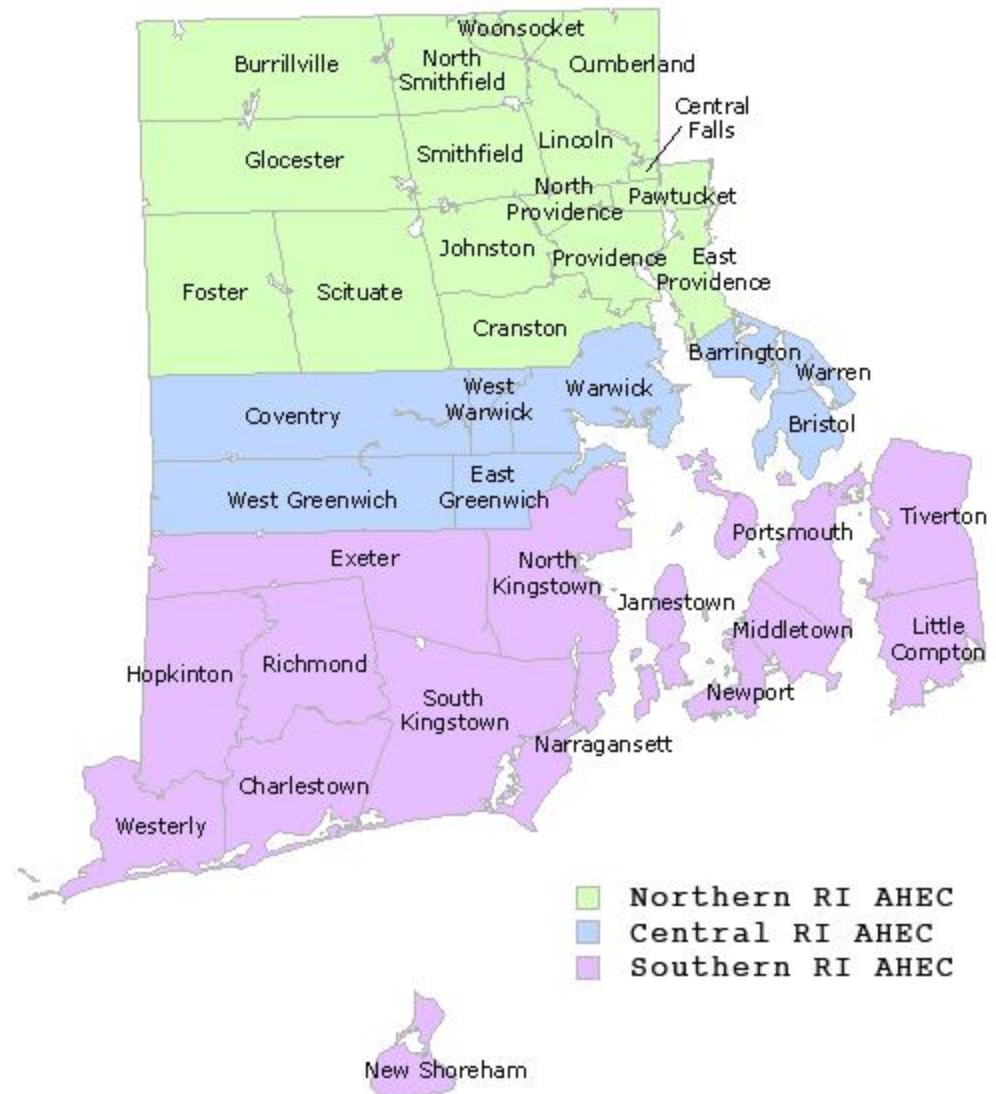
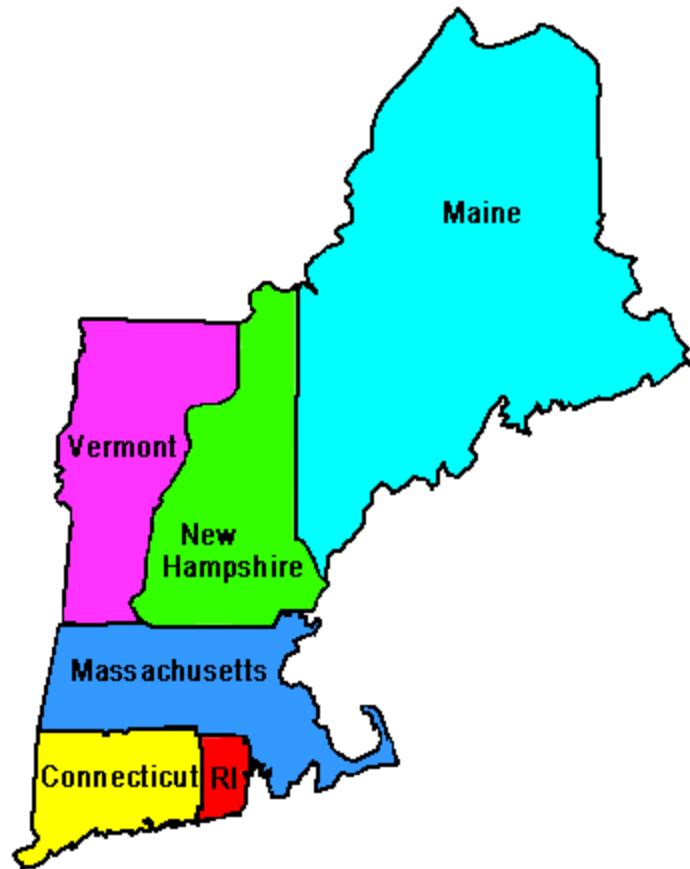
Sarah Ekerholm, MPH, PHPS

David S. Robinson, Ed.D.

Rhode Island Department of Health

October 26, 2012

Where is Rhode Island?



Coalition Structure



- Chair
- Vice-chair
- Steering Committee
- Other Committees
- Coalition Manager

Coalition Structure



Planning Evaluation Questions & Methods



- Reviews & Determining Best Practices
 - Literature
 - Other state models/products/CDC ETA
- Evaluation Question Development
 - Consultation with evaluation advisory committee
 - Modified based on comments
- Focus areas
 - Structure/function
 - Constructs for successful coalition work

RIACP Evaluators



CDC Evaluation TA Role



- Written guidance and resources.
- Review of planning docs and advice.
 - Peer review when requested.



- Access to State evaluators.
- Coordinate conference calls for TA.

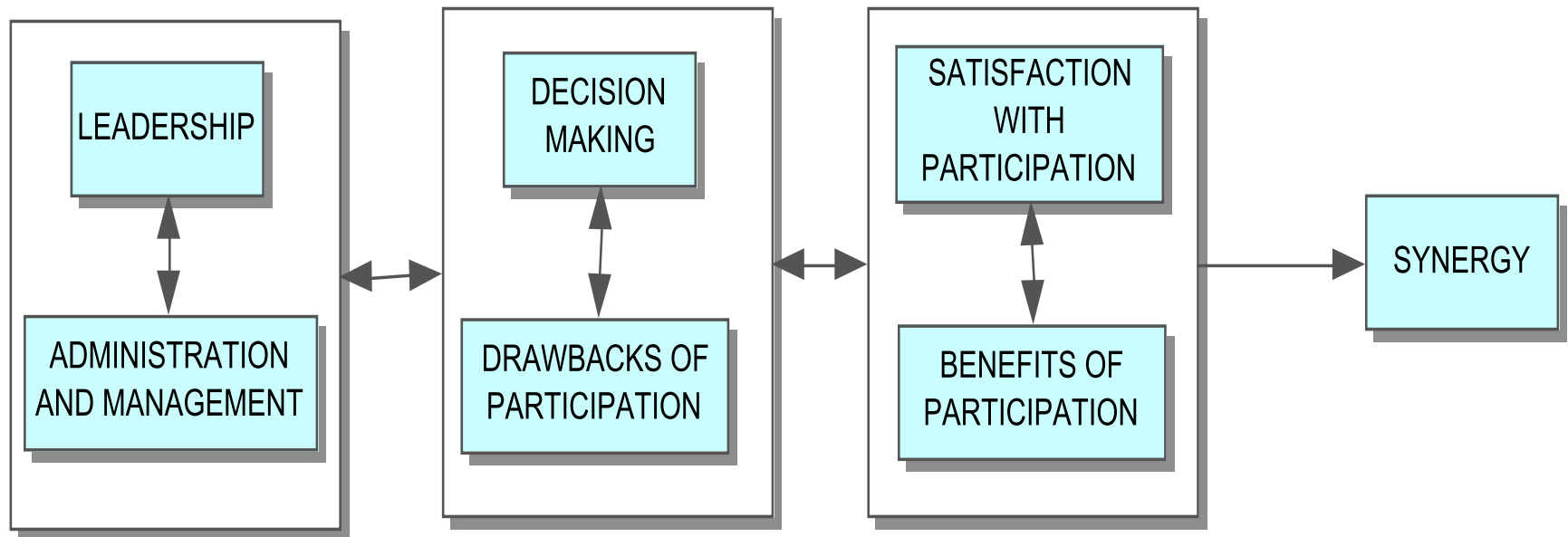
Evaluation Methods

- Document review (meeting minutes, coalition bylaws, etc)
- Informal interviews with coalition members and other stakeholders
- Membership Form
- Annual Survey

Constructs for Evaluation Questions



Model of Coalition Change and Effects Weiss, Anderson and Lasker (2002)



LEADERSHIP

Rating of total effectiveness of coalition's leadership in following areas:

- Taking responsibility for the coalition
- Inspiring or motivating people involved in the coalition
- Empowering people involved in the coalition
- Communicating the vision of the coalition
- Working to develop a common language within the coalition
- Fostering respect, trust, inclusiveness, and openness in the coalition
- Crating an environment where differences of opinion can be voiced
- Resolving conflict among coalition members
- Combining the perspectives, resources, and skills of coalition members
- Helping the coalition be creative and look at things differently
- Recruiting diverse people and organizations into the coalition

DECISION MAKING

How comfortable are you with the way decisions are made in the coalition?

How often do you support the decisions made by the coalition?

How often do you feel that you have been left out of the decision making process?

ADMINISTRATION AND MANAGEMENT

Rating of effectiveness of coalition in carrying out each of the following activities:

- Coordinating communication among members
- Organizing coalition activities, including meetings and projects
- Preparing materials that inform members and help them make timely decisions
- Providing orientation to new members as they join the coalition
- Minimizing the barriers to participation in the coalition's meetings and activities (e.g., by holding them at convenient places and times, and by providing transportation and childcare)

DRAWBACKS OF PARTICIPATION

- Diversion of time and resources away from other priorities or obligations
- Insufficient influence in coalition activities
- Viewed negatively due to association with other members or the coalition
- Frustration or aggravation
- Insufficient credit given to me for contributing to the accomplishments of the coalition
- Conflict between my job and the coalition's work

SATISFACTION WITH PARTICIPATION

How satisfied are you with the way the people and organizations in the coalition work together?

How satisfied are you with your influence in the coalition?

How satisfied are you with your role in the coalition?

How satisfied are you with the coalition's plans for achieving its goals?

How satisfied are you with the way the coalition is implementing its plans?

BENEFITS OF PARTICIPATION

- Enhanced ability to address an important issue
- Development of new skills
- Heightened public profile
- Increased utilization of my expertise or services
- Acquisition of useful knowledge about services, programs, or people in the community
- Enhanced ability to affect public policy
- Development of valuable relationships
- Enhanced ability to meet the needs of my constituency or clients
- Ability to have a greater impact than I could have on my own
- Ability to make a contribution to the community
- Acquisition of additional financial support

SYNERGY

Processes for working together:

How well do members include views of people affected by coalition's work?

How well do members identify services in the community related to asthma?

How well do members implement strategies in the community?

How well do members communicate likely success of strategies to community members?

RI Asthma Control Coalition Annual Survey

1. Introduction

Thank you for your interest in telling us how the Rhode Island Asthma Control Coalition (RIACC) is doing. Please respond to this survey by answering all of the questions. The survey will take you about 15 minutes to complete.

- * How long have you been a member of the RI Asthma Control Coalition?**

Years

Months

2. SYNERGY (Working together to achieve goals)

This questionnaire asks questions about different aspects of your coalition. It will take about 10-15 minutes to complete. The questionnaire allows you to express your opinions and provide information about your experiences anonymously. DO NOT WRITE YOUR NAME ANYWHERE ON THE QUESTIONNAIRE, and your name will not be attached in any way to the responses you give.

By answering the questions, you will help your coalition learn about its strengths and weaknesses and about steps that your partnership can take in order to improve the collaboration process.

There are no right or wrong answers to the questions. Thoughtful and honest responses will give your coalition the most valuable information. Please answer every question, and please check only one answer per question.

The questions that follow cover topics including: Synergy (working together to achieve goals); Leadership; Efficiency; Administration and Management; Non-financial resources; Decision Making; Benefits of participation; Drawbacks of participation; Comparing benefits and drawbacks; and Satisfaction with the Coalition.

- * How well are members able to include the views and priorities of the people affected by the coalition's work?**

☐ Extremely well ☐ Very well ☐ Somewhat well ☐ Not so well ☐ Not well at all

- * How well are members able to identify how different services and programs in the community relate to the problems the coalition is trying to address?**

☐ Extremely well ☐ Very well ☐ Somewhat well ☐ Not so well ☐ Not well at all

- * How well are members able to implement strategies that are most likely to work in the community?**

☐ Extremely well ☐ Very well ☐ Somewhat well ☐ Not so well ☐ Not well at all



Table 8. Frequency-Ordered Table of Leadership Items

Leadership Items (N = 14)	Percent “Excellent” or “Very Good”
Q3.f. fostering respect, trust, inclusiveness, and openness in the coalition	71%
Q3.a. Taking responsibility for the coalition	64%
Q3.g. Creating an environment where differences of opinion can be voiced	64%
Q3.i. Combining the perspectives, resources, and skills of coalition members	64%
Q3.k. Recruiting diverse people and organizations into the coalition	64%
Q3.b. Inspiring or motivating people involved in the coalition	57%
Q3.c. Empowering people involved in the coalition	57%
Q3.d. Communicating the vision of the coalition	50%
Q3.j. Helping the coalition be creative and look at things differently	50%
Q3.h. Resolving conflict among coalition members	43%
Q3.e. Working to develop a common language within the coalition	36%

Table 11. Frequency-Ordered Table of Benefits of Participation



Benefits of Participation Items (N = 14)	Percent "Yes"
Q7.g. Development of valuable relationships	100%
Q7.j. Ability to make a contribution to the community	100%
Q7.e. Acquisition of useful knowledge about services, programs, or people in the community	93%
Q7.i. Ability to have a greater impact than I could have on my own	93%
Q7.a. Enhanced ability to address an important issue	86%
Q7.d. Increased utilization of my expertise or services	86%
Q7.h. Enhanced ability to meet the needs of my constituency or clients	79%
Q7.f. Enhanced ability to affect public policy	71%
Q7.b. Development of new skills	64%
Q7.c. Heightened public profile	57%
Q7.k. Acquisition of additional financial support	43%

Figure 10. Ranking of Standardized Coalition Attribute Scale Scores

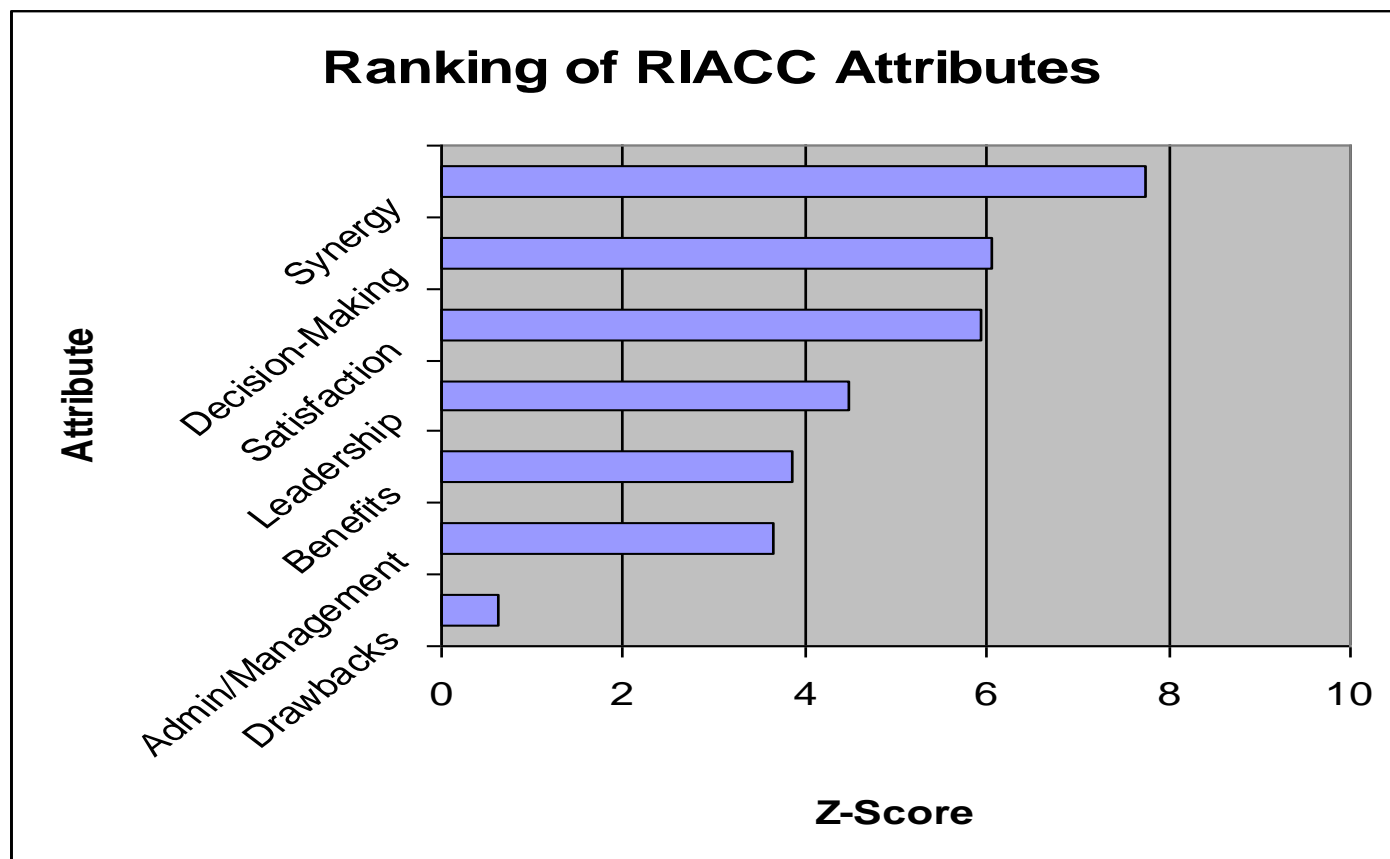
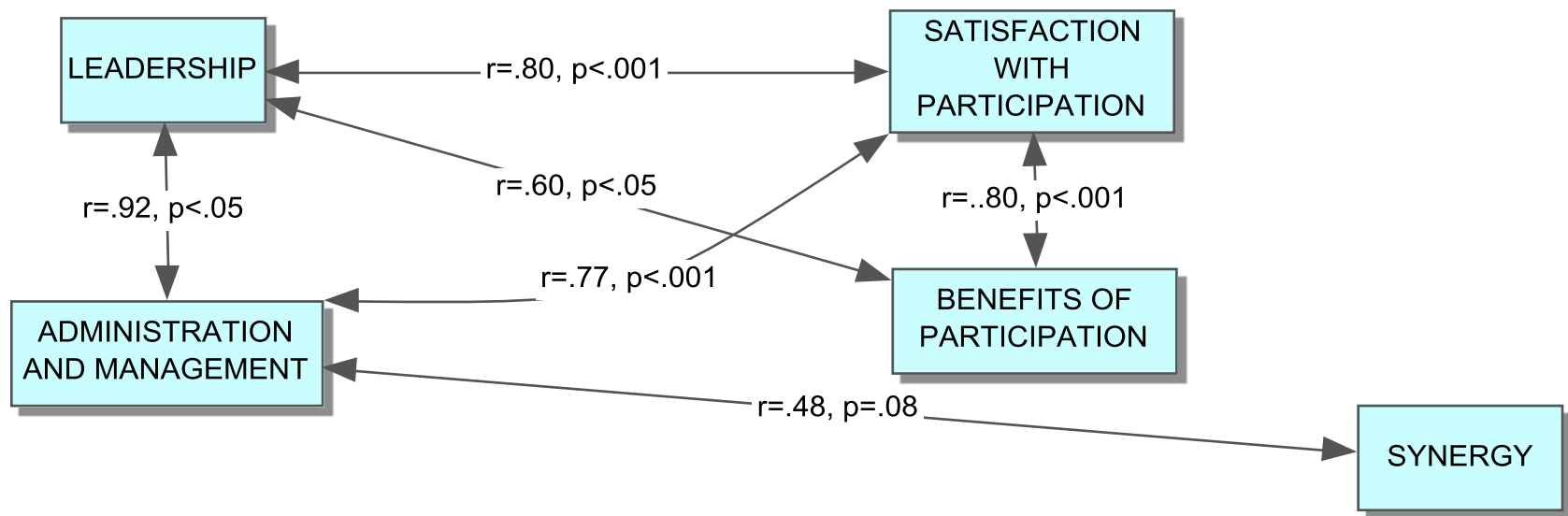


Figure 11. Relationships Observed Among Coalition Attributes from Change Model

Observed Relationships Among Attributes



Barriers



- Low response rate (26%)
 - Lessons learned for future evaluation methods
- Recommended modifications may have impacted validity of survey
- Good example of trade-off in evaluation
 - First time evaluating asthma partnerships
 - Members unfamiliar with evaluation, capacity-building opportunity

Findings



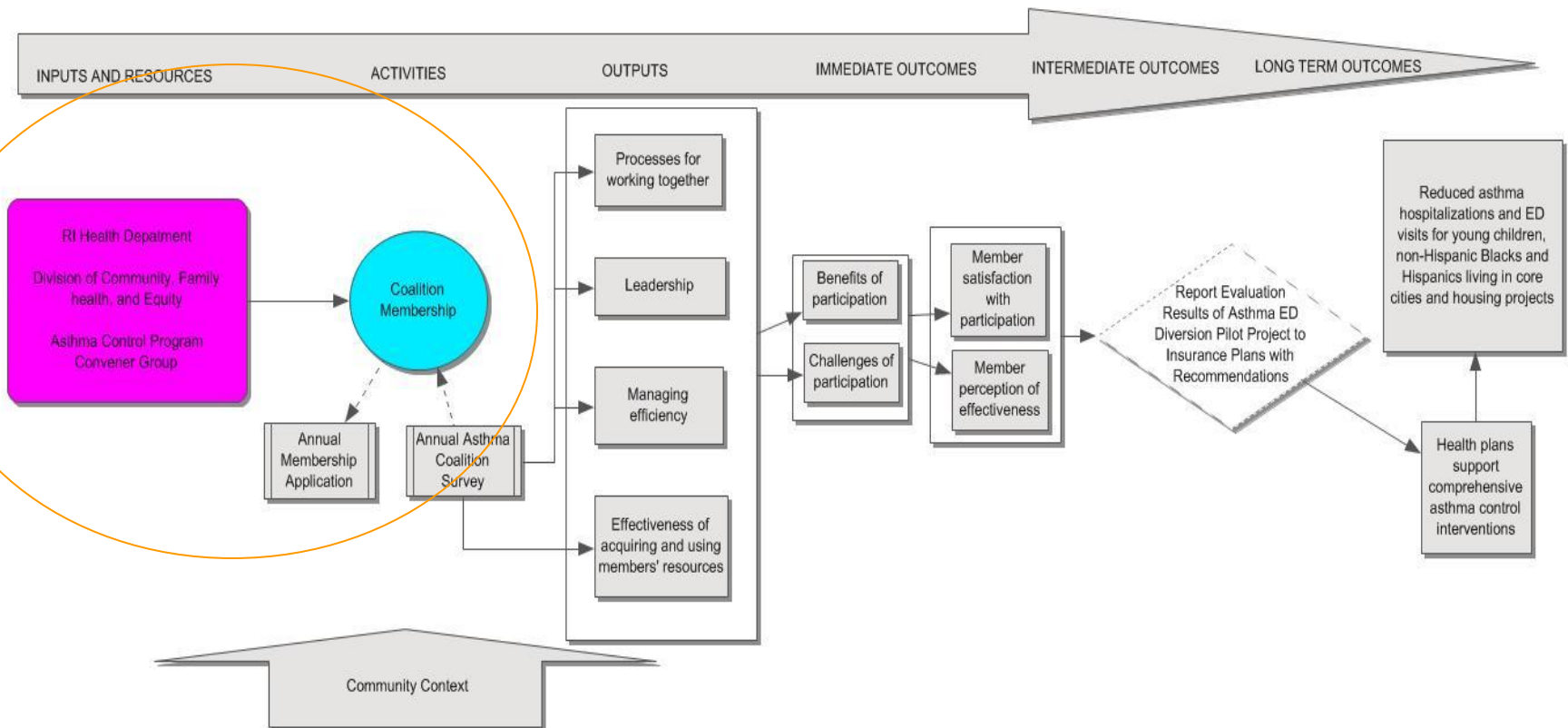
- Coalition function, composition and reach
 - Coalition documents and processes do exist
 - Members represent a wide range of organizations
 - Under-representation from grassroots and high-risk groups
 - Most members have been involved for a year or more
 - Logic model revision based on new activities helped focus evaluation

Findings

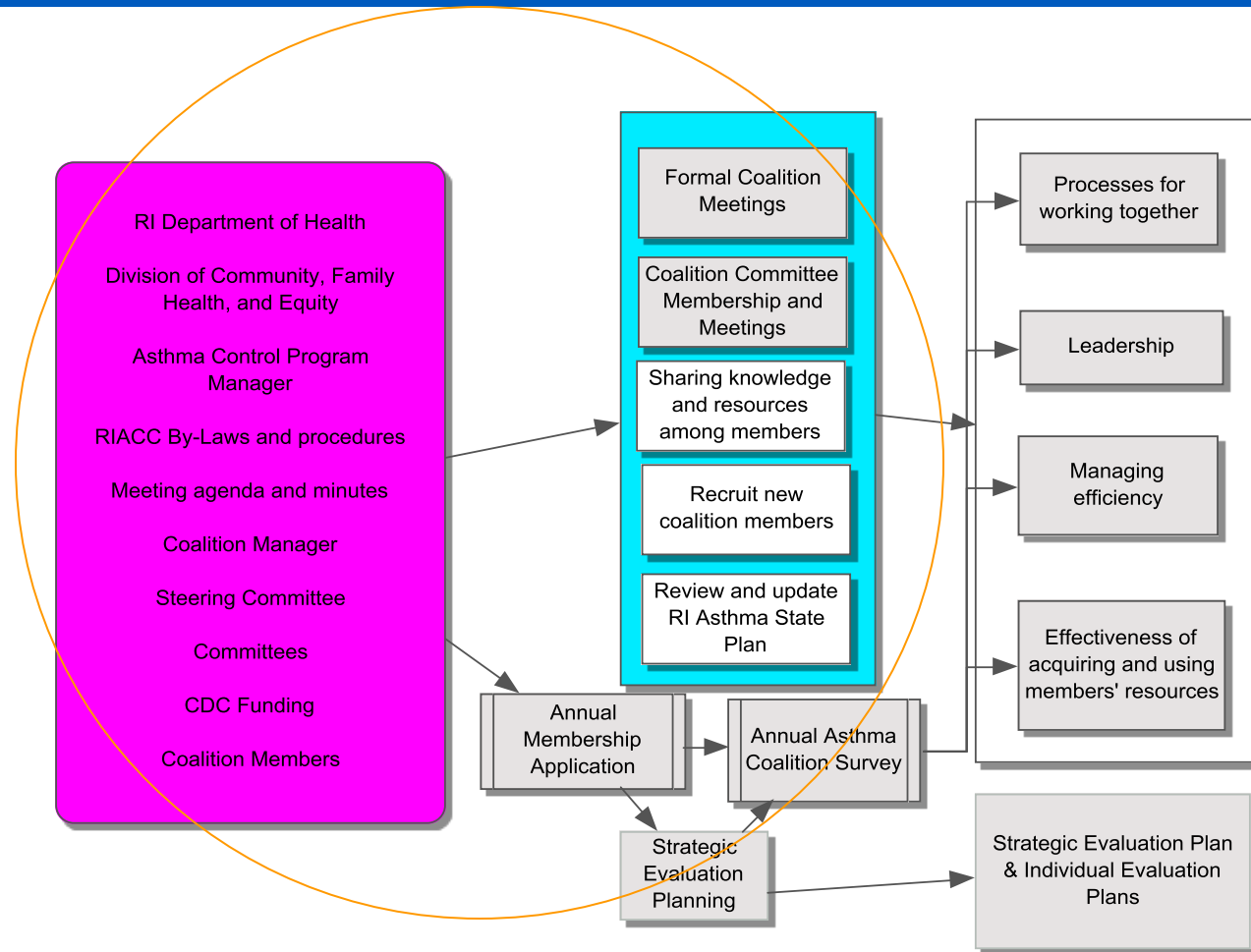


Original Logic Model

RHODE ISLAND ASTHMA CONTROL COALITION LOGIC MODEL



Revised Logic Model

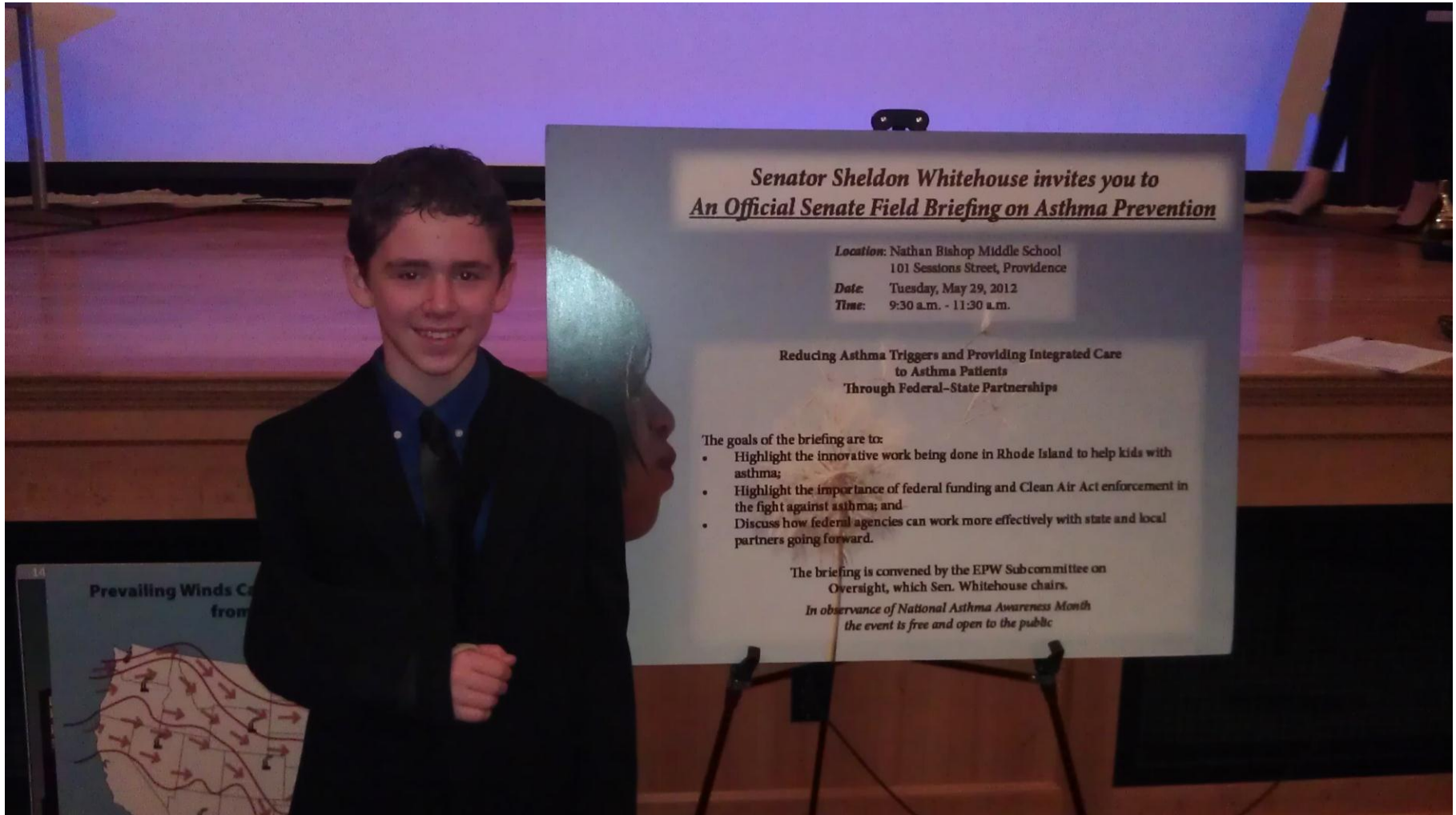


Action Steps/Use of Findings



- Revitalized and developed new committees
- Planned for recruitment of grassroots and high-risk groups
- Process to review and update state plan
- Recruiting new members for committees
- Making meetings more accessible

Coalition and Senate Field Hearing



Lessons Learned/Recommendations



- Evaluation methods
 - Second phase of the evaluation will survey broader partnership base
 - Survey should be administered using multiple methods
- Coalition Needs
 - Improve on-boarding process for new members
 - Build on existing administration and management capacity of coalition



Sarah Ekerholm 401.222.7468

sarah.ekerholm@health.ri.gov

David S. Robinson 401.222.3059

david.robinson@health.ri.gov

RIACP Website:

<http://www.health.ri.gov/chronicconditions/asthma/>