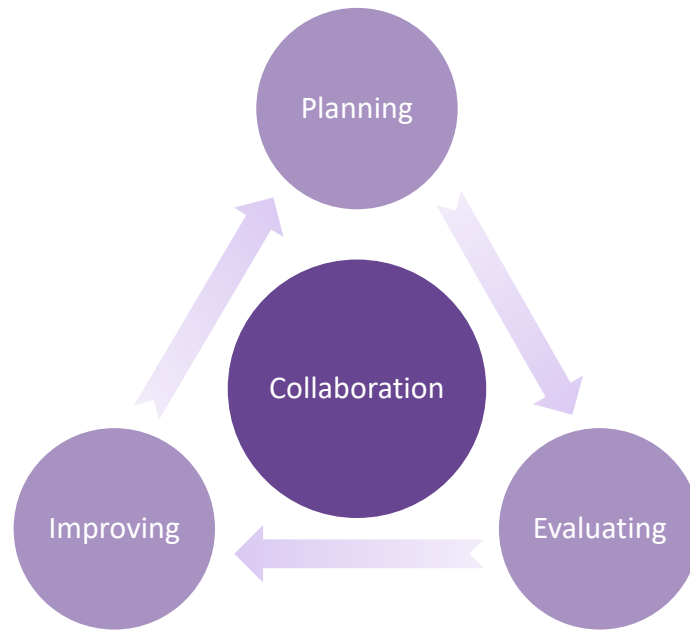


Handbook

On Planning, Evaluating, and Improving Collaboration for Oral Health Programs



Association of State and Territorial Dental Directors

Created in 2012, Revised in 2020

<http://www.astdd.org/collaboration>

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Introduction and Purpose

Federal agencies and philanthropic organizations increasingly expect state and local oral health programs to collaborate and increase regional partnerships as a condition of initial or continued funding. These expectations might include engaging in multiple relationships including a core infrastructure team, partnerships between the core team and other health department programs, alliances between the team and programs outside the health department, and a statewide coalition comprised of a diverse group of partners. Some states have not been very strategic in seeking partnerships, resulting in too many requests to partner and not enough staff or resources to do so. Other states have not proactively sought partnerships and are struggling to sustain their program in difficult economic and political climates.

The purpose of this Handbook is to provide a framework and specific strategies for planning, evaluating and improving collaborations to more effectively and efficiently address complex oral health issues. Although many examples are targeted to oral health programs in state health agencies and statewide oral health coalitions, the materials and concepts apply to any community-based oral health program or local coalition.

In an environment of economic instability and budget deficits, programs that don't have strong evaluation data and the support of partners are vulnerable to cuts or elimination. ASTDD hopes that this Handbook will help states meet these challenges and be an important vehicle for creating an overall evaluation plan.

Collaboration means bringing autonomous organizations together to fulfill a common mission that requires comprehensive planning and communication on many levels. (Mattessich et al, 2001) Collaboration has the capacity to empower and connect fragmented systems or efforts to address multifaceted social or public health concerns, such as oral health disparities. Yet partners often struggle to create and evaluate high quality relationships between and within organizations (Frey, et al., 2006; Gajda, 2004; Gajda & Koliba, 2008).

The term “collaboration” has become so ubiquitous that it is in danger of losing all meaning. A quick Google search for the term generates about 1,150,000,000 hits! This *Handbook* describes different levels of collaboration that are based on a field of work developed over the past decade.

How to Use the *Handbook* and *Workbook*

This *Handbook* assumes you have a logic model or other evaluation-based strategy in place for your coalition or a particular collaboration. The *Handbook* is written from the perspective of one group taking the lead to evaluate its partnerships. The group can be a state oral health program, an oral health coalition, state dental or dental hygiene association/society leadership, or a local non-profit program. We recommend that you read through the *Handbook* in its entirety. Peruse the tools and familiarize yourself with the Collaboration Evaluation and Improvement Framework. The accompanying *Workbook of Steps and Worksheets to Accompany the Handbook* provides a suggested sequence of steps and worksheets, but you don't need to carry out every step and use every tool exactly as they are presented in the *Handbook* and *Workbook*. What is most important is that you are taking meaningful steps to systematically design and evaluate your oral health partnerships. We encourage you to adapt activities in the *Handbook* so they make sense for you in your work setting. Separate downloadable files of worksheets are included for your use at <http://www.astdd.org/collaboration/>. To gain the most from applying the concepts and using the worksheets in this *Handbook*, we suggest you work with an

experienced evaluator. If you do not have access to an experienced evaluator, contact ASTDD at cwood@astdd.org to determine if ASTDD can provide such assistance.

Evaluating and Improving the *Handbook* and Associated Materials

The *Handbook* can only be improved with feedback from you based on your experiences using it. In whatever way you use the *Handbook* and its tools, worksheets, and frameworks, please be sure to share specific feedback with us about what you've found most effective, helpful, or confusing. This *Handbook* is intended to be a living, breathing resource that is periodically updated and improved. We don't want the *Handbook* sitting on a shelf collecting dust. Please read it, talk to your colleagues about it, implement some or all the strategies, and provide us with feedback along the way. We'll revise the *Handbook* based on what we learn from you! Provide all comments to: <http://www.surveymonkey.com/s/CollabHBSurvey>

Acknowledgments

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Planning, Evaluating, and Improving Collaboration

Rationale

Health departments are traditionally viewed as independent and hierarchically ordered organizations. Health care quality and disease prevention, however, depend on the ways and degree to which professionals work in partnership. High quality collaborative leadership is how we can bring about essential health outcomes for all segments of the population. State and local oral health programs, therefore, need to engage in widespread, high quality collaborations. In this *Handbook* you will learn action steps for planning and evaluating inter-organizational, intra-organizational, and inter-professional collaborations to enable you to create and sustain high quality partnerships.

Meaningful collaboration must be systemically embedded in the culture of organizations and in inter-professional relationships.

Overview of Key Steps

An effective system of collaboration does not emerge spontaneously or without a systematic design. Seven action steps can be taken to successfully plan, evaluate, and improve collaboration. These seven action steps comprise an adapted Collaboration Evaluation and Improvement Framework (CEIF) (Woodland and Hutton).

Collaboration Evaluation and Improvement Framework

1. Determine a Shared Purpose
2. Raise Collaboration Literacy
3. Inventory and Map Communities of Practice
4. Monitor Stages of Development
5. Assess Levels of Integration
6. Assess Inter-Professional Collaboration
7. Develop a Communication Plan to Share Your Findings^{*added step}

The CEIF action steps build on one another but are not meant to be lockstep or mutually exclusive. Depending on the environmental variables, cultural attributes, and technological capacity of an organization, you may decide to engage in multiple steps simultaneously or go back and forth between them. Figure 1 provides an overview of each step. Worksheet 1 is a checklist you can use for each step.

Figure 1: Action Steps– Collaboration Evaluation and Improvement (Worksheet 1)

Step 1 - Determine a Shared Purpose

- Potential partners have examined and compared the goals and objectives of their organizations.
- It is clear to all potential partners why they have chosen to collaborate or not.

Step 2 - Raise Collaboration Literacy

- Potential partners recognize and have a shared understanding that collaboration is an imperative, exists in a complex context, is developmental, and involves cycles of inquiry between people.

Step 3 - Inventory and Map Communities of Practice

- Partners know who is working with whom and for what purpose.
- All intra-organizational and inter-professional teams have been identified.
- Data generated through the inventory and mapping process is used to inform decision-making about how best to configure/reconfigure teams.

Step 4 - Monitor Stages of Development

- Partners recognize the extent to which their alliance is forming, norming, performing, or transforming.
- Partners use monitoring data to inform decisions about how to move the partnership to the next stage of development.

Step 5 - Assess Levels of Integration

- Partners understand the current and desired intensity of integration between members of the alliance.
- Data about level of integration is both qualitative and quantitative in nature.
- Data about level of integration informs decision-making about how to strengthen the partnership.

Step 6 - Assess Inter-Professional Collaboration

- Key/high leverage teams, central to the core practices of the alliance, are identified.
- The quality of dialogue, decision-making, action, and evaluation is assessed.
- Data regarding the quality of each team's cycle of inquiry informs decisions about how to improve team collaboration.

Step 7- Develop a Communication Plan to Share Your Findings

- Intended audiences are chosen for the report or other communication channels and materials
- Channels and formats for materials appropriate for the intended audiences are selected
- Communication plan is implemented after prioritizing activities

Let's take a more detailed look at the reasons for each step and tools to help you accomplish each step.

Each Step in Detail

Step 1 - Determine a Shared Purpose

As organizations consider ways to accomplish a project or task, they often question if there are others who might help them achieve their purpose. With whom should they collaborate? What groups would make good partners? The indispensable and essential element of all types of collaboration is a shared purpose. Two or more entities come together for a reason—to achieve a vision, to address a pressing problem, to increase efficiency, to build on individual strengths; in short, to do something that could not otherwise be accomplished in isolation. This might seem obvious, but too often groups collaborate because “they were told to” or because “they thought that they should” rather than coming together for a reason and a shared purpose.

Think through a fundamental question: Do we need to collaborate? Do we need to undertake the sometimes slow, laborious, difficult, or perilous challenge of working together to accomplish goals? Sometimes things can get done more efficiently, more quickly, and with less hassle if we just do it ourselves. If you are reading this *Handbook*, chances are you already know that you need to or want to collaborate.

Before thinking about which partnerships to pursue or evaluate, answer the following questions about your own program to see if you are ready to undertake a collaboration:

- What is the primary reason your program/group exists?
- What is your program’s/group’s mission?
- Do you have a logic model or theory of action?
- Have you developed any objectives or desired outcomes for the project or focus area you want to address?

If you cannot answer these questions, you will need to engage in some basic evaluation strategies before you tackle the complex task of planning to evaluate partnerships. Several references and tools are listed in the Resources section of this *Handbook* to help you do this. In addition, Appendix A contains completed examples of a vision and mission, logic model, theory of action, and a table of desired outcomes, objectives, activities, and indicators of success.

When you can answer the previous questions and are ready to proceed, select a project or idea for which you would like to collaborate with other groups. What partnerships might be important to the success of this project or focus? Brainstorm a list of groups that you think might be able to help you accomplish this project or idea.

Use one or both of the following processes to engage in a dialogue about groups that might become your partners. You will need to learn something about each of the group’s mission, vision, strategic plan, and key programs through their website, annual report, phone conversations, or a preliminary meeting. Use the worksheets to analyze one group at a time. Figure 2 shows an example of a completed worksheet for one group.

Without a shared purpose there is no reason to collaborate.

Figure 2: Example of Process Option 1 for Determining a Shared Purpose (Worksheet 2a)

Assessment Questions	Group:
1. What is the group’s mission?	To convene multi-level partnerships and collaborations to support policy initiatives, increase program access, reduce burden, and assure inclusion of oral health within chronic disease resource allocations.
2. How much and in what ways do your missions overlap or intersect?	Both organizations support policy initiatives to promote oral health, increase/improve access to oral health services and reduce the burden of oral disease.
3. Why do you want to partner? What resources or assets could they bring to the partnership?	By partnering, we can avoid duplication and leverage each other’s resources to support each organization’s activities.
4. Is the group stable and viable?	Yes, they have been in existence for 10 years. They have formal bylaws, 501C 3 status, and a paid, part-time Executive Director.
5. Is it likely that your project/idea will move forward more efficiently and effectively with this group as a partner?	<u>If no</u> , stop here for now. <u>If yes</u> , proceed to the next question. Yes
6. Is there a clear overlap in your vision, mission, value, and goals?	<u>If no</u> , stop here for now. <u>If yes</u> , proceed to the next question. Yes
7. Do you think your project/idea can only be accomplished or done better if you partner with this group at some level?	<u>If no</u> , don’t select this group at this time. <u>If yes</u> , include as a potential partner for the next step. Yes

Decision for Option 1.

If you answered “no” to question 5 -- it probably is not prudent to pursue a partnership with this group at this time as you might not be ready, they might not be ready, or the fit is just not a good one.

If you answered “no” to question 6 -- you might start to network on a limited basis but not pursue a more involved partnership that will require a great deal of time. For instance, you may currently want to focus on the oral health of children but may want to partner with them later on activities around seniors.

If you answered no to question 7-- you should probably not spend the time and resources to pursue collaboration at this time but focus efforts on partnering with other groups where there is a better “fit.”

If you decide to partner with this group, document those desired outcomes, objectives, activities, and indicators of success that can only be accomplished if your two groups collaborate.

Process Option 2 for Determining a Shared Purpose

Another way to assess your readiness for forming a partnership is using a **SWOT analysis** (see link in the references.) SWOT analysis is a strategic planning method used to evaluate the Strengths, Weaknesses, Opportunities, and Threats involved in a project or a new venture. It involves specifying the objective of the venture or project and identifying the internal and external factors that are favorable and unfavorable to achieving that objective.

Using a brainstorming technique, identify each of the following items using Worksheet 2b:

Strengths: attributes of the organization that are helpful to achieving the objective(s).

Weaknesses: attributes of the organization that are harmful to achieving the objective(s).

Opportunities: external conditions that are helpful to achieving the objective(s).

Threats: external conditions that could the prevent you from achieving the objective (s).

Figure 3 includes an example of a completed worksheet for one group.

Figure 3: Example of Process Option 2. SWOT Analysis (Worksheet 2b)

Group:	
Strengths	501 C 3 status, paid, part-time Executive Director, clear vision, and mission
Weaknesses	Have only focused on improving oral health through interaction with chronic disease programs
Opportunities	Our two organizations have shared membership and congruent missions. Their advocacy and fundraising experience complement our broader, more diverse membership.
Threats	Potential to compete for funding.

Do Strengths + Opportunities Outweigh Weaknesses + Threats?	Yes
---	-----

Decision for Option 2.

Is the objective attainable, given the findings of the SWOT? Do the Strengths and Opportunities outweigh the Weaknesses and Threats? Can some of the Threats or Weaknesses be overcome or countered to be able to move forward? If the objective is not attainable, then a different objective must be selected or pursuit of a partnership with the organization dropped or postponed. If it is potentially attainable, then add them to your potential partners list.

Once you have completed Step 1 for the groups you selected, then move on to step 2.

Important things to remember about determining a shared purpose:

- You need enough information about your own agency or program and the potential partner to make an informed decision.
- The time may not be right for forming a partnership but could be in the future; don't burn any potential bridges.

Step 2 - Raise Collaboration Literacy

Government agencies such as local or state health agencies have historically functioned as institutions using vertical lines of communication, top-down decision making, differentiation of tasks, hierarchical supervision, and formal rules and regulation. As such, it is not uncommon for health officers and administrators to be predisposed to a "chain of command" rather than a "communities of practice" way of thinking and doing. Oral health programs within such agencies are part of this hierarchy, which can sometimes be a potential hurdle to collaboration. Groups often are highly motivated to form partnerships but flounder because of the structure (or lack thereof), confusion about roles, or expectations for outcomes. Interest may wane and partnerships may crumble. Using the processes and worksheets in the *Handbook* can help clarify some of these issues and renew interest or refocus priorities. Oral health groups that want to improve their partnerships need to develop a common language, a shared understanding, and a shared learning process about collaboration.

Once you have decided to partner with others and to form a strategic alliance of some kind, it is important to raise collaboration literacy. This *Handbook* will explain the characteristics of these terms and approaches. Two ways to share this information with your potential partners include: 1) have everyone read the *Handbook* and schedule a conference call or webinar to discuss the concepts and answer any questions; or 2) use an experienced evaluation or collaboration specialist to present the concepts via webinar or a face-to-face meeting (If you don't have someone in your state who can do this, ask ASTDD for possible contacts or technical assistance).

Remember that collaboration means bringing autonomous organizations together to fulfill a common mission that requires comprehensive planning and communication on many levels. (Mattessich et al, 2001) Collaboration involves four key concepts.

Key Collaboration Concepts
<p>Collaboration is an imperative.</p> <ul style="list-style-type: none">▪ Essential oral health outcomes cannot be achieved working in isolation or with poor quality collaboration.
<p>Collaboration exists in a complex and nested context.</p> <ul style="list-style-type: none">▪ Collaboration takes place between organizations, within organizations, and between people.
<p>Collaboration is a developmental process.</p> <ul style="list-style-type: none">▪ All collaboration will go through typical stages of development prior to performance.
<p>People collaborate in communities of practice through a cycle of inquiry.</p> <ul style="list-style-type: none">▪ People work in teams that need to engage in an ongoing cycle of dialogue, decision-making, action, and evaluation.

Let's look at each concept in more detail.

Collaboration is an Imperative

Organizations form strategic alliances to achieve outcomes that could not be reached as independent agencies working alone. For instance, ASTDD and the American Association of Public Health Dentistry work in partnership to host a National Oral Health Conference for dental public health professionals each April. None of these groups acting independently could deliver as significant a conference of the same scale, scope, and quality as when they pool resources and work together.

Fostering partnerships between oral health programs and other groups can result in:

- Increased involvement of collaborators in your projects or committees
- Greater awareness of oral health groups and their roles and needs among collaborators
- Greater dissemination and use of consistent oral health messages and materials
- Greater awareness of the link between oral health and other aspects of health or public health
- More effective advocacy for sound oral health policy
- Expanded/leveraged resources for oral health activities
- Continued oral health leadership at the national, state, and local levels
- More comprehensive and accurate oral health data and awareness of sources for oral health data
- A more timely and coordinated response to issues of national, state, and local significance.

Collaboration Exists in a Complex and Nested Context

There are many “nested” collaborations occurring at different levels of organizations and between organizations. There is large-scale inter-organizational collaboration such as what might exist between two federal or state agencies such as the Department of Education and the Department of Health and Human Services, or between professional organizations such as ASTDD and the American Dental Association. There can also be inter-organizational collaboration between two or more units within a state’s public health agency, e.g., between the chronic disease and infectious disease units or between cancer prevention and oral health. We will generally refer to this level of collaboration as a strategic alliance.

*A **strategic alliance** is a partnership between two or more organizational structures for the purpose of addressing a shared concern.*

Intra-organizational collaboration denotes partnerships that exist between committees or groups within a singular organizational structure, such as ASTDD committees or topic-focused workgroups within an oral health coalition.

*Individual groups or working teams that exist within an organization or that connect organizations are referred to as "**communities of practice**" (Wenger, 1998).*

As basic organizational building blocks, communities of practice will share a task or “domain” around which they have formed (or been formed) (Wenger, 1998). The goal is to improve what they are doing through regular interaction.

Finally, inter-professional collaboration (such as a broad-based oral health coalition or a committee with representatives from multiple groups) that exists within and acts as the link between organizations – is also vitally important.

***Inter-professional collaboration** denotes linkages between individual people within communities of practice.*

It is the dynamics of inter-professional collaboration and the quality of individual working groups, committees, and teams from which all organizational success springs.

Collaboration is a Developmental Process

All strategic alliances and communities of practice will go through predictable stages of development. These stages have been described as a process whereby entities “form, storm, norm, and perform” (Tuckman, 1965). Tuckman’s model became well known for its four-stage sequence, but in 1977 a fifth stage of “adjourn” was added (see Tuckman & Jensen, 1977). Years later, the stages of strategic alliance development have been described as “assemble, order, perform, and transform” (Bailey & Koney, 2000). Figure 4 highlights the various stages.

Figure 4: Stages of Development of Strategic Alliances and Communities of Practice



In stage one, the assemble stage (*assemble and form*), potential partners discuss the possibility of forming an alliance, or resurrecting/strengthening a dormant alliance. In this stage, questions are asked about the value of coming together to take on a joint venture and an initial vision and mission is discussed. The second developmental stage of an alliance, ordering (*storm and order*), can be characterized as inter-professionally intense. It is in this phase that “storming” happens. Each alliance member seeks to establish (or re-establish) his/her own role in the initiative or group and the norms and strategies of the collaborative effort are determined. At this stage members often question their reason for being in the alliance, or even what the alliance is formed to do. Also, this may be the stage where one organization or individual attempts to establish dominance of the group.

Once the partners have developed a mission, a corresponding strategic plan, systems for communication, forms of leadership, and their decision-making structures, they move into the performance stage (*norm and perform*). In this third stage, alliance members have reached working norms and spend their energy implementing the project/tasks. In the fourth stage of alliance development, transformation (*transform or adjourn*), goals have been accomplished and group members review the evaluation data compared to the initial assessment findings to reassess and determine what modifications might need to be made to the strategies, tasks, leadership, and communication structures of the alliance. If the group has accomplished its goals and doesn’t have additional ones, or if performance has not been as effective as hoped, the group could disband, e.g., a local fluoridation campaign has been successful.

These four stages of development are the focus for activities around Step 4, which will be discussed later.



Figure 5: Cycle of Inquiry (Gajda, 2004)

People Collaborate in Communities of Practice through a Cycle of Inquiry

Communities of practice (i.e., teams) are “the basic building blocks of the intelligent organization” (Pinchot & Pinchot, 1993). Communities of practice, whether they are within an organization or a linking group between agencies, are made up of people. For example, the director and staff of the state oral health program and the state oral health coalition leadership group are two communities of practice made up of individuals

who are collectively responsible for designing and evaluating a strong oral health initiative that will significantly lower oral disease burden across all age groups, particularly for those who are considered underserved. Effective teams engage in a cycle of inquiry where the team members participate in dialogue, decision-making, action, and evaluation.

Important Tips for Each Component of the Cycle

Dialogue. Low-functioning and non-rigorous forms of inter-professional dialogue will only tend to confirm present practices without determining their worth. High-functioning teams will surface disagreements and recognize, address, and resolve the differences.

Decision-Making. It is through decision-making that group dialogue becomes meaningful. Effective teams will make decisions that deal with the quality and merit of their individual and collective actions and will make evaluative decisions about what and how to do better.

Action. By itself, a decision—or plan to act—leads to minimal, if any, outcomes. If teams and their members do not take action as a result of their decisions, the cycle of inquiry ceases to move forward and organizational improvement falters (Ambrose, 1987).

Evaluation. Evaluation of practice is a crucial component of a fully developed cycle of inquiry. The extent to which the actions of a team and changes made to practice have merit or worth is determined through evaluation and action research: the systematic collection, analysis, and use of data (Patton, 1997; Thomson, Perry and Miller, 2009). Organizational improvement experts urge groups to continually assess their effectiveness on the basis of tangible evidence. High functioning teams will systematically collect and analyze both quantitative and qualitative information, whereas low functioning communities of practice tend to rely on anecdotes, hearsay, and general recollections to inform their dialogue and decision-making.

Important points to remember about collaboration literacy:

“By raising collaboration literacy, oral health programs will help cultivate the recognition that organizational improvement and achievement cannot be accomplished by even the most knowledgeable individuals working alone (Peters, 1987; Peters & Waterman, 1982); it is through a constellation of communities of practice (interconnected teams with a shared focus on oral health), which engage in a cycle of inquiry around a shared purpose, that allows the organization to successfully adapt, grow, and achieve.” - Rebecca Woodland

Step 3 - Inventory and Map Communities of Practice

Because teams are the predominant unit for decision-making and getting things done in any group (Barnard, 1936; Dufour & Eaker, 1998; Senge, et. al., 1999), it is important for oral health programs to ascertain a clear and accurate picture of the teams that are responsible for oral health outcomes.

The most efficient and appropriate methods to identify communities of practice will depend on 1) the size of the organization or project, 2) the current degree of collaboration literacy, and 3) current channels of communication. Regardless of what methods are used to identify work teams, the community of practice inventory process -- if systematic, accurate, and taken seriously -- will reveal findings that you can use to determine which members of the organization or project might be over- and/or under-extended, which teams might be too big or too small, and which teams focus on substantive issues related to oral health and well-being. You can use the data garnered through the inventory process to inform your decisions about how best to reconfigure team membership so that distribution is purposeful and equitable and where to target resources and focus evaluation efforts.

One way to collect this information is shown in the CoP Inventory Form in Figure 6 (see Worksheet 3.) A completed inventory process will identify the names of all major communities of practice responsible for a specific oral health objective in some way; the purpose and primary task of each group/committee; the individual members of the group; how often and where the team meets; and the relative importance of the community of practice to attainment of the desired outcomes. You can create a list of all the specific groups/teams/committees by convening a management group or via a survey of members.

Figure 6: Example: Community of Practice (CoP) Inventory Form (Worksheet 3)

Name of CoP	Members	Purpose of the Group	Frequency and Location of Meetings	Importance: 4=Essential 3=Important 2=Peripheral 1=Value unknown
State Oral Health Program	<ul style="list-style-type: none"> • State Dental Director • Etc. 	Assess, develop, assure public OH	Varies State Agency	4
State OH Coalition Early Childhood (EC) Committee	<ul style="list-style-type: none"> • Committee Chair • Etc. 	Identify, plan, coordinate, support, and evaluate EC OH actions	Monthly Varies	4
State MCH Unit	<ul style="list-style-type: none"> • MCH Program Administrator • Etc. 	Assess, develop, and assure public MCH	Varies State Agency	3
Head Start Collaboration Advisory Council	<ul style="list-style-type: none"> • Council Chair • Etc. 	Advise Head Start action based on input from diverse agencies, organizations, and constituencies	Monthly State Agency	4
State EC Agency	<ul style="list-style-type: none"> • State EC Director • Etc. 	Assess, plan, coordinate, support, and evaluate EC actions statewide	Varies Agency	3
State Association of Community Health Centers, OH Committee	<ul style="list-style-type: none"> • Committee Chair • Etc. 	Support and work to improve OH programs in community health centers	Bi-monthly Varies	4
Regional EC Councils	<ul style="list-style-type: none"> • Early Childhood Educator • Pediatrician • Etc. 	Assess, plan, and evaluate regional EC activities within their designated areas; make recommendation to the State EC board	10 times per year In each region	2

Once you have the inventory complete, create a map or visual of the most important communities of practice, as shown in Figure 7 to help communicate the concept to others.

Systematically review who is working with whom and for what purpose to determine how, or if, teams need to be reconfigured to optimize conditions for performance and to determine where to focus evaluation resources. Some members may be involved in too many communities of practice or there may be redundancy in the mission or scope of work for certain communities of practice. In that case, CoPs might be collapsed or disbanded, and the work redistributed.

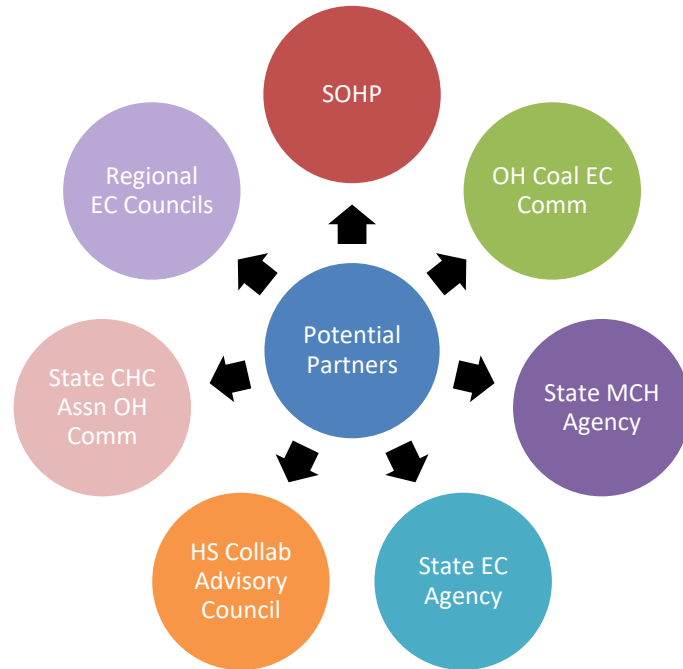


Figure 7: Communities of Practice

You can use data generated through the community of practice identification and inventory process to make evidenced-based decisions about how to reconfigure the structure of teams or re-assign individuals so that membership is equitable and purposeful.

Important things to remember about inventorying and mapping communities of practice:

- Inventorying communities of practice will help identify areas of mutual concern, potential for leverage, need for coordination, redundancies (useful and otherwise), and gaps.
- This activity will increase awareness of the various communities of practice and potentially improve their effectiveness.

Step 4 - Monitor Stages of Development

As noted in a previous section, every alliance and community of practice will go through predictable stages of development. One stage may go faster than another; an alliance may get stuck in a stage for a long time; or a group may find itself moving in and out of more than one phase at a time. Inevitably, all alliances and all communities of practice need to successfully navigate and emerge from each stage of development to achieve their goals.

To move through the stages of development, groups can use a formative evaluation process, such as the following example, posing a series of questions to stimulate the continuous movement of the alliance throughout all phases of development.

Figure 8: Stages of Development Group Dialogue Process (Worksheet 4)

(Adapted from: Bailey & McNally Koney, 2000)

Directions: Convene partners at any stage of alliance development. Facilitate dialogue around the following questions. You can modify the language and content of the questions as you see fit, recording and summarizing the information on your adapted Worksheets.

Forming Stage of Development (Worksheet 4a)

Prior to or early in the partnership, success in launching a strategic alliance is determined by level of clarity around purpose, structures, strategies, leadership, and tasks that were identified at the beginning of alliance formation.

- How is/was the leader identified?
- How are/were members recruited and was enough time spent in the recruitment process?
- How representative is the partnership membership with regard to its purpose?
- Do leaders and members share a common understanding of the alliance's purpose?
- Does the alliance have the right people and organizations at the table?
- Are leaders' and members' roles and responsibilities transparent and understood by all?
- Does each alliance member understand why we are here and what we hope to accomplish?
- Are anticipated linkages between each member's parent organization and the alliance clearly delineated?

Ordering Stage of Development (Worksheet 4b)

Once the alliance has been assembled, the next stage is creating order and structure for the group and its work. As discussed earlier, this is a critical time in the developmental process, since the conversation about the shared purpose evokes feelings related to urgency, resources, turf, expertise, and each person's willingness to take on tasks and responsibilities. Alliances can break down at any time and most do during this phase. There can be a high level of emotionality, coupled with a clearer sense of the cost of the new alliance. Ask these questions along the way so that remaining issues can be isolated for special attention, allowing the opportunity for continuous improvement. As these questions are answered, the group naturally settles into the performing stage.

- What is our purpose? What outcomes do we expect to reach? What are our primary activities? What will indicate to us that we are reaching our goals and outcomes?
- Have we established systems and norms for managing consensus and conflict?
- Are policies and guidelines in place to achieve our purpose?
- Do we have the appropriate bylaws, contract, or other agreements in place to govern our partnerships and activities?
- How is information going to be disseminated to members?
- What systems are in place for the budgeting and distribution of resources?
- What processes exist to address the issues of membership turnover?
- How will new members be incorporated into the alliance?
- Have informal leaders begun to emerge?
- How are these informal leaders incorporated into the formal leadership group?

- What benefits and costs do each of us expect to accrue from our participation in the alliance?
- Do the benefits of participation outweigh the costs of membership?

Performing Stage of Development (Worksheet 4c)

In transitioning from ordering to performing, the alliance focuses on safeguarding its resources and activities from external interference and strengthening (or rediscovering) its internal validity and creative energy in pursuit of the accomplishment of its purpose. In the performing phase, the collaborators are actively implementing the various systems that have been established (e.g., communication, financial, staffing, and evaluation) and are executing the specific tasks necessary to accomplish the alliance's goals.

- Do members understand their individual roles in the context of the alliance?
- How have roles and responsibilities shifted over time?
- How successful have members been in putting the goals of the alliance before their own or their organization's needs?
- How effectively and/or efficiently are the alliance systems (e.g., information dissemination, resource allocation) working?
- Do leaders and members acknowledge and address progress and setbacks?
- How are requirements for additional or different resources identified?
- How are data being used to inform decision-making and to make mid-course corrections?
- Are lessons learned used to amend the alliance structures, leadership, and/or process?

Transforming Stage of Development (Worksheet 4d)

In the transforming phase (reaching critical milestones, facing unforeseen events, changing direction, and/or re-forming the alliance), the alliance progresses toward refinement, reformation, or dissolution. The leaders and members assess the process and the content of activities, both formally and informally. As a result of the following questions, three possibilities will likely emerge: the group will choose to formally end; it will continue unchanged; or it will change any or all its components.

- What goals have been accomplished and how satisfied is the group with its performance?
- What activities have been carried out and how satisfied is the group with these accomplishments?
- What evidence do we have to document our accomplishments?
- How committed are each of the partners to the purpose of the alliance?
- Should membership change? If so how?
- How is the alliance transforming? What factors are precipitating the transformation?
- To what extent do the leaders, members, and external linkages agree with the decision to transform the alliance?
- To what extent do we believe the purpose of the alliance has been fulfilled?
- Should the alliance disband? If so, when? If not, why not?

Group dialogue on stage-specific questions is the most effective means for generating formative evaluation information that will move alliances through each stage of development. However, it is also useful (and sometimes more feasible) to conduct a survey to promote and evaluate alliance performance and changes over time. For example, you can assess growth with a more generic alliance

development questionnaire that evaluates satisfaction in the following dimensions: planning and implementation, leadership, community involvement in the collaboration, communication, and progress and outcome.

One tool is a coalition member satisfaction survey; a sample completed survey is shown in Figure 9 (see Worksheet 5). Based on responses to these questions, you can determine strengths and weaknesses, progress over time, areas that need adjustment, etc. It is important to summarize and share the aggregate feedback with the rest of the coalition so decisions based on the information can be a shared learning process. This can be done electronically or in person as a printed form.

Figure 9: Example: Coalition Member Satisfaction Survey (Worksheet 5)

Adapted from: Fawcett, S., Foster, D., & Francisco, V., in G. Kaye & W. Wolff (Eds) (1997)

Dear Coalition Member:

The purpose of this satisfaction questionnaire is to get your feedback about the quality of our Oral Health Coalition. Please complete each question by checking the box that best shows your satisfaction with that aspect of the coalition. We welcome additional comments and suggestions you have for improving this coalition. Thank you in advance for your valuable advice and feedback.

Planning and Implementation

		1 Very dissatisfied	2	3	4	5 Very satisfied
1	Clarity of the vision for where the coalition should be going				x	
2	Planning process used to prepare the coalition's objectives				x	
3	Follow-through on coalition activities				x	
4	Strength and competence of staff					x
5	Efforts to promote collaborative action				x	
6	Process used to assess the community's needs	We have not done this yet				
7	Training and technical assistance provided by staff					x

Comments: Working well but we need to complete our community needs and assets assessment and use it to guide future allocations.

Leadership

		1 Very dissatisfied	2	3	4	5 Very satisfied
8	Strength and competence of coalition leadership				x	
9	Sensitivity to cultural issues			x		
10	Opportunities for coalition members to take leadership roles				x	
11	Willingness of members to take leadership roles			x		
12	Trust that coalition members afford each other				x	

Comments: The initial leadership is strong, but I am concerned about fostering new and diverse leadership as we go forward.

Multiple / Diversity of Perspectives in the Coalition

		1Very dissatisfied	2	3	4	5 Very satisfied
13	Participation of influential people from key sectors of the community			x		
14	Participation of community residents		x			
15	Diversity of coalition members			x		
16	Help given the community in meeting its needs		x			
17	Help given community groups to become better able to address and resolve their concerns		x			
18	Efforts in getting funding for community programs			x		

Comments: The group is primarily focused on state-level issues. I think we need some community representation.

Communication

		1 Very dissatisfied	2	3	4	5 Very satisfied
19	Use of the media to promote awareness of the coalition’s goals, actions, and accomplishments		x			
20	Communication among members of the coalition				x	
21	Communication between the coalition and the broader community		x			
22	Extent to which coalition members are listened to and heard				x	
23	Working relationships established with elected officials			x		
24	Information provided on issues and available resources				x	

Comments: Again, I think we need to get more involved with local communities. Maybe we could work with the media to accomplish this.

Progress and Outcomes

		1 Very dissatisfied	2	3	4	5 Very satisfied
25	Progress in meeting the coalition’s objectives				x	
26	Success in generating resources for the coalition			x		
27	Fairness with which funds and opportunities are distributed				X – but no funds out yet	
28	Capacity of members to give support to each other				x	
29	Capacity of the coalition and its members to advocate effectively			x		
30	Coalition’s contribution to improving health and human services in the community			x		

Comments: Too soon to say if the group is being effective, but everyone is working hard and doing what they say they will.

OVERALL APPROVAL RATING (1-5 use the same scale as above):

Is the issue of oral health better addressed today because of this coalition? (Please check one)

Yes

No

No basis for opinion

OVERALL COMMENTS AND SUGGESTIONS FOR IMPROVEMENT: Meetings need to be more focused.

Important things to remember about monitoring stages of development:

Knowing at what stage the community of practice is functioning will help conveners and members understand the dynamics of the group and establish strategies for moving forward.

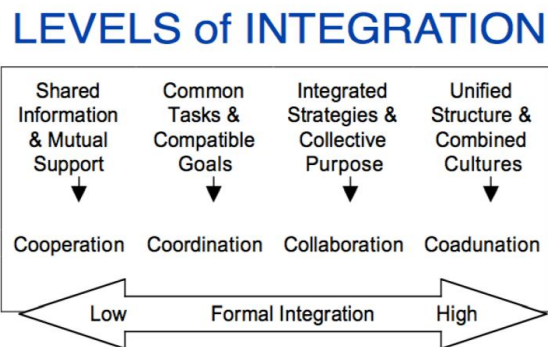
Results need to be shared and discussed with members to improve functioning.

Step 5 - Assess Levels of Integration

The **level of integration** is the degree of shared purpose, shared information, shared activity, coordination, and shared identity within a collaborative effort.

Literature on partnership development strongly supports the notion that there is a wide range of linkages that develop between agencies and within organizations. Collaborative efforts can range across a continuum of low to high integration.

Figure 10: Levels of Integration



The level of integration is determined by the intensity of the alliance's purpose, process, and structure. Peterson (1991) postulated a three point continuum of strategic alliance integration and suggested that this continuum begins with 1) cooperation, whereby fully independent groups share information that supports each other's organizational outcomes and then proceeds to 2) coordination, whereby independent parties align activities or co-sponsor events or services that support mutually beneficial goals and then to 3) collaboration, where individual entities give up some degree of independence in an effort to realize a shared goal. Bailey and Koney (2000) added a fourth level, coadunation, which indicates a merging of identities, structure, and culture. Most oral health programs or coalitions will not engage in the coadunation level of integration (see Figure 10).

Linkages at each level are distinguished by the purpose for coming into existence, the structure for organization, and the process for making decisions. For example, a simple "network" is low on the relationship integration continuum because its process and structure are limited to communicating information and exploring interests. Toward the other end of the spectrum, a partnership, consortium, or coalition is considered of moderately high integration because its primary purpose is to collaborate,

which suggests that group members plan together to achieve mutual goals while maintaining separate identities (e.g., Oral Health Coalition). Other forms that collaborative efforts take are support groups (low integration) and task forces or councils (medium integration).

Use the following steps to assess level of integration.

Step 1. Familiarize yourself with the *Strategic Alliance Formative Assessment Rubric (SAFAR)* in Figure 11, which captures the elements of collaboration at varying levels of integration. (See next page.)

Step 2. Select a few groups that already are partners and assess level of collaboration around your project/initiative with the SAFAR. See example in Figure 12.

Step 3. Send a blank SAFAR form to the same groups you evaluated in Step 2 and ask them to rate their level of collaboration with you from their perspective. See example in Figure 13.

Step 4. Analyze any differences in perceptions between the scores in Steps 2 and 3 to determine congruence of perceptions.

Step 5. Convene partners and review the SAFAR so they are familiar with the characteristics of collaboration at varying levels of integration. Partners can discuss how collaboration exists at many levels and that linkages and relationships are defined by their purpose, strategies/tasks, leadership/decision-making, and inter-personal/communication characteristics.

Step 6. Ask representatives to assess and record their current level of integration and to speculate on their ideal level of integration with each of the groups present. Prompt them to brainstorm both intra and inter-organizationally. See example in Figure 14.

Step 7. Ask members to describe the organizational and procedural steps they anticipate needing to move toward their ideal level of integration. They should discuss and record their responses to the following questions:

- a) What would it look like if they reached their ideal level of integration?
- b) What actions do they need and want to take to bring about their ideal level of integration?
- c) What evidence would indicate that they have reached their ideal level of integration?

Descriptions of the ideal levels of integration, the planned actions to bring about ideal levels of integration, and a list of evidence that would indicate achievement of their ideal levels of integration must be recorded and collected. This action step can take a substantial amount of time and space for partners to meet and engage in thoughtful and thorough discussion. In this step an evaluator can use the SAFAR rubric, recording spreadsheet, and discussion prompts to encourage alliance members to express levels of integration both quantitatively and qualitatively, to collect comprehensive baseline data about collaboration, and to clear up alliance-wide misconceptions and confusion about the meaning of collaboration.

Organization partners have found this action step to be of profound importance. Participants have shared an enormous sense of satisfaction at being given the opportunity to engage in meaningful and focused discussion with alliance members about the purpose, leadership, and inter-personnel characteristics of their collaborative efforts. Intra- and inter-agency discussion provides the foundation

for lasting relationships between partners throughout the life of the initiative. Participants have appreciated the clarity of the *SAFAR* and express a sense of relief at being able to get a more concrete understanding of the purpose, strategies/tasks, leadership/decision-making, and interpersonal/communication characteristics of their strategic alliance.

Figure 11: Strategic Alliance Formative Assessment Rubric—SAFAR

Adapted *SAFAR* from: Gajda, R. (2004)

Level of Integration	Purpose	Strategies and Tasks	Leadership and Decision-Making	Interpersonal and Communication
0	none identified	shared strategies and tasks do not exist	no leadership or decision-making structure	non-existent or very infrequent and unplanned
1	Create a web of communication	Loose or no shared structure	Non-hierarchical	Very little interpersonal conflict
	Identify and create a base of support	Flexible, roles not well defined	Flexible	Communication among all members is planned but infrequent.
2	To explore interests	Few defined tasks	Minimal or no group decision making	
	Work together to ensure tasks are done	Member links are advisory	Non-hierarchical, decisions tend to be low stakes	Some degree of personal commitment and investment
3	Leverage or raise money	Minimal structure	Facilitative leaders, usually voluntary	Minimal interpersonal conflict
	To address mutual needs, but maintain separate identities	Some strategies and tasks identified	Several people form "go-to" hub	Communication among members clear, but may be informal
4	Share resources to address common issues.	Strategies and tasks are developed and maintained	Autonomous leadership	Some interpersonal conflict
	Organizations remain autonomous but support something new	Central body of people	Alliance members share equally in the decision making	Communication system and formal information channels developed
5	To reach mutual goals together. Strong overlap in organizational mission.	Central body of people have specific tasks	Decision making mechanisms are in place	Evidence of problem solving and productivity
	Merge resources to create or support something new	Formal structure to support strategies and tasks is apparent	Strong, visible leadership	High degree of commitment and investment
6	Extract money from existing systems/members	Specific and complex strategies and tasks identified	Sharing and delegation of roles and responsibilities	Possibility of interpersonal conflict high
	Commitment for a long period of time to achieve short and long-term outcomes	Committees and sub-committees formed	Leadership capitalizes upon diversity and organizational strengths	Communication is clear, frequent and prioritized
7	Shared organizational missions.			High degree of problem solving and productivity

Let's start by looking at one organization's current and desired partnerships with key potential partner groups. Figure 12 is a hypothetical example of an assessment worksheet completed by a State Oral Health Program for 6 potential partners related to an amalgam project. The Program perceives that only one group is at their perceived ideal level of integration, so they have some work to do.

Figure 12: Example: State Oral Health Program Perception of Potential Partners (Worksheet 6)

Current (C) and Desired (D) Levels of Integration (0-4) SAFAR Date:	State Oral Health Program	
	C	D
Oral Health Coalition	3	3
Dental School	2	3
MCH Program	1	4
State Board of Dental Examiners	0	3
Medicaid Program	1	3
State Board of Education	1	3
Average C and D	1.3	3.2

As a next step, they might ask each of the partners to review the *SAFAR* rubric and rate their current and desired level of integration with the Oral Health Program.

Figure 13: Example: Potential Partners' Perceptions of State Oral Health Program (Worksheet 6)

Current (C) and Desired (D) Levels of Integration (0-4) SAFAR Date:	State Oral Health Program	
	C	D
Oral Health Coalition	3	3
Dental School	1	2
MCH Program	1	2
State Board of Dental Examiners	0	0
Medicaid Program	1	3
State Board of Education	1	2
Average C and D	1.2	2.0

Most of the potential partners rated their current level of integration as low and did not appear to perceive much benefit in increasing that level. Only the Oral Health Coalition perceived their partnership consistent with that of the State Oral Health Program. Now the State Oral Health Program knows it has much more work to do than originally thought if it wants viable partnerships with all these groups.

Figure 14: Example: SAFAR Alliance (7 Groups) Assessment (Worksheet 7)

Current (C) and Desired (D) Levels of Integration Date:	SOHP		OHC		DS		MCHP		SBODE		MP		SBOE	
	C	D	C	D	C	D	C	D	C	D	C	D	C	D
State Oral Health Program			3	3	2	3	1	4	0	3	1	3	1	3
Oral Health Coalition	3	3			3	3	2	3	0	1	3	3	1	2
Dental School	1	2	3	3			1	1	1	3	2	3	0	0
MCH Program	1	2	1	3	1	1			0	0	3	3	2	3
State Board of Dental Examiners	0	0	0	2	1	3	0	0			1	2	0	0
Medicaid Program	1	3	1	3	0	2	3	3	1	1			0	1
State Board of Education	1	2	0	3	0	2	2	3	0	0	0	1		
Average Current (C) Level Across Alliance: 1.1							Average Desired (D)Level Across Alliance: 2.1							

Displaying the analysis for all groups to view provides an initial snapshot of levels of integration against which future growth can be compared. As a result of this alliance assessment, the group can identify strong alliances upon which to build, and brainstorm strategies to improve collaboration among the various organizations to work toward a common goal. Some of the groups may not be a good match for a particular project but will be an excellent match for projects with a different focus. Groups that engage in this process can use the information and analysis for annual performance reporting, for creating marketing tools, or for communicating evidence of working towards sustainability to funders, administrators, and policymakers.

As a result of assessing levels of integration, individual entities have come to realize that high levels of collaboration might not be needed to reach particular short-term objectives such as passage of a piece of legislation, or longer-term outcomes such as successful fluoridation of a community water supply. Or groups may learn that although it “sounded politically correct” to form a strong collaborative, it turned out that several of the partners believed goals could be achieved with low levels of collaboration. This realization can be a relief because it means resources that would have been targeted for building the structure to support higher levels of integration can be used for other purposes. SAFAR data can be used to inform decisions about allocation of resources and directions for future growth.

Important things to remember about assessing levels of integration:

- It is important to get multiple perspectives to see the whole picture.
- Assessment results can be used to guide future decisions about the future of the collaboration.

Step 6 - Assess Inter-Professional Collaboration

The evaluation of collaboration generates findings that organizational partners can use to make timely, targeted, and evidence-based decisions about how best to support and direct teams in need of improvement. If engaged in a high-quality cycle of inquiry, teams will realize important outcomes. Organization leaders should ensure that the legitimate and documented accomplishments of high-performing groups are recognized.

Because teams are the predominant unit for decision making and getting things done in any organization, it is essential to gauge the quality of dialogue, decision-making, action, and evaluation in each key community of practice in your alliance. The following is a process to assess inter-professional collaboration.

1. Determine the most essential communities of practice to your initiative -- those teams who really need to get things done if essential oral health outcomes are going to be accomplished. You can do this by reviewing the results of Action Step 3 - Inventory and Map Communities of Practice.

2. Administer the *Community of Practice Collaboration Assessment Tool (CoPCAT)*(Worksheet 8); a completed example is shown in Figure 15. Group/team members can use the *CoPCAT* to assess the characteristics of their collaboration quantitatively by checking one box in each row of the box that describes Dialogue (7 criteria), Decision-Making (7 criteria), Action (5 criteria), and Evaluation (5 criteria) and by recording the areas of strength, areas for improvement, and planned corrections for each element of the cycle of inquiry.

Start with Domain 1, Dialogue. Review the criteria in Row 1 and record the number in the left-hand column that best fits the description of your partnership. Then outline some areas of strengths, areas for improvement, and corrections (actions), and then ways to celebrate success. This can be done by team members using the process options in the tool, by an external evaluator that observes the team meetings, or an external review of meeting minutes.

3. Repeat the process for Decision-making, Action, and Evaluation.

4. When complete, go back to page 1 and record the numbers for each domain and summarize the overall strengths, etc.

5. You can also record your desired level of collaboration in the second left hand column for each of the four categories.

6. Use the data to make improvements and re-administer the *CoPCAT* at regular intervals over time.

Figure 15: Example: Community of Practice Collaboration Assessment Tool (Worksheet 8)

Name of CoP: Older Adult Oral Health Committee		CoP Members: State OH Program, State Aging Program, Governor’s Council on Aging Issues, Dental School, State Community Health Centers Association, State Medicaid Oral Health Program
Date: 10/10/10		Group/Person Completing the Assessment: External Evaluator
Process Used for Administering the Assessment: (check all that apply):		
	<input type="checkbox"/>	Recollection and reflection by a team member
	<input type="checkbox"/>	Observation of team meeting (via video)
	<input checked="" type="checkbox"/>	Observation of team meeting (in person)
	<input checked="" type="checkbox"/>	Review and analysis of agendas
	<input checked="" type="checkbox"/>	Review and analysis of meeting minutes
	<input type="checkbox"/>	Review and analysis of performance information
	<input checked="" type="checkbox"/>	Consultation with individual members(s)
	<input type="checkbox"/>	Consultation with specialist(s)
	<input checked="" type="checkbox"/>	Consultation with administrator(s)
	<input type="checkbox"/>	Other/specify:

Domain 1

Score		DIALOGUE		
		Record one number per row in the Current (C) column. A number can be added in the Desired (D) column if the alliance wants to do that process later.		
C	D	0	1	2
2		There is no pre-planned agenda for group dialogue.	A written agenda for group dialogue exists.	Agenda for team dialogue is pre-planned, written, and distributed.
1		Full attendance at team meetings is rare or the group meets sporadically.	Most team members regularly meet face-to-face.	All team members regularly meet face-to-face.
2		Team dialogue is improvisational and unstructured.	Occasionally the process for team dialogue is structured.	Team dialogue is guided by a protocol.
2		Team meetings do not focus on group practice and performance.	Team meetings are generally related to group practice and performance.	Team meetings are focused on the structured examination of group practice and performance.
2		Controversy and disagreements do not exist, or they exist and go unresolved.	Professional tension exists, but controversy is rare and/or may go unresolved.	Professional tension exists, and disagreements are resolved "now" or as close to now as possible.
2		Dialogue is almost convivial, or members tend to "dominate" or "hibernate."	Most team members contribute to the dialogue, but there are "hibernators" and "dominators."	Members participate equally in group dialogue; there are no "hibernators" or "dominators."
1		There is no record of team dialogue, decisions and intended actions.	A record of team dialogue, decisions, and intended actions exists.	A thoughtful, thorough, and accurate account of team dialogue, decisions, and intended actions is recorded and accessible to all team members.
Total C Score: 12				
Total D Score:				

Areas of Strength:

Agendas are planned in advance and address important issues. Meetings are well-facilitated.

Areas for Improvement:

Attendance is not consistent. Notes could be more detailed.

Corrections and Celebrations:

Document action items in meeting notes and check progress in subsequent meetings.

Domain 2

Score		DECISION-MAKING		
		Record one number per row in the Current (C) column. A number can be added in the Desired (D) column if the alliance wants to do that process later.		
C	D	0	1	2
2		The team does not decide what individual and collective practices they will initiate, maintain, develop, and/or discontinue.	The team occasionally determines what individual and collective practices they will initiate, maintain, develop, and/or discontinue.	The team regularly decides what individual and collective practices they will initiate, maintain, develop, and/or discontinue.
2		Decisions are not typically informed by face-to-face dialogue in team meetings.	Most decisions are informed by team dialogue in face-to-face meetings.	All decisions are informed by team dialogue in face-to-face meetings.
2		The group does not have a process for leadership and/or facilitation.	A process for team leadership and facilitation is determined.	A process for team leadership and facilitation is purposefully determined.
2		Decision making process does not exist or is not transparent; decisions are rarely made by consensus.	The process for making decisions is informal; most decisions seem to be made by consensus.	The process for making any decision is transparent and adhered to; decisions are most often made by consensus.
2		Decisions are not made, or do not relate to the cultivation of identified outcomes, activities, and indicators.	Decisions are tangentially related to the improvement of practice and the cultivation of identified outcomes, activities, and indicators.	Decisions are directly related to the improvement of practice and the cultivation of identified outcomes, activities, and indicators.
2		Team members do not identify specific instructional practices that they will employ to increase student learning, nor do they identify the strategies they will discontinue.	Team members determine strategies that they will employ to improve performance or the less effective strategies that they will discontinue.	Team members determine specific strategies that they will employ to improve performance and the less effective strategies they will discontinue.

2		Individual members make their own decisions regardless of team decision-making.	Most individual team members commit to carrying out team decisions.	Each individual member commits to carrying out team decisions.
Total C Score: 14				
Total D Score:				

Areas of Strength:

The group makes decisions based on data and understanding of the current environment.

Areas for Improvement:

Corrections and Celebrations:

We've come a long way and should take time to celebrate accomplishments. We have a new member and need to share this history with her and ensure that she is aware of the background and informs our current decision making.

Domain 3

Score		ACTION		
		Record one number per row in the Current (C) column. A number can be added in the Desired (D) column if the alliance wants to do that process later.		
C	D	0	1	2
1		Between team meetings individual team members do not take action.	Between team meetings most individual team members take specific action(s) as a result of team decision-making.	Between team meetings each individual team member takes specific action(s) as a result of team decision-making.
1		Team member actions are not complex, challenging, or interdependent.	Team member actions are somewhat coordinated and interdependent, complex/challenging.	Team member actions are coordinated and interdependent, complex/challenging.
2		Team members do not take action related to the cultivation of identified outcomes, activities, and indicators.	Actions are generally related to the improvement of practice and the cultivation of identified outcomes, activities, and indicators.	Actions are directly related to the improvement of practice and the cultivation of identified outcomes, activities, and indicators.

1		Individual members do not employ new strategies intended to increase performance, nor do they discontinue the use of less effective strategies.	Most individual members employ strategies intended to increase performance and discontinue less effective strategies.	Each individual member employs specific strategies that will improve performance and discontinue less effective strategies.
1		Distribution of action-taking among team members is unfair/unbalanced.	Distribution of action-taking among team members varies.	There is equitable distribution of action-taking among team members.
Total C Score: 6				
Total D Score:				

Areas of Strength:

We do a good job of identifying specific actions that need to be taken.

Areas for Improvement:

There are some actions that are outside the members' control. Members are very busy people who manage complex programs. Sometimes actions just don't get done in a timely manner.

Corrections and Celebrations:

Not sure...but we need to keep revisiting the action items until the action is accomplished or we jointly decide to let go of it.

Domain 4

Score		EVALUATION		
		Record one number per row in the Current (C) column. A number can be added in the Desired (D) column if the alliance wants to do that process later.		
C	D	0	1	2
2		The team does not collect or analyze qualitative information about their practices and stated outcomes, activities, and indicators.	The team infrequently collects and analyzes qualitative information about their practices and stated outcomes, activities, and indicators.	The team regularly collects and analyzes systematically collected qualitative information about their practices and stated outcomes, activities, and indicators.

2		The team does not collect or analyze quantitative information about their practices and stated outcomes, activities, and indicators.	The team infrequently collects and analyzes quantitative information about their practices and stated outcomes, activities, and indicators.	The team regularly collects and analyzes systematically collected quantitative information about their practices and stated outcomes, activities, and indicators.
2		The team relies exclusively on “hearsay,” “anecdotes,” and “recollections” to evaluate the merits of their practices.	The team may rely more on “hearsay,” “anecdotes,” or “recollections” to evaluate the merits of their practices.	The team uses performance data to evaluate the merit of their practices.
2		Evaluation data and findings are not shared publicly within the team.	Evaluation data and findings are sometimes shared publicly within the team.	Evaluation data and findings are shared publicly within the team.
1		Most members on the team do not make evidenced-based improvements to her/his practice.	Most members on the team make evidenced-based improvements to her/his practice.	Every member makes evidenced-based improvements to her/his practice.
Total C Score: 9 Total D Score:				

Areas of Strength:

This group is very data-oriented and has good internal resources. Each member organization continues to strengthen their capacity to provide data that can be used for purposes of planning and evaluation, e.g., the new BSS for older adults.

Areas for Improvement:

Change is not always in the control of the members!

Corrections and Celebrations:

We should share some of the great data we have with outside entities and use our evaluation data not only for improving practice but also to influence policy.

There are issues with resources, political support, competing priorities, etc. We need to recognize this and look for ways to influence these conditions. Maybe we need to expand our group membership?

Summary of Domain Assessment Scores		
	Current	Desired
Dialogue	12/14	/14
Decision-making	14/14	/14
Action	6/10	/10
Evaluation	9/10	/10
Total	41/48	/48

Key Areas of Strength:

Strong team
 Well-run meetings
 Data-based decision-making and evaluation

Key Opportunities for Improvement:

Continued focus on results

Corrections and Celebrations:

Share data externally and use evaluation to inform, improve, and influence
 No major corrections needed

Step 7 - Develop a Communication Plan to Share Your Findings

One final step crucial to partnerships is using and sharing what you’ve learned about collaborations. Planning how to communicate the information to partners is central to evaluation and initiating change. Figure 16 (Worksheet 9) shows a completed example of a communication plan created by an oral health program.

Figure 16: Example: Communication Plan (Worksheet 9)

Goal: Support for increased levels of collaboration with organizations within the oral health coalition

Intended Audience: Health department administrators

Objectives: By July 31, 2011, increase health department support for continued and expanded collaboration, including an increase of \$3,000 in travel for coalition meetings

Key Messages: Collaboration is crucial to our success and embedded in all our activities. Collaboration among organizations is growing stringer, but we need additional resources to support continued and expanded collaboration.

Channels and Materials: Written 4-page issue brief

Activities: Project team draft issue brief, submit to oral health coalition for approval and endorsement, submit to health department administrators

Evaluation Design, Methods and Measures: Obtain feedback (written or verbal) from health administrators to assess their support for collaboration among coalition members. Obtain an increase in the travel budget (target = \$3,000)

Responsible Parties and Partnerships: Oral health program director and chair of oral health coalition

Timelines: Draft issue brief by August 15, 2011; coalition review and approve issue brief by September 15, 2011; submit to intended audiences by October 1, 2011

Budget/Resources Needed: In-kind for printing issue brief

Protocol for Review/Approval: Submit to chair of coalition to submit to coalition for approval and endorsement; submit with briefing memo to selected health administrators

After completing the activities you chose to evaluate, review the CEIF Checklist (Worksheet 1) for what you've done.

Summary

Meaningful collaboration should be systemically embedded into the daily life of an organization. It is the responsibility of every oral health group to carry out an evaluation that includes measures and methods that address the relative health and results of collaborative efforts. An effective system of collaboration does not emerge spontaneously or without a systematic design.

Groups can carry out seven action steps to successfully plan, evaluate, and improve organizational collaboration. These seven action steps make up the adapted Collaboration Evaluation and Improvement Framework (CEIF).

1. Determine a Shared Purpose
2. Raise Collaboration Literacy
3. Inventory & Map Communities of Practice
4. Monitor Stages of Development
5. Assess Levels of Integration
6. Assess Inter-Professional Collaboration
7. Develop a Communication Plan to Share Your Findings

The CEIF action steps build on each other but are not meant to be lockstep or mutually exclusive. Depending on the environmental variables, cultural attributes, and technological capacity of the organizational setting, oral health leaders may decide to engage in multiple steps simultaneously or go back and forth between them. The Collaboration Evaluation and Improvement Framework (CEIF) can be used by those invested in the vitality, productivity, and effectiveness of oral health coalitions or inter-organizational partnerships to systematically plan, evaluate, and improve inter-organizational collaboration over time.

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Resources

Evaluation

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Milstein RL, Wetterhall SF et al., "Framework for Program Evaluation in Public Health," *MMWR Recommendations and Reports*, vol. 48, no. RR11, pp. 1-40, September 1999. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm>

For more information about constructing Logic Models:

Centers for Disease Control and Prevention, Division of Oral Health. Oral Health Workbook: Logic Models. https://www.cdc.gov/oralhealth/funded_programs/pdf/logic_models.pdf

For more information on SWOT Analysis: http://en.wikipedia.org/wiki/SWOT_analysis

For more information on Theories of Change:

National Institutes of Health. *Theory at a Glance: A Guide for Health Promotion Practice*. 2nd edition. Bethesda: MD: USDHHS. 2005. <https://cancercontrol.cancer.gov/sites/default/files/2020-06/theory.pdf>

Collaboration

Turning Point Collaborative Leadership Self-Assessments.

http://www.phf.org/resourcestools/pages/turning_point_project_publications.aspx

Center for Collaborative Planning. <https://www.connectccp.org>

Assessing Your Collaboration: A Self Evaluation Tool. <http://www.joe.org/joe/1999april/tt1.php>

National Network of Libraries of Medicine. Tools and Resources for Evaluation and Data Collection.

<https://nnlm.gov/neo/training/guides>

Mattessich P, Monsey B, Murray-Close M. *Wilder Collaboration Factor Inventory: A Self-Guided Assessment Tool*. 2001. <http://wilderresearch.org/tools/cfi/form.php>

National Network for Collaboration. <http://www.uvm.edu/~ddeutl/ncco/>

Appendix A. Overview of Some Basic Evaluation Concepts

These quick examples of evaluation should not take the place of constructing a robust evaluation plan for your coalition or collaboration. We strongly encourage you to engage a professional evaluator to ensure that you are measuring the impact of your coalition or a specific collaboration.

Creating a Mission and Vision

The **mission** is the overarching reason for the existence of the organization. It should be simple and direct. A mission statement typically answers the questions: Why does the organization exist? Who does the work of the organization benefit? It may also answer the questions: What does the organization do? Where does the organization do its work? How does the organization do its work?

The **vision** expresses the desired future state; that is, what will be different because of the work of the organization.

Examples from the New York State Oral Health Coalition

Mission: To vigorously implement the New York State Oral Health Plan to maximize oral health for all New Yorkers.

Vision: Achieving optimal oral health for all New Yorkers thus improving overall general health

Developing Desired Outcomes, Objectives, Activities, and Indicators of Success

Questions to guide your thinking:

1. Do the desired outcomes, objectives, and activities fit with your program's mission?
2. Are the desired outcomes and objectives realistic?
3. What activities and services do you need to perform to reach your desired outcomes?
4. How will you know that your program is successful? What are indicators of success?

- **Desired outcomes:** the benefits that you intend your program to have; these may include systemic outcomes or ultimately outcomes for the persons impacted by your program or policy. Desired Outcomes are the results that we hope/expect to achieve because of our work. To demonstrate success along the path, it may be desirable to establish short, intermediate, and longer-term outcomes. Ultimately, however, the desired outcome is to improve the public's oral health.
- **Objectives:** specific, time-bound accomplishments that you expect your program to achieve that will lead to the attainment of short, intermediate, or long-term outcomes. Objectives should be consistent with what could reasonably be accomplished within a specific time frame and not be overly idealistic. Reasonable and realistic doesn't mean you won't strive for more, but in terms of carrying out an evaluation, the more clearly defined and measurable the objective, the

better. Your objectives provide a foundation for all subsequent program implementation and evaluation activities and each of the intended outcomes (effects on populations) will need to be evaluated.

- **Activities:** those services that you will provide and actions that you will take to reach your programmatic objectives. Activities are the interventions that will help to reach objectives and to bring about the intended outcomes. For the most part, program activities can be classified as any type of direct service or information that is provided to populations of focus.
- **Indicators of success:** measures that reveal the extent to which and ways in which you are carrying out program activities, reaching programmatic objectives, and obtaining the desired outcomes. Indicators of Success act as the gauge of whether, and to what degree, your program is making progress and having an impact. Depending on the intended uses and users of the evaluation, you may elect to assess indicators related to the quantity and quality of the program activities that you are delivering and/or the quantity and quality of the outcomes that your program is achieving.

A format for writing objectives is often referred to as the **SMART** format.

SMART refers to:
Specific
Measurable
Attainable
Realistic
Timely or time-bound

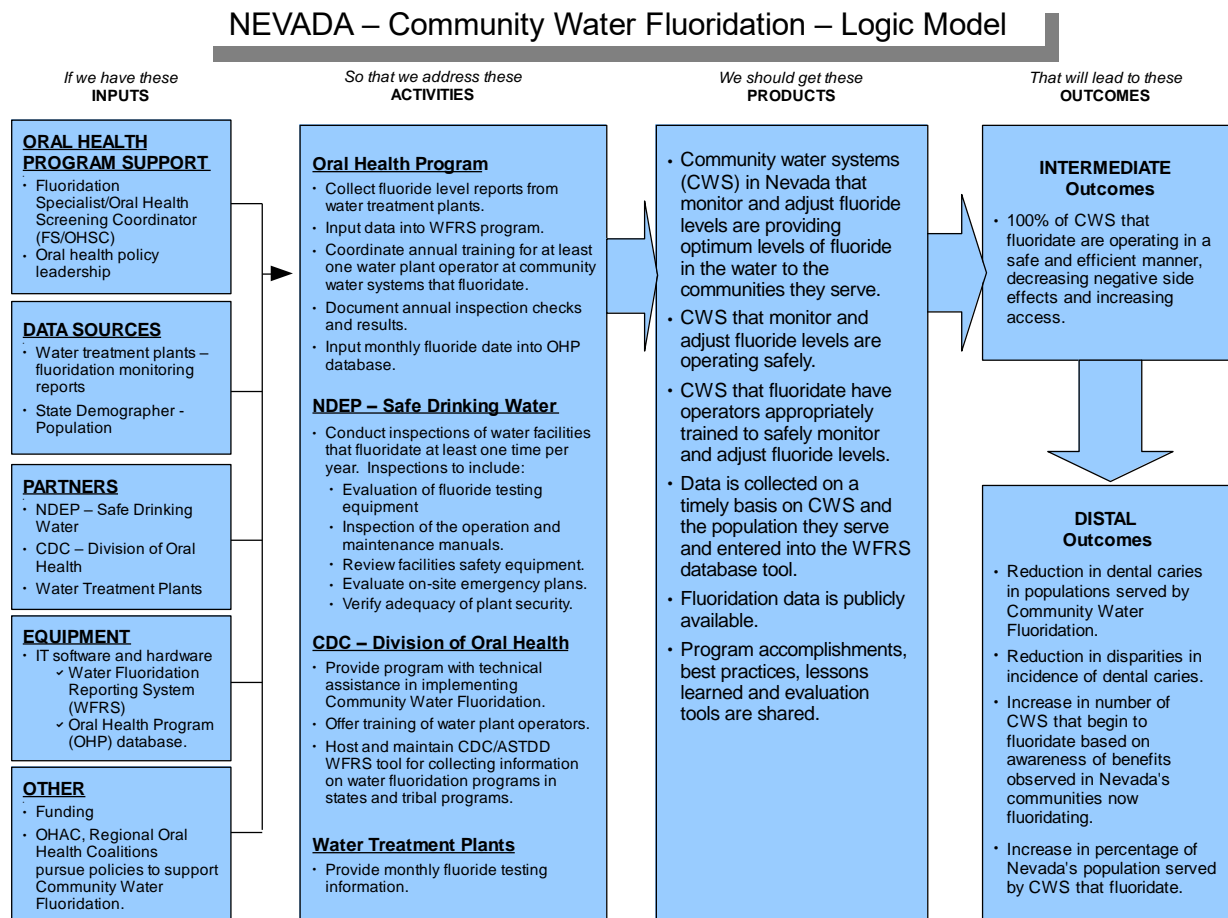
Example: Documenting Essential Evaluation Elements

Desired Outcomes	Objectives	Activities	Indicators of Success
Increase the proportion of Head Start children receiving follow-up oral health treatment services within two years	More dental providers are serving Head Start children	Educate dental providers about the oral health needs of Head Start children	Increased number of dental providers serving Head Start children
	Current dental providers are serving more Head Start children	Work with the State Dental Association to recruit dental providers to see Head Start children Locate volunteer dental providers; identify and address barriers to their participation Work with Dental School to engage dental students in serving Head Start children	Increased number of children being seen per provider Increased proportion of Head Start children being served

Developing a Logic Model

According to the W.K. Kellogg Foundation (2005), “A logic model is a systematic and visual way to present and share your understanding of the relationships among the resources you have to operate your program, the activities you plan and the changes or results you hope to achieve. This model provides a road map of your program, highlighting how it is expected to work, what activities need to come before the others, and how desired outcomes are achieved.” Logic models often include: inputs, resources, goals, objectives, activities, services, outputs; short, intermediate or long-term indicators, and outcomes. The following is a logic model from Nevada.

Example: Logic Model



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Developing a Theory of Change

A program's theory of change is a narrative statement about what it believes will take place as a result of particular actions and inputs. It is especially useful when the issues being addressed are especially complex, the solutions not entirely clear, and the line between inputs and outcomes are not linear. It is

also useful when planning interventions based on a specific health promotion theory (see *Theory at a Glance* document in the Resources list.)

Example: Theory of Change

Problem Definition: New school health clinics in elementary schools do not include oral health education or services

Action to Increase Awareness: Key representatives from state oral health program, public health nursing and health officer meet with Dept of Education, School Nurses Association, School Board Association and Parent Teachers Association representatives to discuss the benefits of adding an oral health component. Subsequent meetings may be needed to bring other collaborators to the table.

Initiation of Action: Representatives from previous meetings agree to pilot a new policy on addition of oral health services in one district, develop a list of approved activities for schools in the district to choose, create a process for gaining support from all potential collaborators, outline steps to introduce the services into schools in the district. A plan with specific methods and indicators to evaluate the project after two years will also need to be drafted.

Implementation of Change: Pilot is implemented at some point and evaluated two years later. Reactions to the policy and services are gathered from school administrators and staff, parents, students and dental professionals in the communities of focus. Revisions to policy, process for providing and evaluating services are made if needed, and a report is written to the state agencies with recommendations for implementation on a statewide basis.

Institutionalization of Change: The desired outcome is that the State Department of Education adopts a policy to integrate oral health education and services into school health clinics, with districts having options for portions to implement.