

# Using "The CDC Guide" to Strengthen Partnerships and Inform Evaluation Planning for the Maryland Asthma Control Program

# Background

Partnerships are a key component of a state asthma program's infrastructure. They aid in the effective, efficient, and sustainable delivery of asthma services. To guide state asthma programs in conducting infrastructure evaluations, the Centers for Disease Control and Prevention's (CDC's) National Asthma Control Program (NACP) developed the award-winning *Learning and Growing through Evaluation: State* Asthma Program Evaluation Guide (the "Guide"). The Guide offers state asthma programs a programmatically-sound, data-driven approach to evaluation that can be implemented in multiple contexts. This poster provides an overview of the partnership modules and describes how the guidance has been applied by the Maryland Asthma Control Program (MACP) to evaluate and improve program infrastructure.

# Methods

The MACP, funded by the NACP, addresses asthma burden through partnerships, surveillance, and interventions. To strengthen its infrastructure, the MACP completed a partnership evaluation between December 2011 and November 2012. Strong partnerships are fundamental to the MACP's long-term success because they give the program the ability to leverage resources and coordinate interventions with multiple partners. The MACP utilized the Guide to develop a detailed plan that included stakeholder input, a logic model, evaluation questions, and a dissemination plan. Specifically, the evaluation focused on four areas: partnership roles and responsibilities, network functionality, partner expertise, and communication. In response to the evaluation findings and in order to address the partnership needs in each of these focus areas, an "intranet" using the Google for Nonprofits Application Suite was set up to facilitate communication between partners outside of meetings.

# Results

The following recommendations informed MACP evaluation planning in the subsequent program year:

- 1. Partners who are not actively engaged members of the executive committee (EC) should be replaced or shifted into different roles
- 2. Partner meetings must occur quarterly (at minimum) to preserve momentum and continuity of activities
- 3. The EC should make a targeted effort to recruit new partners to represent populations in rural areas of the state (specifically in Southern Maryland and the Eastern Shore)
- 4. The intranet developed for EC members should be expanded to include portions of the site that would be publicly accessible for external community members and intervention partners

## Comments

Partnerships can be challenging to evaluate due to unique and dynamic interpersonal relationships and variable organizational structures. Although the MACP failed to achieve all of the evaluation targets proposed, the Guide proved to be a valuable tool for MACP to effectively evaluate its partnerships in order to improve planning, implementation, and sustainability of program efforts.

### Reference

Jessica Skopac, JD, PhD, MA jskopac@hilltop.umbc.edu

1. Engage Stakeholders/ Identify Primary Users	2. Describe the Partnership/ Construct the Logic Model	3. Focus the Evaluation/Develop a Design Plan
4. Gather Credible Evidence/Select Methods, Measures, Indicators	5. Analyze Data/ Justify Conclusions	6. Ensure Use of Findings/ Lessons Learned

						<b>Evaluation Question</b>	Criteria or Indicator	Standards	Outcome	
						Focus Area 1: FC Member Roles	Focus Area 1: EC Member Roles and Responsibilities			
Figure 1. Learning and Growing Guidelines for Partnership Evaluation: Six-Step Evaluation Process			valuation:	<ul> <li>a) What are the specific expectations of EC members?</li> <li>b) Have EC members accepted their roles and responsibilities?</li> </ul>	<ul> <li>Formal agreement defining EC member roles &amp; responsibilities signed by all EC</li> </ul>	agreements 75% meeting	→75% of EC members signed agreements → 19 of 29 members			
1. Engag Stakehold					3. Focus the aluation/Develop	c) To what extent are EC members engaged and effective?	<ul><li>members</li><li>Meeting attendance</li></ul>	member over one- year period	(65%) attended at leas 75% of meetings over one-year period	
Identify Primary Co Users		Construct the Logic a Model		a D	esign Plan	Focus Area 2: Coalition Networ a) Is workgroup attendance consistent and continuous?	king Functionality• Workgroup meeting attendance logs• 50% meeting attendance by		→ Not enough data (Tr Coalition meetings in c	
4. Gather Credible Evidence/Select Methods, Measures, Indicators		6. Ensure Use of Findings/ Lessons Learned		<ul> <li>b) What deliverables have resulted from interactions during workgroup meetings and activities that enable strategic plan implementation?</li> <li>c) Have new collaborations developed as a result of networking during workgroup meetings?</li> </ul>	<ul> <li>Correspondence between workgroup activities and strategic plan objectives</li> <li>Workgroup activity presentations</li> </ul>	Correspondence between workgroup activities and strategic plan objectivesmember over one- year periody100% of activities reported by workgroups correspond to a strategic plana	year period are not sufficient to establish ar assess attendance patterns) √100% of activities reported by workgroups correspond to an objective			
	Figure 2. Partnersh	nip Ev	valuation Logic N	lodel				100% of workgroups deliver at least one activity presentation annually	→ Under Developmer (first presentation Coalition meeting on 12/10/12)	
Inputs	Activities		Outputs		Outcomes	Focus Area 3: Partner Expertise				
Staff (epidemiologist, program management, evaluation team )	<ul> <li>Discussing EC member roles &amp; responsibilities</li> <li>Promoting and tracking</li> </ul>		<ul> <li>Signed roles &amp; responsibilities agreement</li> </ul>		<ul> <li>Short-Term:</li> <li>Consistent expectations between program and partners</li> </ul>	a) To what extent are the MAC/EC memberships inclusive of agencies and individuals relevant to and capable of accomplishing the goals and objectives	<ul> <li>Bios submitted by each EC member and workgroup leader</li> </ul>	members submit bios 100% of new EC	<ul> <li>→ 72% of current</li> <li>members submitted b</li> <li>→One new EC members</li> <li>was recruited</li> </ul>	
& Coalition, people with asthma, families of people with asthma, hospitals, employers) External Expertise from State & Federal Entities (CDC, MDE, MDOT, etc.)	<ul> <li>Recruiting new members to fill gaps in representation on EC &amp; MAC</li> <li>Selecting and/or creating mechanism to enable</li> </ul>		<ul> <li>MAC meeting attendance logs, meeting minutes, &amp; schedule of work group deliverables</li> <li>Bios of EC members and workgroup leas</li> <li>Communication Fo</li> </ul>	s ders	<ul> <li>Consistent meeting attendance/enhanced networking opportunities</li> <li>Addition of partners with expertise in areas relevant to strategic plan and workgroup objectives</li> </ul>	<ul> <li>stated in the Action Agenda?</li> <li>b) To what extent do the MAC and EC represent the health interests of priority populations, as identified by asthma hospitalization rates?</li> <li>c) To what extent are the MAC and EC structured to perform their stated functions optimally?</li> </ul>		experience directly relevant to strategic plan objective	√ That new membe did have work experience directly	
& Coalition, people with asthma, families of people with asthma, hospitals, employers) External Expertise from State & Federal Entities (CDC, MDE, MDOT, etc.)	<ul> <li>meeting attendance</li> <li>Recruiting new members to fill gaps in representation on EC &amp; MAC</li> <li>Selecting and/or creating mechanism to enable communication betwee</li> </ul>		<ul> <li>attendance logs, meeting minutes, &amp; schedule of work group deliverables</li> <li>Bios of EC members and workgroup lead</li> </ul>	s ders	<ul> <li>attendance/enhanced networking opportunities</li> <li>Addition of partners with expertise in areas relevant to strategic plan and workgroup</li> </ul>	<ul> <li>b) To what extent do the MAC and EC represent the health interests of priority populations, as identified by asthma hospitalization rates?</li> <li>c) To what extent are the MAC and EC structured to perform their stated functions optimally?</li> <li>Focus Area 4: Communication b</li> </ul>		relevant to strategic plan objective	√ That new member did have work experience directly relevant to strategio plan objectives	
Stakeholders (MACP EC & Coalition, people with asthma, families of people with asthma, hospitals, employers) External Expertise from State & Federal Entities (CDC, MDE, MDOT, etc.) Technology	<ul> <li>meeting attendance</li> <li>Recruiting new members to fill gaps in representation on EC &amp; MAC</li> <li>Selecting and/or creating mechanism to enable</li> </ul>		<ul> <li>attendance logs, meeting minutes, &amp; schedule of work group deliverables</li> <li>Bios of EC members and workgroup lead</li> </ul>	s ders	<ul> <li>attendance/enhanced networking opportunities</li> <li>Addition of partners with expertise in areas relevant to strategic plan and workgroup objectives</li> <li>Mechanism established</li> </ul>	<ul> <li>b) To what extent do the MAC and EC represent the health interests of priority populations, as identified by asthma hospitalization rates?</li> <li>c) To what extent are the MAC and EC structured to perform their stated functions optimally?</li> </ul>	• Focus group responses	relevant to strategic plan objective Method of communication to be selected &	√ That new memb did have work experience directly relevant to strategi	

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### Table 1. Partnership Evaluation: Plan, Indicators, and Findings