Regional Coalition Evaluation
Summary of Results from PARTNER Tool

Background

In 2010, three Florida regions - Tampa/Hillsborough County, Panama City/Panhandle area, and Jacksonville/Duval County – used the CDC's MAPP (Mobilizing for Action Through Planning and Partnerships) public health planning approach to begin building local systems that support health care transition. With guidance from local MAPP facilitators and utilizing FloridaHATS' *Strategic Planning Guide for Regional Coalitions,* the three regions convened a diverse group of stakeholders and conducted a 5-month planning process. Participants assessed existing systems of care for youth and young adults with special health care needs in their respective communities; identified gaps in services; and devised and prioritized strategies to support health care transition. Since 2010, coalition members have continued to work together to implement their action plans for community-level improvements.

Purpose

This study examined FloridaHATS' experience with engaging multi-system partners in community-based health care transition collaboratives. We assessed the perceived value, quality of relationships, and outcomes in the three pilot coalitions. Specifically, our evaluation questions were: 1) What is the perceived value of the collaborative among partner organizations? 2) What is the degree of trust, interaction, and commitment? 3) Where and how are partnerships within the coalition working?   4) To what degree have performance outcomes been achieved? and 5) How can the collaborative be strengthened?

Methods

A cross-sectional survey research design was employed to assess the coalitions. We used the PARTNER (Program to Analyze, Record and Track Networks to Enhance Relationships) tool, a secure online survey software program designed by public health researchers at the University of Colorado specifically for communities that have used the MAPP process (see www.partnertool.net).

PARTNER is a standardized instrument used to monitor and measure connectivity and relationships in community partnerships. Variables include a combination of network- and organizational-level measures: number of partners in the network or collaborative, types of partners in the network, frequency of interaction among partners, the "value" of partners to a network (measured as power, level of involvement, and resources), trust among partners (measured as reliability, mission congruence, and transparency among partners), and the exchange of resources among members of a network.

The survey takes 10-20 minutes to complete and was customized for each coalition; that is, there were three versions of the survey, each administered independently of the others. In addition to 18 standard PARTNER questions, we added two open-ended questions about how to improve each coalition. Survey questions are attached as an addendum to this report.

We used a non-probability purposive sampling approach to recruit as many community coalition members as possible who participated in strategic planning and/or subsequent implementation activities. Only one representative from each organization/ program/ department completed a survey; respondents were asked to answer survey questions from the perspective of their organization rather than as individuals. Email invitations were sent to members with a copy of the coalition's strategic plan, a link to the survey, and a request to respond within 2 weeks. Up to three follow-up email reminders were sent in order to maximize participation.

The Florida Department of Health Human Research Protection Program determined that this project is program evaluation rather than research; therefore, it did not require DOH IRB review.

Results

Preliminary results from the three collaborative groups are highlighted in the following pages through visual representations, reported by coalition. While we examined variables at both the network and organizational levels, we were primarily interested in understanding various dimensions of the network as a whole. Thus, we have organized results under the headings of network maps, network scores, and outcomes.

Network maps illustrate degree of connectivity, influence/power, and level of involvement among member organizations. Each node represents a member organization/ program/department, identified by an abbreviated name and categorized into one of nine color-coded groups (Pediatric Medical Services, Payer/Funder, Mental/Behavioral Health, Disability Services, Clinic/Hospital, Advocacy/Family Support, Adult Medical Services, Education, and Public Health). Node size indicates level of influence/power and involvement of the organization; connectors show the ties between organizations. Bar graphs depict **network scores** for degree of centralization, density, and trust within the collaborative, as well as perceived process **outcomes** for each coalition.
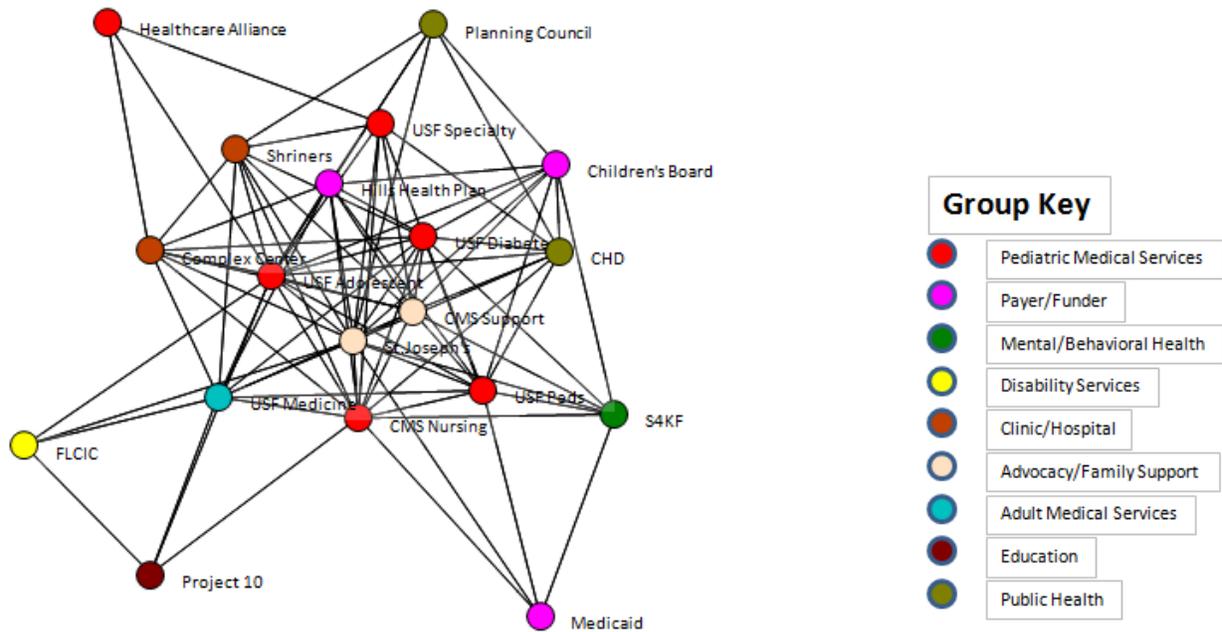
For more information about this report, please contact Janet Hess at jhess@health.usf.edu or (813) 259-8604.
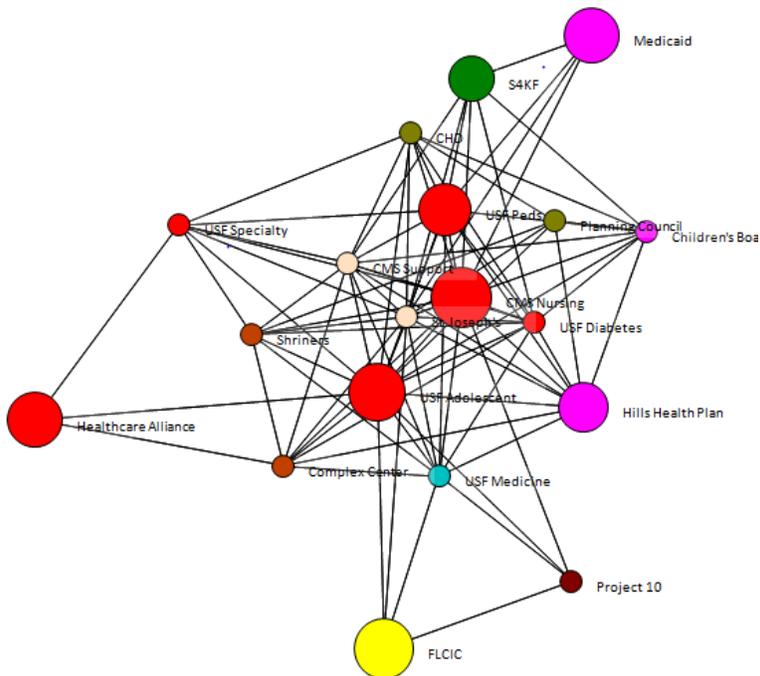
HillsboroughHATS

Of 19 organizations/programs/departments assessed and invited to participate in the survey, 15 representatives completed the questionnaire (79% response rate).
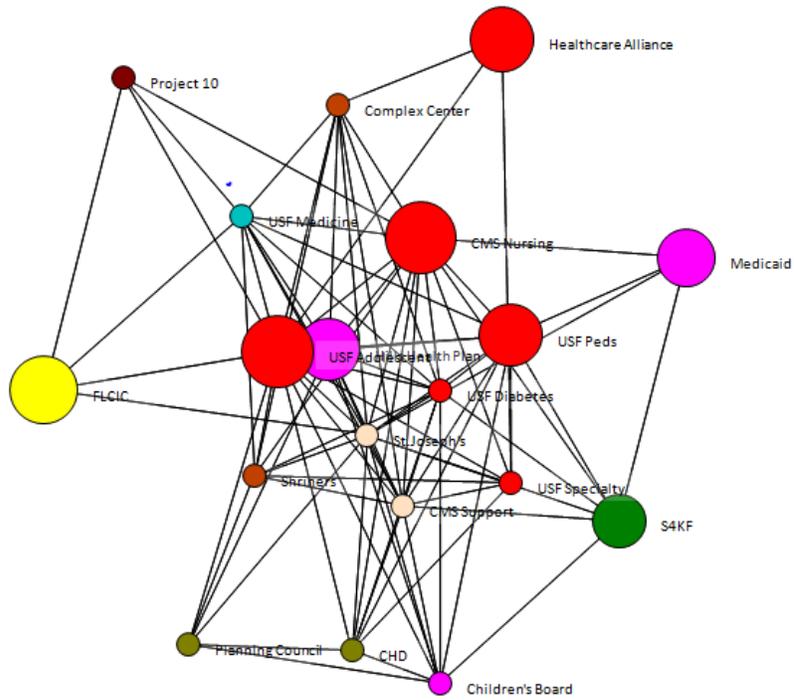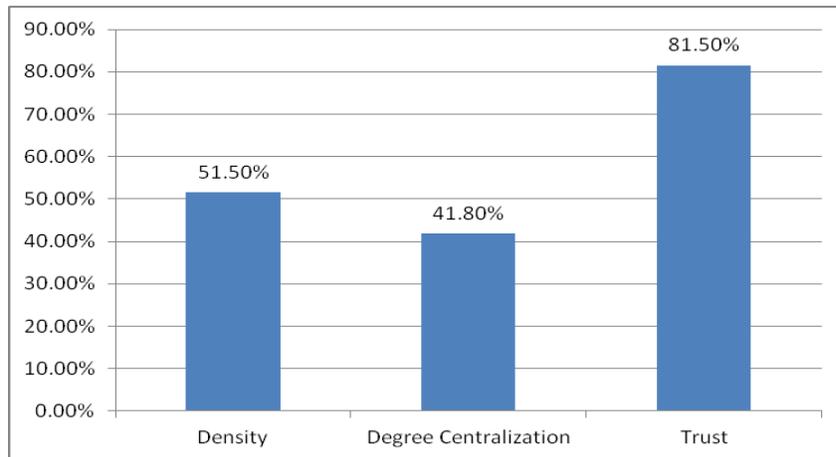
Network Maps

Inter-organizational Connectivity

Power/Influence

Level of Involvement

Network Scores

Density: 51.5%. Density is the percentage of ties present in the network in relation to the total number of possible ties in the entire network.

Degree Centralization: 41.8%. The lower the centralization score, the more similar the members are in terms of their number of connections to others, e.g. more decentralized.

Trust: 81.5%. The percentage of how much members trust one another. A 100% occurs when all members trust others at the highest level.

Outcomes

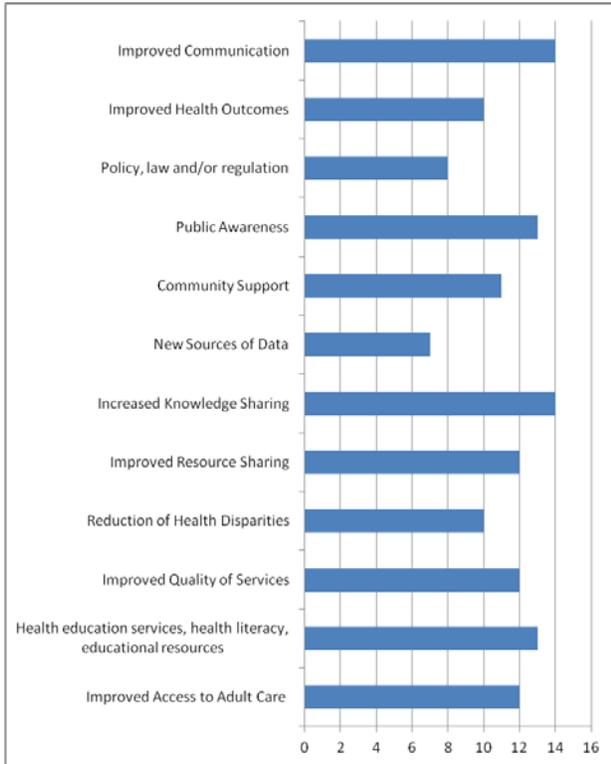Table 1. What are potential outcomes of this coalition's work?   Table 2. Which is the coalition's most important outcome?
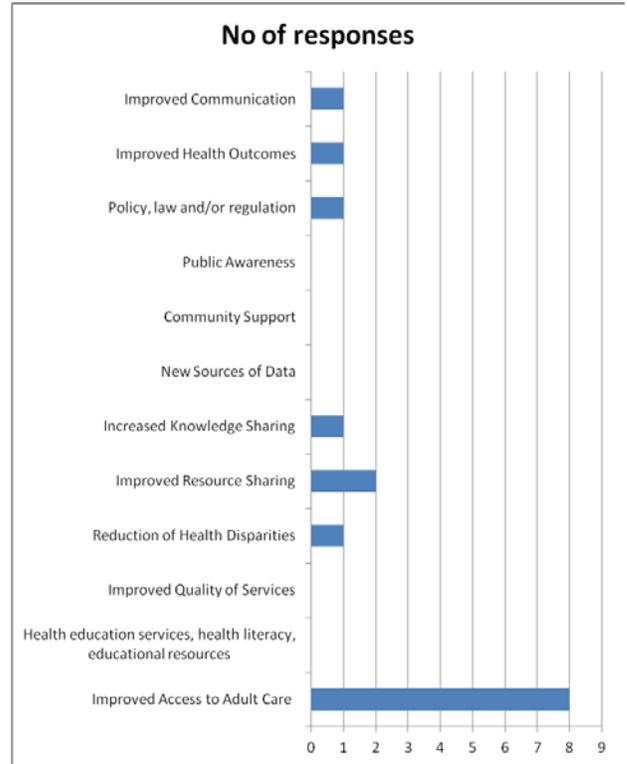

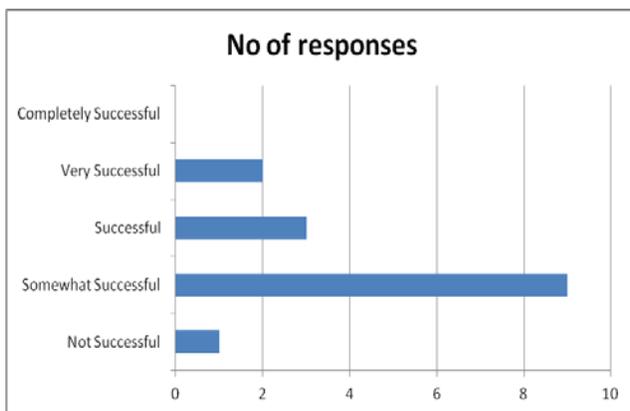Table 3. How successful has HillsboroughHATS been at reaching its goals?   Table 4. What aspects of collaboration contribute to this success?

JacksonvilleHATS

Of 25 organizations/programs/departments assessed and invited to participate in the survey, 14 representatives completed the questionnaire (56% response rate).

Network Map

Inter-organizational Connectivity

Power/Influence

Level of Involvement

Network Scores

Density: 36.3% (percentage of ties present in the network in relation to the total number of possible ties in the entire network)

Degree Centralization: 64.7% (the lower the centralization score, the more similar the members are in terms of their number of connections to others, e.g. more decentralized).

Trust: 70.5% (percentage of how much members trust one another. A 100% occurs when all members trust others at the highest level)

Outcomes

Table 1. What are potential outcomes of this coalition's work?
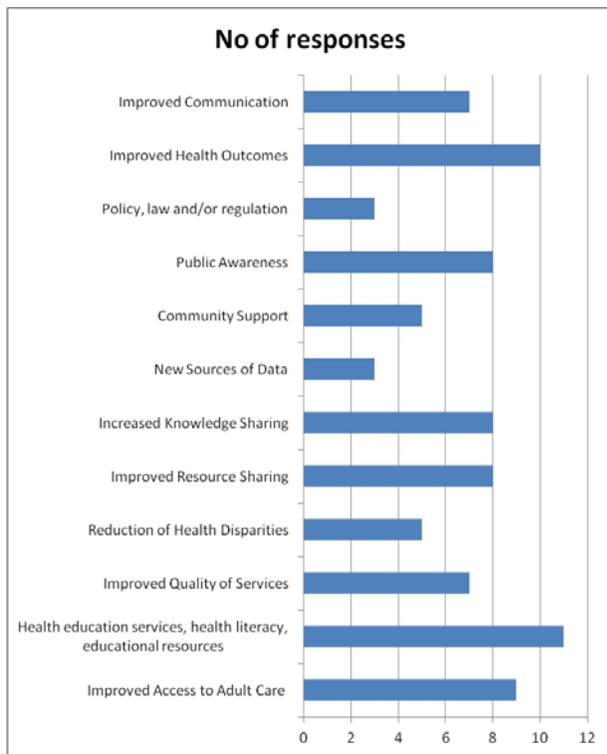
Table 2. Which is the coalition's most important outcome?
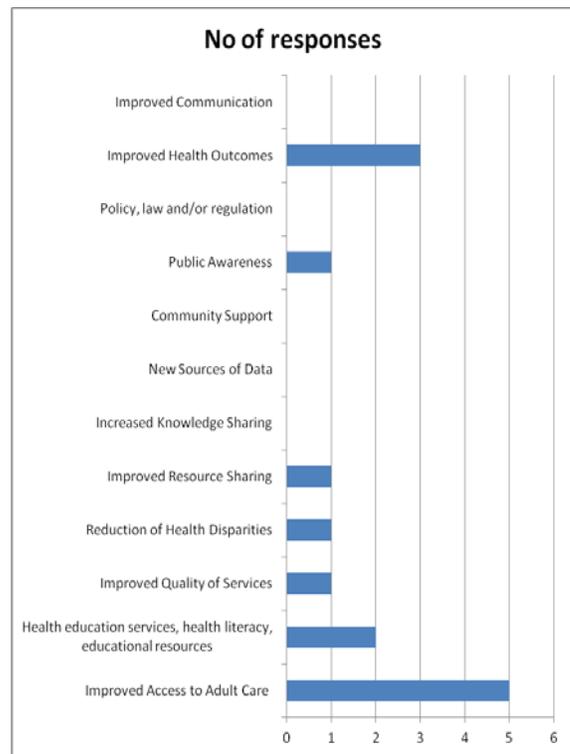
Table 3. How successful has JacksonvilleHATS been at reaching its goals?
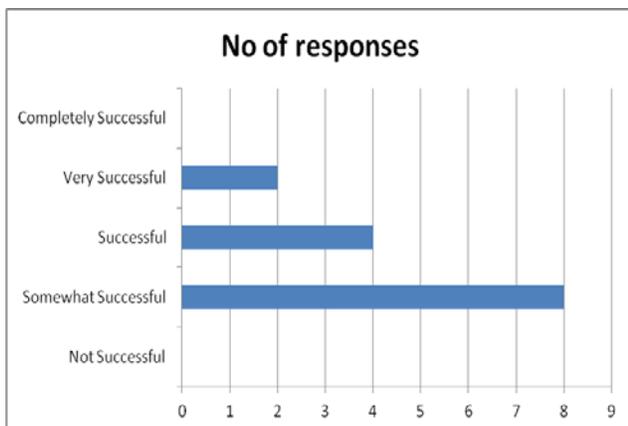
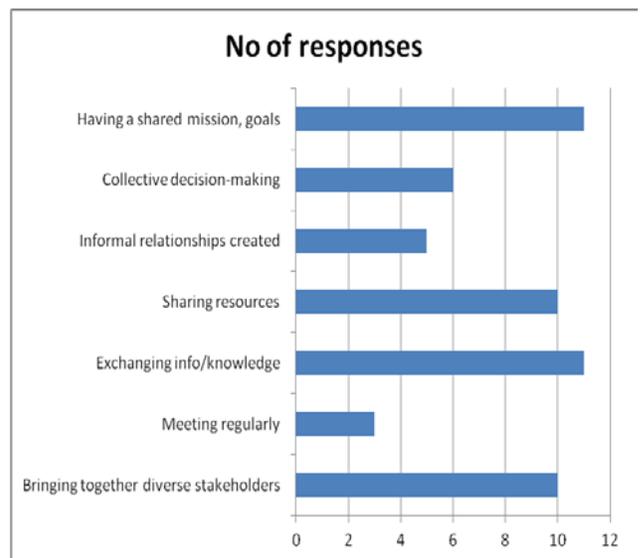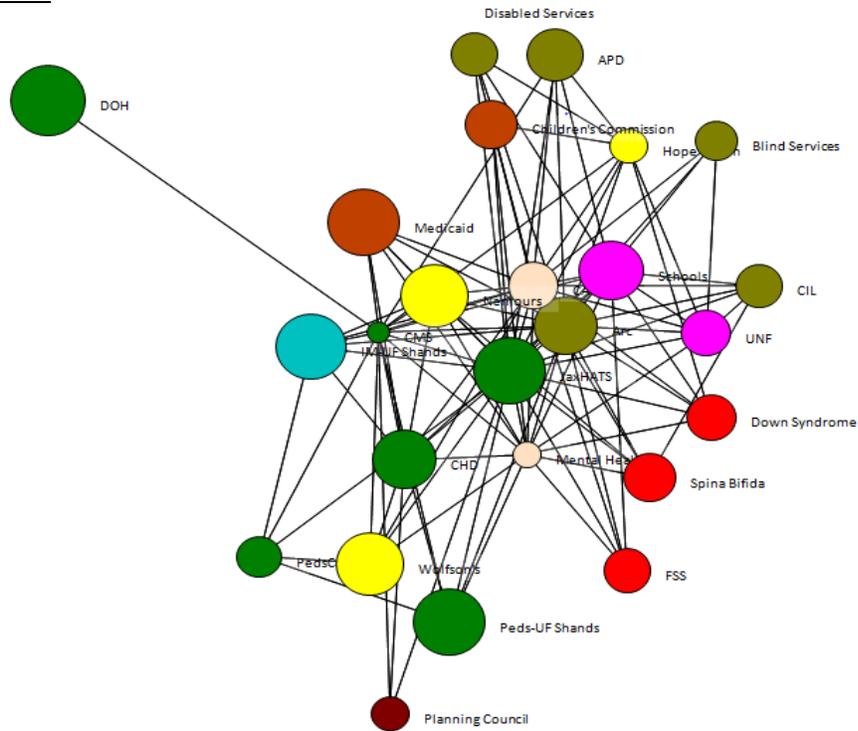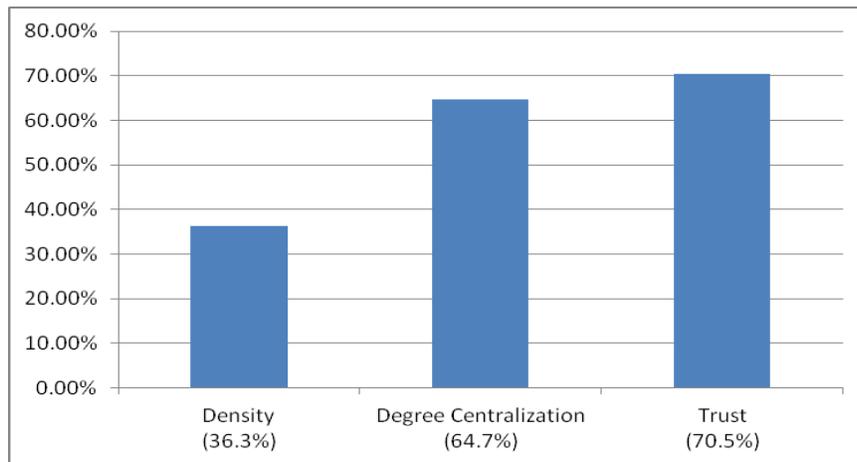Table 4. What aspects of collaboration contribute to this success?
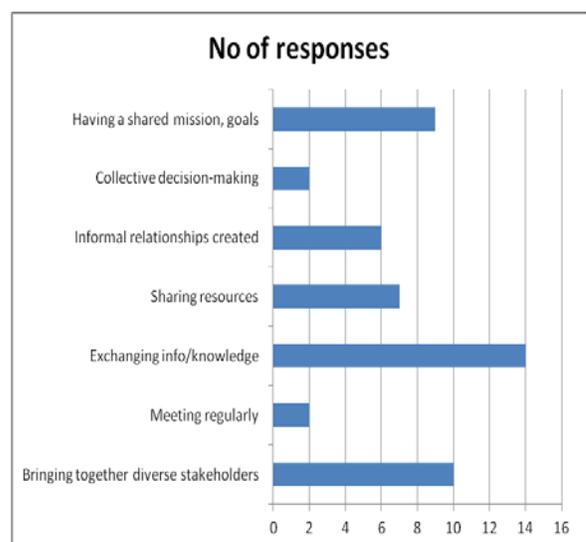
PanhandleHATS

Of 18 organizations/programs/departments assessed and invited to participate in the survey, 9 representatives completed the questionnaire (50% response rate).

Network Maps

Inter-organizational Connectivity
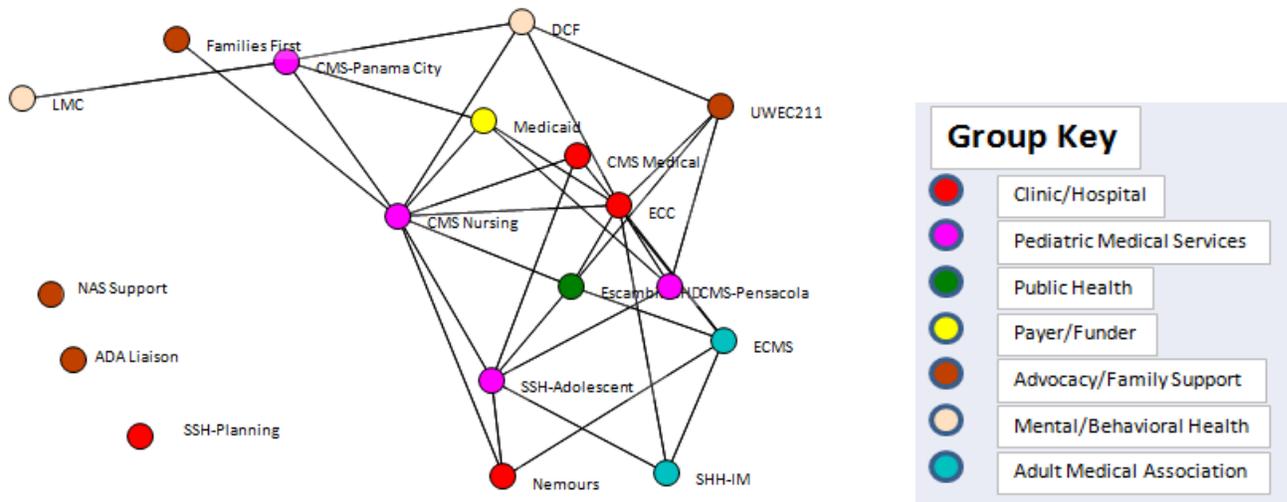
Power /Influence
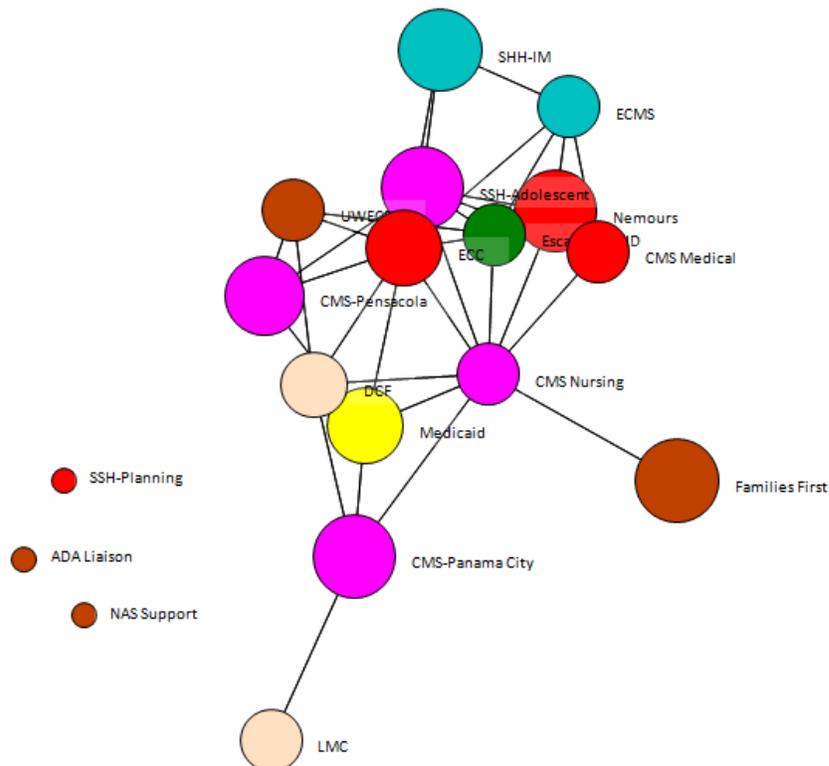
Level of Involvement
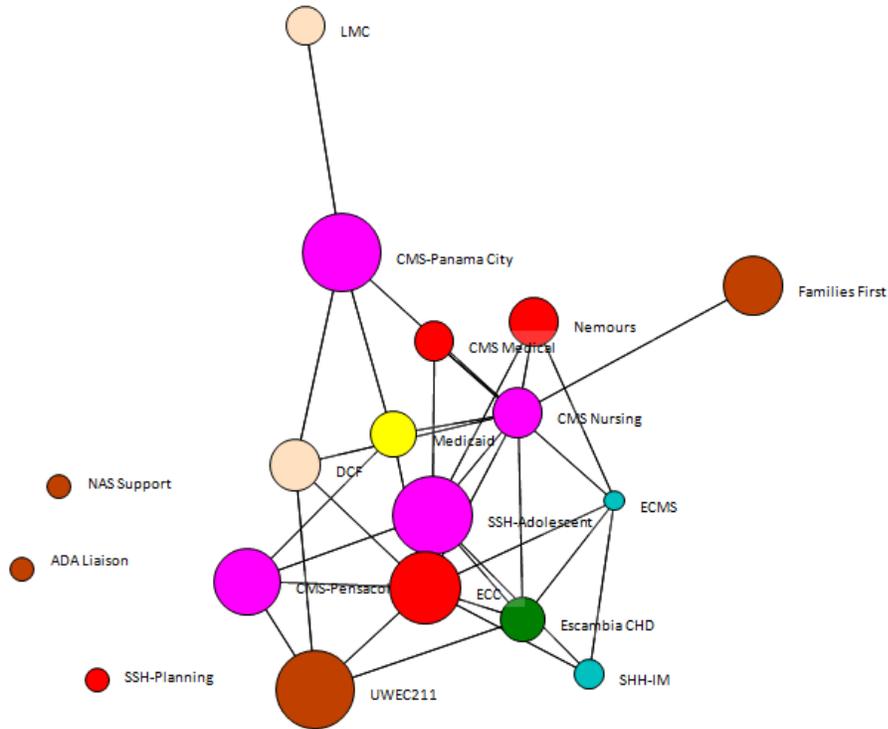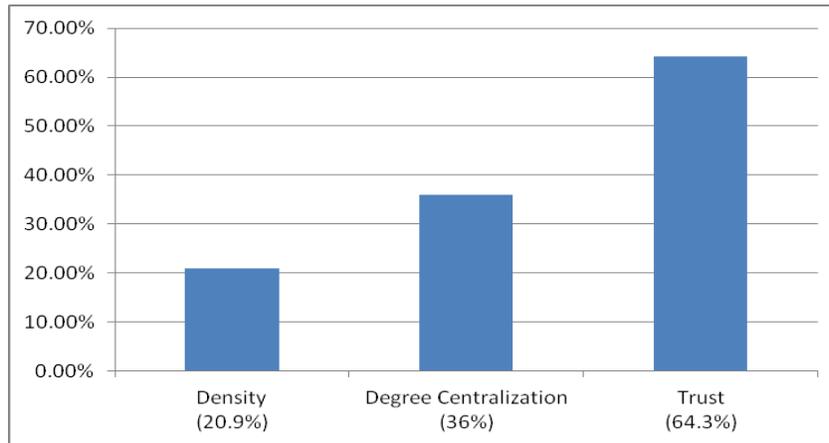
Network Scores

Density: 20.9% (percentage of ties present in the network in relation to the total number of possible ties in the entire network)

Degree Centralization: 36.0% (the lower the centralization score, the more similar the members are in terms of their number of connections to others, e.g. more decentralized)

Trust: 64.3% (percentage of how much members trust one another. A 100% occurs when all members trust others at the highest level)

10

Outcomes

Table 1. What are potential outcomes of this coalition's work?

No of responses

Outcome	No of responses
Improved Communication	4
Improved Health Outcomes	6
Policy, law and/or regulation	1
Public Awareness	3
Community Support	4
New Sources of Data	4
Increased Knowledge Sharing	6
Improved Resource Sharing	5
Reduction of Health Disparities	6
Improved Quality of Services	6
Health education services, health literacy, educational resources	6
Improved Access to Adult Care	7

Table 2. Which is the coalition's most important outcome?

No of responses

Outcome	No of responses
Improved Communication	
Improved Health Outcomes	1
Policy, law and/or regulation	
Public Awareness	
Community Support	
New Sources of Data	
Increased Knowledge Sharing	1
Improved Resource Sharing	
Reduction of Health Disparities	
Improved Quality of Services	1
Health education services, health literacy, educational resources	
Improved Access to Adult Care	4

Table 3. How successful has PanhandleHATS been at reaching its goals?

No of responses

|	No of responses
Completely Successful	
Very Successful	1
Successful	3
Somewhat Successful	2
Not Successful	1

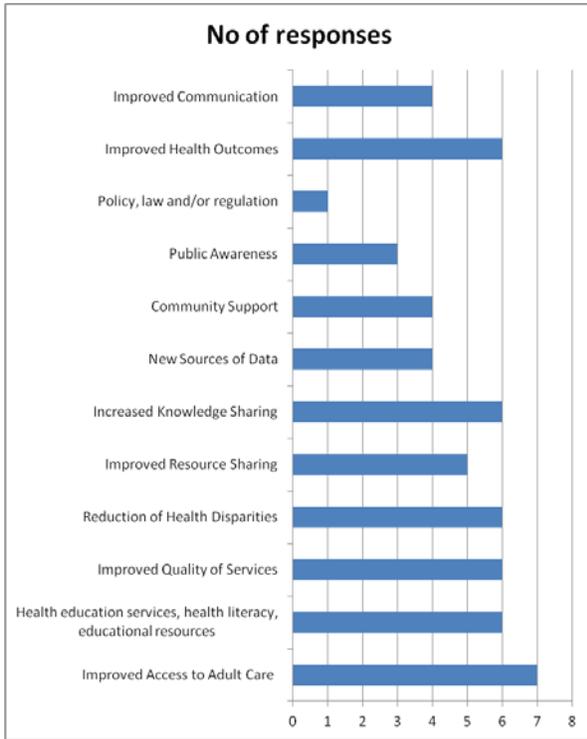Table 4. What aspects of collaboration contribute to this success?

No of responses

	No of responses
Having a shared mission, goals	4
Collective decision-making	2
Informal relationships created	4
Sharing resources	3
Exchanging info/knowledge	5
Meeting regularly	1
Bringing together diverse stakeholders	3

11
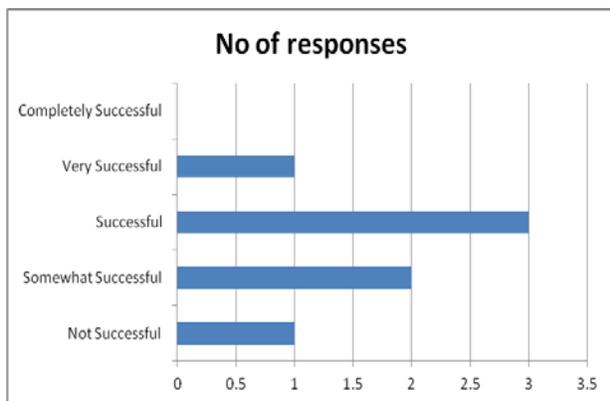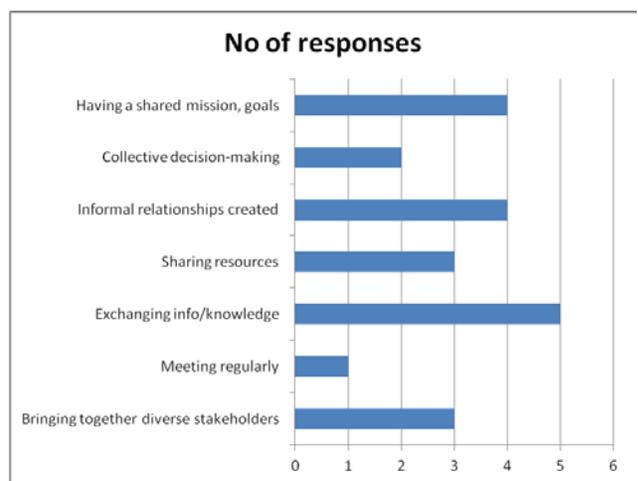
Discussion and Next Steps

The PARTNER tool provides one approach to assessing the value and effectiveness of community-based, multi-system health care transition collaboratives. This study suggests that each of the three FloridaHATS pilot coalitions has unique characteristics and attributes, but also share many common experiences and perceptions.

Response rates among member organizations ranged from 79% in HillsboroughHATS, to 56% in JacksonvilleHATS, to 50% in Panhandle HATS. All three coalitions share a fairly high level of trust among partner programs, though degree of density and centralization vary in each region. Whereas network maps show all members of HillsboroughHATS are involved in the collaborative by interacting with at least one other organization, several programs in PanhandleHATS lack ties to other member organizations. All three coalitions have similar perceptions about potential outcomes of their work, and they all believe that "improved access to adult care" is the most important outcome. But they vary somewhat on how successful they feel they have been in achieving their strategic goals; the majority of respondents in PanhandleHATS feel they have been "successful" while the majorities in the other two coalitions feel they have only been "somewhat successful."

Among limitations of the study to consider, several member organizations either did not complete the survey or only partially completed it. Also, representatives completing the survey may not have been fully knowledgeable about coalition activities or connections between their organization and other coalition members.

Despite limitations, the PARTNER analyses can provide the three coalitions with data to guide Quality Improvement (QI) efforts. As a next step, we will disseminate complete study findings to coalition members. Each collaborative group might consider engaging in a QI process using the PDSA framework: Plan, Do, Study, Act. Utilizing these results can lead to a number of action steps, such as:

- o Increasing/decreasing the number of connections among partners in order to increase efficiency or expand the level of connectivity
- o Leveraging existing relationships and resources
- o Identifying gaps, vulnerable points, and other areas where relationships can be strengthened
- o Reporting progress of collaboration to potential funders, stakeholders, community members, and partners

For example, fragmentation in the Panhandle area – which may be due in part to barriers associated with geographical distance between member organizations – suggests a need to increase/strengthen inter-organizational connections. Rather than trying to bring everyone together more frequently, a less resource-intensive approach may be to ask members to reach out to one or two organizations – hence, increasing the entire collaboration's strength by one additional connection from each organization.

Another strengthening strategy is to look at variation in level of power/influence versus involvement of each organization. Organizations that are perceived as powerful but less involved in the collaborative (i.e., Internal Medicine Department at Pensacola's Sacred Heart Hospital) may need some additional effort to increase their involvement (such as asking them to speak at a meeting) or to increase the number of connections to that particular organization.

PARTNER Survey Questions
(3 versions by coalition)

Q1. Please select your organization/program/department from the list:

(Partner organizations listed from each of the three coalitions)

Q2. Please type your job title:

Q3. How long have you been in this position (in months)?

Q4. Please indicate what your organization/program/department contributes, or can potentially contribute, to this community collaborative (choose as many as apply).

1= Funding,
2=In-Kind Resources,
3=Paid Staff,
4=Volunteer Staff,
5=Data Sets,
6=Info/Feedback,
7=Specific Health Expertise,
8=Expertise Other Than in Health,
9=Community Connections,
10=Decision-Making,
11=Facilitation,
12=Advocacy,
13=Leadership

Q5. Which describes your organizations most important contribution to the collaborative?

1= Funding,
2=In-Kind Resources,
3=Paid Staff,
4=Volunteer Staff,
5=Data Sets,
6=Info/Feedback,
7=Specific Health Expertise,
8=Expertise Other Than in Health,
9=Community Connections,
10=Decision-Making,
11=Facilitation,
12=Advocacy,
13=Leadership

Q6. Please indicate which of the following outcomes have been achieved to the work of the collaborative (choose as many as apply).

1=Education
2=Increased Services
3=Reduction of Health Disparities
4=Increase Resource Sharing
5=Increased Knowledge Sharing
6=New Sources of Data
7=Community Support
8=Public Awareness
9=New Policies

Q7. Which of the above describes the most successful outcome of the collaborative?

1=Education
2=Increased Services
3=Reduction of Health Disparities
4=Increase Resource Sharing
5=Increased Knowledge Sharing
6=New Sources of Data
7=Community Support
8=Public Awareness
9=New Policies

Q8. How successful has the collaborative been at reaching its goals?

1=Not Successful
2=Somewhat Successful
3=Successful
4=Very Successful
5=Completely Successful

Q9. What aspects of collaboration contribute to this success?

1=Bringing together Stakeholders
2=Meeting Regularly
3=Exchanging info/knowledge
4=Sharing Resources
5=Informal relationships created
6=Collective decision making

Q10. Select organizations/programs/departments that you have an established relationship (either formal or informal) with from the list: (respondents choose from the organizations on the network list)

*(A list is generated based on what names of organizations the respondent provides, the respondents is ask Questions 11-18 about **each** organization they listed)*

Q11. How frequently does your organization work with this organization/program/department on issues related to the goals of the collaborative?
1=Never, we only interact on issues related to the collaborative
2=Once a year or less
3=Every few weeks
4=Every few months
5=Every week

Q12. What kinds of activities does your relationship with this organization/program/department entail [note: the responses increase in level of collaboration]?

1=None
2= Cooperation: Cooperative work involves exchanging information, altering activities and sharing resources for mutual benefit
3= Coordination: Coordinated activities involve the intentional efforts to enhance each other's capacity for the mutual benefit of programs
4= Integration: Integration is the act of shared structural, theoretical and logistical frameworks that both address and enhance mutual goals

Questions 13-18 listed below have multiple choice answers of (respondents choose only one):

1=Not at all
2=A small amount
3=A fair Amount
4=A great deal

Q13. How valuable is this organization/program/department to achieving the overall mission of the collaborative in terms of Power/Influence?

Q14. How valuable is this organization/program/department to achieving the overall mission of the collaborative in terms of Level of Involvement?

Q15. How valuable is this organization/program/department to achieving the overall mission of the collaborative in terms of Resource Contribution?

Q16. To what extent is the organization/program/department Reliable?

Q17. To what extent does the organization/program/department have Mission Congruence with the goals of the collaborative?

Q18. To what extent is the organization/program/department Open to Discussion?

Q19. Do you have suggestions about how to improve the effectiveness of (coalition name)? Please describe.

Q20. Do you have any questions or final comments?