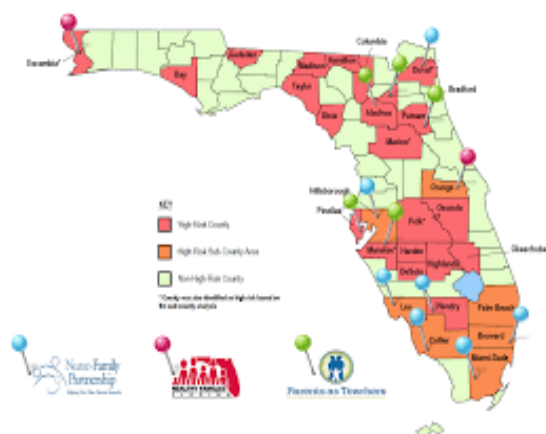


2016 Florida MIECHV State-Level Collaboration Report

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Introduction

The Affordable Care Act, Florida authorized funding for the Maternal, Infant, and Early Childhood Home Visitation Initiative (MIECHV) in 2010 to enhance the infrastructure of Florida home visiting programs. Florida MIECHV is administrated by the Florida Association of Healthy Start Coalitions (FAHSC), and provides funding, training, and technical assistance to 10 community programs throughout the state. Additionally, FAHSC is one of three nonprofits funded nationally, since all other grants are administered through state agencies. An independent evaluation of the Florida MIECHV program conducted by the Lawton and Rhea Chiles Center for Healthy Mothers and Babies, located within the College of Public Health at the University of South Florida (miechv.health.usf.edu).



The collaboration component of the evaluation seeks to answer the questions like name of organization, job title and position along with the following questions about each organization in Florida MIECHV Initiative's network:

- How frequently does your organization/ program work with each organization/ program on issues related to Florida MIECHV's goals?
- What kinds of activities does your relationship with each organization/ program entail?
- How valuable is each organization's/ program's POWER and INFLUENCE and LEVEL OF INVOLVEMENT in achieving the overall mission of Florida MIECHV?
- To what extent does the organization/ program SHARE A MISSION with Florida MIECHV's mission and goals?
- What is your organization's MOST IMPORTANT contribution to Florida MIECHV?
- What aspects of collaboration contribute to progress?
- How RELIABLE is each organization/ program?
- What are POTENTIAL outcomes of the Florida MIECHV's initiative?
- Which is the MOST IMPORTANT outcome of Florida MIECHV?
- How much progress has Florida MIECHV made towards reaching its goals?



For this analysis, the Florida MIECHV Initiative administrator identified collaborative partners at the state level, consisting of state leaders from early education, mental health, child welfare, home visiting, public health, and social services sectors. This report presents information on the quantitative data collected for the collaboration and social network analysis for the Florida state survey in 2016. A total of 32 out of 35 participants completed the survey.

Methods

The evaluation team used the **P**rogram to **A**nalyze, **R**ecord, and **T**rack **N**etworks to **E**nhance **R**elationships (PARTNER) to quantitatively describe and measure baseline collaboration among agencies, organizations, and groups within the state of Florida. PARTNER is a social network analysis

and collaboration tool developed by the Robert Wood Johnson Foundation that is administered by online survey (<http://www.partnertool.net/>).

We modified the PARTNER Tool to meet the specific needs and goals of the MIECHV program. A word version of the modified baseline survey was sent to the MIECHV state leadership team and site administrators for review and feedback. This feedback was incorporated into the survey, and the final version was revised on the PARTNER Tool website in preparation for data collection.

Once the PARTNER Tool was finalized, the evaluation team identified MIECHV state leadership across Florida. The administrators were asked to identify agencies with whom they collaborate around MIECHV issues within the state and to provide contact information for a representative from each agency. The evaluation team then emailed the link to the PARTNER Tool online survey to each MIECHV program administrator and their list of collaborators. Respondents were asked to answer the PARTNER Tool survey questions to assess the development of collaborations across the state of Florida. Regular reminder emails were sent from the evaluation team to individuals who had not completed the survey.

Level of Collaboration

Level of collaboration between state partners was measured with a single question that asked survey respondents to describe their organization's level of collaboration with each of their state partners. Participants could choose one of the following answers:

No Collaboration

Cooperative Activities: Involves exchanging information, attending meetings together, and offering resources to partners (Example: Informs other programs of RFA release).

Coordinated Activities: Include cooperative activities in addition to intentional efforts to enhance each other's capacity for the mutual benefit of programs (Example: Separate granting programs utilizing shared administrative processes and forms for application review and selection).

Integrated Activities: In addition to cooperative and coordinated activities, this is the act of using commonalities to create a unified center of knowledge and programming that supports work in related content areas (Example: Developing and utilizing shared priorities for funding effective prevention strategies. Funding pools may be combined).

Community Networks

A map that illustrates the connections between agencies across the state was developed from information provided by the respondents. Each organization that responded to the survey is represented as a dot. The lines between each organization represent the presence of a relationship based on the responses indicating how frequently the two organizations work together. The number of relationships is also dependent on the number of collaborators that were identified early in the process; this differs for each county. The home visiting agency is represented by a yellow star.

Networks can also be described by scores. The density score represents how many network ties are present in the community in relation to the total number of possible ties in the network (i.e., if everyone was connected to everyone else). To achieve a 100% density score, every member would have to be connected to every other member.

Aspects of Community Collaboration

The aspects of collaboration that contribute to MIECHV's success were measured with a single question. For this question, survey respondents were asked what aspects of collaboration contribute to the Florida's MIECHV program's progress towards reaching its goals. Respondents were able to choose all that apply from the following options:



Outcomes of MIECHV

Potential outcomes of the MIECHV program across the state were assessed. Two questions within the survey were targeted in understanding what the potential outcomes of MIECHV's work include, as well as the most important outcome from the response options. For the potential outcomes question, respondents were able to choose all that apply, whereas for the most important outcome, respondents could only choose one answer option. Additionally, respondents expressed their perception of the most important outcomes of the MIECHV program for children and families for which the respondents were able to choose only one answer option from the same list as the previous question.

Participants

This report describes collaborations within all Florida MIECHV state partners funded by the MIECHV grant 2015. The participants include the MIECHV administrators across the state of Florida and their identified collaborative partners who consist of representatives from early education, healthcare, home visiting, government, and social services programs. A total of 32 of the 35 identified stakeholders accessed and/or completed the baseline survey in 2016.

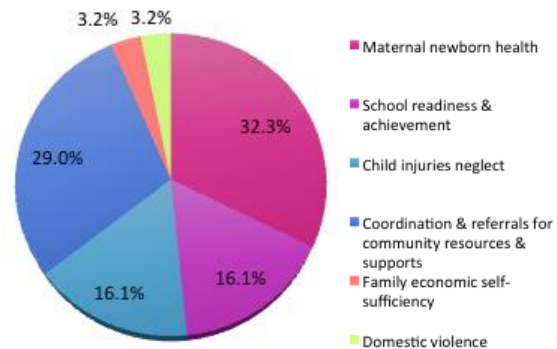


Figure 1: PARTNER Survey Response Rates by Services, Florida MIECHV, 2016

Results

The total number of interactions among all partners who completed the survey was 387. From Figure 3, we can see that the most common level of collaboration among all agencies was cooperation (41.3%, N=160).

Level of Collaboration

Figure 3 displays the state of Florida levels of collaboration, density and trust score as reported by the MIECHV programs and partners in 2016. The density score was 50.9% and the trust score was 82.6% among the partners and programs.

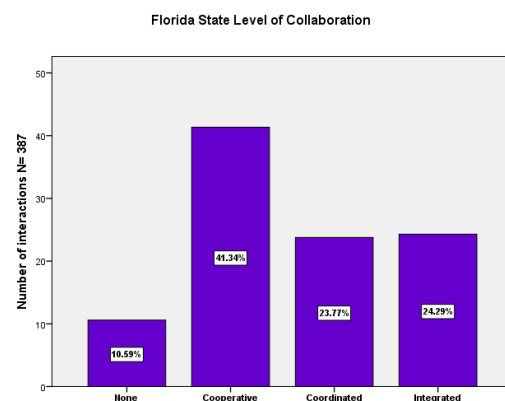


Figure 2: Florida MIECHV Partners: Level of Collaboration (2016)

Statewide Networks

Network maps were generated to describe the connections between all agencies in the statewide network. The dots (nodes) represent state agencies; service sector based on MIECHV benchmark areas are signified by color. The lines represent relationships between agencies. Scores reflect responses based on the total number of possible ties in the network. For example, the network Density score was 50.9% and average level of Trust score was 82.6% among all partners in the state-level partner network.

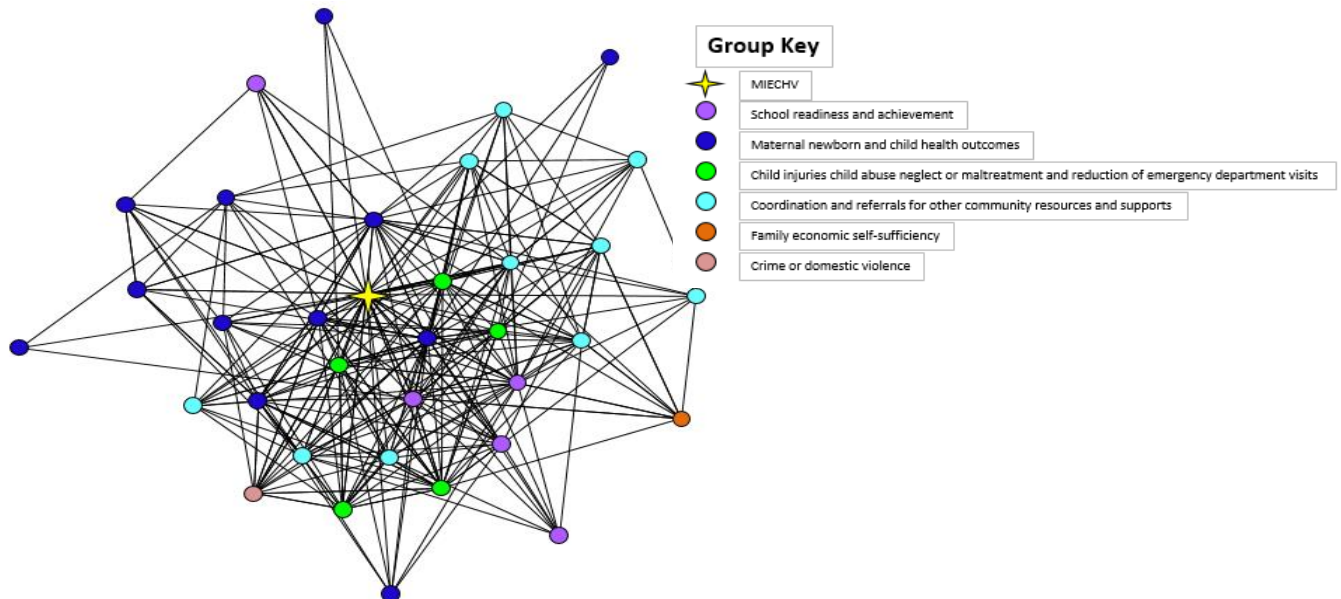
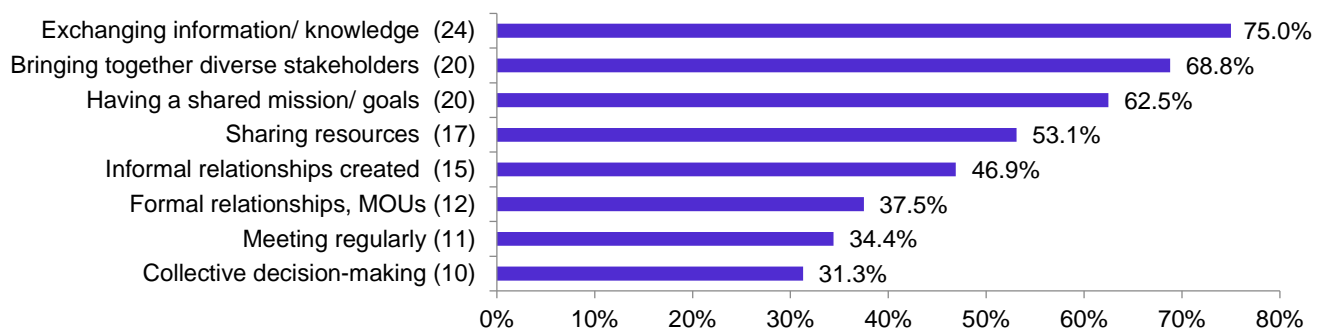


Figure 3: Network Map, State of Florida MIECHV (2016)

Aspects of Statewide Collaboration

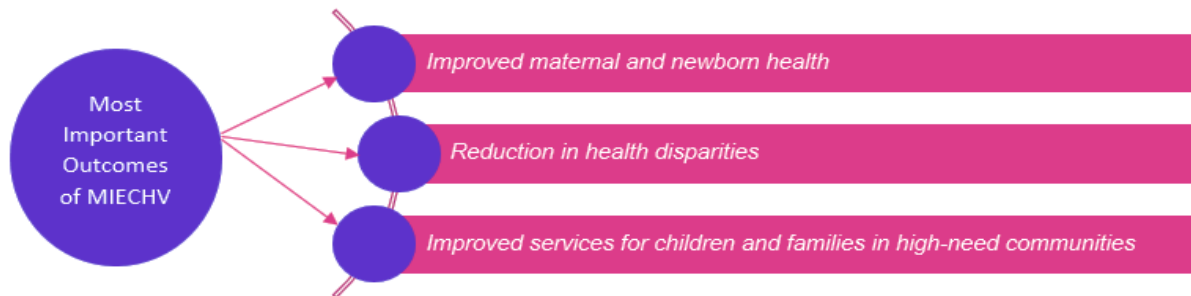
As shown in figure 4 and table 1 below, respondents selected *exchanging information/knowledge* (75.0%, n=24), *bringing together diverse stakeholders* (68.8%, n=22), and *having a shared mission/goals* (62.5%, n=20) as the most important aspects of collaboration that contribute to MIECHV's success across the state of Florida. For this particular question, the percentages add up to more than 100% since respondents were allowed to choose all that apply.



Outcomes of MIECHV

The potential outcomes of the Florida MIECHV program across the state are shown in Table 2 and participants were allowed to select all that apply. The majority of respondents selected *Improved services for children and families in high-need communities* (84.4%, n=27), *Reduction of health*

disparities (78.1%, n=25) and *Community support for the health and well-being of children and their families* (75.0%, n=24) as the leading outcomes of MIECHV program's statewide collaborative work. The least number of respondents selected *Access to federal resources* (46.9%, n=15), *New sources of data* (46.9%, n=15) and *Reduced crime and Intimate Partner Violence* (46.9%, n=15) as outcomes for the MIECHV program's statewide collaborative.



According to respondents, potential outcomes of MIECHV were: *Improved services for children and families in high-need communities* (84.4%, n=27); *Reduction of health disparities* (78.1%, n=25); and *Experience, expertise in implementing evidence-based interventions* (75.0%, n=24) (Table 2).

Table 2: Potential Outcomes of the MIECHV Program's Statewide Collaborative (2016)

Potential Outcomes of the collaborative	Statewide (N=32)
Improved services for children and families in high-need communities	84.4% (27)
Reduction of health disparities	78.1% (25)
Experience, expertise in implementing evidence-based interventions	75.0% (24)
Community support for the health and well-being of children and their families	75.0% (24)
Public awareness of issues related to the health and well-being of children and their families	75.0% (24)
Improved communication among agencies and organizations interested in the health and well-being of children and their families	75.0% (24)
Improved maternal and newborn health	75.0% (24)
Increased coordination and referrals for other community resources	71.9% (23)
Development of local systems for coordinated intake and referral	68.8% (22)
Improved resource sharing	68.8% (22)
Increased knowledge sharing	68.8% (22)
Improved school readiness and achievement	68.8% (22)
Health education services, health literacy, educational resources	65.6% (21)
Innovation in service delivery	65.6% (21)
Support, expertise in using Continuous Quality Improvement (CQI) in program performance	59.4% (19)
Resources for professional development	59.4% (19)
Increased family economic self-sufficiency	59.4% (19)
Reduced emergency department visits	56.3% (18)
Expertise in using data to drive service delivery	53.1% (17)
Policy, law, and/ or regulation	50.0% (16)
Access to federal resources	46.9% (15)
New sources of data	46.9% (15)
Reduced crime and intimate partner violence	46.9% (15)

Percentages add up to more than 100% because respondents were able to choose all that apply

Table 3 shows respondents' ranking of the most important outcomes of the Florida MIECHV initiative. The most highly ranked outcomes include: *Improved maternal and newborn health* (35.7%, n=10); *Reduction in health disparities* (17.9%, n=5); *Improved services for children and families in high-need communities* (14.3%, n=4). Additional items selected as the most important outcome include: *Community support for the health and well-being of children and their families* (10.7%, n=3); *Health education services, health literacy, educational resources* (7.1%, n=2); *Improved communication among agencies and organizations interested in the health and well-being of children and their families* (7.1%, n=2); *Experience, expertise in implementing evidence-based interventions* (3.6%, n=1); and *Development of local systems for coordinated intake and referral* (3.6%, n=1). The MIECHV outcomes that were not selected as "the most important", are also shown on Table 3.

Table 3: Most Important Outcome of MIECHV across the state of Florida (2016)

Most important outcome of MIECHV	Statewide (N=28)
Improved maternal and newborn health	35.7% (10)
Reduction of health disparities	17.9% (5)
Improved services for children and families in high-need communities	14.3% (4)
Community support for the health and well-being of children and their families	10.7% (3)
Health education services, health literacy, educational resources	7.1% (2)
Improved communication among agencies and organizations interested in the health and well-being of children and their families	7.1% (2)
Experience, expertise in implementing evidence-based interventions	3.6% (1)
Development of local systems for coordinated intake and referral	3.6% (1)
Support, expertise in using Continuous Quality Improvement (CQI) in program performance	-
Resources for professional development	-
Access to federal resources	-
Innovation in service delivery	-
Expertise in using data to drive service delivery	-
Improved resource sharing	-
Increased knowledge sharing	-
New sources of data	-
Public awareness of issues related to the health and well-being of children and their families	-
Policy, law, and/ or regulation	-
Improved school readiness and achievement	-
Reduced emergency department visits	-
Reduced crime and intimate partner violence	-
Increased family economic self-sufficiency	-
Increased coordination and referrals for other community resources	-

*Participants could only select one answer option

*Dash (-) represents 0 responses

Respondents also selected the top three contributions /potential contributions to the MIECHV initiative (Table 4) include information or feedback (90%, N=27), community connections (80%, N=24) and opportunities from cross-sector collaboration, planning (70%, N=21).

Table 4: Organizations Contributions/Potential Contributions to the MIECHV Initiative (2016)

Contributions by the Organization	Statewide (N=30)
Information/ feedback	90.0% (27)
Community connections	80.0% (24)
Opportunities from cross-sector collaboration, planning	70.0% (21)
Coordination at state-level with programs serving at-risk families	56.7% (17)
Advocacy	56.7% (17)
In-kind resources (e.g., meeting space)	53.3% (16)
Data resources including data sets, collection, and analysis	50.0% (15)
Expertise other than in health	50.0% (15)
Facilitation/ leadership	36.7% (11)
Professional development	33.3% (10)
Providing client referrals to the home visiting program	30.0% (9)
Specific health expertise	26.7% (8)
Providing services to clients	20.0% (6)
Funding	6.7% (2)
Paid staff	6.7% (2)
Volunteers and volunteers staff	6.7% (2)
Fiscal management (e.g., acting as fiscal agent)	3.3% (1)
IT/ web resources (e.g., server space, web site development, social media)	3.3% (1)

Figure 5 shows that the majority of respondents selected that there is a fair amount of progress of the MIECHV program (51.7%, n=15), while the second most respondents selected that it is too soon to tell the progress of the MIECHV program (34.5%, n=10).

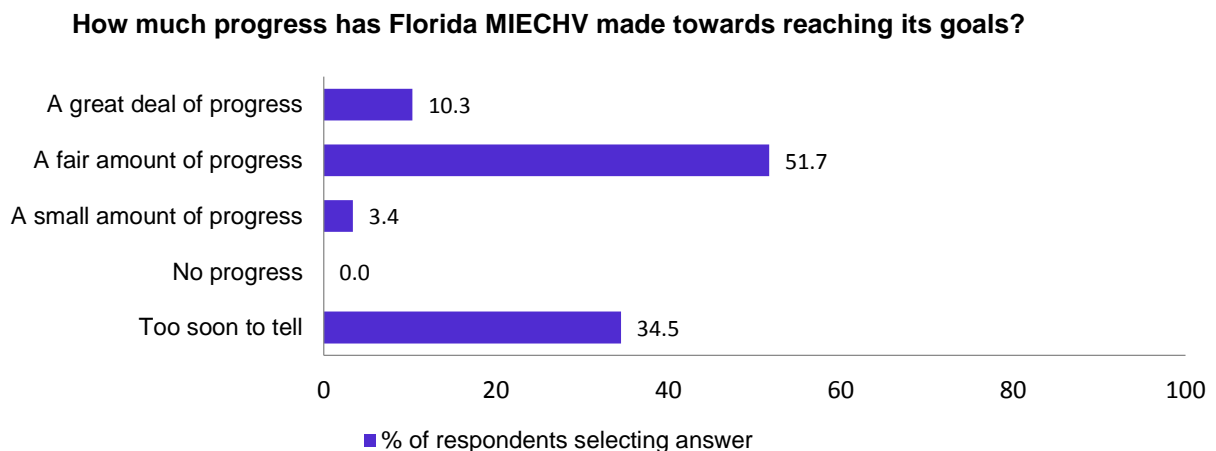
**Figure 5: Perceived Progress of Florida MIECHV (2016)**

Table 5: Comparison of Parameters for the MIECHV Program Site Community Partner Networks versus State-level Partner Network

Parameter	MIECHV Program Site Community Partner Networks Range (Average)	State-level MIECHV Initiative Partners (Average)
Density Score	23% - 90% (55%)	50.9%
Trust Score	56% - 76% (79.5%)	82.6%
Cooperation	23.8% – 81.8% (54.5%)	41.3%
Coordination	5.0% – 40.0% (19.8%)	23.8%
Integration	2.3% – 36.6% (28.5%)	24.3%

Program site statistics drawn come from the Florida MIECHV community collaboration report (2014-2015)

As seen in table 5 above, MIECHV program sites reported network density scores ranging from 23% - 90% (average = 55%), and trust score ranging from 56% - 76% (average = 79.5%). Similarly, the state-level density score was 50.9% and the statewide trust score was 82.6%. The most common level of collaboration for the program sites was cooperative (54.5%) and similar results were seen in the state-level network with cooperative relationships being the most frequently reported (41.3%, Table 5). Partner relationships that were integrated occurred, on average, in 28.5% of local site networks, and among 24.3% of state-level partners. Coordination was the least reported level of collaboration at both program sites and statewide, while integration was the middle proportion (Table 5).

Discussion

As reported by the participating agencies, a variety of state-level partnerships help to support the MIECHV Initiative's efforts to improve the health and well-being of Florida's mothers, infants, and families through home visiting programs aimed to: improve maternal and newborn health; reduce health disparities; improve services for children and families in Florida's high-need communities; and to increase coordination and referrals for community resources. These partnerships strengthen family support, health education, health literacy, and educational resources through resource sharing and interagency communication.

The network map and scores reflect a large number of partners, connected in a fairly dense network of relationships with high levels of interagency trust (82.6%). Partners identified that exchanging information/ knowledge, bringing together diverse stakeholders, and having a shared mission/ goals are the aspects of collaboration that contribute most to MIECHV's success. Indeed, there was fairly high agreement on the potential outcomes of MIECHV program's statewide collaborative work: Improved services for children and families in high-need communities; Reduction of health disparities; and Experience, expertise in implementing evidence-based interventions. Half of the network partners felt that MIECHV had made a fair amount of progress towards its goals since it began three years ago, and 10% felt that the program had made a great deal of progress. One-third of partnering agencies felt that it was still too soon to tell. The PARTNER survey will be re-distributed to state-level agencies within MIECHV's network again in 2017 to examine changes in network composition, interagency trust, collaboration, and shared vision.

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