

# Iowans Fit for Life Partnership Self-Assessment

## Introduction/Background

Program evaluation is an essential organizational practice in public health (Dyal, 1995); however, it is not practiced consistently across program areas, nor is it sufficiently well-integrated into the day-to-day management of most programs. Program evaluation is also necessary for fulfilling the Centers for Disease Control and Prevention (CDC) principles for guiding public health activities, which include: a) using science as a basis for decision-making and public health action; b) expanding the quest for social equity through public health action; c) performing effectively as a service agency; d) making efforts outcome oriented; and e) being accountable (Koplan, 1999). These principles imply several ways to improve how public health activities are planned and managed. The principles underscore the need to develop clear plans, inclusive partnerships, and feedback systems that allow learning and ongoing improvement to occur. One way to ensure that new and existing programs honor these principles is to conduct routine, practical evaluations that provide information for management and improve program effectiveness. Effective program evaluation is a systematic way to improve and account for public health actions by involving procedures that are useful, feasible, ethical, and accurate. The framework described below is a practical, nonprescriptive tool designed to summarize and organize the essential elements of program evaluation. The framework comprises steps in evaluation practice and standards for effective evaluation.

The framework is composed of six steps that must be taken in any evaluation. The steps are starting points for tailoring an evaluation to a particular public health effort at a specific time. Because the steps are interdependent, they might be encountered in a nonlinear sequence; however, an order exists for fulfilling each; earlier steps provide the foundation for subsequent progress. Thus, decisions regarding how to execute a step are iterative and should not be finalized until previous steps have been thoroughly addressed. The steps are as follows:

- Step 1: Engage stakeholders
- Step 2: Describe the program
- Step 3: Focus the evaluation design
- Step 4: Gather credible evidence
- Step 5: Justify conclusions
- Step 6: Ensure use and share lessons learned

Adhering to these six steps will facilitate an understanding of a program's context (e.g., program's history, setting, organization) and will improve how most evaluations are conceived and conducted.

The second element of the framework is a set of standards for assessing the quality of evaluation activities, organized into the following four groups:

Standard 1: Utility

Standard 2: Feasibility

Standard 3: Propriety

Standard 4: Accuracy

These standards, adopted from the Joint Committee on Standards for Educational Evaluation (1994), answer the question, “Will this evaluation be effective”. The standards are recommended as criteria for judging the quality of program evaluation efforts in public health. The remainder of this report discusses the steps and the standards that govern effective program evaluation as it relates to the lowans Fit for Life Partnership.

In 2004, the Iowa Department of Public Health (IDPH) received funding from the CDC to develop a State Nutrition and Physical Activity Program to Prevent Obesity. Currently, 25 states receive this funding. From 2005 through 2006, the IDPH convened a multidisciplinary group of stakeholders to develop a comprehensive and coordinated nutrition and physical activity plan entitled the *Iowa Nutrition and Physical Activity Plan: Preventing Obesity and Related Chronic Diseases*. The plan created lowans Fit for Life, a statewide, multi-sector partnership to coordinate the implementation and evaluation of the plan. lowans Fit for Life uses the plan as a guide to focus efforts around three priority areas: nutrition, physical activity, and preventing obesity. lowans Fit for Life also coordinates communications, information, and evaluation for the three priority areas. lowans Fit for Life created a website and partner communication system to monitor interests, needs, and activities of local communities, and to inform partners of new resources. lowans Fit for Life was positioned as a central clearinghouse and expert resource for physical activity and nutrition-related research reports, advocacy materials, best practice models, and programs to serve statewide partners. Since 2005, lowans Fit for Life has operated at a state-level to carry out its mission “... to prevent obesity and other chronic diseases through regular physical activity and good nutrition”. In order to accomplish this mission, lowans Fit for Life began to build state and local infrastructure and identified other financial and non-financial resources among partners needed to coordinate plan implementation.

## **Survey Purpose and Methodology**

### Survey Distribution and Response Rate

A survey link and invitation were emailed to the 420 individuals on the lowans Fit for Life listserv during the Summer 2010. Two reminder emails were sent to the listserv prior to the deadline. Seventy-eight of the 420 partners on the listserv

completed the survey. The individual response rate was 19%. The survey as a follow-up to the same survey administered in 2008.

The evaluation of the lowans Fit for Life partnership was conducted using an overarching evaluation objective to apply the standards of utility, feasibility, propriety, and accuracy as described previously.

## **Evaluation Design Overview**

### Evaluation Model

The evaluation model chosen to measure the efficiency, synergy, and sustainability of the partnership was the Community Health Governance (CHG) model used by Lasker and Weiss (2003). Partnership collaboration is a process where individuals view problems differently and work together to achieve solutions collectively as a group (Lasker, Weiss, & Miller, 2001). The CHG model describes a multidisciplinary, participatory approach to a community-level problem and provides a useful framework for measuring the implementation of collaborative processes working to improve community health. The key to a collaborative partnership success is synergy – the extent to which the partnership can do more than any of its individual partners by combining different kinds of knowledge, skills, and resources of its participants to develop new and better ways of solving problems. The Partnership Synergy Framework (Lasker, et al., 2001; Lasker & Weiss, 2003; Weiss, Anderson, & Lasker, 2002) is a method developed for public health to combine individual-level services with broader, population-based strategies. This method allows lowans Fit for Life to leverage combined influence, resources, and connections. A synergistic partnership involves recruiting a broad range of stakeholders to the group; motivating participants to work together by articulating common goals; empowering the group with a collaborative process to address problems; and encouraging group members to develop relationships with one another and engage in an ongoing discourse (Lasker & Weiss, 2003). Since lowans Fit for Life represents a multidisciplinary, participatory partnership focused on the long term outcome of reducing obesity among lowans, the CHG model provides a relevant framework, with specific areas of inquiry, to evaluate coalition processes.

Quantitative performance data were used to identify coalition efficiency, synergy, and sustainability.

## Results

### Synergy

Partners were asked: “By working together, how well are the lowans Fit for Life workgroup members able to”:

	<u>2008 Mean</u>	<u>2010 Mean</u>
Identify new and creative ways to solve problems	2.7	3.7
Develop goals that are widely understood and supported Among partners	3.0	3.7
Carry out comprehensive activities that connect multiple services, programs, or systems	3.2	3.3
Clearly communicate to people in the community how the partnership's actions will address problems that are important to them	3.3	3.1

These results identify the lowans Fit for Life partnership's particular strengths and weaknesses with regard to synergy. The partnership is achieving a given attribute of synergy *extremely well* if the respondents' mean score is 5, *very well* if the score is 4, *somewhat well* if the score is 3, *not so well* if the score is 2, and *not well at all* if the score is 1. Partnerships that achieve a score of 5 on all of the attributes have a collaborative process that is successfully making the most of collaboration. Comparing the 2010 survey with the 2008 survey, it appears as though synergy has seen a vast improvement. However, there has been a small decrease in clearly communicating to people in the community how the partnership's actions will address problems that are important to them.

#### Leadership Effectiveness

Partners were asked to think about all of the people who provide either formal or informal leadership in lowans Fit for Life. Partners were asked to rate the total effectiveness of leadership in each of the following areas:

	<u>2008 Mean</u>	<u>2010 Mean</u>
Taking responsibility for the partnership	2.8	3.6
Inspiring and motivating people in the partnership	2.8	3.3
Empowering the people in the partnership	3.1	3.2
Communicating the vision of the partnership	2.9	3.5
Working to develop a common language within the partnership	3.0	3.2
Fostering respect, trust, inclusiveness, and openness in the partnership	2.5	3.7
Creating an environment where differences of opinion can be voiced	2.0	3.5

Resolving conflict among partners	3.5	2.1
Combining the perspectives, resources, and skills of partners	3.1	3.3
Helping the partnership be creative and look at things differently	3.0	3.3
Recruiting diverse people and organizations into the partnership	3.0	2.9

These results identify the particular strengths and weaknesses of the partnership's leadership. For each attribute, the effectiveness of partnership's leadership is *excellent* if respondents' mean score is 5, *very good* if the score is 4, *good* if the score is 3, *fair* if the score is 2, and *poor* if the score is 1. A score of 5 on all of the 11 attributes have the kind of leadership that promotes a high level of synergy. Once again, it appears that between 2008 and 2010 there has been an increase of leadership effectiveness in most areas with the exception of resolving conflict and recruiting diverse people and organizations into the partnership.

#### Efficiency

Partners were asked to consider how well the partnership is using the following partners' resources:

	<u>2008 Mean</u>	<u>2010 Mean</u>
Financial resources	3.8	3.5
In-kind resources	3.3	3.7
Time	3.0	3.6

These results reflect how well the partnership is using financial resources, in-kind resources, and time. A score of 5 in all 3 areas indicates optimizing the involvement of participants in a way that promotes synergy. Comparing the 2010 results with 2008, it appears as though partners have a view that financial resources are not being used as well as they could be, whereas partners believe time and in-kind resources are being used better than in previous years.

## Administration and Management Effectiveness

Partners were asked to think about the administration and management activities in lowans Fit for Life. Partners were asked to rate the effectiveness of the partnership in carrying out each of the following activities:

	<u>2008 Mean</u>	<u>2010 Mean</u>
Coordinating communication among partners	3.1	3.3
Coordinating communication with people and Organizations outside the partnership	3.5	2.4
Organizing partnership activities, including meetings and projects	2.6	3.6
Preparing materials that inform partners and help them Make timely decisions	3.1	3.4
Providing orientation to new partners as they join the partnership	4.4	1.6
Evaluating the progress and impact of the partnership	3.1	2.6
Minimizing barriers for participation in partnership meetings and activities	2.5	3.1

These results identify the particular strengths and weaknesses of the partnership's administration and management. A score of 5 on all of the 9 activities indicates the kind of administration and management that promotes a high level of synergy. Areas of improvement in administration and management from 2008 to 2010 has occurred in coordinating communication among partners, organizing meetings and projects, preparing materials to help members make timely decisions, and minimizing participation barriers in meetings and activities. However, there has been a decrease from 2008 to 2010 in providing orientation to new partners as they join, coordinating communication with people and organizations outside the partnership, and evaluating the progress and impact of the partnership.

## Kinds of Non-Financial Resources

lowans Fit for Life needs non-financial resources in order to work effectively and achieve its goals. For each of the following types of resources partners were asked to what extent does lowans Fit for Life have what it needs to work effectively.

	<u>2008 Mean</u>	<u>2010 Mean</u>
Skills and expertise	2.4	3.3
Data and information	2.7	3.3
Connections to target populations	2.7	3.1
Connections to political decision-makers, Government agencies and others	2.7	2.9
Legitimacy and credibility	2.3	3.5
Influence and ability to bring people together for meetings/activities	2.5	3.4

These results identify strengths and weaknesses in obtaining the non-financial resources that are needed to work effectively. A score of 5 for all 6 resources would indicate the partnership has the basic building blocks to achieve high levels of synergy. Overall, between 2008 and 2010 it appears most of the partners believe lowans Fit for Life used its non-financial resources generally in an effective manner.

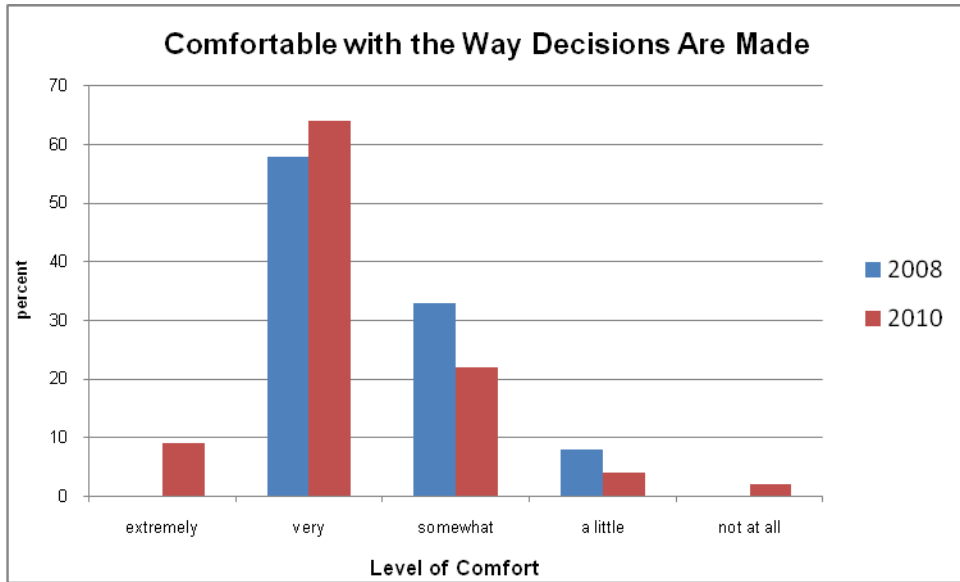
#### Kinds of Financial and Other Capital Resources

A partnership also needs financial and other capital resources in order to work effectively and achieve its goals. For each of the following types of resources, partners were asked to what extent does lowans Fit for Life have what it needs to work effectively.

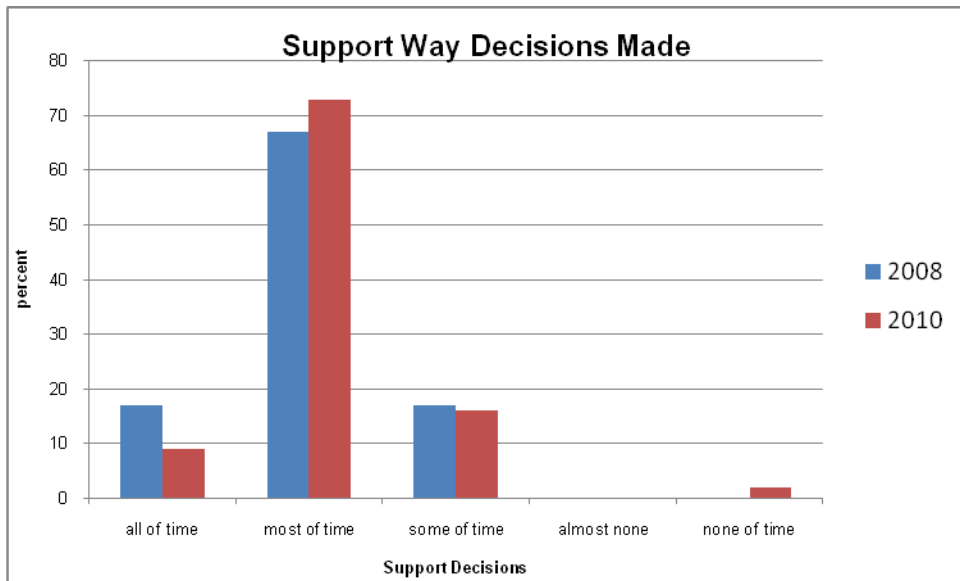
	<u>2008 Mean</u>	<u>2010 Mean</u>
Money	4.0	2.4

Based on the 2010 results, it appears as though the partnership believes more money is needed for lowans Fit for Life to work effectively.

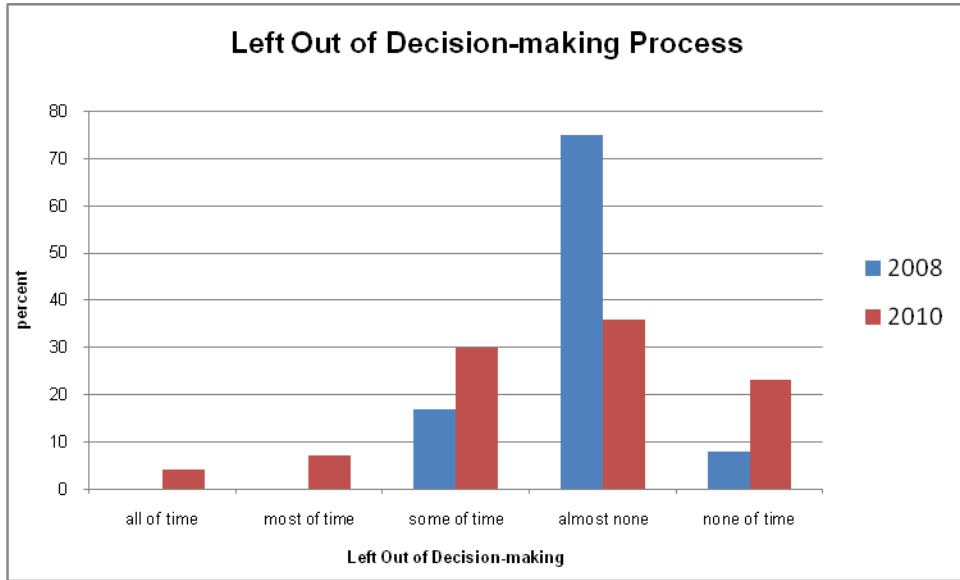
When partners were asked how *comfortable* they are with the way decisions were made in the partnership, the majority of partners indicated a high level of comfort. Further, the level of comfort appears to have increased since 2008.



When asked how often they *support* the decisions made by the partnership, the majority of partners were very supportive. However, a larger percentage of partners supported decisions “all of the time” in 2008 compared with 2010.



When respondents were asked how often they felt *left out* of the decision-making process, the majority responded as not being left out of the process.



The lowans Fit for Life partnership has cause for celebration because the vast majority of respondents gave the most positive response to all 3 questions.

### Benefits of Participation

The table below shows the percentage of respondents who have received each of nine kinds of benefits from participating in lowans Fit for Life.

	2008	2010
<b>Kinds of Benefits</b>	<b>% “Yes” responses</b>	<b>% “Yes” responses</b>
Development of new skills	67%	62%
Increased utilization of my expertise or services	83%	70%
Enhanced ability to affect public policy	67%	54%
Development of valuable relationships	92%	89%
Enhanced ability to meet the needs of my constituency or clients	67%	69%
Ability to have a greater impact than I could have on my own	75%	85%
Ability to make a contribution to the community	83%	74%

Compared with 2008, many of the participation benefits have decreased somewhat in 2010. Notably, skill development and utilization decreased, as well as affecting public policy and making a contribution to the community decreased in 2010 as compared with 2008. However, partners did recognize the ability to

have a greater impact when working through the partnership rather than individually.

### Drawbacks of Participation

The table below shows the percentage of respondents who have experienced each of six kinds of *drawbacks*.

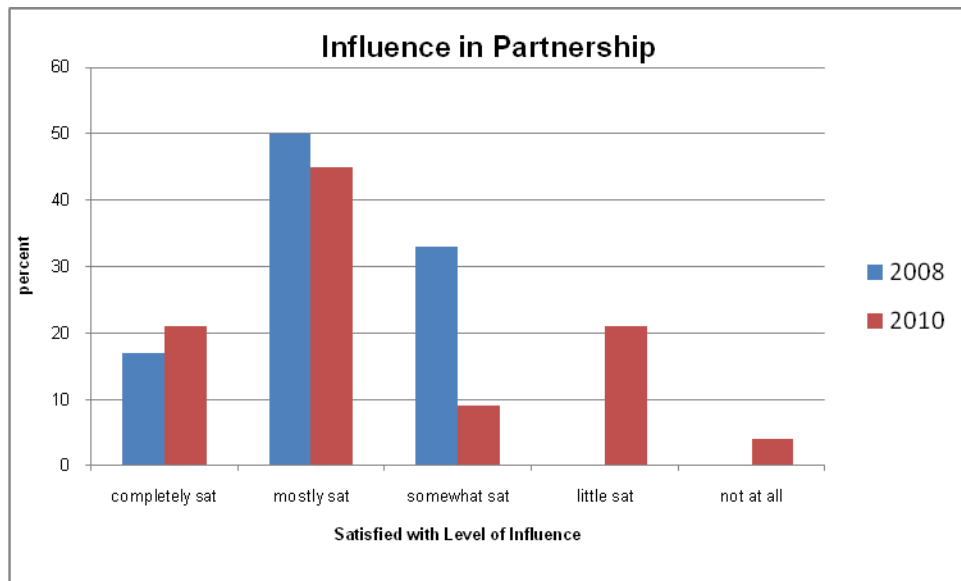
<b>Kinds of Drawbacks</b>	<b>2008 % "Yes" responses</b>	<b>2010 % "Yes" responses</b>
Diversion of time and resources away from other priorities or obligations	50%	39%
Insufficient influence in partnership activities	17%	28%
Viewed negatively due to association with other partners or the partnership	0%	2%
Frustration or aggravation	42%	35%
Insufficient credit given to me for contributing to the accomplishments of the partnership	0%	2%
Conflict between my job and the partnership's work	25%	10%

### Satisfaction with Participation

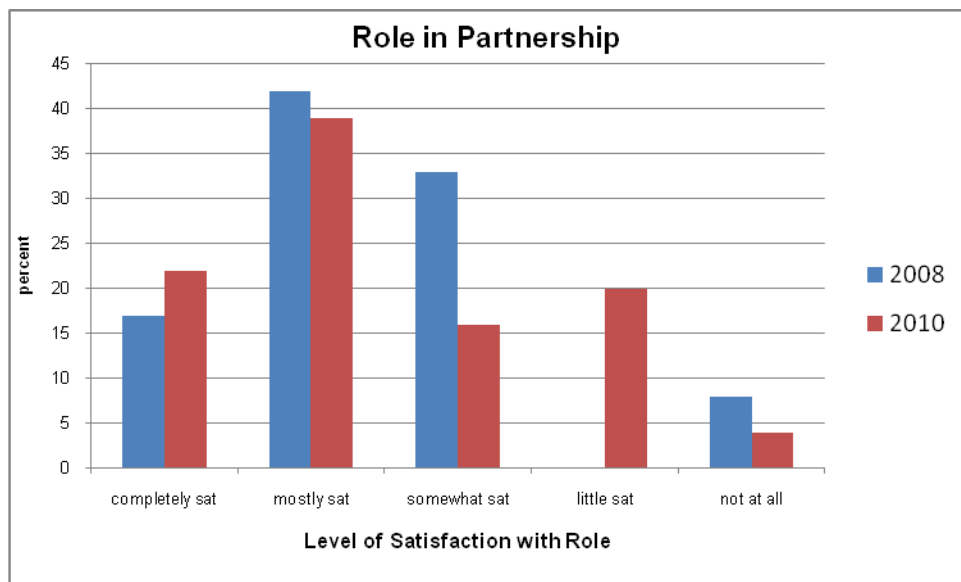
Partners were asked how satisfied they are with the way the people and organizations in the partnership *work together*. Overall, responses in 2010 reflected a greater level of satisfaction than in 2008.



When respondents were asked how satisfied they are with their *influence* in the partnership, the 2008 responses expressed a lower level of satisfaction than in 2010.



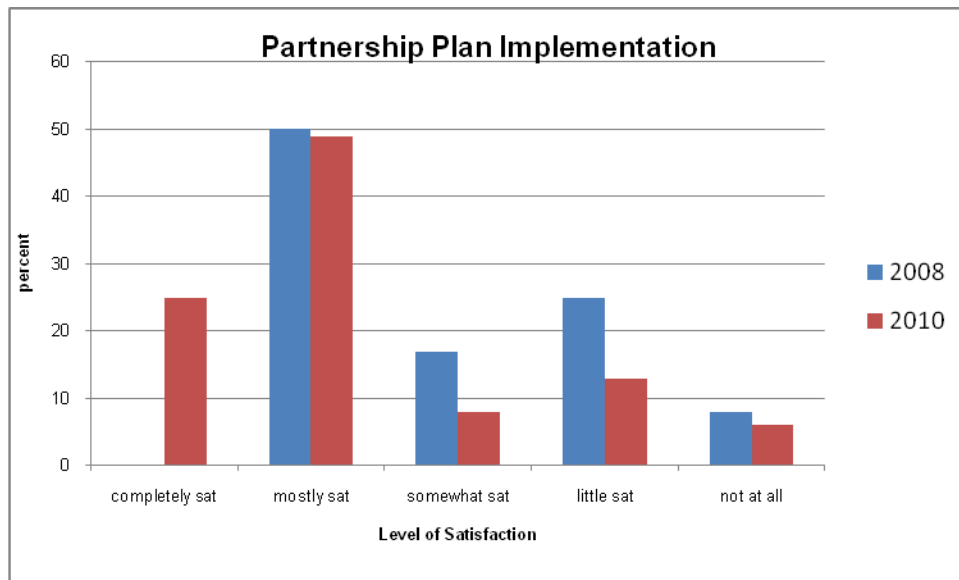
Respondents were asked how satisfied they are with their *role* in the partnership. In 2008, partners expressed being “mostly” to “somewhat” satisfied with their role; in 2010, partners expressed a higher level of being “completely satisfied” with their role in the partnership.



In 2010, more partners expressed a higher level of satisfaction were asked how satisfied they were with the partnership's *plans* for achieving its goals.



When respondents were asked how satisfied they were with the way the partnership has *implemented* its plans, more partners expressed a higher level of satisfaction in 2010 than in 2008.



### Discussion and Recommendations

There is now a growing body of research on the impact of community participation in local partnerships for health. The level of engagement and commitment of partners, including community representatives, commonly forms

part of how success in partnership working is conceptualized (Dowling et al., 2004). Community participation is described as essential in order to ensure that real needs are being met and that the decisions reached are acceptable to local communities (Jones, 2003). The representation of communities in strategic decision-making has been described as particularly important (Pickin, et al., 2002). Conversely, lack of community involvement and ownership is frequently identified as a major flaw in local strategies to improve health.

Lasker and Weiss (2003) describe essential features for successful collaborative problem solving in the field of community health as:

- Empowering individuals by getting them directly and actively involved in addressing problems that affect their lives;
- Creating bridging social ties that bring people together across society's dividing lines, build trust and a sense of community and enable people to provide each other with various kinds of support;
- Creating synergy, that is the breakthrough in thinking and action that are produced when a collaborative process successfully combines the knowledge, skills and resources of a group of diverse participants.

Synergy in a partnership is ideally the result of negotiations where consensus is reached without requiring anyone to yield, but where all participants jointly create something new they can all support. The ability of a partnership to achieve a high level of synergy relates strongly to its non-financial resources

Based on Lasker and Weiss' framework, it seems clear that the lowans Fit for Life partnership has implemented essential features for ensuring that the involvement of the community leads to successful joint working, although there are variations between the partners as to where the main strengths and challenges lie. All partners recognized that community involvement could and should improve. Continuing to build trust and mutually beneficial relationships between representatives from the community and statutory sectors was seen as an important on-going goal. Increasing transparency between IDPH and lowans Fit for Life leadership is also an important on-going goal. Both groups need to be aware of what the other is doing related to obesity prevention across the state.

Ensuring that partner agencies and organization are able and willing to share data that are crucial to project evaluation is essential. Without accurate data or access to accurate data, projects flounder. It might be time to consider written memorandums of understandings with partnering organizations in regards to data sharing.

Follow-through is an essential element of the partnership. Ensuring that the plan includes development and dissemination of materials with a feasible distribution plan is necessary. This plan should be part of the partnership strategy and should not be reliant upon IDPH or the lowans Fit for Life team to distribute

materials. Production and distribution needs to be a key component to a successful plan.

It might be recommended that lowans Fit for Life add a space in meeting evaluations where members can elaborate on why they chose negative options (i.e., if you ranked this option less than 3 (on a five point scale), please let us know how we can help you to be more involved in the partnership). This would provide feedback to the leadership that could help with addressing dissatisfaction issues.

Sharing information regularly with partnership leaders and coordinators during the course of the evaluation is also essential. Providing periodic feedback helps to ensure that the evaluation is on track and will limit the chances of partners being surprised.

Finally, findings should be incorporated into an improvement or action plan and partners need to be involved so they are better prepared to share lessons learned. Information and method used to share findings should be tailored to the specific audience and multiple ways to share findings should be used. Finally, information should be presented in a timely manner and jargon avoided. Data should be presented in a clear and understandable way in formats relevant to the partnership.

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