

NEW HAMPSHIRE LEARNING COLLABORATIVE

Capacity Target: Health Improvement Planning using PARTNER

[Program to Analyze, Record, and Track Networks to Enhance Relationships]

PLAN

Identify an opportunity and Plan for Improvement

1. Getting Started

- NH with strong systems of public health partnerships
- Identified capacity target of health improvement planning.

2. Assemble the Team

Members of all three QuILTs

- Caring Communities Network of the Twin Rivers (CCNTR)
 - Lakes Region Partnership for Public Health (LRPPH)
 - Mascoma Valley Health Initiative (MHVI)
- Membership includes health care providers and administrators, teachers, guidance counselors, recreation specialists, school administrators, food service personnel, community outreach specialists and educators.

3. Examine the Current Approach

- Often same players around different tables
- No formal measures of collaboration

4. Identify Potential Solutions

Identified PARTNER tool as a resource – introduced at the kickoff in September

- Program in Excel
- Measures connectivity: interactions between partners, eg, amount and quality of interactions and how they change over time.
- Provides a tool for “relationship budgeting”: the time and resources needed to manage relationships to reach collaborative goals.

AIM: TO DEVELOP A SUSTAINABLE PARTNERSHIP OF DIVERSE INFLUENTIAL ORGANIZATIONS/INDIVIDUALS TO ENGAGE IN WORK BEYOND THE GRANT.

5. Develop an Improvement Theory

Establishing baseline data on the collaborative capacity of the QuILTs, will enable us to identify areas for targeted improvement.

DO

Test the Theory for Improvement

6. Test the Theory

- Initially sent electronic versions of the survey to each member of each QuILT.
- Followed up with hard copy version
- Virtual presentation by Danielle Varda, PhD, tool designer
- Second measure (Oct 2009) used web-based tool
- Reassessed QuILT memberships: were all original identified participants actually participating? Some adjustments were made in

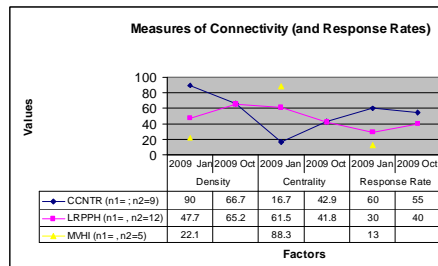
QuILT membership and who received the survey between first and second measures. CCNTR identified additional players; MVHI identified fewer.

CHECK

Use Data to Study Results of the Test

7. Check the Results

The following graph demonstrates values of connectivity factors across 2 measures in Jan and Oct of 2009.



Centralization: The lower the score, the more similar are members in terms of their number of connections to others (e.g. more decentralized). More central = more equally connected, fewer positions of brokerage, less vulnerable

Density: measure of cohesiveness. [% ties present in network in relation to total number of possible ties in network] Optimally, density and centralization measures will trend away from extreme scores. Second measures for CCNTR and LRPPH migrated in positive (more central) directions, indicating more optimal degree of density that balances connection through healthy brokerage (ie: every person not connected directly to every other person, and loss of broker would not leave the QuILT without essential connections).

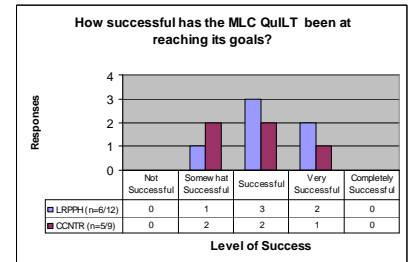
- MVHI QuILT: initial survey reflected most extreme connectivity measures scores; experienced change in leadership halfway through project, challenged to establish positive relationship and clarity of mission with key QuILT members. MVHI QuILT members did not respond to 2nd survey.

Possible factors influencing connectivity measures:

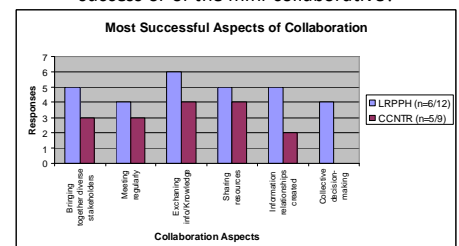
- History of working together (time)
- Number of members,
- Stability of membership,
- Clarity of mission
- Personal dynamics within QuILT
- Leadership

Other findings:

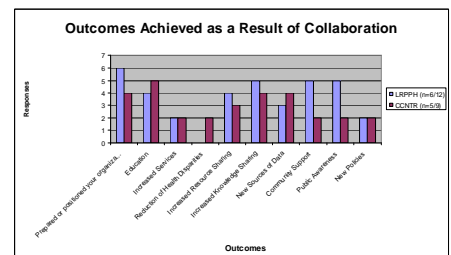
How successful was the mini-collaborative at reaching its goals?



What aspects of collaboration contributed to the success or of the mini-collaborative?



What outcomes were achieved as a result of the work of the mini-collaborative?



ACT

Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory & Establish Future Plans

Cohort 1 QuILTs have completed their MLC-3 mini-collaborative. Each has received a grant to continue work with reducing childhood obesity within their communities, and continue to develop relationships between and among QuILT participants.

PARTNER tool results provide feedback regarding successful efforts, and guidance in terms of other areas to target for development.

The lower scores provided for goals achieved may reflect actual outcomes (eg, reducing disparities, may be unrealistic to expect change in the short period of time [Sept 08-Nov 09]), but may also reflect lack of understanding about the goals or outcomes of QuILT work.



This work is funded by the Robert Wood Johnson Foundation Multi-state Learning Collaborative-3 Grant # 64188