

# Evaluation of the National Chlamydia Coalition: Processes and Lessons Learned From a National-Level Coalition

Sonal R Doshi, MS, MPH<sup>1,2</sup>, Victoria M Beltran, MPH, CHES, ORISE Fellow<sup>1,2</sup>, Shaunta S Wright, MPH<sup>1</sup>, and the National Chlamydia Coalition Evaluation Subcommittee<sup>2</sup>

<sup>1</sup>Centers for Disease Control and Prevention, Division of STD Prevention, <sup>2</sup>National Chlamydia Coalition Evaluation Subcommittee Members

## Purpose and Objectives

- To evaluate the effectiveness of the National Chlamydia Coalition (NCC), including its internal operations and impact on members and stakeholders. Objectives include:
  - Document key factors that have contributed to the NCC's success and failures
  - Document the process of coalition development for lessons learned for the development of future national level coalitions
  - Highlight strengths and accomplishments of the NCC to inform additional potential funders, internal and external to Centers for Disease Control and Prevention (CDC)

## Background

- Definition of coalition:** a strategic partnership among individuals, groups, and organizations that work together to achieve a common goal
- Community, state, and regional coalitions can be successful at raising awareness of health issues
- Few evaluations have been conducted of national-level coalitions

## History of National Chlamydia Coalition

- Goal of the NCC is to reduce the rates of Chlamydia and its sequelae among sexually active adolescents and young adults
- The NCC was created through a co-operative agreement between the CDC Division of STD Prevention (DSTDP) and Partnership for Prevention
- The coalition has over 40 representatives from a variety of national organizations
- Made up of four committees: Provider Education; Public Awareness; Policy and Advocacy; and Research
- Work is based in part on the Socio Ecological Theory (See Reference Sheet)

## Methods

- In January 2010, CDC's Division of STD Prevention (DSTDP) conducted a participatory process evaluation of the NCC
- Used CDC Evaluation Framework to frame the design and implementation of the evaluation
- Formed an Evaluation subcommittee with representation from Partnership for Prevention, CDC, and three of the four NCC committees (the research committee had not been fully established at the start of the evaluation)
- Conducted a literature review on coalitions and record review of all available NCC documents

### QUANTITATIVE

- Zoomerang™ survey
- Survey divided into 10 categories with Likert-scale responses

- Survey adapted from two previously developed tools:
  - Partnership Self-Assessment Tool from the Center for the Advancement of Collaborative Strategies at the New York Academy of Medicine
  - "Allies Against Asthma" survey
- Ten survey categories were included

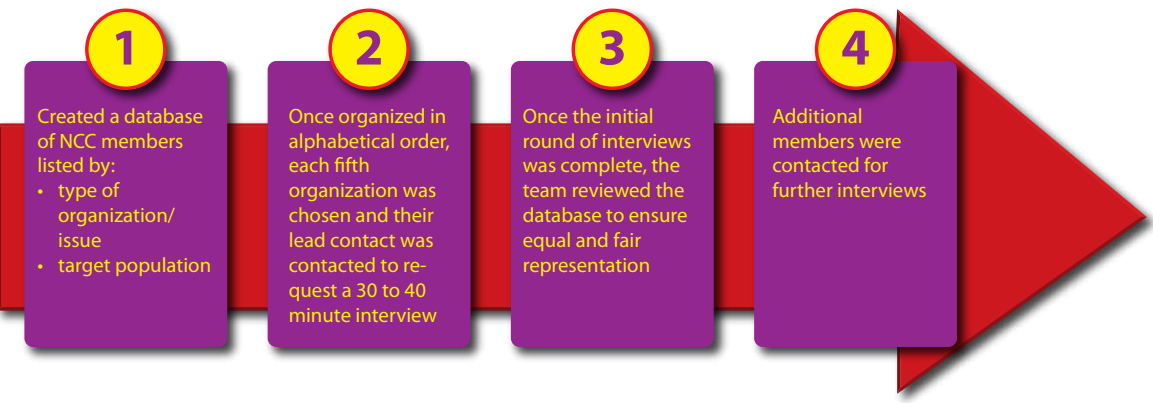
### QUALITATIVE

- Open-ended questions in the membership survey and key informant interviews
- 5 key informant interview guides

- Open-ended questions in membership survey included topics such as NCC's mission and strategies, NCC products and activities, NCC administrative and management activities, and NCC's focus in the next 2-3 years

- Five key informant interview guides adapted from Marion County, Indiana *Stamp Out Syphilis* Coalition Evaluation interview guide:
  - CDC
  - Partnership for Prevention
  - Committee Chair/Co-Chair
  - NCC Member
  - End User

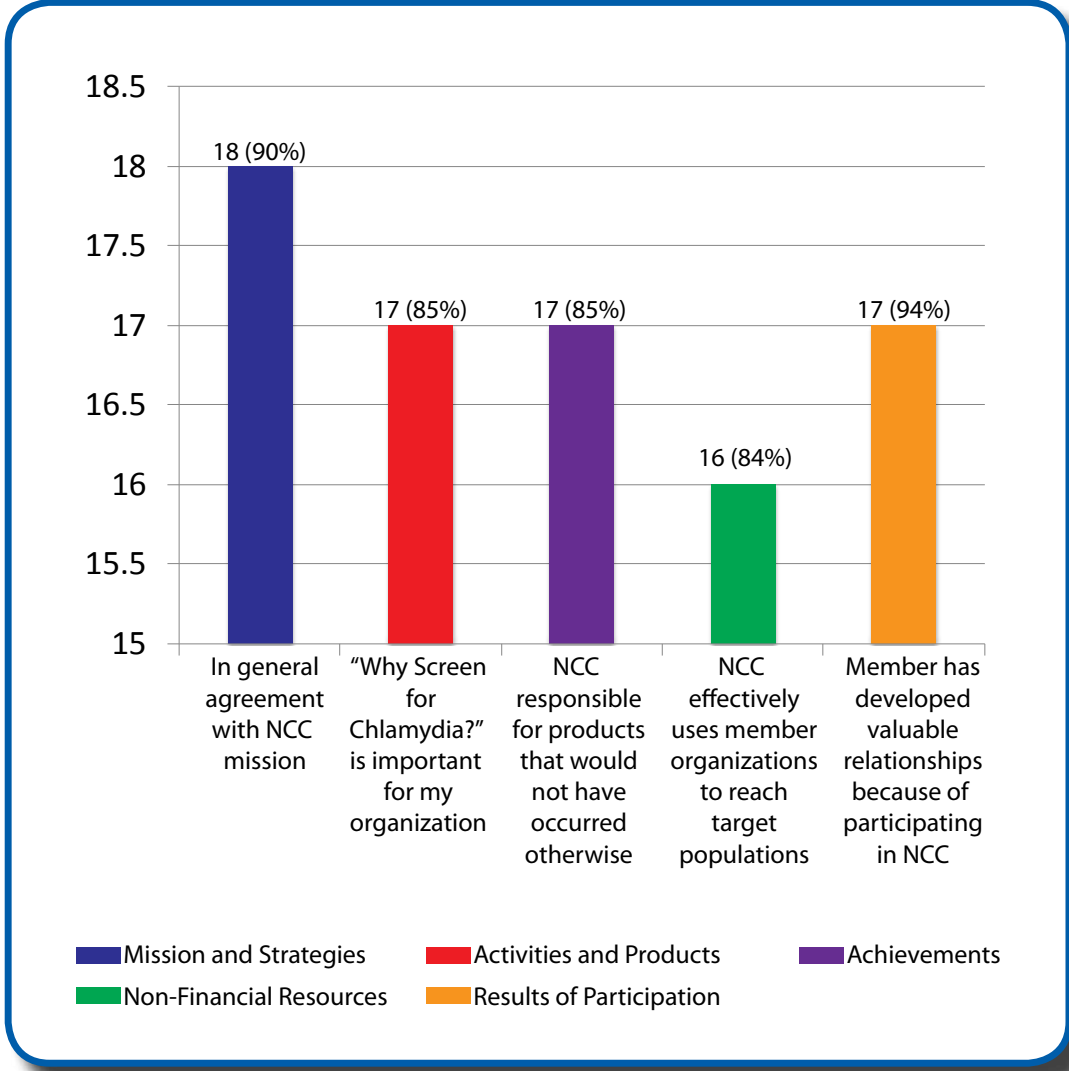
Figure 1. Recruitment Process for Identifying NCC Members for Key Informant Interviews



## Findings

- Member Survey
  - In October 2010, survey link was sent to 73 individuals; 24 surveys were completed, with a response rate of 33%
  - Data analyzed using SAS, version 9.2
- Analyzed open-ended questions using N-Vivo, version 9 to search for codes and themes in the responses

Figure 2. Number of Strongly Agree/Agree Responses to Sample Member Survey Questions, Organized by Category of Questions



## Key Informant Interviews

- Analyzed data from key informant interviews using N-Vivo, version 9 to organize and reduce the qualitative data and extract themes and codes
- End user interview guide was not used due to time limitations and lack of responses to interview requests
- Most participants (81%) agreed that their expectations were met, partially met or exceeded

Figure 3. Key Informant Interview Participants, by Type (N=22)

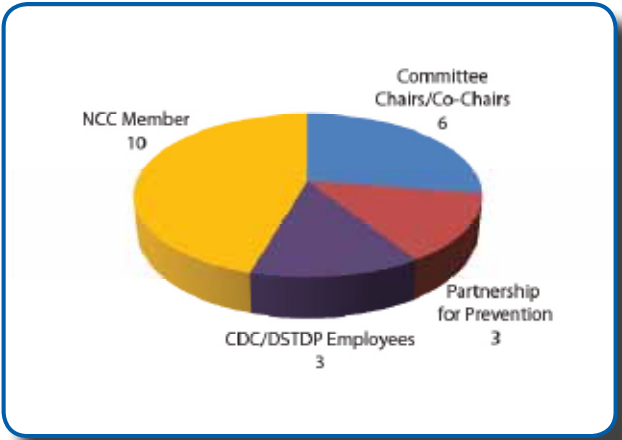


Table 1. Significant NCC Achievements Identified by Key Informant Types

	By Group				
	Provider Toolkit	Communication materials (includes newsletters, guides and briefs)	Increase Awareness	HEDIS Measure to NCQA	Engagement of Others
Committee Chairs	✓	✓	✓	✓	✓
Membership	✓	✓	✓	✓	✓
CDC Staff	✓	✓	✓	✓	✓

- One of the major factors identified by key informants from all the groups was the important role of Partnership for Prevention and its staff in making the coalition work and organizing the coalition's productivity

"I think I'd like to put another plug for Partnership for Prevention. I've been in a lot of coalitions, and so many of them fall flat and they become coalitions where you're just sharing information and you're not actually doing the projects. With their leadership and because of their involvement, we've been able to do a lot more than we could have, speaking for the Provider Education committee."

## Conclusions and Lessons Learned

- Participants stated key factors crucial for sustainability of a coalition:
  - Funding to support the coalition;
  - A funded entity, like Partnership for Prevention, to maintain daily operations, management, and coordination activities;
  - A mutually agreed upon set of goals/strategies to accomplish the mission
- Strategic planning is important for coalitions at the beginning of their inception; the need to have plan in place for direction, guidance for activities, and intended outcomes
- Evaluation results suggest that because NCC has a national reach, it may be able to have a broad reach and impact change to a greater level

## Limitations

- A major limitation in evaluating coalitions is the inability to directly measure long-term health outcomes; these evaluations have a difficult time pinpointing exact time of behavior or health change as it relates to coalition efforts
- Coalition influences on health outcomes are still relatively theoretical as opposed to empirically based
- It becomes increasingly difficult to separate coalition's influence on health from competing environmental and structural influences

## Recommendations

- NCC should develop a strategic plan that addresses the future, expansion of the coalition, structural changes, member expectations, governance issues, and diversification of funding for sustainability
- NCC should develop a method to ensure that members are given opportunities to participate in various projects and are made aware of participation expectations
- NCC should place excerpts of committee activities in the newsletter to keep all members informed of coalition and committee responsibilities and progress
- There should be greater transparency regarding funding and how it is being used