

Partnership Component Evaluation: A Survey of NDCC Committee and Workgroup Strength

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The North Dakota Comprehensive Cancer Control Program (NDCCCP) relies on the committees and workgroups of the North Dakota Cancer Coalition (NDCC) to help carry out its mission and implement the North Dakota Cancer Control Plan. The committees and workgroups are instrumental in planning and implementing strategies to fulfill National Comprehensive Cancer Control Program (NCCCP) strategies.

What is known is that most NDCC members choose to join a committee or workgroup, but a minority exists that are not participating in any. What is unknown are the reasons why members may choose not to be in a committee or workgroup. What is also unknown is why those participating in committees and workgroups choose to continue doing so. The critical need is to understand how to keep members actively engaged in the committees and workgroups in order to ensure that the NDCC is functioning and effective. The current study has been designed to understand the factors that affect member participation in committees and workgroups and the barriers that keep some members from joining.

Purpose of Study

The purpose of the study is to understand the strength of the NDCC workgroups and committees by examining member perceptions of involvement, satisfaction, and benefits in relation to their work with the coalition workgroups and committees. This evaluation is focused on the partnerships of the NDCCCP and is one part of an overall evaluation plan required by the Centers for Disease Control (CDC). Results of the evaluation will be used to implement changes to enhance the work of the NDCC workgroups and committees and will be reported back to key stakeholders including the CDC.

Methods

Participants

The survey was distributed to the members of the North Dakota Cancer Coalition. In addition, the survey was also distributed to individuals who were non-members, but served on NDCC committees or workgroups. The survey was distributed to a total of 247 individuals with 100 completing the survey for a response rate of 40.5 percent. The majority of the participants were female (91%) and a plurality were employed in public health (33%).

Instrument

The instrument included four demographic type questions. There were also nine questions which pertained to the three constructs of involvement, satisfaction, and benefits. For those nine questions, respondents were asked to rate the degree to which they agreed with each statement on a six-point likert-type scale, with 1 = strongly disagree, 2 = disagree, 3 = slightly disagree (all some form of disagreement), 4 = slightly agree, 5 = agree, 6 = strongly agree (all some form of agreement). There was one open ended question related to benefits and one multiple-response question related to reasons members did not serve on a committee. All respondents completed the demographic questions. For respondents who indicated that they were currently serving on a committee or workgroup; they completed questions one through ten and skipped question 11. For those who indicated that they did not currently serve on a committee or workgroup, they skipped questions one through ten and then completed question 11.

Internal consistency was measured with all constructs having Cronbach's Alphas between .75 and .95. The instrument results were factor analyzed with principle components using Varimax in SPSS. Items included in the formation of the constructs were evaluated based on the factor loadings.

Procedure

The survey was created using the SurveyMonkey online survey service. A link to complete the survey was emailed to NDCC members as well as non-members who have worked on one of the committees or workgroups. Respondents had two weeks to complete the survey and email reminders were sent periodically during the survey period.

Results

Table 1 shows the results of the four demographic types questions that were asked. The majority of respondents were female (91%). Length of membership was fairly even among the groups with the 1 – 2 years group being the lowest at 18 percent. There were no majorities, but rather clear pluralities for type or organization (public health - 33%) and committees and workgroups (prevention - 30%).

Table 2 shows the construct of involvement. Question one had a markedly lower percent of agreement at 79.7 percent. It also had the lowest mean and highest standard deviation. However, overall the respondents reported a high degree of involvement in committees and workgroups.

For the construct of satisfaction, the percent of agreement, mean, and standard deviation were all nearly identical. Percent of agreement and mean were all very high and standard deviation was less than one for each question (Table 3).

The construct of benefits was much like the construct of satisfaction. Each question had nearly the same results with high percent of agreement, mean, and identical standard deviations (Table 4).

Respondents were asked an open-ended question about what they believed to be the greatest benefit to serving on a committee or workgroup. The responses were analyzed and

common themes were developed. Three distinct themes emerged with networking/collaboration being the most common response at 54.4 percent (Table 5).

If a respondent indicated that they did not currently serve on a committee or workgroup, they were directed to question 11 which asked why. The large majority (81.5%) answered that they were too busy or had no time available (Table 6). The response of “other” was also high. When asked to specify “other”, the top response was that they were new members and have not yet decided on what group to join.

There appears to be a statistically significant positive correlation between all constructs. The individual items in each construct were averaged and reliabilities were good with Cronbach’s Alphas ranging from .81 to .88. (Table 7)

Comparisons were made between the different demographic groups. The only construct that was statistically significant was involvement when comparing the different employer organization types. Respondents who worked in hospitals, clinics, etc. (not within a cancer center) reported lower levels of involvement, $f(5,58) = 2.456, P < .05$.

Analysis and Recommendations

Involvement

The results show that question one, asking “I am actively involved in committees/workgroups”, had the lowest percentage of agreement (79.7%), lowest mean (4.5), and highest standard deviation (1.1). In addition, an analysis of variance comparing the different types of employment organizations in relation to the construct of involvement showed a statistically significant difference between the groups. The organizational group “hospitals, clinics, etc. (not within a cancer center)” had the lowest mean (4.0), which was half a point lower than then next lowest group (other) and 1.1 points lower than the highest group (cancer center).

This evidence suggests that barriers exist that prohibit some members from being actively involved in workgroup and committee activities. Further, it appears that those who work in hospital or clinic settings outside of cancer centers have a significantly more difficult time overcoming those barriers. The strength of the committees and workgroups and the Coalition overall require the active involvement of a diverse membership. As such, the barriers to involvement must be identified and addressed.

The first recommendation is to discuss with coalition members who work in hospitals and clinics outside of the cancer centers, the specific barriers that exist preventing them from being involved in committee and workgroup activities. Also, since much of the committee and workgroup work happens in monthly conference calls, a discussion of other activities that members would be interested in participating in could provide alternative options to be involved that may be more convenient for members given their available time and schedule.

The second recommendation is to analyze how the committees and workgroups engage the membership overall. While the committee and workgroup leadership strive to make conference call meeting times as accessible as possible, it still only provides a limited format for individual participation and involvement. Committees and workgroups should plan and offer activities that not only accommodate those who struggle to find the time to participate in the conference calls, but activities that also allow the utilization of members various strengths and talents. If activities are planned that cultivate and capitalize on members strengths, not only should the level of involvement rise, so should the quality, quantity, and impact of committee and workgroup initiatives.

Committee/Workgroup Membership

Thirty-five percent of all respondents indicated that they were not currently serving on a committee or workgroup. Of those, the top reason for not being a member of a committee or workgroup is too busy/not enough time (81.5%). This statistic again reiterates the need to assess the way in which we engage our membership. If a large portion of the membership is unable to participate in committees and workgroups because of time and scheduling constraints, the coalition is missing out on the strengths and talents of those members.

Other reasons given for not joining a committee or workgroup were: not knowing where they fit in (11.1%), not knowing how to get involved (7.4%), not believing that they have anything to contribute (7.4%), and no one asked them to join (3.7%). Respondents also answered 'other' (29.6%) and were asked to explain. The majority of explanations were that they were new members and have not yet decided on a group to join.

The recommendation to address these concerns is to provide additional guidance during the new-member orientation process. This would involve new members completing a survey to determine their personal and professional interests related to cancer so that the Community Outreach Coordinator (COC) could suggest a committee or workgroup to them. The COC can also forward names of new members to committee and workgroup leads based on the survey information so the leads can then follow up with the new members with a personal invitation.

To reach current members who are not in a workgroup or committee, the recommendation is to identify those members and make contact with each one. A representative from the coalition can offer help in getting that person connected with a group or help them by understanding and assisting with any barriers to joining and participating in committees and workgroups. Getting in touch with these disengaged members and understanding their reasons

for not participating in committees or workgroups may uncover unknown barriers or issues. This process would also aid the coalition in identifying inactive members who should be purged from the membership list.

Benefits

Respondents were asked about what they thought was the biggest benefit to them of being a member of a committee or workgroup. The question was open ended and the responses were able to be categorized into three distinct themes: networking/collaboration/partnerships (54.4%), making a difference/accomplishing something greater (30.4%), and learning/education/information (39.1%). Also, when factor analyzing the items included in the formation of the constructs using a Varimax rotation, it appears that the construct of benefits is nested with the construct of involvement. This means that those who indicated that they had high involvement also indicated that they had a high amount of benefits and vice versa.

Given this information, the recommendation is that when developing activities and opportunities to increase involvement, to focus on projects that will promote networking and collaboration, learning and education, and the achievement of meaningful and impactful goals. With this focus on benefits, the committees and workgroups can satisfy member's self-interest and promote increased involvement while at the same time progressing the goals and mission of the coalition. In addition, the monthly committee and workgroup conference calls should include time set aside for activities that will help promote these benefits as well.

Conclusion

The results of this survey have indicated that the committees and workgroups are strong. Members indicated that they were highly involved, satisfied, and benefit from the committees and workgroups. However, while the results showed many things that are working well, there are

areas that can be improved upon. There are certain aspects of involvement, especially for specific demographic groups, which are markedly lower. There are also some members who are having difficulty in finding and joining the right committee or workgroup. These challenges can be overcome however, through targeted actions.

This evaluation is intended identify strengths and weaknesses and to create and execute a plan that will enhance the NDCCCP and NDCC. This evaluation is intended to be formative rather than summative. As such, this evaluation is intended to be the start of a process that will seek to continually assess, communicate, and improve the processes and outcomes of the committees and workgroups, the NDCC, and the NDCCCP.

Tables

Table 1. Committee and Workgroup Member (n = 100) Demographics

Demographic Questions	n	%
D1. Length of NDCC Membership		
Less than 1 year	26	26.0
1 -2 years	18	18.0
3 – 5 years	27	27.0
More than 5 years	26	26.0
Not currently an NDCC member	3	3.0
D2. Sex		
Male	9	9.0
Female	91	91.0
D3. Type of organization you work in		
Public health	33	33.0
Cancer center	18	18.0
Hospital, clinic, etc. (not within a cancer center)	13	13.0
Tribal health	7	7.0
Non-profit	14	14.0
Other	15	15.0
D4. Committees/workgroups are you currently serving on*		
Steering	16	16.0
Prevention	30	30.0
Screening & Early Detection	11	11.0
Treatment	12	12.0
Survivorship	11	11.0
Policy/Advocacy	2	2.0
Data/Evaluation	5	5.0
Ad hoc (includes conference planning committee)	3	3.0
None	35	35.0

*Multiple responses possible

Table 2. NDCC Committee and Workgroup Member's (n = 64) Perceptions of Involvement
Percentage of Some Form of Agreement (strongly disagree = 1, strongly agree = 6), Mean, and Standard Deviation

Involvement Questions	% of agreement	Mean	SD
Q1. I am actively involved in coalition committees/workgroups.	79.7	4.5	1.1
Q2. I enjoy being involved in committees/workgroups.	96.9	5.0	0.8
Q3. I feel passionate about my involvement in committees/workgroups.	92.2	4.9	1.0

Table 3. NDCC Committee and Workgroup Member's (n = 64) Perceptions of Satisfaction
Percentage of Some Form of Agreement (strongly disagree = 1, strongly agree = 6), Mean, and Standard Deviation

Satisfaction Questions	% of agreement	Mean	SD
Q4. I am satisfied with the direction of the committees/workgroups that I serve on.	95.3	4.9	0.6
Q5. I am satisfied with the accomplishments & successes of the committees/workgroups that I serve on.	95.3	5.0	0.7
Q6. I am satisfied with the leadership of the committees/workgroups that I serve on.	96.9	5.1	0.7

Table 4. NDCC Committee and Workgroup Member's (n = 64) Perceptions of Benefits
Percentage of Some Form of Agreement (strongly disagree = 1, strongly agree = 6), Mean, and Standard Deviation

Benefits Questions	% of agreement	Mean	SD
Q7. Participation in committees/workgroups benefits me professionally.	93.8	5.0	0.8
Q8. Participation in committees/workgroups benefits my employer/organization.	96.9	4.9	0.8
Q9. Participation in committees/workgroups benefits me personally.	95.3	4.9	0.8

Table 5. Committee and Workgroup Member's (n = 46) Responses to Open-ended Question on the Greatest Benefit of serving Committee and/or Workgroup

Question	n	%
Q10. What is the greatest benefit to you of serving on a NDCC committee/workgroup?*		
Networking/collaboration/partnerships	25	54.4
Making a difference/accomplishing something greater	14	30.4
Learning/education/information	18	39.1

*Multiple responses possible

Table 6. NDCC Member's (n = 27) Reasons for Not Serving on a Committee or Workgroup

Question	n	%
Q11. If you are not currently serving on a committee/workgroup, please indicate why*		
Too busy/no time available	22	81.5
Meeting times are inconvenient	4	14.8
No interest in any of the committees/workgroups	0	0.0
Activities of the committees/workgroups are not relevant to goals	0	0.0
I feel the committees/workgroups have poor leadership/organization	0	0.0
I do not believe that I have anything to contribute	2	7.4
I have had a poor experience in the past with committees/workgroups	1	3.7
I do not know how to get involved	2	7.4
No one asked me to join a committee/workgroup	1	3.7
I have not found a committee/workgroup where I fit in	3	11.1
Other	8	29.6

*Multiple responses possible

Table 7. Correlation of Subscale Constructs and Measures of Internal Consistency for Members of NDCC Committees and Workgroups

Construct	Subscale (Items)	C1.	C2.	Cronbach's Alpha
C1.	Involvement (Q1, Q2, Q3)			.81
C2.	Satisfaction (Q4, Q5, Q6)	.47*		.88
C3.	Benefits (Q7, Q8, Q9)	.64*	.55*	.82

* Correlation is significant at the 0.01 level