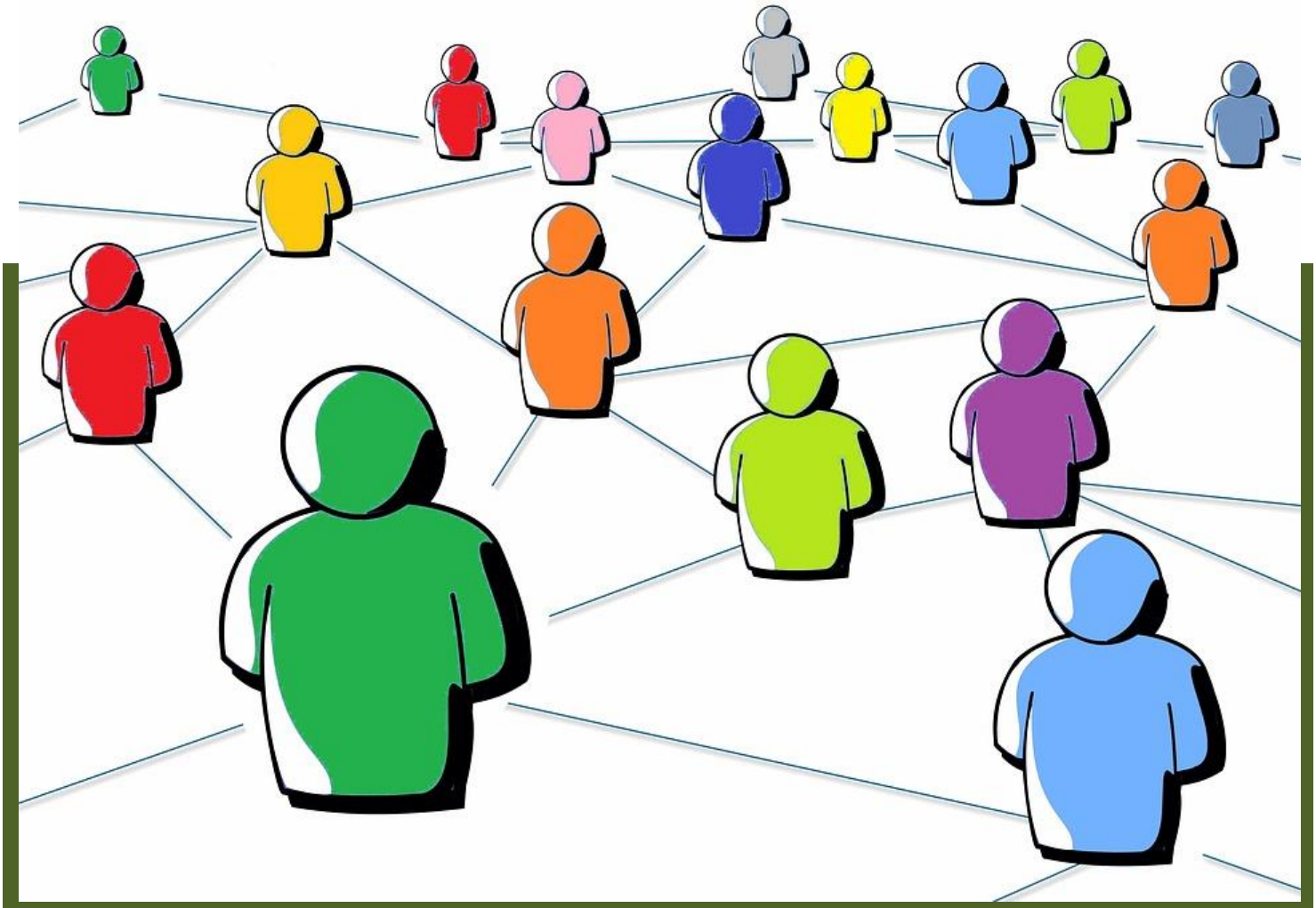
Florida Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program: Community Collaboration Report

2017 PARTNER SURVEY



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APRIL 2018

Background

In 2010, Florida's Affordable Care Act authorized funding for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) initiative to enhance the capacity and infrastructure of Florida home visiting programs. Florida MIECHV, administrated by the Florida Association of Healthy Start Coalitions, provides funding, training, and technical assistance to local implementing agencies throughout the state. FAHSC is one of three nonprofits funded nationally to implement MIECHV; all other grants are administered through state agencies. An independent evaluation of this initiative is conducted by the Lawton and Rhea Chiles Center for Healthy Women, Children and Families, located within the College of Public Health at the University of South Florida (miechv.health.usf.edu). This utilization-focused evaluation includes both process and outcome evaluation components. Since 2014, this collaboration and social network analysis has described agencies partnering with Florida MIECHV, as well as each partner's relationships with the others within these local Florida MIECHV networks. Questions include:

1) How frequently does each organization work with the others on issues related to MIECHV's goals?
2) What kinds of activities do relationships among organizations/programs in MIECHV networks entail?
3) How valuable is each organization's/program's power, influence, and level of involvement in achieving the overall mission of MIECHV?
4) To what extent does each organization/program share a mission with Florida MIECHV's mission and goals?
5) What is each organization's most important contribution to MIECHV?
6) What aspects of collaboration do partners perceive contribute to progress?
7) How reliable is each organization/program?
8) What do partners believe are potential outcomes of the MIECHV's initiative?
9) What do partners believe are the most important outcomes of MIECHV?
10) How much progress do partners perceive that MIECHV has made towards reaching its goals?

Community Networks to Achieve Collective Impact

Florida MIECHV aims to improve maternal, child, and family outcomes by improving coordination and collaboration among programs that provide services to families at the state and local levels. The program does this by implementing evidence-based programs in high need communities and engaging available resources and linking families to services most appropriate for their specific needs. The program is also expected to contribute to the development of the early childhood systems of care in their communities. The development and management of community networks is a complex process that is highly variable and dependent on a multitude of factors, including the broader sociopolitical context (e.g., funding and management of public and private state- and community-level programs; shifting patterns and trends in community health issues; and organizational changes, such as staff turnover or organizational restructuring). This report details findings from the 2017 evaluation of collaboration between local Florida MIECHV sites and partnering agencies. Previous reports include:

- 2016 Florida MIECHV State-Level Collaboration Report
- 2014-2015 Florida MIECHV Community Collaboration Report: PARTNER Tool Survey
- 2014 Florida MIECHV Program Evaluation Comprehensive Baseline PARTNER Report: Collaboration Analysis across All Counties

This report builds upon previous reports by highlighting changes in indicators of collaboration over time. Specifically, changes in social network members, network scores, number and quality of relationships, and roles and contributions of network members. Assessment of outcomes were used to indicate development of the collaborative relationships over time.

Methods

Recruitment and Data Collection

To quantitatively describe and measure baseline collaboration among agencies, organizations, and groups in each community, the Program to Analyze, Record, and Track Networks to Enhance Relationships (PARTNER), was utilized. PARTNER is a social network analysis and collaboration tool developed by the Robert Wood Johnson Foundation. The PARTNER Tool (http://www.partnertool.net/) administers an online survey to measure collaborative relationships between organizations participating in community networks. This tool was used to assess collaboration between Florida MIECHV programs and partnering agencies.

The evaluation team modified the PARTNER Tool survey to meet the specific needs and goals of MIECHV. A word version of the modified survey was sent to the MIECHV state leadership team for review and feedback. The 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 for each MIECHV program site, the evaluation team identified MIECHV program administrators from each community who were asked to identify agencies with whom they collaborate around MIECHV issues within their county and 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. Identified representatives from partnering agencies were sent a unique username and password to complete the survey. Bi-weekly reminder emails were sent from the evaluation team over several months to individuals who had not completed the survey. Respondents were asked to answer the PARTNER Tool survey to assess the development of collaborations in their community.

Measures

Level of Collaboration

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

- **None**
- **Cooperative** activities, which involve exchanging information, attending meetings together, and offering resources to partners (e.g., informing other programs of grants)
- **Coordinated** activities, which include cooperative activities, in addition to intentional efforts to enhance each other's capacity for the mutual benefit of programs (e.g., separate granting programs utilizing shared administrative processes and forms for application review and selection)
- **Integrated** activities, which include cooperative and coordinated activities, as well as the act of using commonalities to create a unified center of knowledge and programming that supports work

in related content areas (e.g., developing and utilizing shared priorities for funding effective prevention strategies, where funding pools may be combined)

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. The number of relationships is also dependent on the number of collaborators that were identified early in the process; this differs for each county. 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 community collaboration contribute to their county's MIECHV program's progress towards reaching its goals. Respondents could 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.

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 could 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 could choose only one answer option from the same list as the previous question.

Data Analysis

Descriptive statistics were generated for each site-level survey. Changes over time in the social network model, network scores, number and quality of relationships, roles and contributions of network members, and assessment of the outcomes were used to indicate development of the collaborative relationships over time. All collected data were analyzed using the PARTNER Tool and SPSS v.24 to determine the level of collaboration, community network, aspects of collaboration, graphic representations of the social network/collaborative model in each community, and perceptions of Florida MIECHV program outcomes. Changes over time (2014-2017) were also discussed.

Results

Participants

This report describes collaborations within Florida MIECHV communities funded in 2017: Broward, Duval, Escambia, Gadsden, Hardee/Desoto, Highlands, Hillsborough, Manatee, Miami-Dade, North

Central Florida, Orange, Pinellas, Polk, and Southwest (Lee, Hendry, Collier). Survey respondents include the MIECHV administrator in each community and their identified collaborative partners, consisting of representatives from early education, healthcare, home visiting, government, and social services programs. A total of 131 of the 167 stakeholders accessed and/or completed the survey in 2014 (*Time-1*, 78.4% response rate), a total of 176 of the 254 (69.3% response) in 2015 (*Time-2*), and a total of 205 out of 325 (63.1% response) in 2017 (*Time-3*). Table 1 illustrates these response rates by county across three time periods.

Table 1. PARTNER Survey Response Rates, Florida MIECHV Counties

	Time 1		Time 2		Time 3	
County	Total Participants	Response Rate (%)	Total Participants	Response Rate (%)	Total Participants	Response Rate (%)
Broward	8/13	61.5%	14/23	60.9%	18/25	72.0%
Duval	5/6	83.3%	28/56	50.0%	26/48	54.1%
Escambia	11/11	100.0%	12/14	85.7%	12/13	92.3%
Gadsden	-	-	-	-	10/11	90.9%
Hardee/Desoto	-	-	-	-	12/30	40.0%
Highlands	-	-	-	-	13/15	86.6%
Hillsborough	20/21	95.2%	19/20	95.0%	19/26	73.0%
Manatee	17/23	73.9%	26/31	83.9%	20/39	51.2%
Miami-Dade	6/7	85.7%	9/9	100.0%	9/15	60.0%
North Central	36/49	73.5%	38/59	64.4%	18/42	42.8%
Orange	4/5	80.0%	4/5	80.0%	8/8	100.0%
Pinellas	13/17	76.5%	12/17	70.6%	12/17	70.5%
Polk	-	-	-	-	11/15	73.3%
Southwest	11/15	73.3%	14/20	70.0%	17/21	80.9%
Total	**131/167**	**79.2%**	**176/254**	**73.7%**	**205/235**	**63.1%**

Level of Collaboration

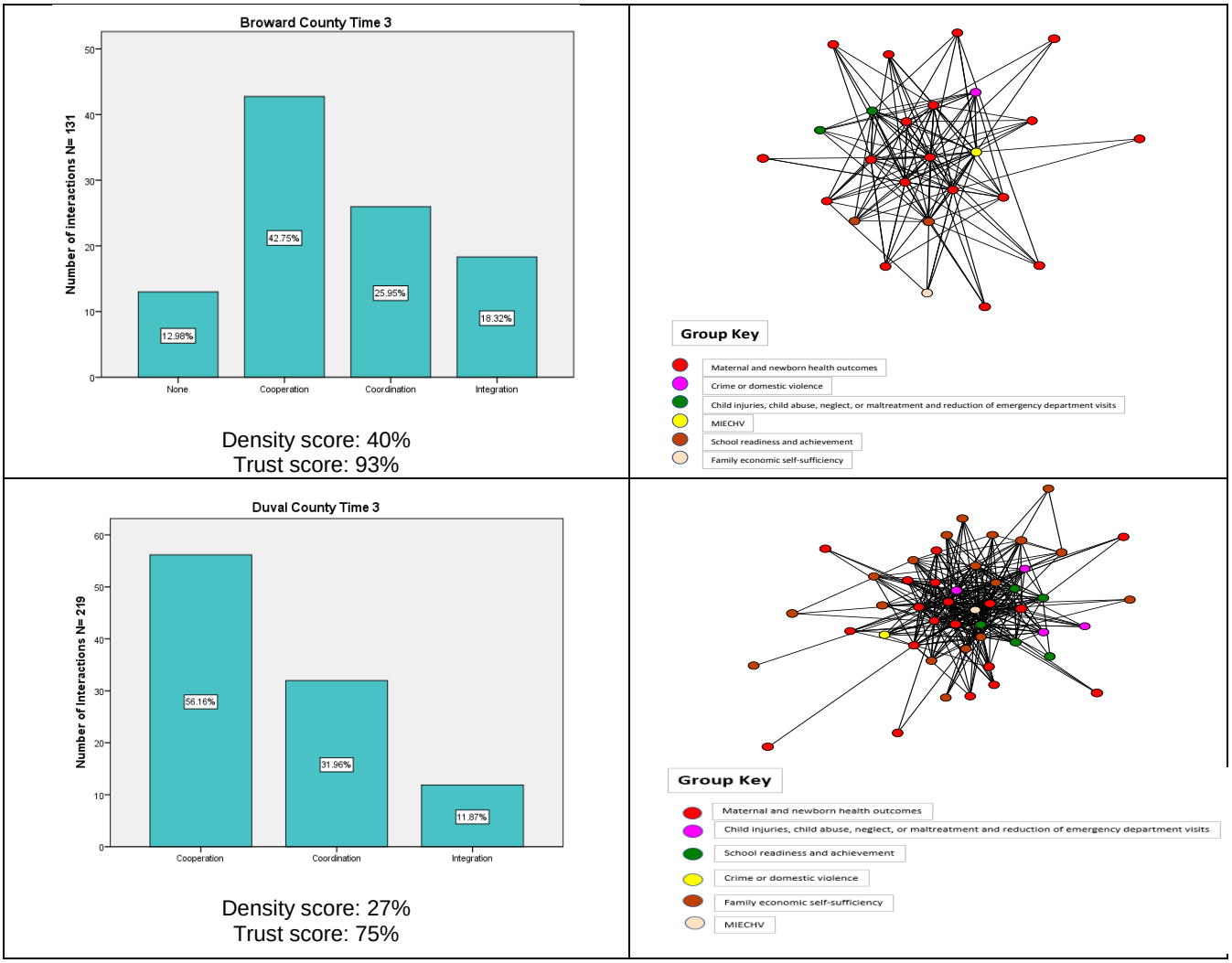
The number of interactions among community networks increased from 948 at *Time-1* to 1,655 at *Time-2* to 1,803 at this current follow-up of *Time-3*. Figure 1 and Table 2 display community network levels of collaboration, density, and trust as reported by MIECHV programs and partners at *Time-1*, *Time-2*, and *Time-3*, including those programs who completed the PARTNER Tool survey for the first time in 2017 (third follow-up survey) - Gadsden, Hardee/Desoto, Highlands, and Polk. As shown in Figure 1, cooperation remains the most common level of collaboration among programs. The density scores – signifying number of relationships among agencies – was relatively stable across time points, ranging from 31-90% for the *Time-1* survey, 23-90% for the *Time-2* survey, and 27-89% for the *Time-3* survey across communities with the average score decreasing from 57% to 54% from *Time-1* to *Time-3* (Table 2). For counties participating in the survey for the first time (Gadsden, Hardee/Desoto, Highlands, and Polk), the range of density scores was 19% to 80% with an average of 48%.

Interagency trust scores ranged from 75-96% at *Time-1*, 56-90% at *Time-2*, and 68-93% at *Time-3* (Table 2), decreasing from 83% to 76% from *Time-1* to *Time-2,* possibly due to the incorporation of 87 new or additional partners identified in Florida MIECHV networks at *Time-2*. However, at *Time-3*, the measured average trust score was 82%. For counties participating in the survey for the first time, the trust scores ranged from 60-81% with an average of 71%.

With baseline data and new collaborations continuously being developed around MIECHV, it is expected that the appearance of the network maps, as well as the density and trust scores will vary for

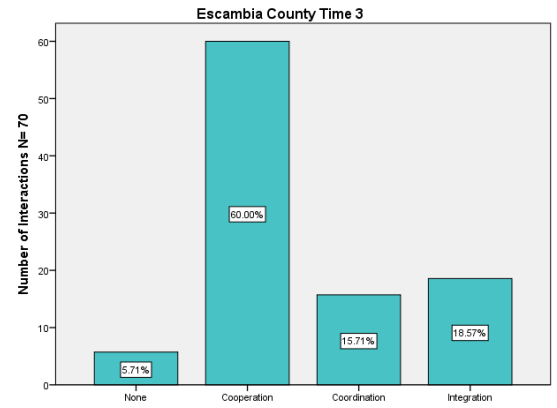
each community. The results presented below indicate that while the maps look different from each other, the communities, in general, already have networks in place that will likely be even further strengthened by MIECHV. The counties that fall under North Central Florida (Alachua, Bradford, Putnam, Columbia, and Hamilton) are reporting in *Time-3* as one site instead of as individual counties like in previous PARTNER Tool reports.

Figure 1. Levels of Collaboration among Partners and Network Maps for Counties Surveyed in *Time-3*, Florida MIECHV Communities, 2017.

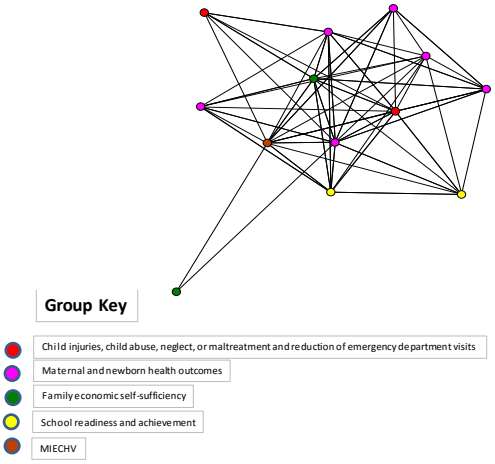


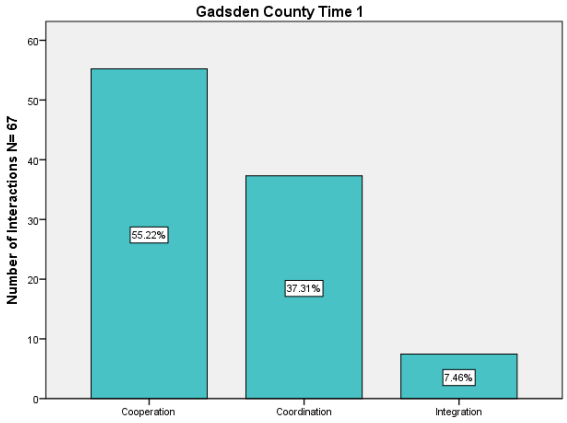
Density score: 40%
Trust score: 93%

Density score: 27%
Trust score: 75%

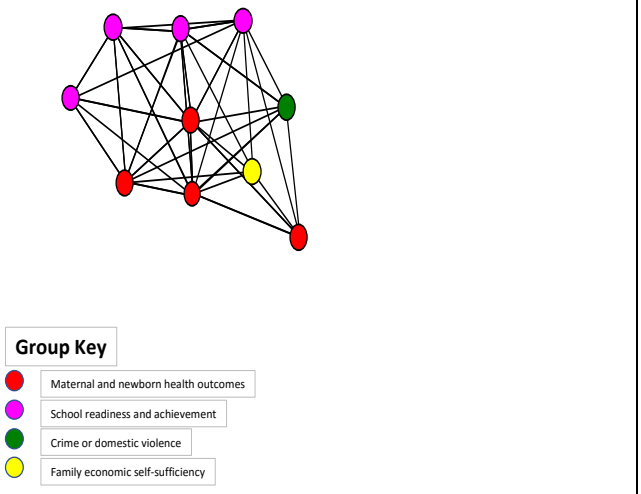


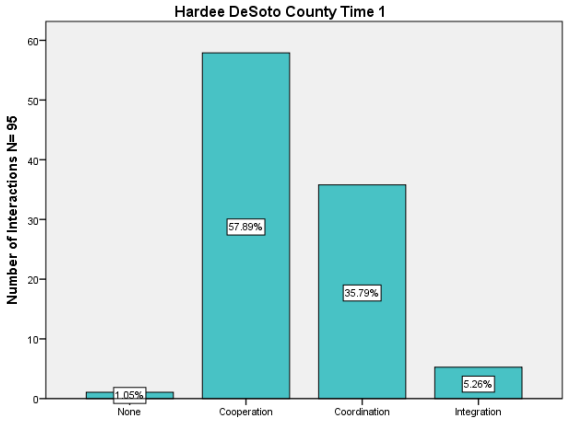
Density score: 69%
Trust score: 81%



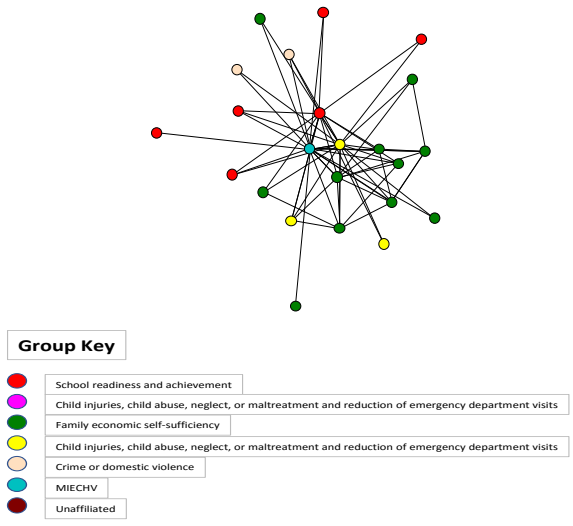


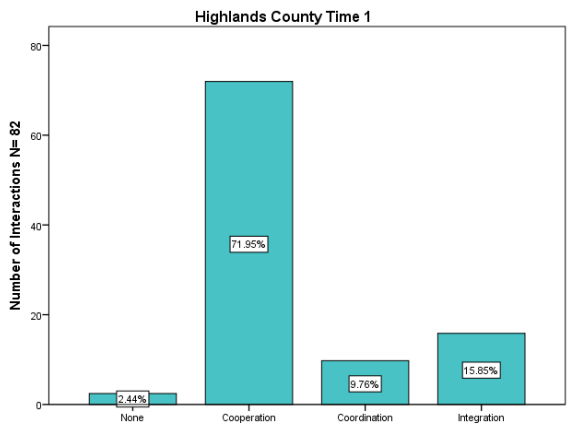
Density score: 80%
Trust score: 81%



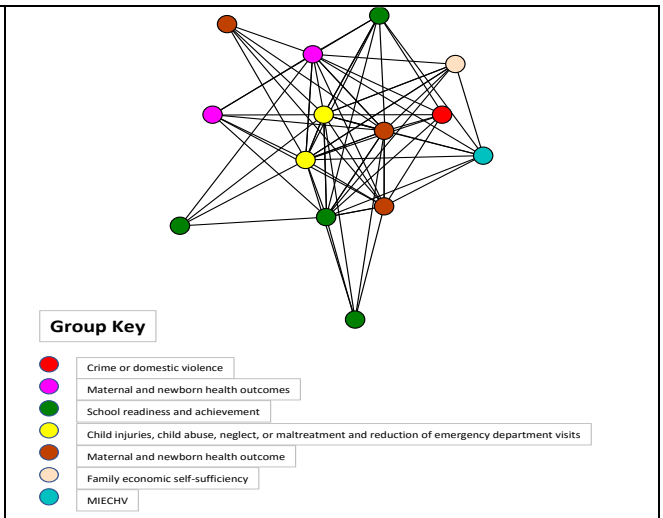


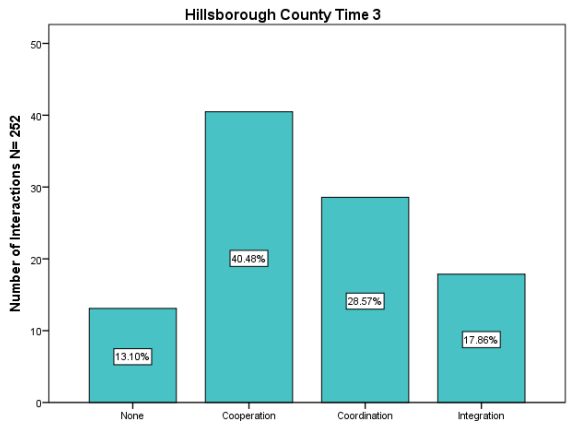
Density score: 19%
Trust score: 72%



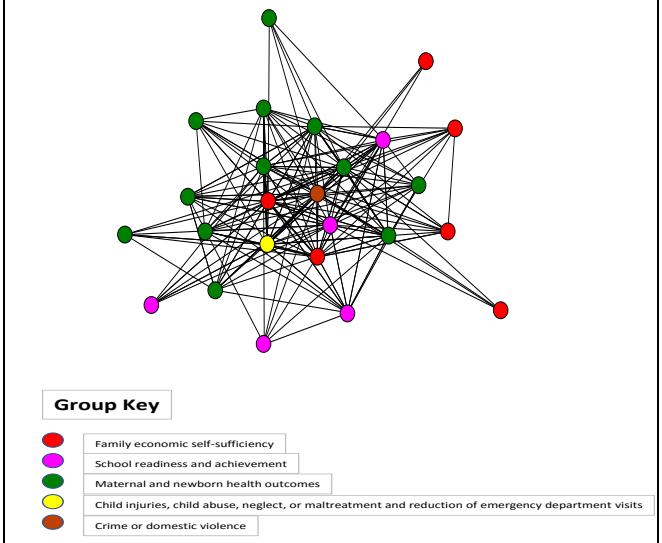


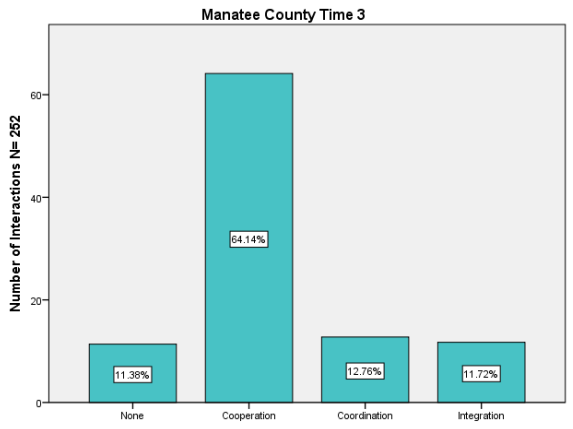
Density score: 57%
Trust score: 71%



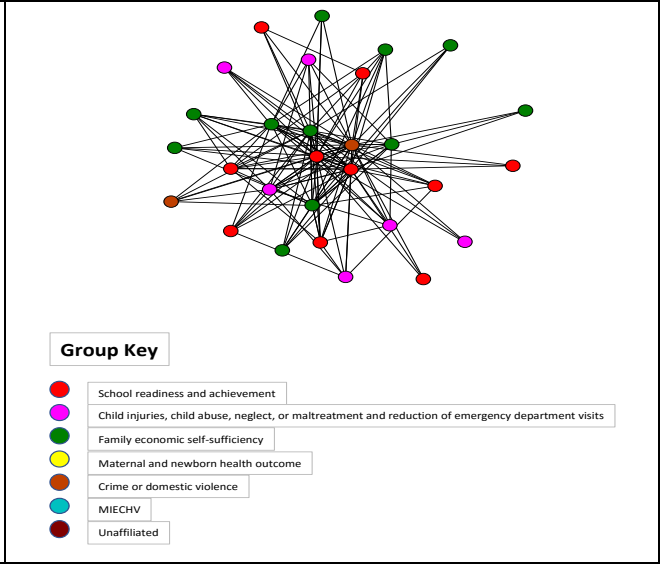


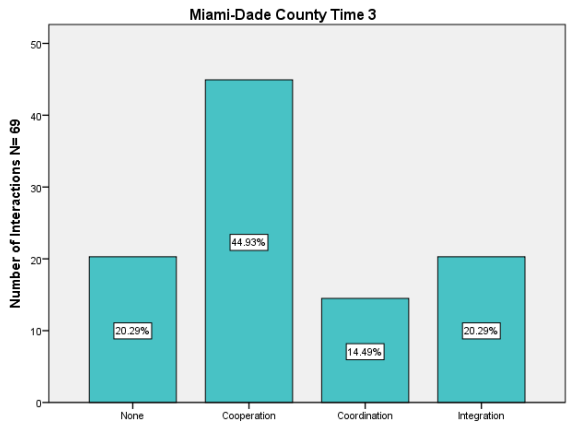
Density score: 56%
Trust score: 79%



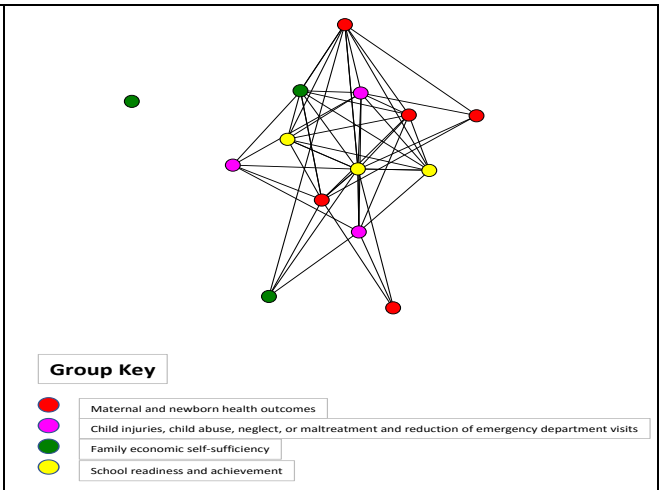


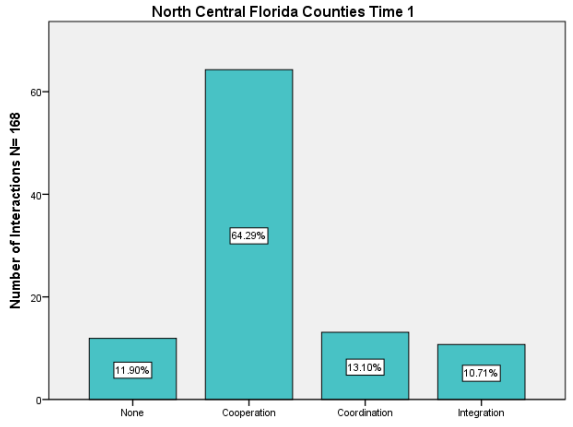
Density score: 35%
Trust score: 80%



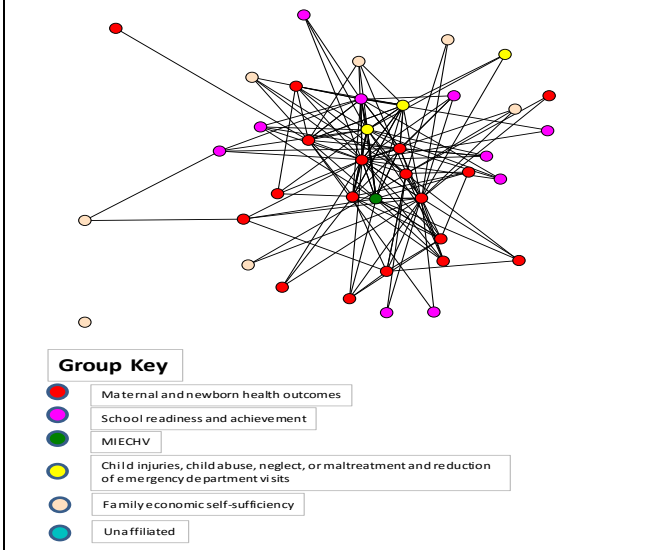


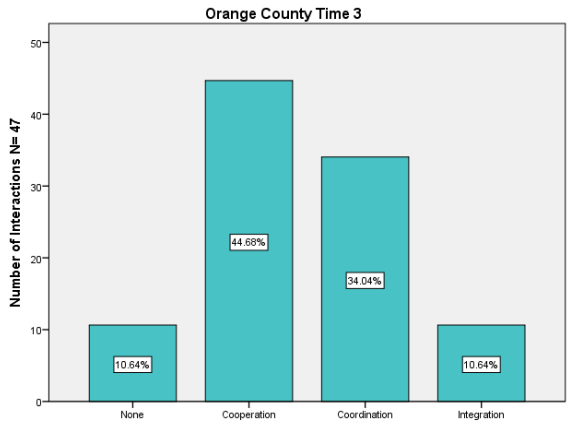
Density score: 56%
Trust score: 92%



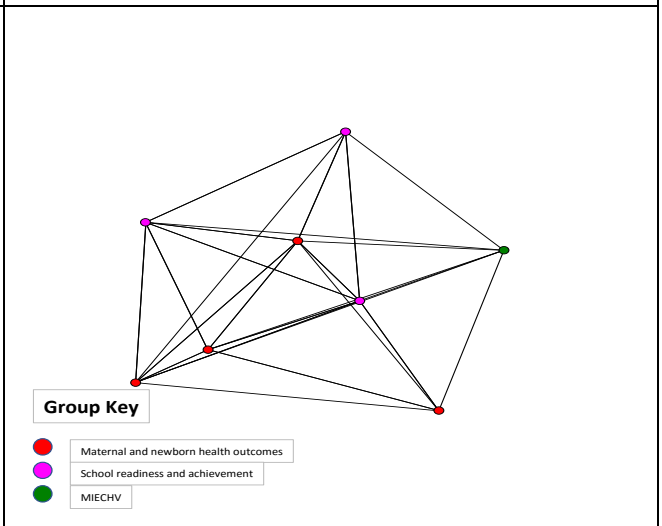


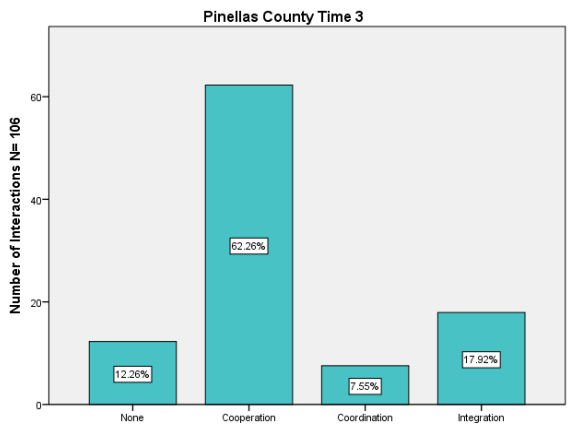
Density score: 19%
Trust score: 60%



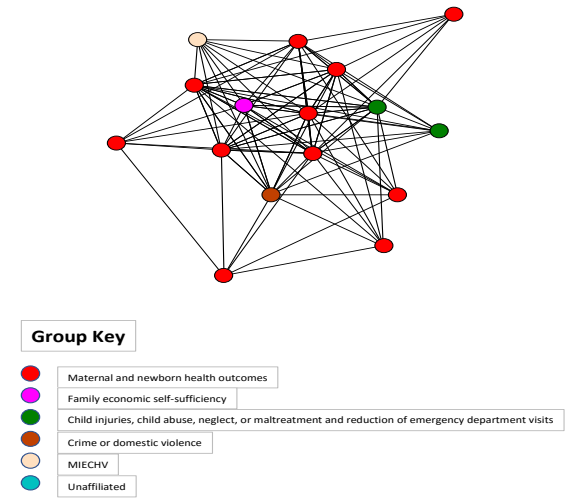


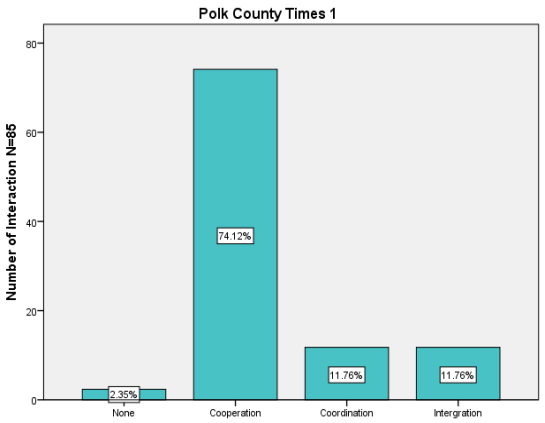
Density score: 89%
Trust score: 91%



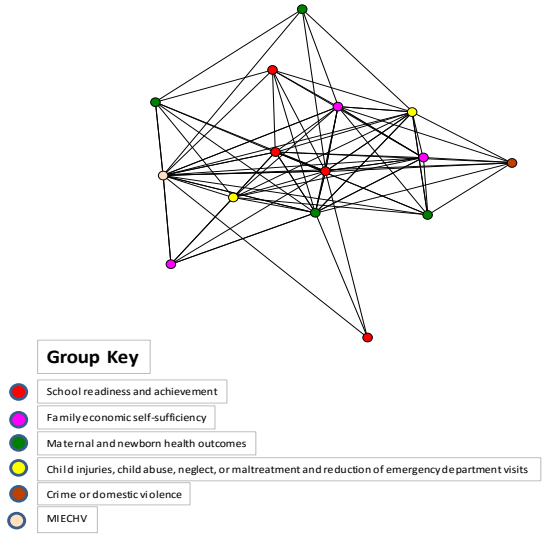


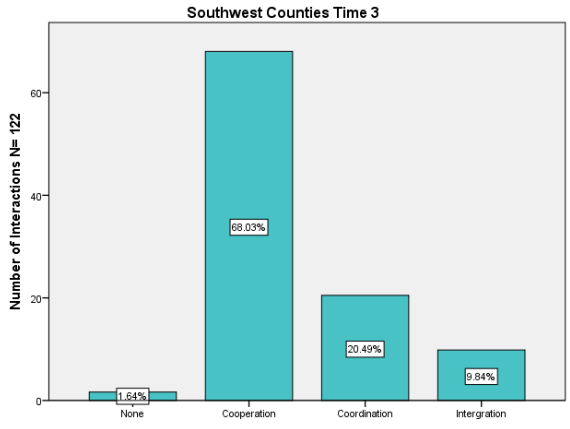
Density score: 63%
Trust score: 68%





Density score: 65%
Trust score: 71%





Density score: 51%
Trust score: 83%

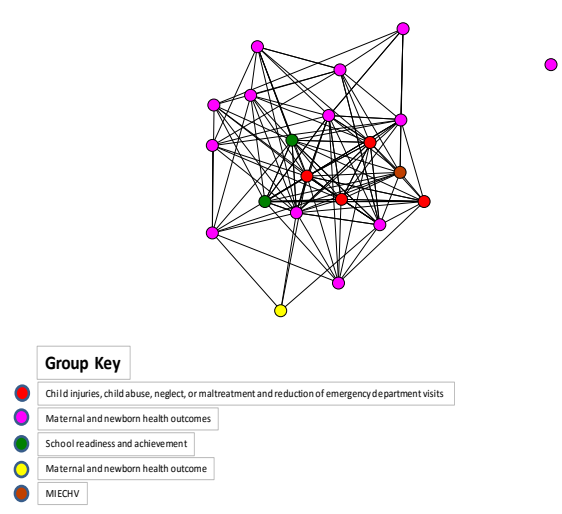


Table 2. Density and Trust Scores from Time-1, Time-2, and Time-3 Surveys

County	Density T1	Density T2	Density T3	Trust T1	Trust T2	Trust T3	# Partners T1 – T3 Difference
Alachua	62%	48%	-	82%	77%	-	-
Bradford	45%	36%	-	79%	82%	-	-
Broward	56%	41%	40%	81%	87%	93%	+10
Duval	43%	23%	27%	96%	56%	75%	+21
Escambia	78%	62%	69%	92%	84%	81%	+1
Gadsden	-	-	80%	-	-	81%	-
Hardee/Desoto	-	-	19%	-	-	72%	
Highlands	-	-	57%	-	-	71%	
Hillsborough	67%	67%	56%	76%	79%	79%	-1
Manatee	47%	51%	35%	75%	70%	80%	+3
Miami Dade	62%	72%	56%	93%	82%	92%	+3
North Central **Alachua** **Bradford** **Putnam**	(Avg. 46%) 62% 45% 31%	(Avg. 46%) 48% 36% 27%	19%	(Avg. 81%) 82% 79% 81%	(Avg. 74%) 77% 82% 64%	60%	-18
Orange	90%	90%	89%	76%	90%	91%	+4
Pinellas	66%	65%	63%	81%	71%	68%	-1
Polk	-	-	65%	-	-	71%	-
Putnam	31%	27%	-	81%	64%	-	-
Southwest	42%	56%	51%	78%	71%	83%	+6
Average	**57%**	**53%**	**52% (54%*)**	**83%**	**76%**	**78% (82%*)**	**+74 (+28*)**

**Averages for all counties participating in all time points time 1-3. North Central was reported separately as Alachua, Bradford, Putnam Counties at T1 and T2.*

Community Networks

The density scores ranged from 31-90% for *Time-1*, 23-90% for *Time-2*, and 19-90% for *Time-3*. The average score for *Time-1* was 57%, *Time-2* 53%, and *Time-3* decreasing to 48%. The trust scores ranged from 75-93% at *Time-1*, 56-90% at *Time-2*, and 60-93% at *Time-3*. The mean trust score for *Time-1* was 83%, *Time-2* 76%, and *Time-3* is 78%, a slight increase from *Time-2*. However, it should be kept in mind that the 78% average includes new MIECHV programs and new partners participating in existing MIECHV networks.

Aspects of Community Collaboration

Results from the *Time-3* PARTNER Tool survey continued to capture the aspects of collaboration that partners perceive contribute to MIECHV's success. With the *Time-3* survey (focusing on counties who responded at all three time points), respondents selected *exchanging information and/or knowledge* (70.9%, n=100), *sharing resources* (59.6%, n=84), and *having a shared mission/goals* (58.9%, n=83) as the most important aspects of community collaboration that contribute to MIECHV's progress towards

reaching its goals.

This was similar to responses from counties participating for the first time with these respondents also selecting *exchanging information and/or knowledge* (57.8%, n=37), *sharing resources* (50.0%, n=32), and *having a shared mission/goals* (43.8%, n=28) as the most important aspects of community collaboration that contribute to MIECHV programs' progress towards reaching its goals. At *Time-2*, respondents selected *exchanging information and/or knowledge* (69.0%, n=121), *sharing resources* (59.8%, n=107), and *informal relationships created* (52.0%, n=85) as the most important aspects of community collaboration. Similarly, during *Time-1*, respondents also selected *exchanging information and/or knowledge* (73.3%, n=96) and *sharing resources* (65.6%, n=86), but *having a shared mission/goals* (66.4%, n=87) was chosen by respondents at *Time-1* instead of *informal relationships created* selected by *Time-2* respondents. For this question within the survey, percentages add up to more than 100% because respondents could choose all that apply. The aspects of collaboration that community partners reported as most contributory to MIECHV's success are shown in Tables 3 and 4.

Outcomes of MIECHV

The potential outcomes of the MIECHV program's community collaborative at *Time-3* are shown in Tables 5 and 6, while most important outcomes for each MIECHV program's community collaborative at *Time-3* are shown in Tables 7 ad 8. For the potential outcomes question in baseline survey and follow-up surveys, respondents could choose all that apply. At *Time-3*, three responses were included with the first being for those counties who participated in all three surveys, the second were counties who participated in all three surveys but utilized a previous version of the survey, and the third being those who were responding to the survey for the first time. For those who participated in all three surveys and those responding for the first time, the two leading outcomes that were selected by these groups were: *improved services for children and families in high-need communities most times* (80.2%, n=93), (81.3%, n=52); and *improved maternal and newborn health* (78.4%, n=91), (78.1%, n=50). Those who participated in all three surveys but used a previous version had the three leading outcomes as: *improved health outcomes* (48%, n=12); *improved resource sharing* (36%, n=9); and *increased knowledge sharing* (36%, n=9).

Tables 7 and 8 illustrate respondents' perception of the most important outcomes of the MIECHV program for children and families. Across all counties at baseline, 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*. However, at follow-up, respondents chose the reverse with 38% (n=62) specifying *improving services for children and families in high need communities* as the most important outcome of MIECHV programs' community collaborative and 29.4% (n=48) selecting *improving maternal and newborn health* as the most important outcome. At Time-3, among counties who had participated in all PARTNER Tool surveys, 30.0% (n=33) selected *maternal and newborn health* as the most important outcome for MIECHV programs' community collaborative, and 27.3% (n=30) selected *improved services for children and families in high-need communities* as the next most important outcome. This is similar to the responses at baseline, as well as information gleaned from those who participated in the survey for the first time in which 43.1% (n=25) selected *improved maternal and newborn health* as the most important outcome followed by 22.4% (n=13) who selected *improved 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. Among counties who participated in all surveys, two of these responded to a previous version of the survey with slightly different outcomes. For these counties, 45.8% (n=11) selected *improved health outcomes as the most important outcome*. The previous version of the survey did not have a response for maternal and newborn health but included only improved health outcomes. These response options are also very similar in the context of the population served by these agencies.

Table 3. Aspects of Collaboration that Contribute to MIECHV's Success, *Time-3*

Aspect of Collaboration	Broward (n=18)	Duval (n=26)	Escambia (n=12)	Hillsborough (n=19)	Manatee (n=20)	Miami-Dade (n=9)	Orange (n=8)	Pinellas (n=12)	Southwest (n=17)	All (n=141)
Exchanging information/ knowledge	55.6 (10)	65.4 (17)	75.0 (9)	63.2 (12)	80 (16)	100 (9)	87.5 (7)	58.3 (7)	76.5 (13)	**70.9 (100)**
Having a shared mission, goals	61.1 (11)	50.0 (13)	75.0 (9)	47.4 (9)	65.0 (13)	88.9 (8)	50.0 (4)	50.0 (6)	58.8 (10)	**58.9 (83)**
Sharing resources	55.6 (10)	61.5 (16)	50.0 (6)	52.6 (10)	75.0 (15)	88.9 (8)	50.0 (4)	58.3 (7)	47.1 (8)	**59.6 (84)**
Bringing together diverse stakeholders	66.7 (12)	50.0 (13)	58.3 (7)	47.4 (9)	45.0 (9)	77.8 (7)	0.0 (0)	33.3 (4)	52.9 (9)	**49.6 (70)**
Informal relationships created	33.3 (6)	42.3 (11)	50.0 (6)	26.3 (5)	55.0 (11)	55.6 (5)	37.5 (3)	75.0 (9)	70.6 (12)	**48.2 (68)**
Meeting regularly	38.9 (7)	34.6 (9)	33.3 (4)	21.0 (4)	45.0 (9)	77.8 (7)	25.0 (2)	41.7 (5)	23.5 (4)	**36.2 (51)**
Collective decision-making	27.8 (5)	30.8 (8)	25.0 (3)	21.1 (4)	30.0 (6)	55.6 (5)	12.5 (1)	25.0 (3)	17.6 (3)	**27.0 (38)**

Table includes only those counties who were represented in Time-1, -2, and -3. Percentages add up to more than 100 because respondents could select more than one response

Table 4. Aspects of Collaboration that Contribute to MIECHV's Success: Surveyed *Time-3* Only

Aspect of Collaboration	Gadsden (n=10)	Hardee (n=12)	Highlands (n=13)	N. Central (n=18)	Polk (n=11)	Total (n=64)
Exchanging information/ knowledge	70.0 (7)	41.7 (5)	46.2 (6)	72.2 (13)	54.5 (6)	57.8 (37)
Having a shared mission, goals	40.0 (4)	16.7 (2)	38.5 (5)	55.6 (10)	63.6 (7)	43.8 (28)
Sharing resources	70.0 (7)	41.7 (5)	30.8 (4)	55.6 (10)	54.5 (6)	50.0 (32)
Bringing together diverse stakeholders	50.0 (5)	0.0 (0)	7.7 (1)	61.1 (11)	36.4 (4)	14.9 (21)
Informal relationships created	20.0 (2)	33.3 (4)	38.5 (5)	38.9 (7)	36.4 (4)	15.6 (22)
Meeting regularly	40.0 (4)	16.7 (2)	15.4 (2)	50.0 (9)	9.1 (1)	28.1 (18)
Collective decision-making	30.0 (3)	0.0 (0)	15.4 (2)	33.3 (6)	18.2 (2)	20.3 (13)

Counties represented here were those surveyed for the first time during Time-3 survey. Percentages add up to more than 100 because respondents could select more than one response

Table 5. Potential Outcomes of MIECHV Community Collaboratives, *Time-3*

Outcomes of work	Broward (n=18)	Duval (n=26)	Escambia (n=12)	Hillsborough (n=19)	Manatee (n=20)	Miami-Dade (n=9)	Pinellas (n=12)	All (n=116)
Health education services, health literacy, educational resources	61.1 (11)	76.9 (20)	75.0 (9)	73.7 (14)	85.0 (17)	88. 9 (8)	75.0 (9)	75.9 (88)
Improved services for children and families in high-need communities	77. 8 (14)	73.1 (19)	91.7 (11)	73.7 (14)	80.0 (16)	100.0 (9)	83.3 (10)	80.2 (93)
Reduction of health disparities	72.2 (13)	65.4 (17)	50.0 (6)	84.2 (16)	55.0 (11)	77.8 (7)	58.3 (7)	66.3 (77)
Improved resource sharing	61.1 (11)	53.8 (14)	83.3 (10)	52.6 (10)	75.0 (15)	77.8 (7)	66.7 (8)	64.7 (75)
Increased knowledge sharing	55. 6 (10)	69.2 (18)	66.7 (8)	57.9 (11)	80.0 (16)	77.8 (7)	66.7 (8)	67.2 (78)
New sources of data	27. 8 (5)	38.5 (10)	50.0 (6)	42.1 (8)	45.0 (9)	66.7 (6)	41.7 (5)	42.2 (49)
Community support for the health and well-being of children and their families	50.0 (9)	69.2 (18)	83.3 (10)	68.4 (13)	95.0 (19)	77.8 (7)	75.0 (9)	73.3 (85)
Public awareness of issues related to the health and well-being of children and their families	55.6 (10)	57.7 (15)	83.3 (10)	57.9 (11)	80.0 (16)	77.8 (7)	66.7 (8)	66.4 (77)
Policy, law, and/ or regulation	11.1 (2)	23.1 (6)	50.0 (6)	21.1 (4)	35.0 (7)	55.6 (5)	16.7 (2)	27.6 (32)
Improved communication among agencies and organizations interested in the health and well-being of children and their families	61.1 (11)	53.8 (14)	83.3 (10)	57.9 (11)	75.0 (15)	88.9 (8)	50.0 (6)	64.7 (75)
Improved school readiness and achievement	44.4 (8)	50.0 (13)	50.0 (6)	47.4 (9)	65.0 (13)	77.8 (7)	58.3 (7)	54.3 (63)
Reduced emergency department visits	38. 9 (7)	42.3 (11)	58.3 (7)	63.2 (12)	60.0 (12)	66.7 (6)	66.7 (8)	54.3 (63)
Improved maternal and newborn health	61. 1 (11)	73.1 (19)	91.7 (11)	94.7 (18)	65.0 (13)	100.0 (9)	83.3 (10)	78.4 (91)
Reduced crime and intimate partner violence	33.3 (6)	23.1 (6)	50 (6)	47.4 (9)	50.0 (10)	66.7 (6)	41.7 (5)	41.3 (48)
Increased family economic self-sufficiency	38. 9 (7)	46.2 (12)	66.7 (8)	78.9 (15)	65.0 (13)	66.7 (6)	50.0 (6)	57.8 (67)
Increased coordination and referrals for other community resources	55. 6 (10)	73.1 (19)	75.0 (9)	78.9 (15)	80.0 (16)	88.9 (8)	75.0 (9)	74.1 (86)

Table includes only counties who were represented in Time-1 and -2 surveys. Percentages add up to more than 100 because respondents could select more than one response

Table 5 (*Continued*). Potential Outcomes of MIECHV Community Collaboratives, *Time-3**

Outcomes of work	Orange (n=8)	Southwest (n=17)	Total (n=25)
Health education services, health literacy, educational resources	75.0 (6)	5.8 (1)	28.0 (7)
Improved services for children and families in high-need communities	75.0 (6)	11.8 (2)	32.0 (8)
Reduction of health disparities	37.5 (3)	5.9 (1)	16.0 (4)
Improved resource sharing	100.0 (8)	5.9 (1)	36.0 (9)
Increased knowledge sharing	100.0 (8)	5.9 (1)	36.0 (9)
New sources of data	25.0 (2)	0.0 (0)	8.0 (2)
Community support for the health and well-being of children and their families	50.0 (4)	0.0 (0)	16.0 (4)
Public awareness of issues related to the health and well-being of children and their families	50.0 (4)	5.9 (1)	20.0 (5)
Policy, law, and/ or regulation	12.5 (1)	0.0 (0)	4.0 (1)
Improved health outcomes	50.0 (4)	47.1 (8)	48.0 (12)
Improved communication among agencies and organizations interested in the health and well-being of children and their families	62.5 (5)	5.9 (1)	24.0 (6)

**These counties utilized the previous version of the PARTNER survey; therefore, did not respond to all questions regarding outcomes. Percentages add up to more than 100 because respondents could select more than one response*

Table 6. Potential Outcomes of MIECHV Community Collaboratives, Surveyed *Time-3* Only

Outcomes of work	Gadsden (n=10)	Hardee (n=12)	Highlands (n=13)	N. Central (n=18)	Polk (n=11)	Total (n=64)
Health education services, health literacy, educational resources	90.0 (9)	50.0 (6)	53.8 (7)	72.2 (13)	72.7 (8)	67.2 (43)
Improved services for children and families in high-need communities	80.0 (8)	83.3 (10)	69.2 (9)	83.3 (15)	90.9 (10)	81.3 (52)
Reduction of health disparities	90.0 (9)	16.7 (2)	61.5 (8)	66.7 (12)	72.7 (8)	60.9 (39)
Improved resource sharing	80.0 (8)	66.7 (8)	38.5 (5)	72.2 (13)	54.5 (6)	62.5 (40)
Increased knowledge sharing	70.0 (7)	33.3 (4)	46.2 (6)	66.7 (12)	54.5 (6)	54.7 (35)
New sources of data	50.0 (5)	16.7 (2)	23.1 (3)	38.9 (7)	27.3 (3)	31.3 (20)
Community support for the health and well-being of children and their families	90.0 (9)	50.0 (6)	53.8 (7)	83.3 (15)	72.7 (8)	70.3 (45)
Public awareness of issues related to the health and well-being of children and their families	70.0 (7)	33.3 (4)	53.8 (7)	55.6 (10)	54.5 (6)	53.1 (34)
Policy, law, and/ or regulation	30.0 (3)	16.7 (2)	15.4 (2)	27.8 (5)	9.1 (1)	20.3 (13)
Improved communication among agencies and organizations interested in the health and well-being of children and their families	70.0 (7)	58.3 (7)	46.2 (6)	72.2 (13)	54.5 (6)	60.9 (39)
Improved school readiness and achievement	40.0 (4)	58.3 (7)	23.1 (3)	66.7 (12)	27.3 (3)	45.3 (29)
Reduced emergency department visits	60.0 (6)	25.0 (3)	46.2 (6)	44.4 (8)	63.6 (7)	46.9 (30)
Improved maternal and newborn health	100.0 (10)	58.3 (7)	69.2 (9)	83.3 (15)	81.8 (9)	78.1 (50)

Table 7. Most Important Outcome of MIECHV, *Time-3*

Most important outcome	Broward (n=17)	Duval (n=22)	Escambia (n=11)	Hillsborough (n=19)	Manatee (n=20)	Miami-Dade (n=9)	Pinellas (n=12)	All Counties (n=110)
Health education services, health literacy, educational resources	0.0 (0)	4.5 (1)	18.2 (2)	0.0 (0)	15.0 (3)	11.1 (1)	16.7 (2)	8.2 (9)
Improved services for children and families in high-need communities	20.0 (3)	27.3 (6)	63.6 (7)	21.1 (4)	25.0 (5)	11.1 (1)	33.3 (4)	27.3 (30)
Reduction of health disparities	26.7 (4)	4.5 (1)	0.0 (0)	15.8 (3)	0.0 (0)	11.1 (1)	0.0 (0)	8.2 (9)
Increased knowledge sharing	0.0 (0)	4.5 (1)	0.0 (0)	0.0 (0)	5.0 (1)	0.0 (0)	0.0 (0)	1.8 (2)
Community support for the health and well-being of children and their families	0.0 (0)	4.5 (1)	0.0 (0)	10.5 (2)	10.0 (2)	0.0 (0)	25.0 (3)	7.3 (8)
Public awareness of issues related to the health and well-being of children and their families	6.7 (1)	0.0 (0)	0.0 (0)	0.0 (0)	5.0 (1)	0.0 (0)	0.0 (0)	1.8 (2)
Improved communication among agencies and organizations interested in the health and well-being of children and their families	0.0 (0)	4.5 (1)	0.0 (0)	0.0 (0)	5.0 (1)	0.0 (0)	0.0 (0)	1.8 (2)
Improved school readiness and achievement	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	15.0 (3)	0.0 (0)	0.0 (0)	2.7 (3)
Reduced emergency department visits	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	5.0 (1)	0.0 (0)	0.0 (0)	0.9 (1)
Improved maternal and newborn health	40.0 (6)	40.9 (9)	9.1 (1)	47.4 (9)	0.0 (0)	66.7 (6)	16.7 (2)	30.0 (33)
Reduced crime and intimate partner violence	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	5.0 (1)	0.0 (0)	0.0 (0)	0.9 (1)
Increased family economic self-sufficiency	0.0 (0)	4.5 (1)	9.1 (1)	0.0 (0)	5.0 (1)	0.0 (0)	8.3 (1)	3.6 (4)
Increased coordination and referrals for other community resources	6.7 (1)	4.5 (1)	0.0 (0)	5.3 (1)	5.0 (1)	0.0 (0)	0.0 (0)	3.6 (4)

Table includes only those counties who were represented in Time-1 and -2 surveys. Items that received zero responses for 'most important outcome' include: Improved resource sharing, New sources of data, Policy, law, and/ or regulation,

Table 7. (*Continued*). Most important outcome of MIECHV, *Time-3*

Most important outcome	Orange* (n=8)	Southwest* (n=16)	All (n=24)
Health education services, health literacy, educational resources	0.0 (0)	6.3 (1)	4.2 (1)
Improved services for children and families in high-need communities	0.0 (0)	12.5 (2)	8.3 (2)
Reduction of health disparities	0.0 (0)	6.3 (1)	4.2 (1)
Improved resource sharing	12.5 (1)	6.3 (1)	8.3 (2)
Increased knowledge sharing	12.5 (1)	6.3 (1)	8.3 (2)
Community support for the health and well-being of children and their families	25.0 (2)	0.0 (0)	8.3 (2)
Public awareness of issues related to the health and well-being of children and their families	0.0 (0)	6.3 (1)	4.2 (1)
Improved health outcomes	37.5 (3)	50.0 (8)	45.8 (11)
Improved communication among agencies and organizations interested in the health and well-being of children and their families	12.5 (1)	6.3 (1)	8.3 (2)

**These counties utilized the previous version of the PARTNER survey so did not respond to all questions on outcomes. Items that received zero responses for 'most important outcome' include: New sources of data and Policy, law, and/ or regulation.*

Table 8. Most important outcome of MIECHV by Counties Only Surveyed in *Time-3*

Most important outcomes	Gadsden (n=10)	Hardee (n=10)	Highlands (n=11)	N. Central (n=16)	Polk (n=11)	All counties (n=58)
Health education services, health literacy, educational resources	0.0 (0)	0.0 (0)	0.0 (0)	6.3 (1)	9.1 (1)	3.4 (2)
Improved services for children and families in high-need communities	10.0 (1)	50.0 (5)	18.2 (2)	12.5 (2)	27.3 (3)	22.4 (13)
Reduction of health disparities	30.0 (3)	10.0 (1)	0.0 (0)	12.5 (2)	9.1 (1)	12.1 (7)
Community support for the health and well-being of children and their families	0.0 (0)	0.0 (0)	9.1 (1)	18.8 (3)	0.0 (0)	6.9 (4)
Improved communication among agencies and organizations interested in the health and well-being of children and their families	0.0 (0)	0.0 (0)	9.1 (1)	6.3 (1)	0.0 (0)	3.4 (2)
Improved school readiness and achievement	0.0 (0)	20.0 (2)	0.0 (0)	0.0 (0)	0.0 (0)	3.4 (2)
Improved maternal and newborn health	60.0 (6)	10.0 (1)	54.5 (6)	37.5 (6)	54.5 (6)	43.1 (25)
Increased family economic self-sufficiency	0.0 (0)	10.0 (1)	0.0 (0)	0.0 (0)	0.0 (0)	1.7 (1)
Increased coordination and referrals for other community resources	0.0 (0)	0.0 (0)	9.1 (1)	6.3 (1)	0.0 (0)	3.4 (2)

Counties represented here were surveyed for the first time in Time-3. Items that received zero responses for 'most important outcome' include: 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, Reduced emergency department visits, and Reduced crime and intimate partner violence.

Discussion and Conclusion

The 2017 collaboration analysis shows that the number of participating sites, and total number of community partners within those sites' networks increased. A total of 74 new partners (who responded to the survey) joined MIECHV networks statewide (including 28 new respondents to sites that had participated in previous surveys). The larger and more diverse the network, the larger the number of possible relationships and thus likely lower density of interagency partnerships. Similarly, trust may be lower if new partners are brought to the table and relationships are being developed.

As shown in Table 2, in network density and trust scores were highly variable (ranging from 19%-89% and 60%-93%, respectively) among these very diverse urban and rural counties, and remained relatively stable across time points overall (Density T1 57%, T2 53%, T3 52%, Trust T1 83%, T2 76%, T3 78%) in spite of fairly large changes in network size in some counties and the inclusion of four new sites. Based on these findings, what the sites probably need to do now that they have built their networks is strengthen existing relationships. Individualized reports are being created for each site to assist them in planning their interagency partnerships and collaboration strategies.

Most partners agreed that exchanging information/ knowledge, sharing resources, and having a shared mission and goals were aspects of collaboration that contribute to MIECHV's success. This mission congruence was high, with agreement among agencies regarding three potential and most important outcomes of Florida MIECHV: improved services for children and families in high-need communities, improved health outcomes, and improved maternal and newborn health.

The administration of the PARTNER Survey allows Florida MIECHV sites to measure, visualize, and better understand the interagency partnerships that they are fostering in their communities towards achieving collective impact on maternal, child, and family health and well-being. MIECHV program can continue to identify, develop, and strengthen partnerships with these agencies to strengthen local systems of care.

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This project is supported by the Health Resources and Service Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number D89MC28265, Affordable Care Act, Maternal, Infant and Early Childhood Home Visiting Program. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsement be inferred by HRSA, HHS, or the U.S. Government.

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