

**Evaluation of the New England
Consortium:
a Regionalization Effort in
Tuberculosis Control**

The Evaluation

- Goal: determine the Consortium's effectiveness of in promoting regional communication and collaborative activities
- Evaluation questions:
 - What challenges and successes have occurred in building this regional collaboration?
 - What factors promote or hinder regionalization efforts?
 - What lessons can be learned for the region and for other areas of the country?
- Approach: guided by the CDC Framework for Program Evaluation in Public Health
- Design: case study

Successes

- Framework for collaboration established
 - Coordinated, comprehensive definitions and procedures developed
 - strategic planning process occurred
 - Formal agreement signed
- Communications were routine
 - Regular, structured conference calls offered, all programs routinely represented
 - Special meeting organized during the Northeastern TB Controllers meeting
- State program capacity built
 - Medical Officer provided programmatic consultations to individual states
 - Brings an outsider's perspective

“The conference calls offer an opportunity to hear what others are doing and make connections.”

– Consortium stakeholder

Successes (2)

- Relationships were strengthened
 - Provided fora to enhance previously existing interpersonal relationships
 - Medical Officer and health educator connected people with similar roles and concerns
 - Provided mechanism to establish relationships for new staff to state programs
- Many collaborative activities occurred
 - Meetings were held among partners
 - Collaborative trainings were routinely offered
 - Web-based presentations were well attended
 - Genotyping workgroup founded and conference calls well attended
 - A website was developed (NewEnglandTB.org)



New England TB.org



“Sometimes I feel isolated and there is no one to share problems with. The Consortium provides a way to brain storm solutions.”

– Consortium stakeholder

Challenges

- Participation varied
 - Larger programs and more staff were able to participate more
 - Location of assignees created perceived inequality
- Staff changes
- Start-up took time
- Roles and responsibilities were unclear
 - Consortium members unclear of commitments
 - Role of the RTMCC health educator required clarification
 - Procedures had to be established between the Medical Officer and the host state

“I felt unsure of our responsibilities to the Consortium. I was afraid it would be more work, and we were already maxed out.”

– Consortium stakeholder

Factors Promoting Regionalization (1)

- *Strong interpersonal ties pre-existed the Consortium*
- *Regional assignees served as catalysts and facilitators*
 - Provided non-directive facilitation
 - Served as a fulcrum to facilitate connections
 - Provided skills and time resources to fulfill identified needs. Many respondents felt that their needs were heard and acted on.
- *Assignees were interpersonally effective*
 - Enthusiastic and positive attitudes
 - Non-critical and supportive
 - Empowering atmosphere created and increased morale
- *Size of the partnership was optimal*
 - Able to address their needs of all partner programs
 - Provided them a way to share ideas and connect with similar programs

“We were way too busy to collaborate, we needed someone who can facilitate communications.”

– Consortium stakeholder

Factors Promoting Regionalization (2)

- Agreements were formalized
- Leadership was shared
 - All partner states empowered to set direction
 - Medical Officer and regional trainer performed tasks defined equally by all members
 - Shared authorship on posters and articles
- Routine and consistent procedures were established
- Needs assessment was conducted early in process
 - inventory of assets and needs was created
 - enabled connections to be made between needs and resources
- Other regional resources complemented the Consortium
 - Regional TB Hospital
 - States served by the same RTMCC and Project Officer

“People love the case presentations. Since we are very rural, and we can’t go out of state for training, this is a great opportunity.”

– Consortium stakeholder

“The Consortium solidified relationships and increased communications and sharing of ideas. But, the loss of funds and staff turnover limit the programmatic effects of the collaboration.”

– Consortium stakeholder

“A new person will have support. It is critical to have people to fall back on ... [the Consortium] is a group of experts for reality checks.”

– Consortium stakeholder

Action Steps for the Consortium

- Continue the process for consensus building
- Build on common experiences
- Develop a formal communication process
- Continue to develop the role of the designated regional staff

Lessons Learned

- Regionalization creates opportunities for TB programs to enhance program quality
- Voluntary collaborations among regional TB programs sharing similar needs can be successful
- Equity among partners is essential
- The New England Consortium provides a model for building consensus through strategic planning, establishing formal agreements and clearly articulating the roles and responsibilities
- Regional assignees can be effective mechanisms to promote regionalization



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