University of South Florida
Florida MIECHV Evaluation Team

Florida Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Evaluation

Comprehensive Baseline PARTNER Report:
Collaboration Analysis across All Counties

2014

Prepared by:

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Introduction

In 2013, with funds authorized by the Affordable Care Act, Florida was awarded a Maternal, Infant, and Early Childhood Home Visitation Program (MIECHV) grant to enhance the infrastructure of Florida home visitation programs. In part, this grant funds 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.

A main goal of MIECHV programs is to foster increased collaboration and coordination among community stakeholders to improve health and development outcomes for at-risk children. For this reason, one purpose of the MIECHV evaluation is to describe and evaluate the community coalitions that are providing home visiting services to assess their community implementation, processes, and networking.

The collaboration component of the evaluation seeks to answer the following overarching questions:

1. Does the MIECHV program contribute to collaboration and systems development at the state and community levels?
2. What does the collaboration among agencies look like? Are those collaborations facilitating program implementation?
3. How are the programs being implemented? What kinds of services are being provided?
4. Are clients receiving appropriate referrals and services?

Overall, we will collect data at multiple time points to examine the development of community collaborative over time as they relate to the research questions above.

Purpose of this Report

This report presents preliminary, baseline information on the quantitative data collected for the collaboration and social network analysis. This preliminary report focuses on all Florida MIECHV communities funded by the MIECHV grant: Alachua, Bradford, Broward, Duval, Escambia, Hillsborough, Manatee, Miami-Dade, Orange, Pinellas, Putnam, and Southwest Florida Counties. The survey included the MIECHV administrator in each community and their identified collaborative partners; a total of 131 of the 167 identified stakeholders accessed and/or completed the survey.

Methods

To quantitatively describe and measure baseline collaboration among agencies, organizations, and groups in each community, the **P**rogram to **A**nalyze, **R**ecord, and **T**rack **N**etworks to **E**nhance **R**elationships (PARTNER), was utilized. PARTNER is a social network analysis and collaboration tool developed by the Robert Wood Johnson Foundation that is administered by online survey.

The evaluation team modified the PARTNER Tool to meet the specific needs and goals of MIECHV. A word version of the modified 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 modified to meet the needs of MIECHV, the evaluation team identified MIECHV program administrators from each community in collaboration with the MIECHV state leadership. The administrators were asked to identify agencies with whom they collaborate around MIECHV issues in their community, and to provide contact information for a representative from each agency. Lists of collaborative agencies were developed in collaboration with the evaluation team and FAHSC, and were specific to the needs and context of each community.

Prior to sending the survey to identified respondents, the evaluation team piloted the survey and resolved any remaining issues. 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 to assess the development of collaborations in their community. Regular reminder emails were sent from the evaluation team over several months to individuals who had not completed the survey.

Results

Participants

This preliminary report focuses on all Florida MIECHV communities funded by the MIECHV grant: Alachua, Bradford, Broward, Duval, Escambia, Hillsborough, Manatee, Miami-Dade, Orange, Pinellas, Putnam, and Southwest Florida Counties. Table 1 below describes the number of participants who responded in each county:

Table 1: Response Rates

County	Number of Participants	Response Percentage (%)
A	17/18	94.4%
B	10/13	76.9%
C	8/13	61.5%
D	5/6	83.3%
E	11/11	100%
F	20/21	95.2%
G	17/23	73.9%
H	6/7	85.7%
I	4/5	80.0%
J	13/17	76.5%
K	9/18	50.0%
L	11/15	73.3%

These participants include the MIECHV administrator in each community and their identified collaborative partners. Collaborators included representatives from early education, health, and social services programs.

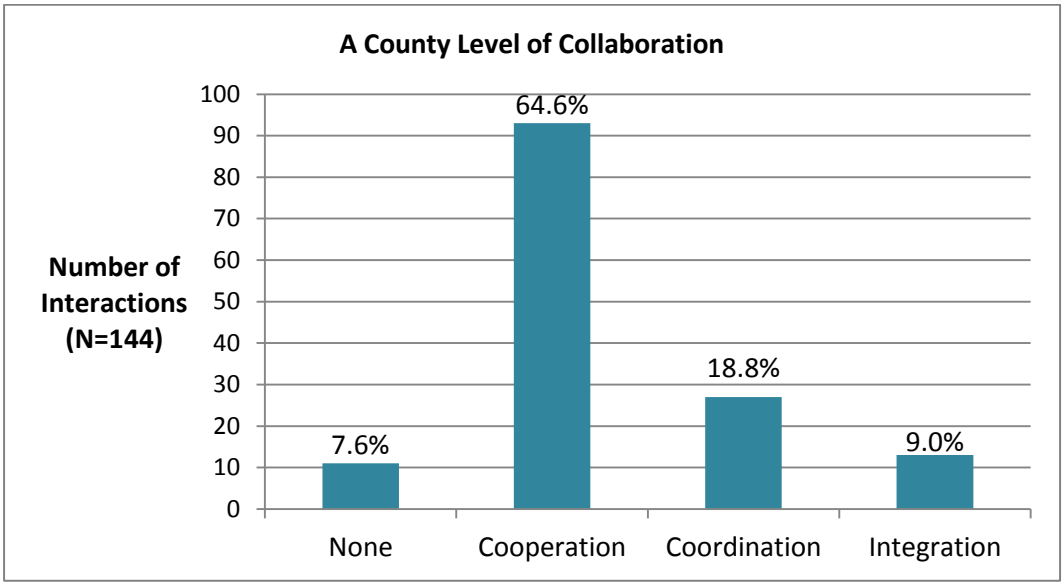
Level of Collaboration

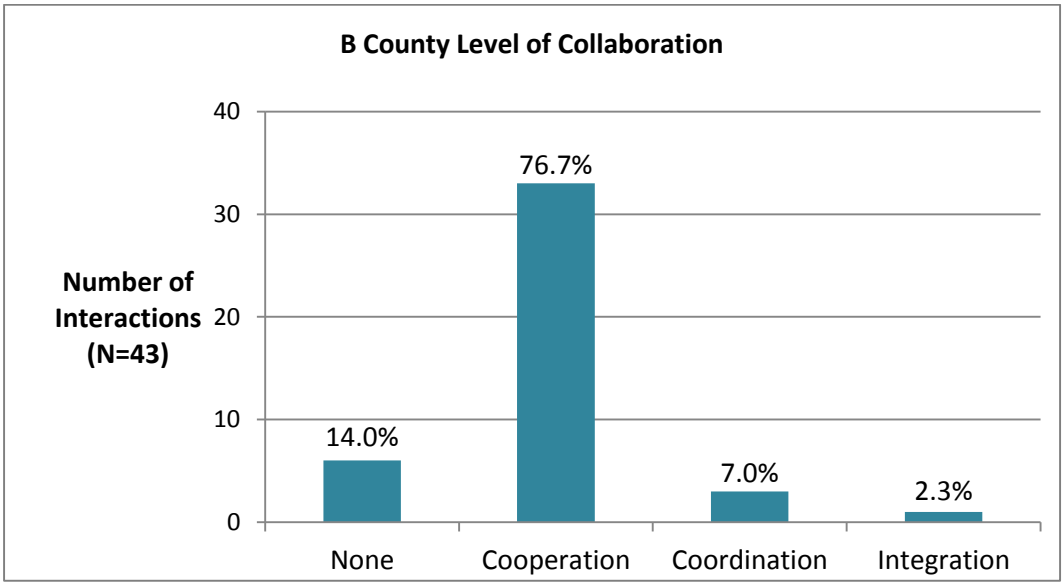
Level of collaboration between community partners was measured with a single question. For this question, survey respondents were asked to describe their organization's level of collaboration with each of their community partners. Participants could choose one of the following answers:

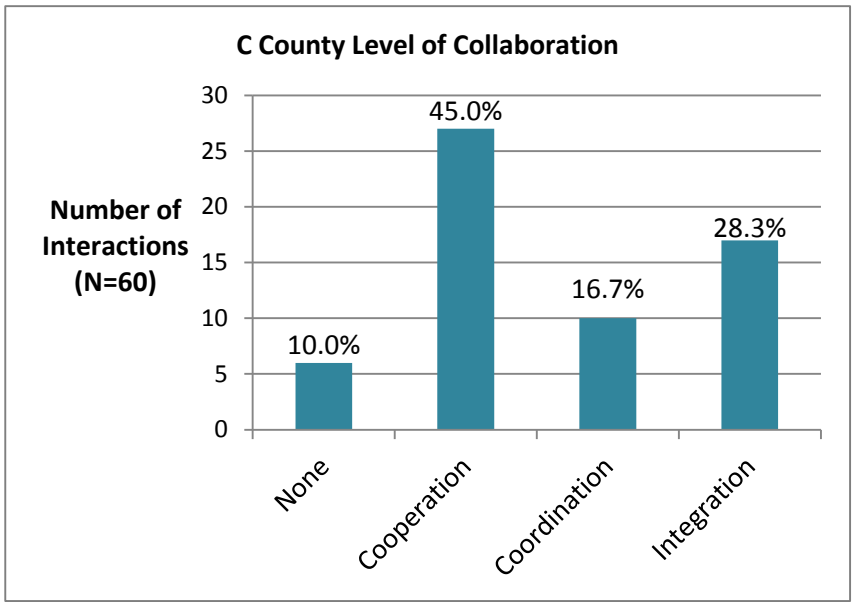
- **None**

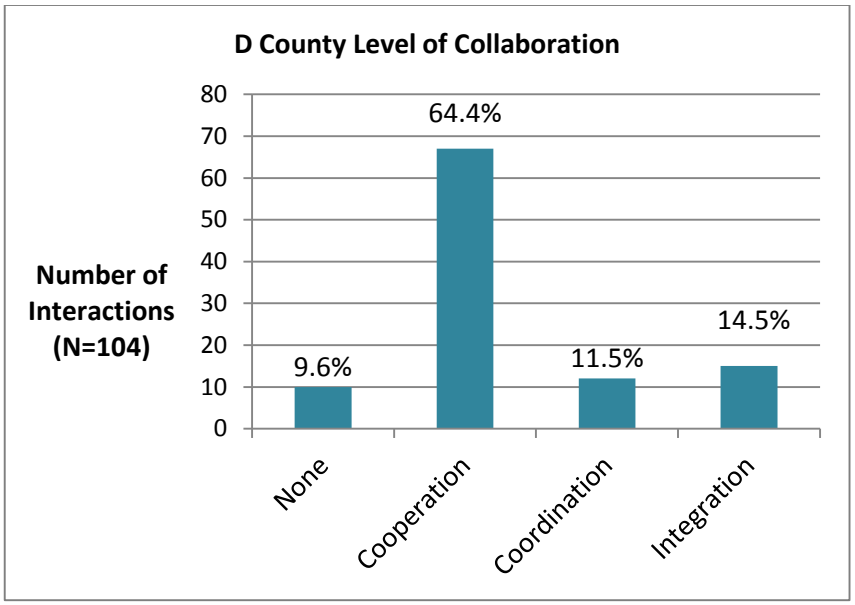
- **Cooperative Activities:** Involves exchanging information, attending meetings together, and offering resources to partners (Example: Informs other programs of RFA release).
- **Coordinated Activities:** Include cooperative activities in addition to intentional efforts to enhance each other's capacity 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).

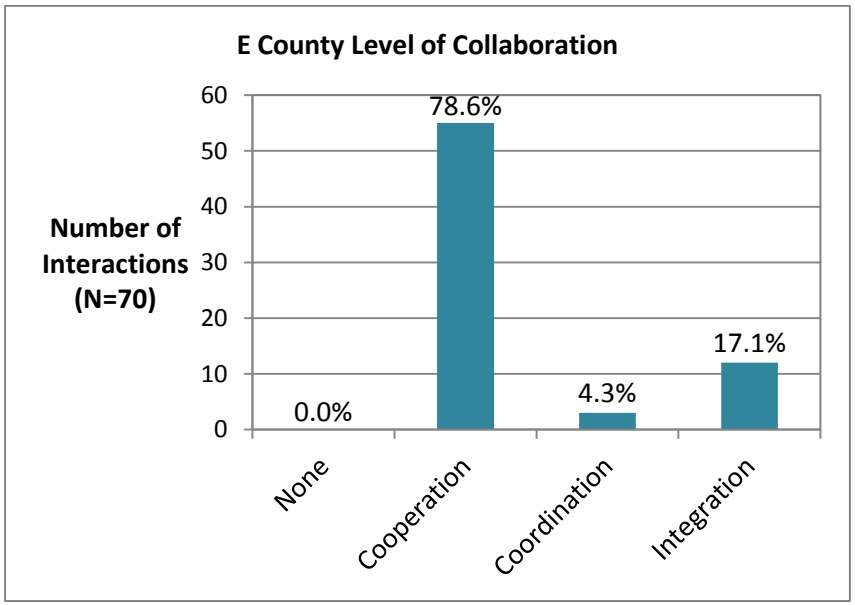
Level of collaboration between community partners in each county is reported in the following charts.

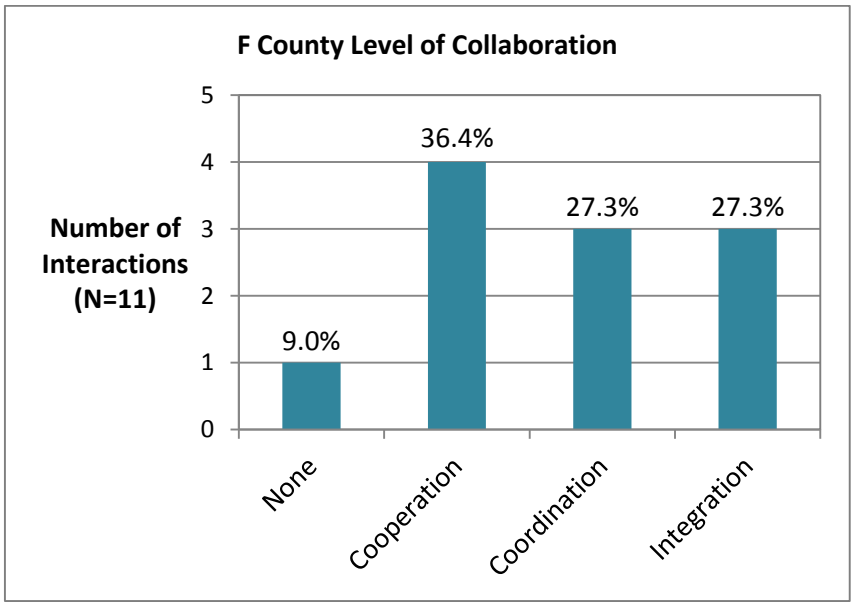


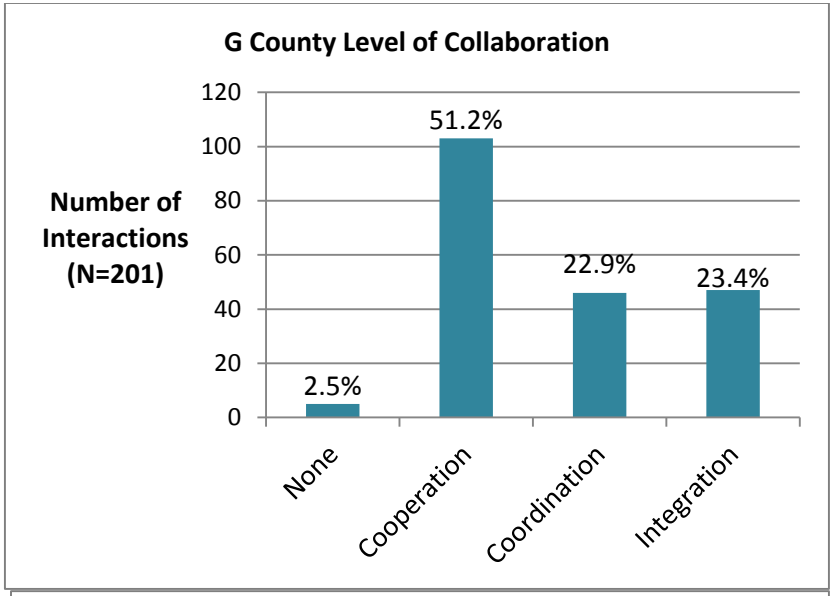


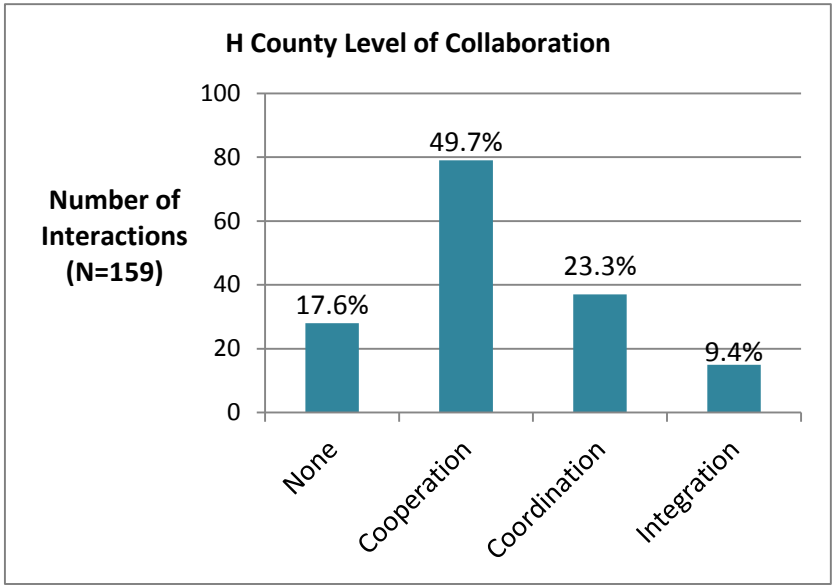

C County Level of Collaboration
Number of Interactions (N=60)
30
25
20
15
10
5
0
10.0%
45.0%
16.7%
28.3%
None
Cooperation
Coordination
Integration

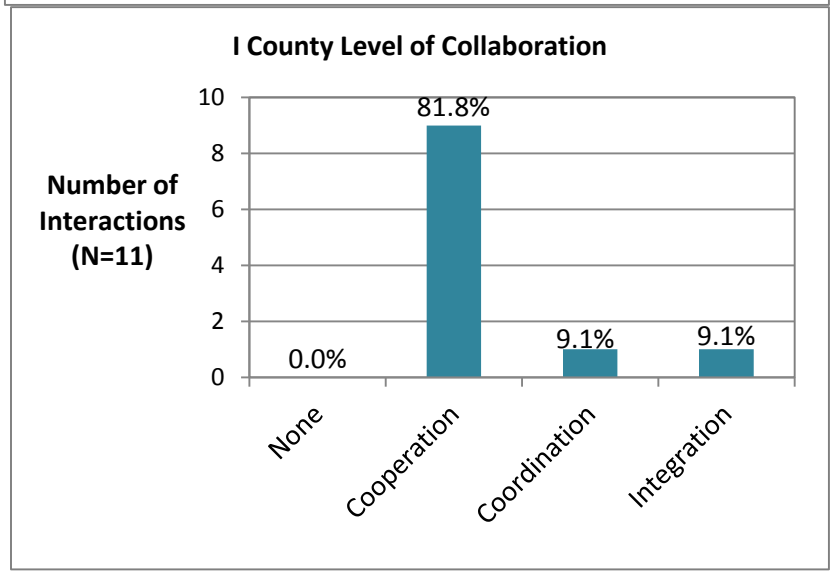

D County Level of Collaboration
Number of Interactions (N=104)
80
70
60
50
40
30
20
10
0
9.6%
64.4%
11.5%
14.5%
None
Cooperation
Coordination
Integration

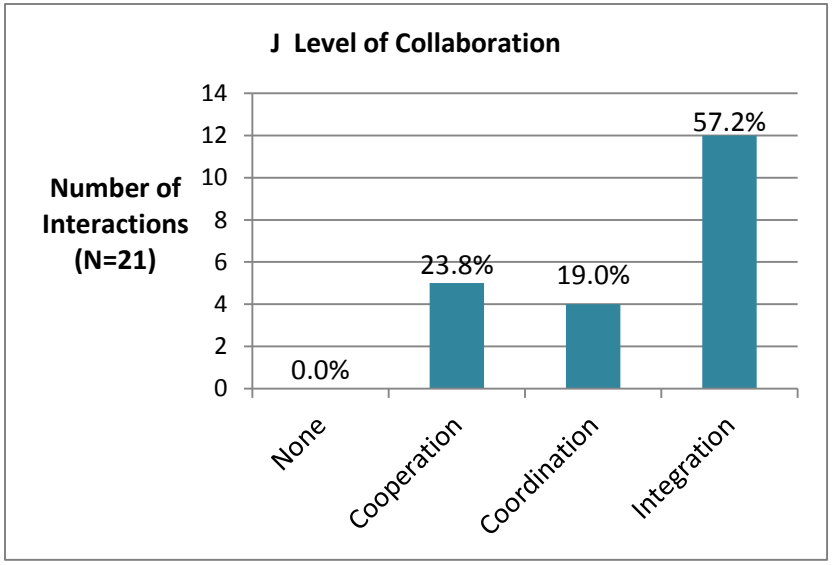

E County Level of Collaboration
Number of Interactions (N=70)
60
50
40
30
20
10
0
0.0%
78.6%
4.3%
17.1%
None
Cooperation
Coordination
Integration

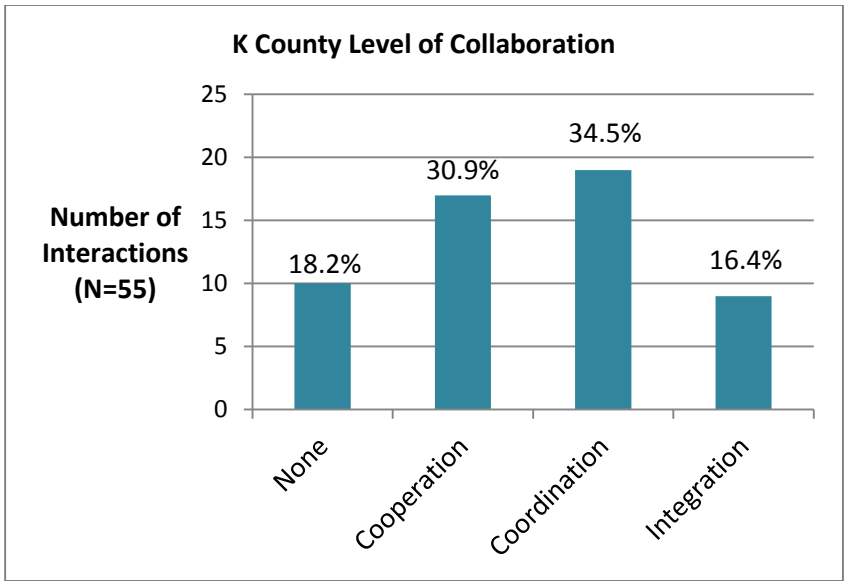

F County Level of Collaboration
Number of Interactions (N=11)
5
4
3
2
1
0
9.0%
36.4%
27.3%
27.3%
None
Cooperation
Coordination
Integration

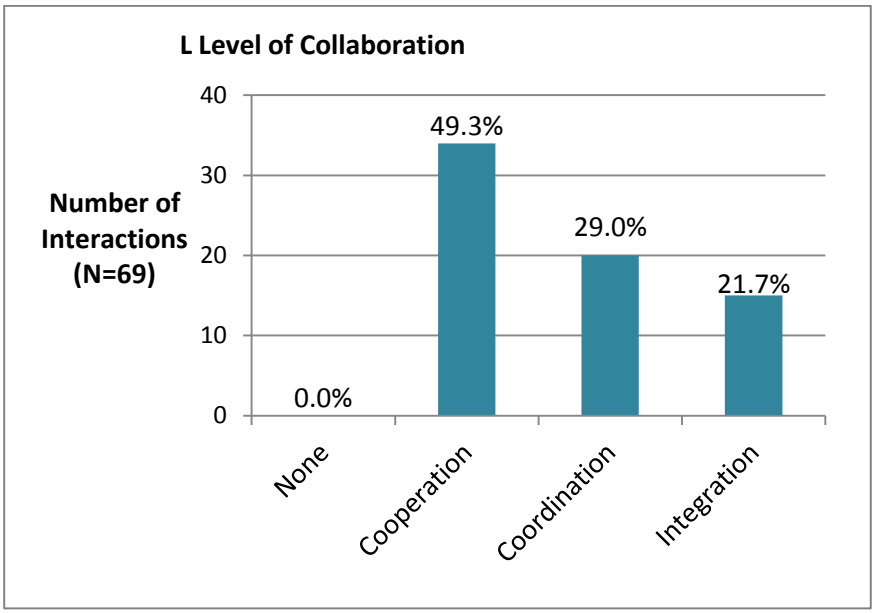

G County Level of Collaboration
Number of Interactions (N=201)
120
100
80
60
40
20
0
2.5%
51.2%
22.9%
23.4%
None
Cooperation
Coordination
Integration


H County Level of Collaboration
Number of Interactions (N=159)
100
80
60
40
20
0
17.6%
49.7%
23.3%
9.4%
None
Cooperation
Coordination
Integration


I County Level of Collaboration
Number of Interactions (N=11)
10
8
6
4
2
0
0.0%
81.8%
9.1%
9.1%
None
Cooperation
Coordination
Integration


J Level of Collaboration
Number of Interactions (N=21)
14
12
10
8
6
4
2
0
0.0%
23.8%
19.0%
57.2%
None
Cooperation
Coordination
Integration





With the exceptions of Miami-Dade and Putnam Counties, most community organizations reported *cooperative activities* with their community partners. On the other hand, in Miami-Dade and Putnam Counties, community organizations reported a range of activities with community partners. In these counties, community organizations described most of their interactions with their community partners as *integrated* or *coordinated*, respectively, meaning that, in general, the level of collaboration in these counties was higher among community partners than in Alachua, Bradford, Broward, Duval, Escambia, Hillsborough, Manatee, Orange, Pinellas, and Southwest Counties.

Community Networks

Maps that illustrate the connections between agencies in each community were developed from information provided by the respondents. Each organization that responded to the survey is

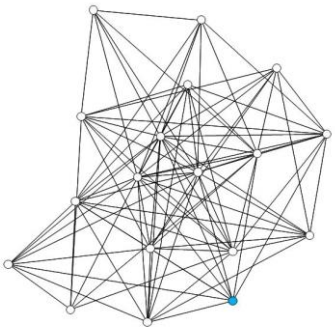
represented as a dot. The lines between each organization represent the presence of a relationship based on the responses indicating how frequently the two organizations work together around the issue of MIECHV. The number of relationships is also dependent on the number of collaborators that were identified early in the process; this differs for each county. The home visiting agency in each community is represented by the blue dot.

Networks can also be described by scores. A density score (displayed as a percentage) is provided for each community ranging from 31-90%. 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 get a 100% density score, every member would have to be connected to every other member. A trust score is also provided as a percentage ranging from 76-93%.

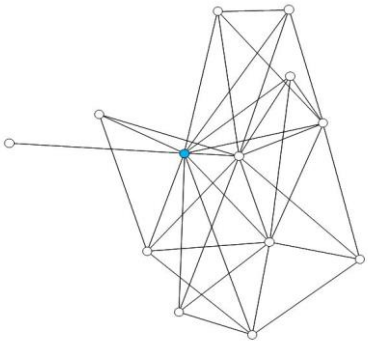
With baseline data and new collaborations being developed around MEICHV, it is expected that the appearance of the network maps, as well as the density and trust scores, will vary for each community. The results presented below indicate that while the maps look different from each other, the communities, in general, already have networks in place that will likely be even further strengthened by MIECHV.

MIECHV Community Network Maps

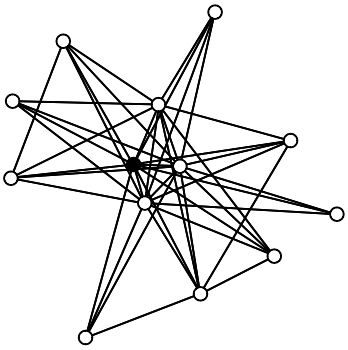
A County
Density score: 62%
Trust Score: 82%



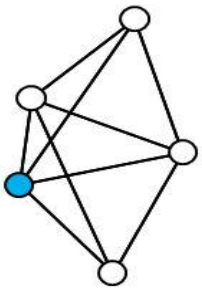
B County
Density Score: 45%
Trust Score: 79%



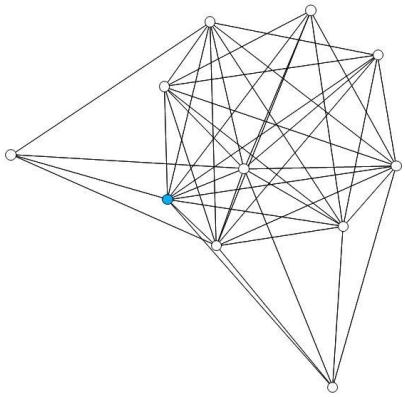
C County
Density score: 56%
Trust Score: 81%



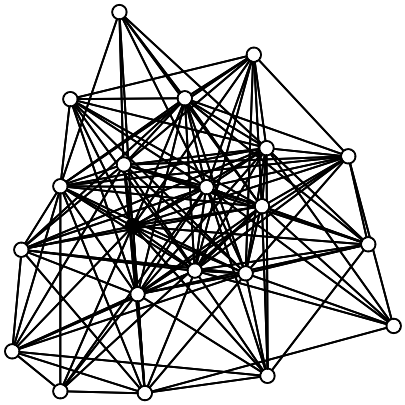
D County
Density Score: 43%
Trust Score: 96%



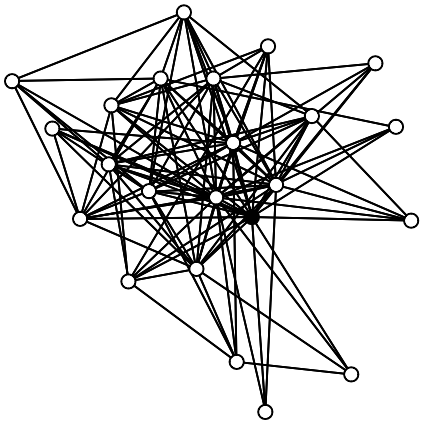
E County
Density Score: 78%
Trust Score: 92%



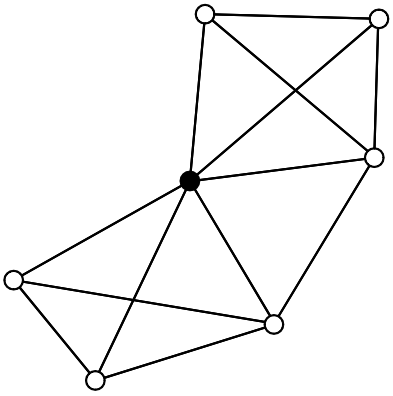
F County
Density Score: 67%
Trust Score: 76%



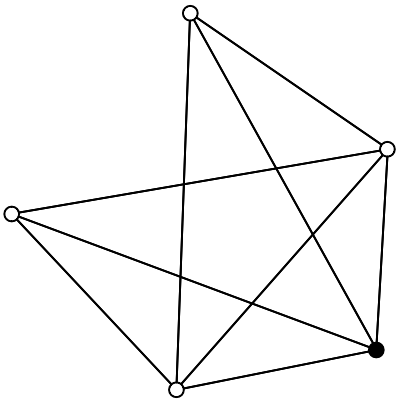
G County
Density Score: 47%
Trust Score: 75%



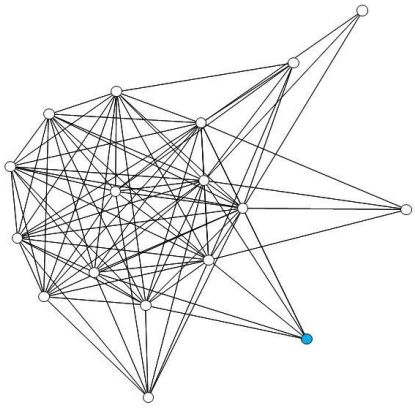
H County
Density Score: 62%
Trust Score: 93%



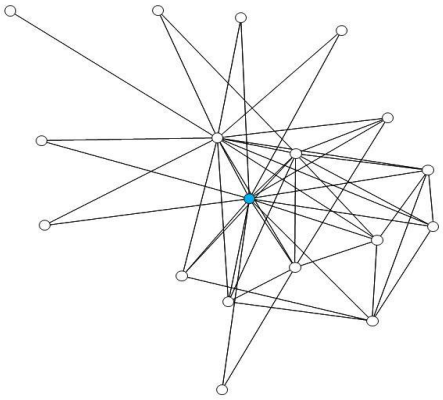
I County
Density Score: 90%
Trust Score: 76%



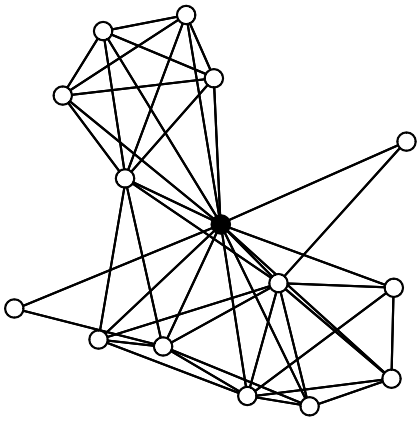
J County
Density Score: 66%
Trust Score: 81%



K County
Density Score: 31%
Trust Score: 81%



L County
Density Score: 42%
Trust Score: 78%



Aspects of 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 community collaboration contribute to their county's MIECHV program's progress towards reaching its goals. Respondents were able to choose all that apply from the following options:

- bringing together diverse stakeholders,
- meeting regularly,
- exchanging information/ knowledge,
- sharing resources,
- informal relationships created,
- collective decision-making, and
- having a shared mission, goals.

A total of 131 of the 167 identified stakeholders accessed and/or completed the survey. Across all counties, respondents selected *exchanging information and/or knowledge* (73.3%, n=96), *having a shared mission/goals* (66.4%, n=87), and *sharing resources* (65.6%, n=86) as the most important aspects of community collaboration that contribute to MIECHV programs' progress towards reaching its goals. For this question within the survey, percentages add up to more than 100% because respondents were able to choose all that apply. The aspects of collaboration that community partners report contribute to MIECHV's success are shown in Table 2.

Outcomes of MIECHV

Potential outcomes of the MIECHV program for each county 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. The outcomes or potential outcomes of the MIECHV programs' community collaborative work for each county are reported in the following table. Respondents were able to choose all that apply for this question. The most important outcomes for each MIECHV program's community collaborative is shown in Table 3.

For the potential outcomes question within the survey, percentages add up to more than 100% because respondents were able to choose all that apply. Across all counties, respondents selected *improved services for children and families in high-need communities* (85%, n=112), *increased coordination and referrals for other community resources* (79%, n=104), and *community support for the health and well-being of children and families* (78%, n=103) as the leading three outcomes of MIECHV programs' community collaborative work.

Additionally, respondents expressed their perception of the most important outcomes of the MIECHV program for children and families (Table 4). For this second question regarding most important outcomes, respondents were only able to choose one answer option from the same list as the previous question. Across all counties, 35.5% (n=44) specified that MIECHV programs' community collaborative most important outcome *was improving maternal and newborn health*, while 29.0% (n=36) recognized it as *improving services for children and families in high-need communities*. The response options for these questions were very similar and could also be seen as overlapping and not mutually exclusive.

Table 2: Aspects of collaboration that contribute to MIECHV's success by county:

	A (n = 17)	B (n = 10)	C (n = 8)	D (n = 5)	E (n = 11)	F (n = 20)	G (n = 17)	H (n = 6)	I (n= 4)	J (n = 13)	K (n = 9)	L (n = 11)	All Counties (n = 131)
Exchanging information/ knowledge	58.8% (10)	80.0% (8)	20.7% (6)	80.0% (4)	72.7% (8)	16.8% (16)	19.5% (15)	12.5% (3)	33.3% (3)	69.2% (9)	66.7% (6)	24.2% (8)	**73.3% (96)**
Having a shared mission, goals	70.6% (12)	60.0% (6)	20.7% (6)	60.0% (3)	81.8% (9)	16.8% (16)	16.9% (13)	20.8% (5)	33.3% (3)	15.4% (2)	33.3% (3)	27.3% (9)	**66.4% (87)**
Sharing resources	52.9% (9)	70.0% (7)	20.7% (6)	80.0% (4)	90.9% (10)	12.6% (12)	19.5% (15)	16.7% (4)	0% (0)	61.5% (8)	33.3% (3)	24.2% (8)	**65.6% (86)**
Bringing together diverse stakeholders	64.7% (11)	50.0% (5)	6.9% (2)	80.0% (4)	63.6% (7)	14.7% (14)	10.4% (8)	16.7% (4)	11.1% (1)	61.5% (8)	66.7% (6)	3.0% (1)	**54.2% (71)**
Informal relationships created	58.8% (10)	50.0% (5)	3.4% (1)	60.0% (3)	36.4% (4)	12.6% (12)	11.7% (9)	8.3% (2)	22.2% (2)	42.2% (6)	55.6% (5)	9.1% (3)	**47.3% (62)**
Meeting regularly	29.4% (5)	50.0% (5)	10.3% (3)	40.0% (2)	54.5% (6)	12.6% (12)	10.4% (8)	16.7% (4)	0% (0)	23.1% (3)	55.6% (5)	6.1% (2)	**41.9% (55)**
Collective decision-making	35.3% (6)	40.0% (4)	17.2% (5)	40.0% (2)	0.09% (1)	13.7% (13)	11.7% (9)	8.3% (2)	0% (0)	38.5% (5)	11.1% (1)	6.1% (2)	**38.2% (50)**

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

Table 3: Outcomes of the MIECHV program's community collaborative

	A (n = 17)	B (n = 10)	C (n = 8)	D (n = 5)	E (n = 11)	F (n= 20)	G (n= 17)	H (n= 6)	I (n= 4)	J (n = 13)	K (n = 9)	Lt (n= 11)	All Counties (n = 131)
Improved services for children and families in high-need communities	100% (17)	70% (7)	87.5% (7)	60% (3)	90% (10)	85% (17)	88% (15)	83% (5)	100% (4)	92% (12)	66% (6)	81% (9)	**85% (112)**
Increased coordination and referrals for other community resources	82% (14)	50% (5)	75% (6)	60% (3)	81% (9)	100% (20)	82% (14)	100% (6)	100% (4)	69% (9)	77% (7)	63% (7)	**79% (104)**
Community support for the health and well-being of children and their families	82% (14)	80% (8)	87.5% (7)	60% (3)	81% (9)	85% (17)	58% (10)	100% (6)	100% (4)	84% (11)	77% (7)	63% (7)	**78% (103)**
Health education services, health literacy, educational resources	88% (15)	80% (8)	62.5% (5)	60% (3)	72% (8)	75% (15)	47% (8)	83% (5)	75% (3)	84% (11)	44% (4)	81% (9)	**72% (94)**
Improved maternal and newborn health	70% (12)	50% (5)	87.5% (7)	60% (3)	63% (7)	75% (15)	58% (10)	100% (6)	100% (4)	61% (8)	66% (6)	81% (9)	**70% (92)**
Improved resource sharing	88% (15)	50% (5)	50% (4)	40% (2)	63% (7)	90% (18)	70.5% (12)	100% (6)	100% (4)	38% (5)	66% (6)	63% (7)	**69% (91)**
Improved communication among agencies and organizations interested in the health and well-being of children and their families	70% (12)	60% (6)	50% (4)	40% (2)	54% (6)	80% (16)	70.5% (12)	66% (4)	100% (4)	69% (9)	55% (5)	55% (6)	**66% (86)**
Increased knowledge sharing	82% (14)	60% (6)	50% (4)	40% (2)	63% (7)	80% (16)	70.5% (12)	83% (5)	100% (4)	38% (5)	44% (4)	63% (7)	**66% (86)**
Public awareness of issues related to the health and well-being of children and their families	94% (16)	80% (8)	87.5% (7)	60% (3)	63% (7)	55% (11)	58% (10)	66% (4)	75% (3)	46% (6)	44% (4)	36% (4)	**63% (83)**
Increased family economic self-sufficiency	53% (9)	40% (4)	75% (6)	60% (3)	72% (8)	60% (12)	64% (11)	66% (4)	75% (3)	46% (6)	33% (3)	63% (7)	**58% (76)**
Reduction of health disparities	53% (9)	30% (3)	87.5% (7)	60% (3)	27% (3)	80% (16)	35% (6)	83% (5)	100% (4)	53% (7)	55% (5)	63% (7)	**57% (75)**
Improved school readiness and achievement	53% (9)	80% (8)	50% (4)	60% (3)	72% (8)	4.0% (8)	58% (10)	83% (5)	100% (4)	38% (5)	44% (4)	36% (4)	**55% (72)**
Reduced emergency department visits	47% (8)	60% (6)	75% (6)	60% (3)	18% (2)	45% (9)	53% (9)	83% (5)	50% (2)	46% (6)	44% (4)	45% (5)	**49% (65)**
Reduced crime and intimate partner violence	35% (6)	40% (4)	62.5% (5)	40% (2)	45% (5)	30% (6)	41% (7)	50% (3)	25% (1)	46% (6)	55% (5)	45% (5)	**42% (55)**
New sources of data	53% (9)	30% (3)	62.5% (5)	40% (2)	45% (5)	15% (3)	47% (8)	16% (1)	50% (2)	30% (4)	22% (2)	36% (4)	**36% (48)**
Policy, law, and/or regulation	23% (4)	30% (3)	12.5% (1)	-	18% (2)	10% (2)	35% (6)	16% (1)	25% (1)	7% (1)	33% (3)	18% (2)	**20% (26)**

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

**Dash (-) represents zero responses

***Zero responses selected for the following option in D County: policy, law and/or regulation

Table 4: Most important outcome of MIECHV

	A (n = 17)	B (n = 9)	C (n = 8)	D (n = 3)	E (n = 11)	F (n = 20)	G (n = 16)	H (n = 6)	I (n = 4)	J (n = 12)	K (n = 8)	L (n = 10)	All Counties (n = 124)
Improved maternal and newborn health	17.6% (3)	22.2% (2)	62.5% (5)	100% (3)	9.1% (1)	40% (8)	6.3% (1)	50% (3)	25% (1)	41.7% (5)	62.5% (5)	70% (7)	**35.5% (44)**
Improved services for children and families in high-need communities	35.3% (6)	33.3% (3)	25% (2)	-	54.5% (6)	25% (5)	12.5% (2)	33% (2)	50% (2)	41.7% (5)	12.5% (1)	20% (2)	**29.0% (36)**
Community support for the health and well-being of children and their families	5.9% (1)	22.2% (2)	-	-	27.3% (3)	5% (1)	6.3% (1)	-	-	8.3% (1)	12.5% (1)	-	**8.1% (10)**
Improved communication among agencies and organizations interested in the health and well-being of children and their families	-	11.1% (1)	-	-	9.1% (1)	5% (1)	25% (4)	-	-	-	-	-	**5.7% (7)**
Improved school readiness and achievement	-	11.1% (1)	-	-	-	-	18.8% (3)	-	25% (1)	8.3% (1)	-	-	**4.8% (6)**
Health education services, health literacy, educational resources	17.6% (3)	-	12.5% (1)	-	-	-	6.3% (1)	-	-	-	-	-	**4.0% (5)**
Reduction of health disparities	11.8% (2)	-	-	-	-	15% (3)	-	-	-	-	-	-	**4.0% (5)**
Improved resource sharing	-	-	-	-	-	10% (2)	-	16.7% (1)	-	-	12.5% (1)		**3.2% (4)**
Increased coordination and referrals for other community resources	5.9% (1)	-	-	-	-	-	12.5% (2)	-	-	-	-	-	**2.4% (3)**
Public awareness of issues related to the health and well-being of children and their families	5.9% (1)	-	-	-	-	-	-	-	-	-	-	-	**0.8% (1)**
New sources of data	-	-	-	-	-	-	-	-	-	-	-	10% (1)	**0.8% (1)**
Reduced emergency department visits	-	-	-	-	-	-	6.3% (1)	-	-	-	-		**0.8% (1)**
Increased family economic self-sufficiency	-	-	-	-	-	-	6.3% (1)	-	-	-	-		**0.8% (1)**

* Participants could only select one answer option

** Dash (-) represents zero responses

Note: Not shown on this table - zero responses selected for the following options across all counties: increased knowledge sharing; policy, law, and/or regulation; reduced crime and intimate partner violence.

Discussion

Participants who were invited to complete the PARTNER Tool will be asked to again complete the survey in order to examine the development of collaborative relationships and activities in each community over time. Because the MIECHV home visiting programs in these counties in their first years of implementation, it is unsurprising that the community networks interact cooperatively, rather than reporting high levels of integration. All of the communities have partnerships and cooperative relationships with multiple agencies across service sectors. As reported by the participating agencies, these relationships facilitate important functions such as: *improving services for children and families in Florida's high-need communities; increasing coordination and referrals for other community resources; increasing community support for the health and well-being of children and their families; providing health education, health literacy, and educational resources; improving maternal and newborn health in general; improving resource sharing; and improving communication among agencies and organizations interested in the health and well-being of children and their families.*

Networks maps were generated to illustrate network connections between agencies in each community. At baseline, with new collaborations being developed around MIECHV, network maps will vary for each community. In general, the communities already have networks in place that will likely be further strengthened by MIECHV. It is expected that the size and density of community networks and the level of collaboration among community partners will increase as programs are further established.

When comparing the difference in responses between MIECHV programs' community collaborative work, versus most important outcome from the community collaborative, it is important to note the differences. Some of the reported potential outcomes from the '*choose all that apply'* question are not aligning with the most important outcomes. For example, the first most important outcome is listed as *improving maternal and newborn health*, whereas it is listed as the fifth potential outcome of MIECHV programs' work. While MIECHV stakeholders identified a number of benefits of collaboration, there was no consensus among stakeholders on the most important outcome of the MIECHV program. This may reflect the diversity of programs and the needs and priorities of the communities they serve. The greatest consensus was that the MIECHV program is *improves services for children and families in high-need communities* and *improves maternal and newborn health.*

Next Steps

The evaluation team also conducted 32 interviews and focus groups with MIECHV program administrators, supervisors, and home visitors. These interviews accomplished several goals, including giving greater depth and context to the results of the PARTNER Tool analysis; providing additional information about services that are being provided, received, and most needed in each community; enriching data from ETO an quarterly reporting systems; providing information on how individuals discuss the home visiting programs and their collaborations in the community; and providing important feedback on the overall MIECHV program and evaluation.

Further analysis of the PARTNER Tool data will include integration of all data one comprehensive dataset to examine overall collaboration, trust, and shared vision of MIECHV outcomes as well as a deeper examination of the community networks by service sector (e.g. early education, health, and social services, etc.). The county-specific network maps have been shared with individual MIECHV programs and can be used as a communication tool for MIECHV coalition or advisory committee planning.

Over time, the purpose of this evaluation activity is to collect information on the development of collaborative activities in each community from the perspective of multiple stakeholders. These multiple perspectives will allow the evaluation team to provide a comprehensive view of collaborative activities and the impact of MIECHV in this area.

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