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

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American Evaluation Association
Panel Presentation
Presentation Overview

- Overview of Learning and Growing Partnership Evaluation Guidelines
- Description of MACP partnership evaluation plan
- Presentation of partnership evaluation results
- Snapshot of MACP Google site
- Discussion of challenges to evaluating relationships and how to engage partners more effectively
Learning and Growing Guidelines for Partnership Evaluation

Six-Step Evaluation Process

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
## Engage Stakeholders/
Identify Primary Users

<table>
<thead>
<tr>
<th>Stakeholder Name</th>
<th>Stakeholder Category</th>
<th>Interest or Perspective</th>
<th>Role in the Evaluation</th>
<th>How and When to Engage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Evaluation Team (CET)</td>
<td>Primary</td>
<td>Program Staff</td>
<td>Help craft evaluation focus areas and execute evaluation activities</td>
<td>Throughout the process by formulating and implementing the evaluation plan</td>
</tr>
<tr>
<td>MACP Executive Committee (EC)</td>
<td>Primary</td>
<td>Partner</td>
<td>Help craft evaluation focus areas and participate in evaluation activities</td>
<td>Throughout the process by formulating and implementing the evaluation plan</td>
</tr>
<tr>
<td>Maryland Asthma Coalition (MAC)</td>
<td>Primary</td>
<td>Partner</td>
<td>Help craft evaluation focus areas and participate in evaluation activities</td>
<td>Throughout the process by formulating and implementing the evaluation plan</td>
</tr>
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</table>
Partnership Evaluation Logic Model

**Inputs**
- Staff (epidemiologist, program management, evaluation team)
- Stakeholders (MACP Executive Committee & Coalition, people with asthma, families of people with asthma, hospitals, employers)
- External Expertise from State & Federal Entities (CDC, MDE, MDOT, etc.)
- Technology

**Activities**
- Discussing EC member roles & responsibilities
- Promoting and tracking meeting attendance
- Recruiting new members to fill gaps in representation on EC & MAC
- Selecting and/or creating mechanism to enable communication between meetings

**Outputs**
- Signed roles & responsibilities agreement
- MAC meeting attendance logs, meeting minutes and schedule of workgroup deliverables
- Bios of EC members and workgroup leaders
- Communication Forum

**Outcomes**
- **Short-Term:**
  - Consistent expectations between program and partners
- **Long-Term:**
  - Reduced morbidity & mortality due to asthma
  - Addition of partners with expertise in areas relevant to strategic plan and workgroup objectives
  - Mechanism established for discussion between meetings
  - Consistent meeting attendance/ enhanced networking opportunities
# Partnership Evaluation: Plan, Indicators, and Findings

## Focus Area 1: Executive Committee Member Roles and Responsibilities

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Criteria or Indicator</th>
<th>Standards</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.) What are the specific expectations of EC members?</td>
<td>▪ Formal agreement defining EC member roles &amp; responsibilities signed by all EC members</td>
<td>▪ 100% of EC members submit signed agreements</td>
<td>→ 75% of EC members signed agreements</td>
</tr>
<tr>
<td>b.) Have EC members accepted their roles and responsibilities?</td>
<td>▪ Meeting attendance</td>
<td>▪ 75% meeting attendance by member over one-year period</td>
<td>→ 19 of 29 members (65%) attended at least 75% of meetings over one-year period</td>
</tr>
<tr>
<td>c.) To what extent are EC members engaged and effective?</td>
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</tbody>
</table>
## Partnership Evaluation: Plan, Indicators, and Findings

### Focus Area 2: Coalition Networking Functionality

<table>
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<th>Outcome</th>
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</table>
| a.) Is workgroup attendance consistent and continuous? | ▪ Workgroup meeting attendance logs  
▪ Correspondence between workgroup activities and strategic plan objectives  
▪ Workgroup activity presentations | ▪ 50% meeting attendance by member over one-year period  
▪ 100% of activities reported by workgroups correspond to a strategic plan objective  
▪ 100% of workgroups deliver at least one activity presentation annually | → Not enough data (Two Coalition meetings in one-year period are not sufficient to establish and assess attendance patterns)  
✓100% of activities reported by workgroups correspond to an objective  
→ Under Development (first presentation Coalition meeting on 12/10/12) |
| b.) What deliverables have resulted from interactions during workgroup meetings and activities that enable strategic plan implementation? | | | |
| c.) Have new collaborations developed as a result of networking during workgroup meetings? | | | |
**Partnership Evaluation: Plan, Indicators, and Findings continued**

<table>
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<tr>
<td><strong>Focus Area 3: Partner Expertise in Areas Relevant to the Program’s Strategic Plan</strong></td>
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</tbody>
</table>
| a.) To what extent are the MAC/EC memberships inclusive of agencies and individuals relevant to and capable of accomplishing the goals and objectives stated in the Action Agenda? | ▪ Bios submitted by each EC member and workgroup leader | ▪ 100% of existing members submit bios  
▪ 100% of new EC members recruited have work experience directly relevant to strategic plan objective | → 72% of current members submitted bios |
| b.) To what extent do the MAC and EC represent the health interests of priority populations, as identified by asthma hospitalization rates? | | | |
| c.) To what extent are the MAC and EC structured to perform their stated functions optimally? | | | |
Partnership Evaluation: Plan, Indicators, and Findings continued

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<tr>
<td><strong>Focus Area 4: Communication Between Meetings</strong></td>
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<tr>
<td>a.) What have been the limitations of previous efforts to facilitate communication between meetings?</td>
<td>▪ Focus group responses</td>
<td>▪ Method of communication to be selected &amp; implemented</td>
<td>✓Method of communication (Google site) was selected and implemented</td>
</tr>
<tr>
<td>b.) Is a method for communication between meetings currently available to enable exchange of information in a functional and user-friendly format?</td>
<td>▪ User login record</td>
<td>▪ EC members use method at least monthly</td>
<td>→ 52% of EC members logged in</td>
</tr>
<tr>
<td>c.) Have EC members been successfully engaged in utilizing the new method of communication?</td>
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Snapshot of Website Capabilities
Partnership Evaluation

Recommendations and Lessons Learned

1. Members who are not actively engaged in the EC should be replaced or shifted into different roles.

2. MAC meetings must occur quarterly to preserve momentum and continuity of activities.

3. The EC should make a targeted effort to recruit new partners to represent populations in Southern Maryland and the Eastern Shore.

4. The Google site should be expanded to include access for MAC members and intervention partners.
About The Hilltop Institute

The Hilltop Institute at the University of Maryland, Baltimore County (UMBC) is a nationally recognized research center dedicated to improving the health and wellbeing of vulnerable populations. Hilltop conducts research, analysis, and evaluations on behalf of government agencies, foundations, and nonprofit organizations at the national, state, and local levels.

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