

AEA/CDC Summer Evaluation Institute

Offering 23: Evaluating Community Coalitions and Partnerships: Methods, Approaches, and Challenges

Description: A coalition must evaluate its infrastructure, function and processes; programs aimed to achieve the partnership's goals; and changes in health/social status or the community. This session will complement the coalition plenary session and describe how to 1) develop a comprehensive evaluation strategy based on coalition theory; 2) select appropriate short, intermediate and long-term indicators to measure outcomes; 3) choose appropriate methods and tools; and 4) use evaluation results to provide accountability to stakeholders, and improve coalition function and program implementation

Audience: Attendees working in community contexts with a general understanding of the distinction between quantitative and qualitative data collection methods and knowledge of evaluation terminology.

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Offered (Two Rotations of the Same Content - Do not register for both):

- Monday, June 23, 2:30 – 4:00 PM
- Tuesday, June 24, 2:30 – 4:00 PM

Evaluation Tools

EVALUATION PLANNING WORKSHEET

1. What are the overall project goals and objectives for this coalition?
2. What are the measurable objectives you plan to evaluate? (If you do not have measurable objectives, describe the kinds of objectives identified for the program.)
3. What staff or other resources (internal or outside) are available for the evaluation? Indicate who can help, how much time they have, and whether they have experience.
4. What type(s) of evaluation do you want to conduct (e.g., process and/or outcome)?
5. What existing documentation is available as input to the evaluation (e.g., contact information on participants, number/types of activities completed) and how will it be used?
6. What evaluation methods will be used (e.g., surveys, key informant interviews, focus groups)?
7. Describe the evaluation plan including major tasks (e.g., develop survey, plan focus groups); for each task, indicate who will be responsible and a projected timeline.

TASK

RESPONSIBILITY

DEADLINE

Mosaica. (2005). Evaluation Planning Worksheet. Accessed January 10, 2005 at <http://mosaica.coure-tech.com/resources/evwrksht.doc>

Coalition Initial Needs Assessment

1. If your Coalition has a written mission statement, please write it below:

2. If your Coalition has written goals or objectives, please write them below. If they are in an action plan or formal document, please include a copy with this survey.

3. In general, what are the main functions of your Coalition? (Check as many as apply)
 - Information and Resource Sharing
 - Planning and Coordination
 - Technical Assistance and Training
 - Advocacy and Community Change

4. How many organizations are represented on your Coalition?

5. Please list your Coalition's most active and committed member organizations (or attach a member roster).

6. How often does your Coalition meet?

7. If your Coalition has working committees, please list them below.

8. If your Coalition has elected leadership, please list the offices held.

9. Thinking about your Coalition, what are its most significant successes, i.e., what accomplishments would your Coalition members be most proud of?
 - a.
 - b.
 - c.

10. Again, thinking about your Coalition, what are its most significant challenges, e.g., barriers such as lack of resources, commitment, time, organization?
 - a.
 - b.
 - c.

11. If your Coalition could develop further and implement significant change, what could you imagine being achieved?

Within the next few months . . .

Within the next year . . .

Within the next five years . . .

12. Please feel free to add any other information that would help us to learn more about your Coalition.

]

COALITION MEMBER SURVEY

1. If you have been a member of a work group, please check the correct group:

- Prevention
- Surveillance
- Early Detection
- Treatment

2. If you have held a leadership position, please check the correct role:

- Coalition Chair
- Coalition Vice Chair
- Work Group Team Chair
- Work Group Vice Chair

3. How long have you been a member of this Coalition?

- Less than 1 year Less than 2 years 3 or more years

4. Outside of quarterly meetings, how much time do you generally contribute to the Coalition per month?

- Less than 1 hour 1 - 2 hours More than 2 hours

For the rest of the survey, circle the number that reflects your opinion of that aspect of your Coalition. Provide additional comments if you wish.

For items 5-12, please give your opinion concerning your satisfaction with the Coalition's . . . **PLANNING AND IMPLEMENTATION**

	Very Dissatisfied				Very Satisfied
	1	2	3	4	5
5. Coalition's mission statement	1	2	3	4	5
6. Goals of Coalition	1	2	3	4	5
7. Activities of Coalition Work Groups	1	2	3	4	5
8. Planning process used to prepare Work Group plans	1	2	3	4	5
9. 2008-2012 Coalition Action Plan	1	2	3	4	5
10. Efforts to promote collaborative action	1	2	3	4	5
11. Process used to assess state's needs and assets related to cancer	1	2	3	4	5
12. Training and technical assistance provided by Coalition	1	2	3	4	5

Comments: _____

For items 13-20, please give your opinion concerning your satisfaction with Coalition . . . **LEADERSHIP**

	Very Dissatisfied				Very Satisfied
	1	2	3	4	5
13. Competence of lead agency (VDH)	1	2	3	4	5
14. Competence of Coalition leadership	1	2	3	4	5
15. Trustworthiness of Coalition leadership	1	2	3	4	5
16. Sensitivity to a diverse membership	1	2	3	4	5
17. Opportunities for Coalition members to take leadership roles	1	2	3	4	5
18. Opportunities for leadership training	1	2	3	4	5
19. Willingness of members to take leadership roles	1	2	3	4	5
20. Balance of power between staff, leaders, and members	1	2	3	4	5

Comments: _____

For items 21 -28 please give your opinion concerning your satisfaction with . . . **STATEWIDE INVOLVEMENT**

	Very Dissatisfied				Very Satisfied
	1	2	3	4	5
21. Participation of influential people from key sectors and organizations	1	2	3	4	5
22. Diversity of Coalition membership (geography, ethnicity, race, gender, etc.)	1	2	3	4	5
23. Opportunities to affiliate with other Coalition member organizations	1	2	3	4	5
24. Help given to local communities to become better able to address and resolve their concerns	1	2	3	4	5
25. Location of meetings and workshop sites	1	2	3	4	5
26. Number of meetings	1	2	3	4	5
27. Content of meetings	1	2	3	4	5
28. What meetings accomplish	1	2	3	4	5

Comments: _____

For items 29-34, please give your opinion concerning your satisfaction with Coalition's . . . **COMMUNICATION**

	Very Dissatisfied				Very Satisfied
	1	2	3	4	5
29. Use of media to promote awareness of Coalition goals & accomplishments	1	2	3	4	5
30. Communication between Coalition members and lead agency	1	2	3	4	5
31. Communication among members of Coalition	1	2	3	4	5
32. Communication between Coalition and the broader community	1	2	3	4	5
33. Communication between Coalition and policy and decision-makers	1	2	3	4	5
34. Information provided on issues and available resources	1	2	3	4	5

Comments: _____

For items 35-39, please give your opinion concerning influence in . . . **DECISION-MAKING FOR COALITION**

	No Influence	Some Influence	A Lot of Influence	NA
35. Coalition Chair	1	2	3	4
36. Coalition Officers or Committee Chairs	1	2	3	4
37. Lead Staff	1	2	3	4
38. Coalition Members	1	2	3	4
39. You personally	1	2	3	4

40. How are decisions **usually** made regarding Coalition priorities, policies and actions? Choose the **main way** you think decisions are usually made.

- ___ a. Coalition members vote, with majority rule
- ___ b. Coalition members discuss the issue and come to consensus
- ___ c. The Coalition chair makes final decisions
- ___ d. The Coalition executive or steering committee makes final decisions
- ___ e. The lead agency for the project makes the decisions
- ___ f. Don't know

41. Please circle a number that shows your overall comfort level with the Coalition's **decision-making process**.

Not at All					Very	
Comfortable					Comfortable	
1	2	3	4	5		

For items 42-47, please give your opinion concerning your ... **ROLE AND SATISFACTION**

		Strongly Disagree				Strongly Agree
42. My abilities are used effectively	1	2	3	4	5	
43. I am usually clear about my role in the Coalition	1	2	3	4	5	
44. My time is well spent on the Coalition	1	2	3	4	5	
45. I am satisfied with what the Coalition has accomplished	1	2	3	4	5	
46. I feel that I have a voice in what the Coalition decides	1	2	3	4	5	
47. I really care about the future of the Coalition	1	2	3	4	5	

Comments: _____

For items 48-54, please give your opinion concerning the Coalition's ... **CLIMATE**

		Strongly Disagree				Strongly Agree
48. New members are welcomed	1	2	3	4	5	
49. Members do not fight for status in the coalition	1	2	3	4	5	
50. Members stay on task	1	2	3	4	5	
51. Interest is generally high	1	2	3	4	5	
52. Coalition meetings run smoothly	1	2	3	4	5	
53. Members seem well informed	1	2	3	4	5	
54. Routine matters are handled quickly	1	2	3	4	5	

Comments: _____

For items 55-61, please give your opinion concerning your satisfaction with the Coalition's . . . **PROGRESS AND OUTCOMES**

	Very Dissatisfied				Very Satisfied
	1	2	3	4	5
55. Coalition's accomplishments	1	2	3	4	5
56. Coalition's efforts to sustain itself over time	1	2	3	4	5
57. Success in generating resources for the Coalition	1	2	3	4	5
58. Fairness with which funds and opportunities are distributed	1	2	3	4	5
59. Member organizations support the Coalition	1	2	3	4	5
60. Coalition's advocacy efforts	1	2	3	4	5
61. Coalition's contribution to improving cancer services	1	2	3	4	5

Comments: _____

For items 57-58, please give your opinion concerning how certain you are about the Coalition's . . . **IMPACT**

	Not at all certain				Very certain
	1	2	3	4	5
62. The Coalition will improve state cancer statistics	1	2	3	4	5
63. Our state is better off today because of the Coalition	1	2	3	4	5

OVERALL COMMENTS AND SUGGESTIONS FOR IMPROVEMENT:

Thank you for your valuable feedback.

Coalition Key Informant Interview

1. Briefly describe your role with the coalition at the present time?
2. What do you like best about the coalition as an organization?
3. How could the coalition improve as an organization?
4. How effective is the coalition in meeting its mission?
5. Value:
 - a. What value do you bring to the coalition?
 - b. What value does your organization bring to the coalition?
 - c. What value do you take away from being involved in the coalition?
 - d. What value does your organization take away from being involved in the coalition?
6. Describe the role of the lead agency?
7. Resources
 - a. Does the coalition have the resources it needs to do its work (Relevant organizations as members? *Skills of leaders & members? Finances? Donated or In-kind resources*)?
 - b. Where do the coalition's resources come from? (*Member organizations? Outside organizations?*)
8. Describe any conflict that you may have experienced or observed in the coalition? Was it resolved? How?
9. Have any events or changes in the social, political or economic environments occurred recently that have significantly influenced the coalition's structure, function or health-related outcomes?
10. What, if any, major changes in awareness, prevention or treatment have occurred because of the coalition?
11. If the coalition were to disband, would the member organizations be more likely to work together based on the work that the coalition has done?
12. How do you think the work of the coalition in promoting awareness, prevention and treatment is different from stand-alone programs?
13. Identify any agencies or organizations that you work with NOW that you did not work with prior to becoming a coalition member?
14. Describe any experiences or lessons learned that might help us better understand the coalition and its work?

Coalition Effectiveness Inventory (CEI) Self-Assessment Tool

Name of Coalition: _____ Name of Rater: _____
 Date of Assessment: _____ Score: _____

ASSESSMENT SCHEME: Check one choice for each characteristic	
0	Characteristic is absent
1	Characteristic is present but limited
2	Characteristic is present
N/A	Characteristic not applicable at this stage of coalition

COALITION CHARACTERISTICS	Assessment				
	0	1	2	N/A	Score 0-2
I. COALITION PARTICIPANTS					
Lead Agency					
1. Decision-makers are committed to and supportive of coalition					
2. Commits personnel and financial resources to coalition					
3. Knowledgeable about coalitions					
4. Experienced in collaboration					
5. Replaces agency representative if vacancy occurs					
Staff					
1. Knowledgeable about coalition-building process					
2. Skillful in writing proposals and obtaining funding/resources					
3. Trains members as appropriate					
4. Competent in needs assessment and research					
5. Encourages collaboration and negotiation					
6. Communicates effectively with members					

Butterfoss, F. D., Center for Pediatric Research; Center for Health Promotion, South Carolina DHEC, 1994. Revised 1998.

COALITION CHARACTERISTICS	Assessment				
	0	1	2	N/A	Score 0-2
Leaders: (Chairs and Vice-Chairs of Steering and Standing Committees)					
1. Committed to coalition's mission					
2. Provide leadership and guidance in maintaining coalition					
3. Have appropriate time to devote to coalition					
4. Plan effectively and efficiently					
5. Knowledgeable about content area					
6. Flexible in accepting different viewpoints					
7. Demonstrate sense of humor					
8. Promote equity and collaboration among members					
9. Adept in organizational and communication skills					
10. Work within influential political and community networks					
11. Competent in negotiating, solving problems and resolving conflicts					
12. Attentive to individual member concerns					
13. Effective in managing meetings					
14. Adept in garnering resources					
15. Value members' input					
16. Recognize members for their contributions					
Members					
1. Share coalition's mission					
2. Offer variety of resources and skills					
3. Clearly understand their roles					
4. Actively plan, implement and evaluate activities					
5. Assume lead responsibility for tasks					
6. Share workload					
7. Regularly participate in meetings and activities					

COALITION CHARACTERISTICS	Assessment				
	0	1	2	N/A	Score 0-2
Members (Continued)					
8. Communicate well with each other					
9. Feel a sense of accomplishment					
10. Seek out training opportunities					
II. COALITION STRUCTURES					
1. Bylaws/rules of operation					
2. Mission statement in writing					
3. Goals and objectives in writing					
4. Provides for regular, structured meetings					
5. Establishes effective communication mechanisms					
6. Organizational chart					
7. Written job descriptions					
8. Core planning group (e.g. steering committee)					
9. Subcommittees					
III. COALITION PROCESSES					
1. Has mechanism to make decisions, e.g. voting					
2. Has mechanism to solve problems and resolve conflicts					
3. Allocates resources fairly					
4. Employs process and impact evaluation methods					
5. Conducts annual action planning session					
6. Assures that members complete assignments in timely manner					
7. Orients new members					
8. Regularly trains new and old members					

Butterfoss, F. D., Center for Pediatric Research; Center for Health Promotion, South Carolina DHEC, 1994. Revised 1998.

IV. STAGES OF COALITION DEVELOPMENT	Assessment				
	0	1	2	N/A	Score 0-2
Formation					
1. Permanent staff designated	0				
2. Broad-based membership includes community leaders, professionals, grassroots members representing priority populations					
3. Designated office and meeting space					
4. Coalition structures in place					
Implementation					
1. Coalition processes in place					
2. Needs assessment conducted					
3. Strategic plan for implementation developed					
4. Strategies implemented as planned					
Maintenance					
1. Strategies revised as necessary					
2. Financial and material resources secured					
3. Coalition broadly recognized as authority on issues it addresses					
4. Number of members maintained or increased					
5. Membership benefits outweigh costs					
6. Coalition accessible to community					
7. Accomplishments shared with members and community					
Institutionalization					
1. Coalition included in other collaborative efforts					
2. Sphere of influence includes state/private agencies & governing bodies					
3. Coalition accesses power within legislative/executive branches of gov.					
4. Activities incorporated within other agencies or institutions					
5. Long term funding obtained					
6. Mission is refined to encompass other issues and populations					

CAPACITY BUILDING INVENTORY

Review each of the items below and determine the extent to which each of the following competency statements is true of your partnership, then write the number that corresponds to your view of that competency.

5 = competency fully developed
4 = competency is a strength but could use some work
3 = competency present but in serious need of work
2 = competency is barely visible, needs significant work
1 = competency is not present

1. RESOURCES

- Sufficient money to achieve its current goals.
- Sufficient staff to achieve its current goals
- Adequate plan to obtain funding to achieve its future goals.
- Adequate plan to obtain staffing to achieve its future goals.
- Capacity to do what is necessary to seek and obtain funding.
- Open to new ideas on how to obtain additional resources.
- Makes efficient use of current resources.

2. INFLUENCE

- Understanding of the community it is trying to influence.
- Understanding of type of marketing it will do in the community.
- Understanding of the value of good public relations.
- Established good personal relationships in community where it intends to operate.
- Has plan in effect to deal with potential obstacles to implementation.

3. OPERATIONAL CAPABILITY

- Explaining action plan to members.
- Coordinating activities around action plan.
- Making appropriate decisions in the agreed upon method.
- Resolving conflict in an effective and efficient manner.
- Evaluating and revising the plan and activities of the coalition as needed.

4. TRAINING CAPABILITY

- Reviews and assesses the strengths and weaknesses of its members.
- Provides training to leaders of committees and work groups.
- Uses training as method to keep coalition members interested and active.
- Provides training for all new members on purpose and scope of coalition.
- Provides time and opportunity for members to [provide feedback on their involvement with the coalition.

MEETING EFFECTIVENESS INVENTORY (MEI)

Please answer the following questions about this meeting. Feel free to add comments.

TYPE OF MEETING: (circle one) Consortium Work Group

NAME OF WORK GROUP: _____

DATE OF MEETING: _____

1. CLARITY OF GOALS FOR MEETING:

Poor (e.g., unclear, diffuse, conflicting) unacceptable)	Fair	Satisfactory	Good	Excellent (e.g., clear, shared by all, endorsed with enthusiasm)
-------------------------------------------------------------------	------	--------------	------	---------------------------------------------------------------------------

1	2	3	4	5
---	---	---	---	---

Comment: _____

2. GENERAL LEVEL OF PARTICIPATION IN THE MEETING:

Poor (e.g., people seemed bored or distracted, lack of verbal participation)	Fair	Satisfactory	Good	Excellent (e.g., all paid attention, all participated in the discussion)
------------------------------------------------------------------------------------------	------	--------------	------	--------------------------------------------------------------------------------------

1	2	3	4	5
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Comment: _____

3. WHO CHAIRED THE MEETING?

- Chairperson
- Vice chairperson
- Staff
- Committee member

4. LEADERSHIP DURING THE MEETING:

Poor (e.g., group need for leadership not met)	Fair	Satisfactory	Good	Excellent (e.g., clear, sense of direction was provided)
------------------------------------------------------	------	--------------	------	-------------------------------------------------------------------

1	2	3	4	5
---	---	---	---	---

Comment: _____

All Chair	75/25 Chair/Staff	50/50 Chair/Staff	25/75 Chair/Staff	All Staff
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Comment: _____

6. QUALITY OF DECISION-MAKING:

Poor (e.g., decisions part dominated by few)	Fair	Satisfactory	Good	Excellent (e.g., everyone took in decision-making)
----------------------------------------------------	------	--------------	------	----------------------------------------------------------

1	2	3	4	5
---	---	---	---	---

Comment: _____

7. COHESIVENESS AMONG MEETING PARTICIPANTS:

Poor (e.g., antagonistic toward each other)	Fair	Satisfactory	Good	Excellent (e.g., members trusted and worked well with others)
---------------------------------------------------	------	--------------	------	------------------------------------------------------------------------

1	2	3	4	5
---	---	---	---	---

Comment: _____

8. PROBLEM SOLVING/CONFLICT:

**Problems/conflict
not resolved
1**

**No conflict
2**

**Problem/conflicts
resolved
3**

9. PLEASE CHECK WHY CONFLICTS/PROBLEMS WERE NOT RESOLVED:

- Conflict avoided, not discussed
- Members argued with one another
- Other (specify): _____
- No conflict - N/A

10. ORGANIZATION OF MEETING:

Poor (e.g., chaotic, organized Poorly organized)	Fair	Satisfactory	Good	Excellent (e.g., well went smoothly)
-----------------------------------------------------------	------	--------------	------	--------------------------------------------

1	2	3	4	5
---	---	---	---	---

Comment: _____

11. PRODUCTIVITY OF THE MEETING:

Poor (not much accomplished, wasted time)	Fair	Satisfactory	Good	Excellent (much accomplished good use of time)
----------------------------------------------------	------	--------------	------	------------------------------------------------------

1	2	3	4	5
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Comment: _____

Goodman, Wandersman, Butterfoss, 1993; Revised 1998)

Butterfoss, FD. 2008

BARRIERS TO SUCCESS IN YOUR COALITION

1. LACK OF DIRECTION OR FOCUS
2. TURF BATTLES AND COMPETITION
3. HISTORY
4. FAILURE TO PLAN AND/OR ACT
5. DOMINANCE BY PROFESSIONALS
6. POOR LINKS TO THE COMMUNITY
7. MINIMAL ORGANIZATIONAL CAPACITY
8. FUNDING - TOO MUCH OR TOO LITTLE
9. FAILURE TO DEVELOP, MAINTAIN OR ROTATE LEADERSHIP
10. UNEQUAL SHARING OF RESPONSIBILITY AND DECISION-MAKING
11. TIME AND LOYALTY CONFLICTS
12. LACK OF ON-GOING STAFF AND MEMBER TRAINING
13. BURNOUT OR UNREALISTIC DEMANDS ON MEMBERS AND STAFF

Butterfoss, 1998; Adapted from Kaye & Wolfe, 1995.

Butterfoss, FD. 2008

ACTIVITY (30 MINUTES)

Breaking Barriers to Coalition Success

Using “Barriers to Success in Your Coalition”, in groups of 6-8, each participant will select one barrier that he/she has experienced in his/her immunization coalition or other coalition or a barrier that has prevented him/her from developing a coalition. For each barrier, identify one strategy that could be used to break the barrier and write it down. Then, in groups, members will share their “barriers” and come to consensus on the top two barriers. For each of these, a list of strategies will be generated. Finally, the barriers and strategies will be shared with the total group.

	BARRIER	STRATEGY
1.	_____	_____
	_____	_____
	_____	_____
2.	_____	_____
	_____	_____
	_____	_____
3.	_____	_____
	_____	_____
	_____	_____

Adapted from Kaye & Wolfe, 1995.

INCLUSIVITY CHECKLIST

Use this tool to measure how prepared your coalition is for multicultural work and to identify areas for improvement. Place a check in the box next to each statement that applies to your coalition. If you cannot put a check in the box, this may indicate an area for change.

- The leadership of our coalition is multiracial and multicultural.
- We work hard to recruit members who represent the diversity of our community.
- We make special efforts to cultivate new leaders, particularly people of color.
- Our mission, operations and products reflect the contributions of diverse cultural and social groups.
- Members of diverse cultural and social groups are full participants in all aspects of our coalition's work.
- Meetings are not dominated by speakers from any one group.
- All segments of our community are represented in decision-making.
- We are sensitive and aware of different religious and cultural holidays, customs, and food preferences.
- We communicate clearly and people of different cultures feel comfortable sharing their opinions and participating in meetings.
- We prohibit using ethnic, racial and sexual stereotypes and prejudicial comments, slurs or jokes.

* Adapted from Rosenthal, B. (1995). Multicultural issues in coalitions. p. 69. In G. Kaye and T. Wolff (Eds). *From the Ground Up: A Workbook on Coalition Building and Community Development*. Amherst, MA: AHEC/Community Partners.

STATE PLAN INDEX

STEP 1: Review the plan and determine whether each of the 60 items is adequately presented. Measure the plan against the ideal stated in each item. Do not fill in missing details in your mind. The plan should stand on its own as written. If an item is not addressed in the plan, check box labeled “N/A” for that item. Otherwise, check scores 1 to 5 for each item by using guide below.

N/A = Not Addressed	Item was not mentioned or included in the plan.
1 = Low Quality	The plan mentions the item, but no detail is given. The plan is very far from ideal.
2	Very limited detail is provided, or is generally weak in quality of information presented.
3 = Partial or variable	The plan addresses the item to some extent. An item scored “3” may also reflect a plan that sometimes reaches an ideal while sometimes also falling far short of ideal on the item. This is a middle-of-the-road score for an item.
4	The plan does a good, solid job in addressing the item. Some key pieces may be occasionally missing, but the item is judged generally adequate.
5 = High quality	For this item, the plan is consistently strong and often close to ideal.

STEP 2: Assign an overall score for each component as a whole based on your judgment and assessment. The score does not need to be an average of the scores in the category; however, if your overall score is very different from an average of the items, please be sure to comment on the “Comments Page.”

STEP 3: Assign an overall assessment of the whole plan by checking the Overall Score for Entire Plan in the space provided at the end of the State Plan Index.

Component A. Involvement of Stakeholders	Not Addressed	1= Low	3=Variable/partial	5= High		
1. Stakeholders in the planning process represent a balance among academic, government, public health, non-profit, business, and advocacy organizations that represent people affected by obesity.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. Department of Health representatives in the planning process included experts in nutrition and physical activity as well as stakeholders with expertise in other chronic diseases.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. Leaders from state and community organizations were included in the planning process.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. Key stakeholders actively participated throughout the planning process.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. Organizations likely to be involved in providing resources and/or implementing the plan were involved in the planning process.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Written endorsement of plan from governor, secretary of health, or other high-ranking state official is included.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Component B. Presentation of Data on Disease Burden and Existing Efforts to Prevent and Control Obesity	Not Addressed	1= Low	2	3=Variable/partial	4	5= High
7. Data are presented on disease burden of obesity and chronic diseases related to poor nutrition and physical inactivity.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
8. Epidemiologic data are from reliable source(s) (e.g., BRFSS, NHANES).	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9. State-level data are provided, including results of state-specific epidemiologic or evaluation studies.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
10. Disease burden on sub-populations in the state are identified with special emphasis on diversity related to age, gender, ethnicity, sexual orientation, and income.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11. Potential facilitating factors and barriers (behavioral, social, environmental, and economic factors) that contribute to healthy diet and physical activity are described.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
12. A conclusion is stated based on data presented to indicate population(s) at highest risk.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
13. Previous interventions conducted in state to address disease burden associated with poor diet and physical inactivity are described.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Component C: Goals						
14. Plan relates to statewide effort, not just to selected cities, counties, or regions of state.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
15. Goals reflect needs and efforts of broad sector of organizations, not just state health department.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
16. Goals cover 8-10 year time frame.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
17. Goals focus on changing health status indicators within a state (e.g., decreasing rate of increase in overweight and obesity).	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
18. Circumstances in state expected to have a major influence are described (such as windfall from tobacco settlement, major reorganization of health department, budget crisis).	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
19. Plan is not an inventory of existing programs. Plan makes clear that something <i>new</i> is gained that is likely to lead to change.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Component D: Objectives						
20. Objectives are clearly organized.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
21. Objectives are logically related to goals.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
22. Objectives are related to State's public health goals (such as Healthy People 2010 nutrition and physical activity objectives).	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
23. Short-term objectives (changes in process) are included.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

24. Intermediate objectives (changes in behavior, environment, or policy) are included.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
25. Long-term objectives (changes in health status) are included.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Component D: Objectives, Continued		Not Addressed	1= Low	3=Variable/partial	5= High	
26. Objectives include multiple ecological levels: individual, family, institutions, and community.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
27. Objectives are S.M.A.R.T. (Specific, Measurable, Attainable, Results-oriented, and Time-phased).	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
28. Objectives are sufficient in intensity to impact health status indicators.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
29. Responsibility (a person, position, or organization) is identified for each objective.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Component E: Selecting Population(s) and Strategies for Interventions						
30. Criteria used to designate population sub-groups selected for intervention are described.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
31. Process of selecting groups for intervention included consideration of social marketing data, social habits, beliefs, and other social data relevant to population sub-groups.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
32. Assessment of resources and gaps in existing programs relevant to priority population was included in the planning process.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
33. Highest risk group(s) (identified in the description of epidemiologic data) are designated as high priority for intervention. If not, justification is presented. .	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
34. Criteria used to select interventions are described.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
35. Selection of intervention strategies is based on scientific evidence of effectiveness (e.g., strategies recommended in the Guide to Community Preventive Services; or promising new strategies) and strategies recommended by CDC (decreasing television time; increasing consumption of vegetables and fruit; balancing caloric intake and expenditure; increasing physical activity; and promoting breast feeding).	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
36. Strategies fit with characteristics (age, gender, and culture, etc.) of population selected for intervention.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Component F: Integration of Strategies with Other Programs and Implementation of Plan						
37. Plan describes how strategies will be integrated with existing programs that focus on chronic diseases, prevention, education, and service delivery.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
38. Plan describes how existing or potential partners (government, community-based,	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

faith-based, business/industry, and private organizations) will be involved to implement plan.	
39. Ways that partners will be supported in the future (e.g., training, technical assistance, funding) are described.	N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
40. Sustainability of interventions is addressed in the plan.	N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
41. Process for updating or revising the plan during implementation is described.	N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Component G: Resources for Implementation of Plan	Not Addressed 1= Low 3= Variable/partial 5= High
42. Resources needed to implement plan are described.	N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
43. Strategies that will be used to obtain needed resources are described.	N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
44. Sustainability of resources over time is addressed in the plan.	N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
45. Plan identifies who will assume fiscal responsibility (lead agency).	N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
46. Plan describes how funds will be allocated to/from partners to support plan implementation.	N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Component H: Evaluation	
47. Potential effects on priority population(s) and communities if goals and objectives are met are described in the plan.	N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
48. Short-term indicators (process) to be measured are outlined in the plan.	N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
49. Intermediate-term indicators (behavior, environment, or policy changes) to be measured are outlined in the plan.	N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
50. Long-term indicators (BMI, BMI for age, and other health status outcomes) to be measured are outlined in the plan.	N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
51. Stakeholder involvement in ongoing evaluation activities is described.	N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
52. Methods that will be used to collect and analyze evaluation data are described.	N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
53. Needed changes in data collection and surveillance systems to support measurement of intermediate and long-term indicators are discussed.	N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
54. Plan describes regular reporting of evaluation data to stakeholders.	N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Component I: Accessibility of Plan	

55. Plan is written in clear and understandable language.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
56. Plan is logically organized into sections to make information easy to find.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
57. Plan includes description of intended audience.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
58. Plan is appropriate in content and scope for intended audience.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
59. Plan includes “executive summary” or other brief summary.	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
60. Plan describes how it will be widely distributed (e.g., posted on a Web site).	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Butterfoss FD, Dunet DO. State Plan Index: a tool for assessing the quality of state public health plans. *Preventing Chronic Diseases [serial online] 2005 Apr [date cited]. Available from: URL: http://www.cdc.gov/pcd/issues/2005/apr/04_0089.htm.*

<p style="text-align: center;">State Plan Index Summary Page</p> <p>Directions: Please assign an overall score for each component and note any comments in the space provided. Please attach additional sheets if necessary for comments.</p>	Score by Component					
	Not Addressed	1= Low	3= Variable/partial	5= High		
A: Involvement of Key Stakeholders	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
B: Presentation of Data on Disease Burden and Existing Efforts in Obesity	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
C: Goals	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D: Objectives	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
E: Selecting Population(s) and Strategies for Interventions	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
F: Integration of Strategies with Other Programs and Implementation of Plan	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
G: Resource Development	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
H: Evaluation	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I: Accessibility of Plan	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
WHAT IS YOUR OVERALL ASSESSMENT OF THE ENTIRE PLAN?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

PLAN QUALITY ASSESSMENT TOOL

PLAN QUALITY INDEX (PQI)

Coalition: _____ Rater: _____ Date: _____ Score: _____

Check all elements of a comprehensive plan that are present in this plan	
<input type="checkbox"/> Needs Assessment Report	<input type="checkbox"/> Activities
<input type="checkbox"/> Goals	<input type="checkbox"/> Target population
<input type="checkbox"/> Objective(s)	<input type="checkbox"/> Timeline
<input type="checkbox"/> Budget	<input type="checkbox"/> Evaluation Plan

RATING SCHEME: Check one choice for each component (1-18)	
0	None of this plan component is adequate
1	Approximately less than 20% of this plan component is adequate
2	Approximately 20-40% of this plan component is adequate
3	Approximately 41-60% of this plan component is adequate
4	Approximately 61-80% of this plan component is adequate
5	Approximately 81-100% of this plan component is adequate

COMPONENTS OF ACTION PLAN GOAL(S), OBJECTIVES & ACTIVITIES	Rating (% adequate)						
	0	1-20	21-40	41-60	61-80	81-100	Score 0-5
1. Needs assessment is comprehensive.							
2. Goal(s) adequately reflect desired outcomes to problems/needs identified in needs assessment.							
3. At least one relevant objective is stated for each goal.							
4. Specific, feasible activities are provided for each objective.							
5. Objectives and activities are logically related to statewide prevention priorities as reflected in a statewide plan or planning process.							
6. Objectives and activities are measurable, so as to facilitate evaluation.							
8. A timeline is provided for each activity.							
9. The agency/group/individual who will coordinate each activity is identified.							
10. Sources of coordination/collaboration among community agencies and groups are identified.							
11. New preventive activities are coordinated with existing community programs/activities							
12. The combined activities form a comprehensive, multilevel community-wide intervention.							
13. A budget that outlines sources of funding and expenses for activities is provided.							
14. The plan is feasible given the human resources and budget.							
15. The evaluation plan is clear and comprehensive.							
OVERALL IMPRESSION OF PLAN							
16. Clarity							
17. Effectiveness							
18. Quality							

Page 2 Please feel free to add additional comments about plan or planning process on back Butterfoss, Goodman & Wandersman, 1995. Revised Butterfoss, 1996.

SAMPLE EVALUATION QUESTIONS AND METHODS

Key Evaluation Question(s)	Type of Management Information and Evaluation Measure(s)	Type of Data Collection*					Experimental Design**		
		Survey/Scale	Structured Interview	Self Report/Log	Direct Observation	Archival Records	Case Study	Pre-Posttest Control Group	Time Series
A. Planning and Implementation Issues	A. Descriptive and Process Measures								
1. Who participates?	1. Demographic data		X	X			X		
2. Why do participants drop out?	2. Participants' reasons for dropping out		X	X			X		
3. Are different activities generated?	3. Type & frequency of activities				X	X	X		
B. Assessing Attainment of Objectives	B. Outcome Measures								
1. How many participate?	Number of participants			X	X	X	X		X
2. How many hours are participants involved?	Number of hours by activity			X	X	X	X		X
3. How many people are trained?	Number of participants per workshop			X	X	X	X		X
C. Impact on Participants									
1. How do attitudes & behavior change by participating in program?	Changes in attitude & behavior	X	X	X	X	X		X	X
2. Does participation affect the incidence of problems?	Incidence of problems (e.g., substance abuse, gang involvement)	X	X			X		X	
3. Are participants satisfied with the experience?	Participants' satisfaction ratings	X					X		
D. Impact on Community									
1. What resulted from program?	Changes in programs, policies & practices of partner organizations	X	X	X	X	X			X
2. Do program benefits outweigh costs?	Cost-benefit data		X	X		X	X		
3. Are community members satisfied with participants and service they provide?	Beneficiaries & Community members/ satisfaction ratings	X					X		

From Francisco, V. T., Capwell, E. M., & Butterfoss, F. D., (2000). Getting off to a good start with your evaluation. *Health Promotion Practice*, 1(2), p. 130.

SAMPLE EVALUATION PLAN

MEASURE OF	INSTRUMENT	PRIMARY AUDIENCE	WHEN	X		
COALITION						
Meeting Effectiveness	Meeting Effectiveness Inventory (MEI)	Members of AAA Work Group and sub groups	Quarterly	X		
Coalition Effectiveness	Coalition Effectiveness Inventory (CEI)	Work Group and sub group leaders	February 2002 and October 2004	X		
Recruitment, retention and attendance of members	Analyze rosters and attendance records	AAA members	December 2002, 2003 and 2004	X		
ASTHMA HEALTH CARE INSTITUTIONS, PROVIDERS AND INSURERS						
INTERMEDIATE MEASURES						
Health Care Utilization	Search of extant databases	Local identified hospitals, EDs and MCOs	Annually			
NHLBI Guideline adherence	(A)Chart review in Medicaid practices (B)Chart review in EDs	(A)Selected Medicaid practices (B)Selected EDs	2002 and 2004	X		
Knowledge of asthma management	Surveys	Physicians attending training	2002 and 2003	X		
Satisfaction with care of asthmatics	Physician focus groups	Physicians (P, FM and ED)	2004	X		
Health care utilization and self-management	ED survey	Selected EDs	2001 and 2004			
Asthma knowledge and management skills	Parent focus groups	Parents	2004	X		
Communication among nurses and providers	School nurse focus groups	School nurses	2004	X		
PROCESS MEASURES:						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ol style="list-style-type: none"> 1. #algorithms displayed 2. #appropriate educational brochures/materials distributed 3. #records reviewed 4. #attending educational sessions (December 2002, 2003, 2004) </td> <td style="width: 50%; vertical-align: top;"> <ol style="list-style-type: none"> 5. #Action Plans available in health records in schools and practices 6. #equipment distributed 7. satisfaction with communications form 8. #physician practices enrolled in hotline 9. #Asthma Management Kits distributed </td> </tr> </table>					<ol style="list-style-type: none"> 1. #algorithms displayed 2. #appropriate educational brochures/materials distributed 3. #records reviewed 4. #attending educational sessions (December 2002, 2003, 2004) 	<ol style="list-style-type: none"> 5. #Action Plans available in health records in schools and practices 6. #equipment distributed 7. satisfaction with communications form 8. #physician practices enrolled in hotline 9. #Asthma Management Kits distributed
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GENERAL COMMUNITY AND PARENTS OF ASTHMATIC CHILDREN						
INTERMEDIATE MEASURES						
Asthma knowledge & management skills	Post training survey	Parents and community members	2002, 2003 and 2004	X		
Asthma knowledge & management skills	Survey	Ambassador program	2004	X		
Asthma knowledge & management skills	Parents of Head Start children	EZ Breathers program	2002, 2003 and 2004			
PROCESS MEASURES:						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ol style="list-style-type: none"> 1. #public service announcements aired and when 2. #inches of print media devoted to asthma 3. #posters/brochures distributed 4. #educational sessions/workshops held 5. #parents attending training/health fairs 6. #Asthma Management Kits distributed 7. #hits to asthma website 8. #families reached by EZ Breathers </td> <td style="width: 50%; vertical-align: top;"> <ol style="list-style-type: none"> 9. #families reached by Ambassadors 10. #attending Legislative Breakfast 11. #bills introduced 12. #letters to the editor 13. #Reports distributed 14. #Decals distributed 15. #attending Summit 16. #homes taking smoke-free pledge 17. #Asthma-Proof Your House Kits distributed </td> </tr> </table>					<ol style="list-style-type: none"> 1. #public service announcements aired and when 2. #inches of print media devoted to asthma 3. #posters/brochures distributed 4. #educational sessions/workshops held 5. #parents attending training/health fairs 6. #Asthma Management Kits distributed 7. #hits to asthma website 8. #families reached by EZ Breathers 	<ol style="list-style-type: none"> 9. #families reached by Ambassadors 10. #attending Legislative Breakfast 11. #bills introduced 12. #letters to the editor 13. #Reports distributed 14. #Decals distributed 15. #attending Summit 16. #homes taking smoke-free pledge 17. #Asthma-Proof Your House Kits distributed
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From Kelly, CK, Butterfoss, FD, & Taylor Fishwick, JC. (2004). CINCH Allies Against Asthma Planning. Norfolk, VA: Center for Pediatric Research at Eastern Virginia Medical School. Unpublished document.