Infant Mortality Prevention Taskforce/Network

Partnership Evaluation Kit

For use by Taskforces/Networks established with the participation of the
US DHHS Office of Minority Health Resource Center (OMHRC) Preconception Peer Educator (PPE) Program

Developed by Health Equity Initiative

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How To Use This Kit

Purpose: The PPE Program-Campus-Community Taskforces/Networks for Infant Mortality Prevention were formed to take a collaborative, whole-community approach to preventing infant mortality.   While these networks/taskforces may have different names and/or take different approaches to building upon existing local efforts in the 4 pilot cities (Nashville, Jacksonville, Los Angeles, and Charlotte), the Partnership Plans drafted during the "Strategies for Successful Multi-Sectoral Partnerships" workshops that took place in 2012 all share the same goal of reducing infant mortality rates. Partnership plans were designed via a consensus process that involved all workshops participants/partners to foster set goals and objectives for each task force/network; to guide future local activities for infant mortality prevention; and to set key mutually agreed upon parameters for the taskforce/network to work within.

This toolkit provides some basic resources that your taskforce/network can utilize to evaluate the effectiveness and impact of the taskforce/network's activities towards its mutually agreed upon goals and objectives as well as partner satisfaction parameters developed by the 4 groups during the workshops. As activities move forward and are evaluated towards goals and objectives and partner satisfactions parameters, findings from relevant surveys and progress reports can be used to identify success factors and other opportunities to enhance taskforce/network effectiveness.

The sample evaluation materials in this kit can be used periodically to assess member satisfaction and taskforce/network progress towards goals and objectives. While the materials within this kit have been developed by taking into account the feedback and partner satisfaction parameters developed by the different groups in the 4 pilot cities, these are just sample materials that each group is encouraged to tailor and customize to specific objectives and evolving needs. The resources included in this kit are meant primarily to provide a basic framework to plan on evaluating all efforts, and encourage consistency across the 4 different pilot studies (including periodic progress reports to the Office of Minority Health Resource Center). Following is a brief description of the resources included in this kit,

Planning to Evaluate:
Logic Model: Taskforces/networks are encouraged to begin thinking about how they want to evaluate their efforts by developing a **logic model** to help guide monitoring and evaluation activities. A logic model is a simple visual representation of how different elements of the situation analysis and audience-specific factors (contributing factors), program strategies and activities, and outcome objectives (both short-term and long terms) are connected with each other. The logic model included on page 8 was adapted from the OMH Evaluation Planning Guidelines (2007, 2010), and used for a preliminary national assessment of the PPE program that was published in July 2011 in the Journal of Communication in Healthcare (Schiavo et al, 2011). This model can be further tailored by each partnership/task force/network to reflect their specific action plans.

Assessing Partner Satisfaction - Survey Template: The survey template on page 5 has been developed as the results of the partner satisfaction parameters discussed by the groups that participated in the workshops for this pilot program in Nashville, Charlotte, Jacksonville and Los Angeles. Questions are intended for use by each network/partnership/task force to assess periodically (at least once per year if not more frequently) partner satisfaction with the actual partnership and whether there are reasons to reconsider and improve process, activities, and expectations. As the survey template include all parameters that have been discussed by the 4 groups, each group is encouraged to customize the template to focus only on the parameters that are more relevant to them. Yet, it may be useful to all groups to be aware of the full range of potential partner satisfaction parameters different groups have identified.

Assessing Progress Toward Goals and Objectives – Sample Progress Indicators for the Evaluation of Intermediate Steps/Process Sample progress indicators included in this kit are intended for use by each group to assess periodically (at least once per year if not more frequently) their progress towards program objectives as well as intermediate parameters that may be related to process/program implementation. Each group is encouraged to develop city-specific progress indicators according to their action plan. The sample list of progress indicators can be incorporated into evaluation and data collection tools such as questionnaires, focus group question guides, and interview question guides. Monitoring progress indicators and conducting intermediate assessments increase your ability to adjust programs in progress and/or make a more definitive link between outcomes and your activities and strategies. In other words, including evaluation questions that address progress indicators will help you and your partners evaluate where your taskforce/network/alliance stands on the path to success.

Progress Report For Annual Reporting to the OMHRC: The progress report questionnaire on page 15 has been developed to regularly report on activities and others from pilot sites in Nashville, Charlotte, Jacksonville and Los Angeles. Each network/partnership/task force can periodically (at least once per year if not more frequently) report to the OMHRC what activities/events have taken place, major accomplishments, next steps, success factors, challenges, and questions. The progress report should be informed by opinions and comments from all partner members, and should ideally be completed through a consensus-building meeting as well as reflect any data the group may collect via research and evaluation methods at the community or key stakeholders levels. Please attach relevant information from evaluation studies, baseline data or others.

Implementing Evaluation:
- Designate a team that is in charge of coordinating evaluation efforts (both internally within the partnership and overall, within intended communities and stakeholders).
- Establish exact timelines and regular intervals both for outcome/progress evaluation and partner satisfaction and assessment.
- Rely on the experience and overall supervision of team members from academia, local departments of health or others who have experience on program assessment/research and evaluation.
- Make sure to look for baseline data that are of relevance to your plan (e.g., awareness levels of infant mortality rates). Such data could be already available at local departments of health and/or collected or published for different projects/purposes.
- Designate a few members from your team to review and compile the information both for internal circulation within your task force/network and for reporting to the OMHRC.
- For outcome evaluation only (in other words, this does not apply to the partner satisfaction assessment): Develop a publicity plan to showcase results and lessons learned at community events, local and national conferences, as well as publicize in local media outlets, and if a formal review by an Investigational Review Board (IRB) is used for any of the community-related assessments, in peer-reviewed publications.
- Once per year, report partnership evaluation feedback and outcome/progress evaluation data in a written summary to Denisse Ormaza, PPE program project coordinator at the Office of Minority Health Resource Center at this email address: dormaza@minorityhealth.hhs.gov See sample template at the end of this kit. Attach all relevant information (e.g., evaluation studies you may have conducted within the community, baseline data already in existence)

Assessing Partner Satisfaction - Survey Template

Instructions for task force: Questions are intended for use by each network/partnership/task force to assess periodically (at least once per year if not more frequently) partner satisfaction with the actual partnership progress and process, as well as whether there are reasons to reconsider and improve upon process, activities, and/or meeting partners' expectations. The survey template is very comprehensive and includes all parameters that have been discussed by all 4 groups (Nashville, Charlotte, Jacksonville and LA). In developing this kit, we felt that it may be useful to all groups in this pilot to be aware of the full range of potential partner satisfaction parameters different groups have identified. Yet, each group is encouraged to customize the template to focus primarily on parameters that are most important to them. We recommend that this assessment is conducted among all partners at least every 6-9 months.

Directions for Survey Participants: Please respond to the following questions about you/your organization's participation in the infant mortality taskforce/network by using the rating scale from 1 (**lowest rating**) to 5 (**highest rating**).

	Strongly Disagree				**Strongly Agree**
Partners seem committed to the task force	1	2	3	4	5
Partners trust and respect one another	1	2	3	4	5
Partners regularly attend meetings and conference calls	1	2	3	4	5
Partners honor commitments and complete tasks on time.	1	2	3	4	5
Partnership roles have been clearly communicated	1	2	3	4	5
Meetings: 1. Have a clear agenda. 2. Remained focused. 3. Results in decisions and progress.	1 1 1	2 2 2	3 3 3	4 4 4	5 5 5
There is a progression of work towards completing activities, events are planned a head of time	1	2	3	4	5
Efficient project management techniques are used such as timelines, master calendars, action plans					
Meetings and conference calls are a good use of time	1	2	3	4	5
There is a clear process for making decisions among partners in this collaboration	1	2	3	4	5
Communication among partners in general is good	1	2	3	4	5
I am informed as often as I should be about what goes on in the collaboration	1	2	3	4	5
People involved in the taskforce are willing to compromise to reach consensus on important decisions	1	2	3	4	5
People in the taskforce are open to different approaches to how we can do our work. They are willing to consider different ways of working.	1	2	3	4	5
Responsibilities are fairly divided among partners	1	2	3	4	5
There is a high level of transparency among	1	2	3	4	5

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partners ie no hidden agendas					
There is a feeling of teamwork and support among partners	1	2	3	4	5
My organization is benefitting from being involved in the taskforce	1	2	3	4	5
Through participation in this taskforce there is increased visibility for my organization's cause via infant mortality events, materials and communications	1	2	3	4	5
Through participation in this taskforce there are opportunities to network with new organizations and key stakeholders	1	2	3	4	5
Through participation in this taskforce there is additional support and shared resources for complementary programs at my organization	1	2	3	4	5
Through participation in this taskforce there is increased social responsibility profile by supporting an important cause in the community	1	2	3	4	5
The taskforce has capacity and tools for longevity and success.	1	2	3	4	5
We are currently able to keep up with the work necessary to coordinate all the people, organizations, and activities, related to this collaborative project.	1	2	3	4	5
There are observable results from our work and activities	1	2	3	4	5
Through participation in the task force I continue to learn new skills	1	2	3	4	5
The task force is innovative	1	2	3	4	5
There is observable growth in the task force, the number of partners increase over time	1	2	3	4	5
Participating in this task force is a gratifying experience	1	2	3	4	5
An academic advisor appropriately supports PPEs during the development and implementation of activities	1	2	3	4	5
With support from partners, PPEs are able to conduct more activities in the community than previously occurred	1	2	3	4	5
Partner organizations support PPE efforts by supplying appropriate resources (supplies, space, expertise, financial etc)	1	2	3	4	5
Partner organizations empower PPEs by sharing responsibilities and leadership roles	1	2	3	4	5

List what you like about your participation in this partnership:

___

List any challenges (if any) you or your organization may have experienced in working with your partners for this effort:

___

If you are experiencing, any organizational or professional challenges in moving forward with the partnership, what do you suggest would improve the partnership experience?

___

Additional Comments:

___

Date:_____

N.B. Data will be consolidated by the task force/network leaders and reported to OMHRC in an aggregated format. Information will be used to improve specific areas of the partnership process, goals, and expectations.

Develop a Logic Model for your Partnership Evaluation

Introduction: A logic model is a visual representation of how your program will work to achieve the desired impact. Logic models vary according to the nature of the issue and the best way to visually represent your program's path from inputs to desired outcomes. Logic models may include sections for contributing factors, inputs/resources needed, activities, strategies, outputs, short-term outcomes, intermediate outcomes and overall impact. You can decide which components should be included in your logic model as long as you include the required basic components of a logic model: key assumptions, strategies/activities, and outcomes.

Below is a sample logic model that was developed for the evaluation of the *A Healthy Baby Begins With You* campaign and PPE Program of the Office of Minority Health Resource Center (OMHRC) (Schiavo, Gonzalez-Flores, Estrada-Portales, and Ramesh, 2011). The model was adapted from the *Office of Minority Health Evaluation Planning Guidelines for Grant Applicants* (2007, 2010). You can see that the main components of this logic model are: Project Name, Long-term health issue/problem, Project Goal, Contributing Factors, Strategies and Tactics, Outcomes and Impact. Review this logic model, then try developing your own logic model using the blank template on the following page. Ideally this model should be used for consistency of assessment throughout the program. Fill out your own logic model below by referring to the activities, goals, and objectives written in the Partnership Plan.

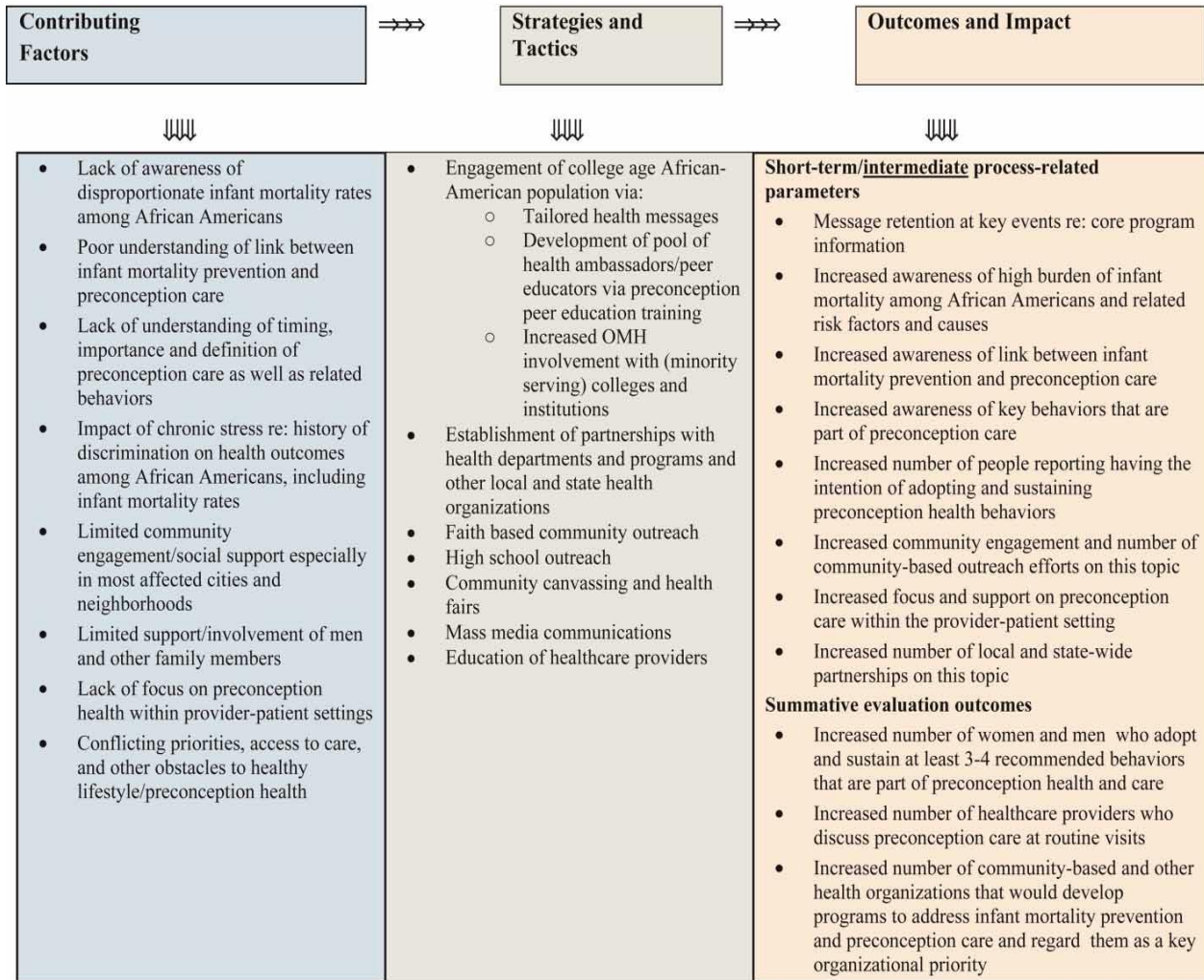**See sample logic model on the next page.**

Sample Logic Model

Project Name: *A Healthy Baby Begins With You*

Long-term health issue/Problem:
High rate of preventable infant mortality (defined as death of an infant before age 1) among African Americans

Project Goal: Reduced incidence of infant mortality in the US and more specifically among African Americans

Contributing Factors ⇒⇒⇒	Strategies and Tactics ⇒⇒⇒	Outcomes and Impact
⇓⇓⇓	⇓⇓⇓	⇓⇓⇓

• Lack of awareness of disproportionate infant mortality rates among African Americans
• Poor understanding of link between infant mortality prevention and preconception care
• Lack of understanding of timing, importance and definition of preconception care as well as related behaviors
• Impact of chronic stress re: history of discrimination on health outcomes among African Americans, including infant mortality rates
• Limited community engagement/social support especially in most affected cities and neighborhoods
• Limited support/involvement of men and other family members
• Lack of focus on preconception health within provider-patient settings
• Conflicting priorities, access to care, and other obstacles to healthy lifestyle/preconception health
	• Engagement of college age African-American population via:
	  ○ Tailored health messages
	  ○ Development of pool of health ambassadors/peer educators via preconception peer education training
	  ○ Increased OMH involvement with (minority serving) colleges and institutions
	• Establishment of partnerships with health departments and programs and other local and state health organizations
	• Faith based community outreach
	• High school outreach
	• Community canvassing and health fairs
	• Mass media communications
	• Education of healthcare providers
		Short-term/intermediate process-related parameters
		• Message retention at key events re: core program information
		• Increased awareness of high burden of infant mortality among African Americans and related risk factors and causes
		• Increased awareness of link between infant mortality prevention and preconception care
		• Increased awareness of key behaviors that are part of preconception care
		• Increased number of people reporting having the intention of adopting and sustaining preconception health behaviors
		• Increased community engagement and number of community-based outreach efforts on this topic
		• Increased focus and support on preconception care within the provider-patient setting
		• Increased number of local and state-wide partnerships on this topic
		Summative evaluation outcomes
		• Increased number of women and men who adopt and sustain at least 3-4 recommended behaviors that are part of preconception health and care
		• Increased number of healthcare providers who discuss preconception care at routine visits
		• Increased number of community-based and other health organizations that would develop programs to address infant mortality prevention and preconception care and regard them as a key organizational priority

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Blank template to be tailored by each taskforce/network/partnership in each city

Project Name:

Long-term health issue/Problem:

Project Goal:

Contributing Factors	Strategies and Tactics	Outcomes and Impact

Additional Tools and Resources

Selecting qualitative versus quantitative methods for your evaluation process

The task forces that were developed in the 4 cities all include participants from local universities, department of health or other professionals with extensive experience on research and evaluation. We encourage other task force/network members to rely on their experience in implementing all of your monitoring and evaluation efforts according to the logic model you will be developing. Yet, the chart below describes different selection criteria and uses of the type qualitative (e.g. focus groups, in-depth interviews, etc.) and quantitative research (e.g., pre-post training questionnaires, online or telephone surveys, etc.) methods results in. When you're planning the evaluation of your program, once you decide what type of information you want to learn about your priority audience, check this chart to figure out what type of research methods (qualitative or quantitative) best matches the type of information you are inquiring about.

Qualitative versus Quantitative Methods	
Qualitative	**Quantitative**
Provides the rich contextual background of a health issue	Describes numerical quantity of the health issue
Answers the question "Why?"	Answers the questions "How many" and "How often" (e.g. 2% of adults get genetic counseling, 100 mothers this year experienced premature babies)
Describes motivating factors	
Is based on individuals' personal experiences	Describes the number of people performing health behaviors (e.g. number of people that meet the weekly recommended amount of physical activity)
Allows for unearthing new concepts/ideas	
Enables an insider's view of influencers of behaviors and norms	Is based on facts and definite or known quantities
	Provides evidence
Sample Data Collection Methods	Quantifies degree of actions and norms
Focus Groups	**Sample Data Collection Methods**
In-person interviews	Pre-post event questionnaires
Telephone or Skype-based interviews	Data extraction from existing data sets
Photovoice	Counting
Concept Mapping	Telephone or online surveys

References: National Cancer Institute, USDHHS. The Pink Book, Making Health Communication Programs Work, 2002, and Schiavo, R. Health Communication: From Theory to Practice, 2007

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Quantitative Versus Qualitative Evaluation

Quantitative research is used to gather objective information by asking a large number of people a set of identical questions. Results are expressed in numerical terms (e.g. 35 percent are aware of X and 65 percent are not). If the responses are a representative random sample, quantitative data can be used to draw conclusions about an intended audience as a while. Quantitative research is useful for measuring the extent to which knowledge set, attitude or behavior is prevalent in an intended audience.

Qualitative research is used to gather reactions and impressions from small numbers of intended audience members, usually by engaging them in discussion. Results are subjective and are not described numerically or used to make generalizations about the intended audience. Qualitative research is useful for understanding why people react the way they do and for understanding additional ideas, issues, and concerns.

Quantitative research methods are usually used for outcome evaluation because they provide the numerical data necessary to assess progress toward objectives. When evaluating outcomes, qualitative research methods are used to help interpret quantitative data and shed light on why particular outcomes were (or were not) achieved.

Source: National Cancer Institute, USDHHS. The Pink Book, Making Health Communication Programs Work, 2002

Links to Additional Resources:

- Office of Minority Health Resource Center Evaluation Planning Guidelines http://minorityhealth.hhs.gov/templates/content.aspx?ID=7828&lvl=2&lvlI
- CDC Fundamentals of Evaluating Partnership Guide http://www.cdc.gov/dhdsp/programs/nhdsp_program/evaluation_guides/evaluating_partnerships.htm
- CDC Evaluation Framework http://www.cdc.gov/eval/evalguide.pdf
- CDC Social Media Tools, Guidelines, and Best Practices http://www.cdc.gov/SocialMedia/Tools/guidelines/index.html
- Knowledge Network http://www.knowledgenetworks.com/

Assessing Progress Toward Goals and Objectives – Sample Progress Indicators For Evaluation of Intermediate Steps/Programs

As part of monitoring and evaluation, it's always important to monitor a few predefined progress indicators that may allow to assess progress toward your partnership plan's goal or objectives or the efficiency of the process and activities you have been implementing (e.g., in other words, did activities and events happened as originally planned?). Monitoring progress indicators and conducting intermediate assessments increase your ability to adjust programs in progress and/or make a more definitive link between outcomes and your activities and strategies. In other words, including evaluation questions that address progress indicators will help you and your partners evaluate where your taskforce/network/alliance stands on the path to success.

Below are sample progress indicators that may or may not apply to the specific activities you have decided to implement in year 1. Please review them and consider them as an initial framework for selecting and developing the progress indicators on which you and your group will decide to focus in conducting assessments within the communities you serve; and/or before, during, and after events; and/or as part of the monitoring and assessment of online tools, or topic-specific intermediate assessments with members of the taskforce/network, etc.

Progress Indicators (Taskforce objectives and activities) – Examples or specific measures of effectiveness should be reported in describing progress towards these indicators

- Taskforce objectives still reflect the local area's needs and partner concerns regarding infant mortality and preconception health
- Taskforce membership has successfully engaged a broad base of partners from a range of organizations in both the public and private sector.
- Taskforce host several events, which create awareness or increase support for the taskforce's efforts
- Taskforce has effectively managed to engage specific audiences that so far were not involved/were limited involved with infant mortality prevention efforts (e.g. local business, men from affected communities, healthcare providers, professional associations, etc.)
- Taskforce has effectively incorporated local PPEs in most activities

Progress indicators (community and professional audiences)
- Behavioral intentions re: preconception health behaviors and infant mortality prevention of community members and others who participate in your events and activities
- What participants remember from events (message retention after event, or at specific time intervals after the event)

- Increased number of requests for relevant materials distributed/developed by the task force
- Number of outreach events in the community (including not only task-force/network – organized events but also events organized by other organizations as the results of awareness efforts by the task force)
- Number of outreach events on campus
- Number of activities held to generate economic support for the initiative
- Number of activities held to develop social support for the initiative
- Number of events involving healthcare providers
- Number of events involving the local business sector
- Lessons learned from key events re: format, venue, number of participants, level of community engagement, feedback received from participants, etc.
- Perceived level of community empowerment and engagement by community members and/or other key audiences
- Increased number of unsolicited request for involvement with the task force/network
- Many, many others to be defined by each task force vis—a-vis goals and objectives as well as specific activities being implemented

Ensuring Use of Evaluation Findings

Communicate About the Evaluation Results:

Communicate with Partners: Once evaluation results from the different tools and kinds of assessments are completed, please report on them to all different partners in your taskforce/network and to the OMHRC. The partnership should decide how the feedback will be reported and addressed ie circulate a summary email, discuss reoccurring themes in the feedback during a follow up meeting and decide what changes to make, group discussions with all partners or discussions with only the core team. Addressing each recurring theme in the partnership feedback and overall monitoring and evaluation results by deciding on action steps that will ensure good use of your evaluation findings for program refinement as well as to continue to meet partners' expectations.

Use the **Progress Report Form** in this kit to notify the OMHRC on an annual basis of the task force's status and progress.

Publicize findings: Use existing opportunities to showcase your results and use them to further engage key communities and stakeholders/professional audiences. Present at local and national meetings and community events, ask taskforce members to write op-eds for local publications/newspapers on their experience with the task force or others, write pieces for organizational newsletters and other publications, develop a speaker bureau that is available to the media fro questions on infant mortality prevention questions, etc, etc. No matter what you do… use your findings strategically to gather additional support, funds, and/or engage additional communities and audiences.

Benefits to Evaluating Your Partnership:

- Build capacity within the partnership and community.
- Determine progress toward achieving key outcomes (behavioral, social and organizational) as established by the task force (see goal and objectives in your partnership plan)
- Improve partnership-based interventions for infant mortality prevention.
- Provide accountability to community, funding agencies, and stakeholders.
- Increase community awareness and support of your efforts by showcasing results and lessons learned
- Refine program in progress and set new objectives and goals as previous objectives are hopefully met
- Identify areas and audiences for future interventions
- Make sure you are making a difference!

Progress Report For Annual Reporting to the OMHRC

Directions: Please complete this progress report at least annually (or every 6-9 months-PREFERRED) and submit it to the OMHRC at: dormaza@minorityhealth.hhs.gov. This report should be informed by discussion with all task force/network members and data collected by outcome evaluation within relevant communities and key stakeholder groups.

What activities have you been involved with recently?

_____

_____

How do the above activities relate to the objectives of the infant mortality taskforce/network?

_____

_____

What additional activities have you been working on that could possibly relate to the objectives of the infant mortality taskforce/network?

_____

_____

List the 2 most important accomplishments of the infant mortality taskforce this year:

_____

_____

List any challenges experienced:

_____

_____

Next steps/other activities planned for the next 6 months:

_____

_____

Did you collect any community-based or stakeholder-driven evaluation data or made any progress on planning on outcome evaluation? If yes, please list here key findings and attach any relevant information.

_____

_____

Any other comments/topics/suggestions?

_____

_____