

Asthma Action Groups Evaluation

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Prepared by:
Lori Sugiyama, MPH
Asthma Program
Evaluator/Epidemiologist



Overview

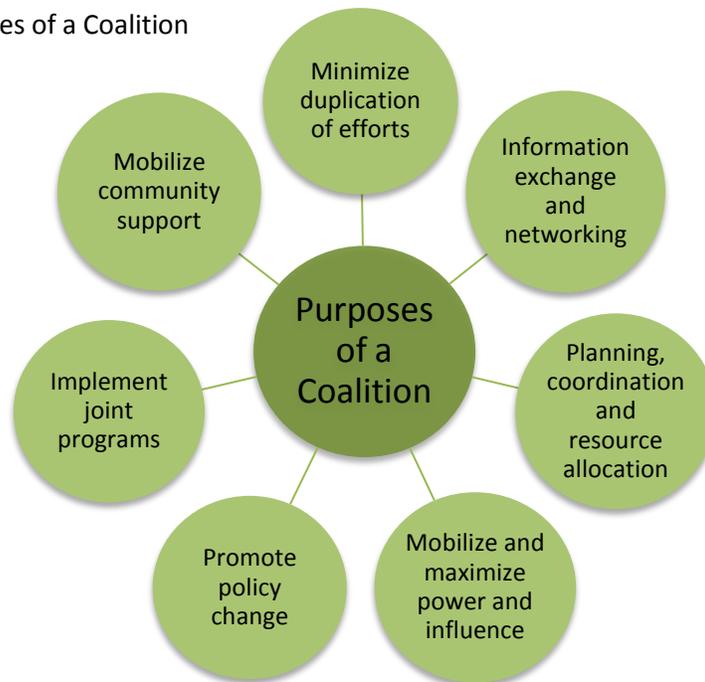
Purpose of the Evaluation

In 2002, the Utah Asthma Program and its partners began working to organize the Utah Asthma Task Force and develop the Utah Asthma State Plan. While constructing the plan, action groups were formed to address specific portions of the Utah Asthma Plan. In 2007, an evaluation of the Utah Asthma Action Groups took place. A year later, an evaluation of the Utah Asthma Task Force was completed. This current evaluation of the Asthma Action Groups provides information on the task force and action groups. The primary purpose of this evaluation is to identify whether the current structure of the action groups is producing the most beneficial results. It also seeks to identify partners that may be missing from the task force, whether current group members know their roles, what activities they are completing, and how they are partnering within the action groups. The secondary objective is to strengthen the Asthma Task Force to assure that participants understand their roles and become more actively engaged in implementing activities from the Utah Asthma State Plan.

Background on Action Groups and Coalitions

The Utah Asthma Task Force is successful in many facets of coalition activities and usually achieves the overall group vision. The action groups have generally been working well, but concerns have surfaced over the current structure and roles. Butterfoss, a leader in the field of evaluating partnerships, suggests that to maintain active member participation: the benefits of participating in coalitions must outweigh the costs; short-term successes need to be shared; and members must possess a sense of solidarity (2004). Coalitions must focus on maintaining purpose by supporting a shared mission and vision through clearly defined roles. Figure 1 lists the main purposes of a coalition.

Figure 1: Main Purposes of a Coalition



Some of the roles of the coalition include: shared responsibility and accountability; coordinating planning, strategy and action; pooling resources and expertise; minimizing duplication of efforts;

disseminating information; and representing and sharing the needs of their community. An expert in the field of community work, Wolff lists tips for effective coalitions and identifies several barriers to coalition success, including: bad history; failure to act; lack of a shared vision; and poor community links (2001). Other articles support Wolff's list through discussion on the structural importance of clearly defining roles, procedures, and purpose (Sofaer, 2004; Osmond, 2010). This evaluation will focus on identifying whether the current structure of the action groups is producing the most beneficial results, whether members know their roles, and how to assist the action groups in becoming more actively engaged in projects.

Methodology

The evaluation group worked together to structure the evaluation plan for the action groups. The evaluation was carried out using a non-experimental design and mixed methods for data collection. The quantitative data analyses included descriptive and inferential statistics, along with some content analysis. The qualitative data were analyzed for themes and pertinent recommendations using Bryman's Four Stages of Coding.

Evaluation Questions

The evaluation questions were written by the evaluation group and reflect the interest of the vested stakeholders in the task force and action groups. These questions will be answered throughout the remainder of the report:

1. How do the action group members partner within each action group?
2. Are there partners who haven't been involved who should be part of the action groups and task force?
3. Is the organizational structure of the action groups appropriate for building partnerships?
4. To what extent is the coalition involving the community?
5. Do action group members understand their roles and the impact their level of understanding has on completing the prioritized objectives?

Data Collection

The data were collected using several methods. The first step was to conduct a thorough literature review of key concepts related to task force functions, evaluation, and partnership responsibilities. The data collection instruments used in the evaluation were constructed using questionnaires from previous studies, which were identified through the literature review. The second step, a document review of the CDC Partnership Indicator Tool and Partnership Literature Review Summary in comparison to the current UAP Listserv, was performed. Gaps in partnership areas were identified. The third method of data collection was a task force questionnaire administered via the Internet using Zoomerang. The last method of data collection was key informant interviews, which included a member from each action group. The interview questions were selected from the same documents as the survey questionnaire and were reviewed by the UAP staff before being used.

The Internet-based survey questionnaire was constructed using questions from the Partnership Effectiveness Within Community-based Participatory Research Partnerships, Partnership Evaluation Questions, and Allies Against Asthma Coalition Self-Assessment (Kenny & Sofaer, 2000; Schultz, Israel & Lantz, 2003; CDC, 2008). This brief questionnaire asked about roles, utilization of the task force groups, and activity level in completing prioritized objectives. The Internet-based questionnaire yielded 34 responses, for a response rate of 33.7%. This response rate was expected as it lies within the standard range for online surveys and is similar to the response rate of the 2008 Task Force Evaluation of 25.2%.

The table below shows respondents' roles within the task force. There was a good representation from all areas of the task force and Asthma Program staff.

Survey Participant Type	Number	Percent
Task Force Member only	13	38.2%
Action Group only	2	5.9%
Task Force and Action Group	11	32.4%
Staff	5	14.7%
None of the above	3	8.8%
Total	34	100%

The final data collection step included key informant interviews of several action group members. The five individuals were selected by UAP staff and represented the three action groups. Those interviewed were Gregg Smith, Steve Packham, Lynette Hansen, Kellie Baxter, and Liz Huggins. Those interviewed had worked with the action groups for a time period of less than one to nine years.

Data Analysis

The quantitative data from the survey were analyzed using Microsoft Excel and contain primarily descriptive statistics. The key-informant interviews were transcribed by the UAP Evaluator/Epidemiologist. The qualitative data were analyzed for themes and pertinent recommendations using Bryman's Four Stages of Coding. The key informant interviews were also analyzed using the evaluation questions.

Results

The results of the document review, survey, and key informant interviews will be presented according to the evaluation question topics.

Partnership Within the Action Group

A few questions were asked to determine the extent to which action group members partner on projects and activities. Figure 2 below shows that only about half of the task force members collaborated with another task force member on a project within the last year via email or telephone.

In the past year, have you emailed or called someone on the task force, other than Asthma Program Staff, to collaborate on a project?		
	Count	Percent
Yes	13	45%
No	16	55%

It is encouraging to see that nearly half of the respondents had communicated with someone in the task force within the last year. The UAP generally facilitates collaboration, but improving group member-initiated collaboration will only bring stronger buy-in for task force and action group members. Interview participants shared recent collaborative projects or collaborative partners, which included: The Recess Guidance; school nurses; primary care physicians and physician assistants; Utah County Health Department, the Minnesota Department of Health through Winning with Asthma; and the Utah Telehealth Network.

Current and Future Partnerships

The results for these evaluation questions involved the document review, survey, and key informant interviews. These results identify reasons for not participating in action groups, perceptions of partnership-building activities, and partners that may be missing from the current task force.

Question 17: If you aren't currently involved in an action group, what are some of the difficulties that have hindered your involvement?		
Response Topic	Topic count	Specific examples
Time	4	Lack of time, busy with other projects
Meeting attendance issue	2	Distances to travel and not available to attend meetings
Lack of importance	2	Lack of priority and not a high priority issue for the group I work with

There are many people engaged in the asthma listserv, but few are actively involved in the task force or action groups. This question identified some reasoning for lack of participation. In the interviews, one participant stated that the key is not to have too many meetings because “people get sick of just having meetings. They want to see something done for their organization.”

Changing directions slightly, during the key-informant interviews, participants were asked what strategies the task force has used to bring new and relevant players to the table.

- [long pause] “You know that’s hard, we have done some brainstorming lately and gave out some assignments last meeting and that was really good because the same people cannot carry the load forever.”
- “They haven’t.”
- “If I need something for a project, then I will contact those people and ask them to participate in those meetings, like, with the school nurse focus groups I made sure that Claudia Streuper was contacted and participated.”
- “I think that open discussion about these things and having different groups come and talk on topics...is really a good idea.”

From the document review and suggestions from the January 2011 task force meeting, the following list represents possible partners that aren’t currently involved in the task force or that could play a larger role. Not all of these partners will be beneficial to the UAP right now, but future collaborations may prove to be.

Boy/Girl Scouts	Chronic Disease Prevention	Coaches or coaching associations
Community Clinics	Day care workers	Environmental advocacy groups
Housing organizations	Immunizations	Individuals affected by asthma
Maternal and child health	Media	Policy makers
Salt Lake Solutions	State Department of Education	State Hospital Association
State Medicare	Utah Clean Cities	Utah Medical Association
Utah School Nurses Association	Local advocacy groups	

Community Involvement

This topic addresses communicating with and reaching the broader community. At the state level, it's difficult to reach every geographic area. This is where the task force plays an active role in disseminating information and activities to the broader community. Ideally, the task force and action group members will take messages and intervention activities to the communities they work with in order to expand reach.

How effective is the task force in communicating with the broader community?		
	Count	Percent
Ineffective	1	3%
Not very effective	3	9%
Somewhat effective	21	66%
Effective	7	22%

The majority of respondents (88%) agree that the task force is somewhat effective/effective in communicating with the broader community. In the interviews, there was some evidence to support this and some participants shared needed areas of improvement.

- “Toni and Andrea in the Utah County area work with people that we can’t or don’t work with up here. So they are reaching more people in different areas.”
- “We are actually coordinating with toxicologists in California because they want to model the recess guidance program.”
- “I don’t think that we are meeting the needs of the community to a large extent yet, but I think that we are moving closer to it.”
- “One thing I think would help would be in focusing in with other populations...maybe if we expand to other populations then we will have new ideas of organizations to work with and new intervention ideas.”

Since joining the task force, I have an increased ability to make a contribution in the community I work with.		
	Count	Percent
Strongly disagree	1	3%
Disagree	4	13%
Agree	24	75%
Strongly agree	3	9%

Both the qualitative and quantitative data suggest that the task force has been beneficial in improving the abilities of members to contribute to the communities they work with. This positive finding supports the importance of the task force in improving the knowledge and skills of those who work more directly with people in the community.

- “I have done booths for health fairs related to asthma home triggers and interventions. I taught about the differences between maintenance and quick-relief medication to a man with asthma.”
- “I try to coordinate the pulmonary disease at Intermountain Healthcare and one of the things that we added was what’s going on in the task force with IHC and what’s going on in the task force with the Department of Health. I want all of the educators throughout IHC to know what the task force is doing so that if they run across a doctor who might not be an IHC, then they have resources that they can send people to and tell people about the state plan.”
- “I think that the Utah Telehealth is a great success. I got involved with that and I really enjoyed it. And I think that made a big deal for other practitioners in the state.”

Roles/Duties

Having formalized rules, roles, and procedures increases the likelihood of positive coalition outcomes (Osmond, 2010). Defining roles and objectives gives the task force and action groups a purpose and direction for interventions and activities.

What do you feel are the two major objectives of the task force?		
	Count	Percent
Advise on interventions	15	26%
Implementation/completion of the state plan	11	20%
Disseminate information to diverse communities	11	20%
Fulfill the mission of the task force	8	14%
Mobilize community support	8	14%
Promote policy change	3	5%

The most common responses as to the major objectives of the task force were to advise on interventions, implement the state plan, and disseminate information. This identifies a note of concern that the task force and action groups are engaging more in advisory roles rather than action-oriented roles. The interview participants were asked what the goal of the action group is for the group they attend.

- [long pause] “I think that we probably have the goal written down somewhere. I would say that the goal of this group is to raise awareness among various segments of the population regarding asthma, its impact, and things that can be done to reduce severity or triggers.”
- “The goal of the group has been debated a lot. [long pause] The purpose is to assist, educate and support populations at risk for asthma and risk factors.”
- “To be able to assist different populations in improving asthma management in asthma outcomes.”

What do you feel is your role in achieving the goals and objectives of the task force?		
Response Topic	Topic count	Specific examples
Advise/share ideas	12	Attend meetings, advise, support, share school nurse perspective, provide feedback on materials
Implement and educate	6	Coordinate implementation, increase awareness, educate and promote, complete action group and task force projects
Disseminate information	4	Disseminate information to nurses, share environmental data, share surveillance data
Coordinate/partner	4	Promote asthma program and task force, coordinate partnerships, collaboration, mobilize partners
I don't know	4	Not sure, not clear, uncertain
Advocate	2	Advocate for change/awareness

The following interview question goes on to solidify a UAP concern that the task force feels that its role is to advise and share ideas. Wolff says that coalition building is a mechanism that allows communities to solve problems more effectively and too many coalitions don't get to this point (2001). Also, this question brings out more of the issue mentioned above in the interviews, which is that some task force and action group members do not know the goals and objectives.

“People need to feel like whatever we are working on, whatever we’re brainstorming, whatever we’re planning, that it’s applicable to their organization and that they have a role to play in planning and taking that back.”

In the last year, the mission and vision of the task force have been reinforced effectively to the task force members.		
	Count	Percent
Strongly disagree	1	3%
Disagree	7	22%
Agree	21	66%
Strongly agree	3	9%

Having a clear vision and mission statement is a factor in enhancing partnership effectiveness and needs to be kept in the minds of coalition members (Roussos & Fawcett, 2000). Although respondents feel that the mission and vision have been reinforced effectively (75%), in extrapolating from earlier differences between the qualitative and quantitative data, it may not be as clear as the survey suggests.

“Well, I know that we’ve [pause] good question. I know that our goal is to look at the health care side and look at access. A lot of it has to do with making sure that people know about us, that they know what is going on. That physicians out there know what’s going on because not everyone has resources...Let me think about the goals for the task force [long pause] I know that we always go through our goals every single time and try to say what is our main thing and what are we doing.”

The task force has clearly defined roles, responsibilities, and timelines for conducting activities that work toward achieving the mission.		
	Count	Percent
Strongly disagree	1	3%
Disagree	9	29%
Agree	18	58%
Strongly agree	3	10%

In the evaluation completed in 2008, the results for this question were a bit different, but this could be related to the fact that a 5-point Likert Scale was used, which included a response for neutral. In that survey, 64.3% agreed, 3.6% disagreed and 32.1% were neutral.

The following is a response from an interview participant who was asked what they would like to see occur in order to feel that the actions taken had been a success.

“Specific measurements for our activities, setting specific goals, and moving forward with them. I think we need have specific goals that are attainable. We have a lot of pie-in-the-sky ideas-the advocates would be fabulous if we could have one in each school, but we are finding out that isn’t not really attainable. You’ve got to have more than the feel-good feeling for somebody to dedicate their time.”

Infrastructure and Operations

This section refers to the actual setup of the action groups and the way in which the group operates. Action groups or committees allow for more work to get accomplished and participant expertise to be utilized (Sofaer, 2004).

Task Force members take responsibility for getting the work done.		
	Count	Percent
Strongly disagree	1	3%
Disagree	4	13%
Agree	23	74%
Strongly agree	3	10%

In the interviews, participants often explained that motivating group members was important and that people rally around projects. Although the survey data suggest that respondents feel that they are active in getting the work done, changes in infrastructure may improve motivation and commitment.

- “I think projects are the way you need to go, because if you come in and you don’t have something to hang your hat on, you kind of feel like you are bumping around in the dark...hoping that you are going to score.”
- “I think that if the working group is having difficulties, it’s probably that they haven’t found a legitimate issue or task so that people can become focused on that.”
- “It’s important for us to have projects. Have the action groups coalesce around a project or something that you want to accomplish. I think it just comes back to...if you don’t have a project...for me then you are just dispersing information.”
- “You know what would probably be the best thing is maybe to have more follow-up, where we are thinking about it more often. Reporting more, like having a candle lit under us so that we don’t forget about it.”

How often do you feel that it takes too much time to reach decisions?		
	Count	Percent
Rarely	6	19%
Not very often	13	41%
Somewhat often	13	41%
Often	0	0%

A common complaint in collaborative work is that it takes too long to make decisions and that there are a lot of meetings but not much gets accomplished (Taylor-Powell, Rossing, & Geran, 1998). Over half of the respondents (60%) felt that it takes too much time to reach decisions.

“I think they need to focus more on implementation than planning...But I guess just more focus on being able to get the interventions out and to connect with more people.”

Leadership responsibilities are shared by the task force and action group members.		
	Count	Percent
Strongly disagree	1	3%
Disagree	8	24%
Agree	21	64%
Strongly agree	3	9%

“I went from a participant on the committee to the chair...that was a huge change. And it’s been good because I feel more engaged.”

There is disconnect between the activities of the task force and the action groups.		
	Count	Percent
Strongly disagree	3	3%
Disagree	19	63%
Agree	7	23%
Strongly agree	1	3%

- “The task force asks and then they ask everybody and they get to know what everyone is doing. And it makes you feel like, oh yeah, we really have contributed to this task force as a whole.”
- “I think it would help to have a charter in front of us and as we are planning something...this would be a project where population group could collaborate with environmental or indoor air. Then we maybe have a joint meeting with them so that we can get some collaboration going as opposed to just having us reporting what we are doing.”

How satisfied are you with the level of follow-up action taken by the group members in response to decisions made by the action group?		
	Count	Percent
Unsatisfied	1	3%
Not very satisfied	4	12%
Somewhat satisfied	20	61%
Satisfied	8	24%

The largest portion of task force members appear to be somewhat satisfied or satisfied with the amount of follow-up action taken by action group members.

Recommendations

Currently, some aspects of the coalition are functioning rather effectively. It is encouraging to see interaction among the members in the task force and that the survey respondents generally felt satisfied with the coalition.

The following are some recommendations for improving the coalition as a whole:

1. Coalitions are about creating change and demonstrating the capacity to act (Wolff, 2001). The coalition must demonstrate a commitment of action. One of the best ways to improve action lies in involving coalition members in activities that are identifiable to the group. The current system of action groups is less effective in creating action. Project groups may be the best option for improving action. If a coalition is to survive, it must produce more than a sense of solidarity among members; it must engage in projects and produce products (Butterfoss & Francisco, 2004).
2. Improve the visibility of the mission, vision, goals, and timelines. Wolff discusses that these should be revisited at least annually but should be reinforced regularly. Each year priority areas that are chosen and projects undertaken by the coalition should reflect these priorities.

3. In conjunction with more visible goals is the need to identify accomplishments and ensure some short-term successes each year. Projects that are completed should be highlighted as well as smaller successes throughout the year (ibid). This may mean that projects planned need to vary in depth and timeline.
4. Improve leadership capacity, share responsibility and accountability. Competent leadership is a key determinant of member satisfaction and participation (Osmond, 2010). Improving member participation begins with the leadership. Effective leaders promote broad and active participation which allows the power, control and influence to be broadly based (ibid). It will be important to make assignments to the group and regularly follow up on the progress of the assignments. This will assist in spreading the workload, improving individual buy-in, and maintaining the purpose of the coalition.
5. Extend invitations to those organizations that could assist in projects. With every coalition, members will come and go and become more active and less active; therefore, during each new project, the partners involved should be evaluated to ensure that all relevant stakeholders are involved.

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