Healthy Here

Collective Impact

Baseline Report

July 2017

UNM
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Note: Throughout the document, this symbol will appear at the end of an analysis section. This symbol is followed by a set of questions for the network's leadership to consider, as a way to use the data for quality improvement. The data presented in this report can be used to create action steps for improving the effectiveness of the network. These questions are meant to guide the user through the process of creating these action steps.

Project Background

Presbyterian Healthcare Services Center for Community Health (CCH) and the Bernalillo County Community Health Council (BCCHC) contracted with the University of New Mexico Prevention Research Center (UNM PRC) to conduct a network analysis of member organizations working on *Healthy Here* to begin measuring the collective impact of combined efforts of the coalition in the South Valley and International District neighborhoods of Bernalillo County, New Mexico. This analysis was designed to serve as a baseline for understanding the current structure and function of *Healthy Here* as a coalition, as well as its goals and outcomes. Results will be used to highlight successes, provide guidance to improve coalition function, and to focus coalition efforts and resources in ways that have the greatest impact.

Collective impact is based on the idea that structured, cross-sector groups of organizations are more likely to create positive social change than individual organizations working independently. Coalitions, with coordination and support from a "backbone" organization, establish a common agenda and commit resources to achieving common objectives. Shared measurement, mutually reinforcing activities, and continuous communication are also characteristics of collective impact.

Healthy Here Partner Organizations

More than thirty organizations in Bernalillo County work together in the *Healthy Here* coalition. Most organizations work in one of Healthy Here's key areas: healthy eating, active living, and community-clinical linkages.

What is PARTNER?

PARTNER, *Program to Analyze, Record, and Track Networks to Enhance Relationships*, (http://partnertool.net/) uses social network analysis to examine, measure, and map relationships between and among organizations. The map below is an example of a PARTNER network map.

How a Social Network Analysis Can Benefit Communities

1. Social network analysis can help to evaluate how well your collaborative is working in terms of identifying essential partners, gauging the level of partner involvement, leveraging resources, and strategizing for how to improve the work of the collaborative.

2. Social network analysis can demonstrate to partners, stakeholders, evaluators, and funders how your collaborative is progressing over time and why working together is making tangible change.
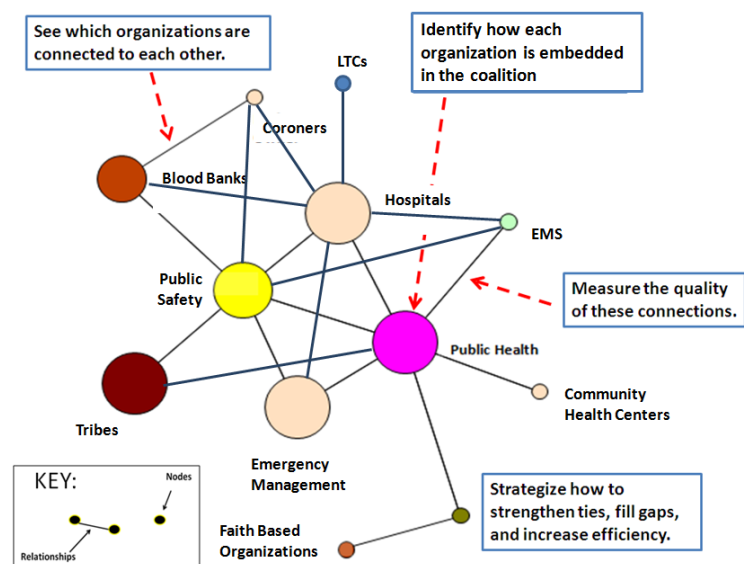
Summary of PARTNER Survey – Descriptive Results

In May 2017, the PARTNER survey was sent to representatives from 33 *Healthy Here* partner organizations; 29 responded (87.9%). By priority area, 100% of those in both the healthy eating and active living areas responded to the survey, and 16 of 20 (80%) of those in the community-clinical linkages area responded. The participant organizations and job titles are listed in Table 1. All 29 respondents indicated how long they have been involved in the *Healthy Here* coalition. The length of time partners have been involved with *Healthy Here* is shown in Figure 1.

**Table 1: PARTNER participants from *Healthy Here* partner organizations and their job titles**

Organization	Job Title(s)
Adelante	Senior Software Developer, Development Manager, Wellness Referral Center Manager
Agri-Cultura Network (La Cosecha)	Co-Director Agri-Cultura Co-operative Network / La Cosecha
Albuquerque Public Schools	Student Wellness Coordinator
Bernalillo County Community Health Council	Executive Director, Program Specialists, Admin Assistant
Bernalillo County Office of Health and Social Services	Environmental Health Manager
Bernalillo County Parks and Open Spaces	Planning Manager for Parks & Open Space
CHW Collaborative	Community Health Worker, Community Health Representative, Pathways Navigator, Promotora
CWA Strategic Communications	Senior Account Executive
Farm To Table	Farm to School Program Director
First Choice Community Health Clinic, South Valley Partnership	Community Commons Coordinator, Family Physician
First Choice S Broadway Clinic	Patient Care Facilitator
First Nations Community Health Source	CEO, Patient Navigator
International District Healthy Communities Coalition	Facilitator, Co-Coordinator, Co-Coordinator
Kids Cook!	Executive Director, Nutrition Educator
Mid-Region Council of Governments	Transportation Planner
MyCD Chronic Disease Self-Management Program	Program Director for the City of Albuquerque Department of Senior Affairs Manage Your Chronic Disease Program.
National Park Service	Outdoor Recreation Planner
NM Department of Health, Health Promotion	Health Promotion Program Manager
PMG Isleta Clinic	RN Case Manager
PMG Kaseman Clinic	RN Case Manager
Presbyterian Healthcare Services Center for Community Health (CCH)	Director, Project Coordinator, Public Health Associate, Manager of Community Health, Community Health Epidemiologist, Community Health Manager, Community Food Projects Coordinator
Roadrunner Food Bank	Director of Community Initiatives, Senior Community Initiatives Manager - Health and Outcome Services
Running Medicine	Native Health Initiative, Coordinator. (NHI is the non-profit under which Running Medicine exists)
Southwest Bike Initiative	Director and Founder of Southwest Bike Initiative
UNM Center for Injury Prevention	Executive Director
UNM Prevention Research Center	Associate Professor, Associate Scientist 3
UNM Southeast Heights Clinic	Community Support Worker

Figure 1: Length of time respondents have been involved with *Healthy Here* (n=29)
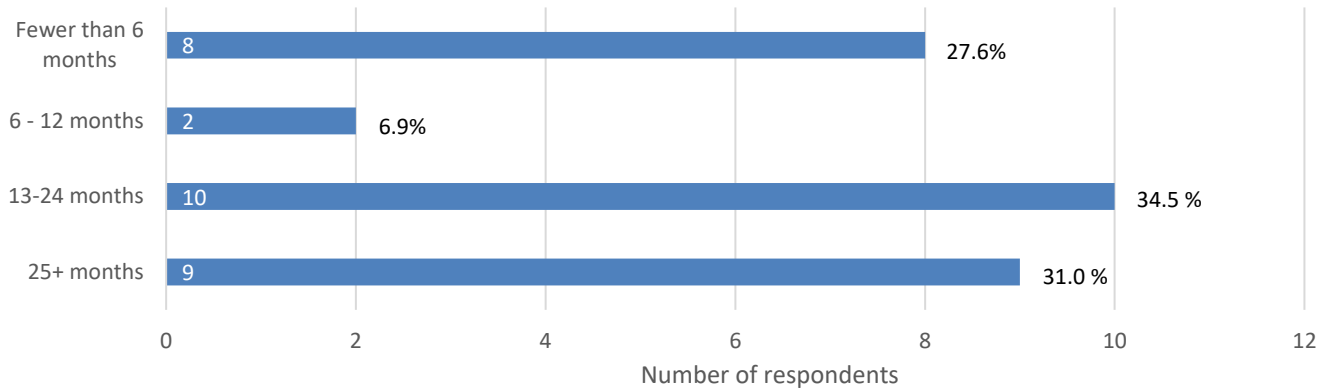
Member Contributions to the Coalition

Figure 2 below shows how *Healthy Here* coalition members responded to the statement, "Please indicate what your organization contributes to Healthy Here's healthy eating, active living, and community-clinical linkages strategies." Participants could select more than one response. Each bar in the chart represents the number of participants who selected that response.

Figure 2: *Healthy Here* organization contributions (n=29)
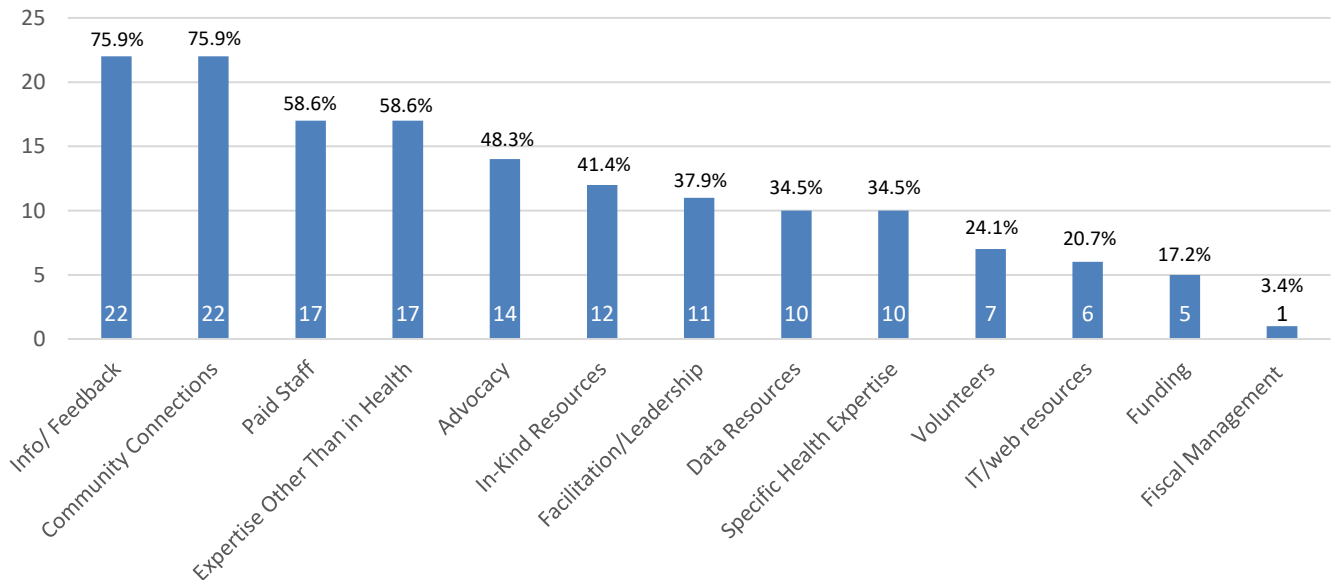
Questions to Consider:
Are there any resources that are over-represented? What resources are under-represented? Why is that the case? What new members could be added that could provide these resources?

Resource Inventory

Table 2 provides detailed information about how each organization perceives their contribution to *Healthy Here*. The most common resources provided include information/feedback, community connections, paid staff, and expertise other than in health. No partners selected in-kind resources, volunteers, or IT/web resources as their *most important* contribution.

Table 2: Healthy Here organization contributions: detailed view

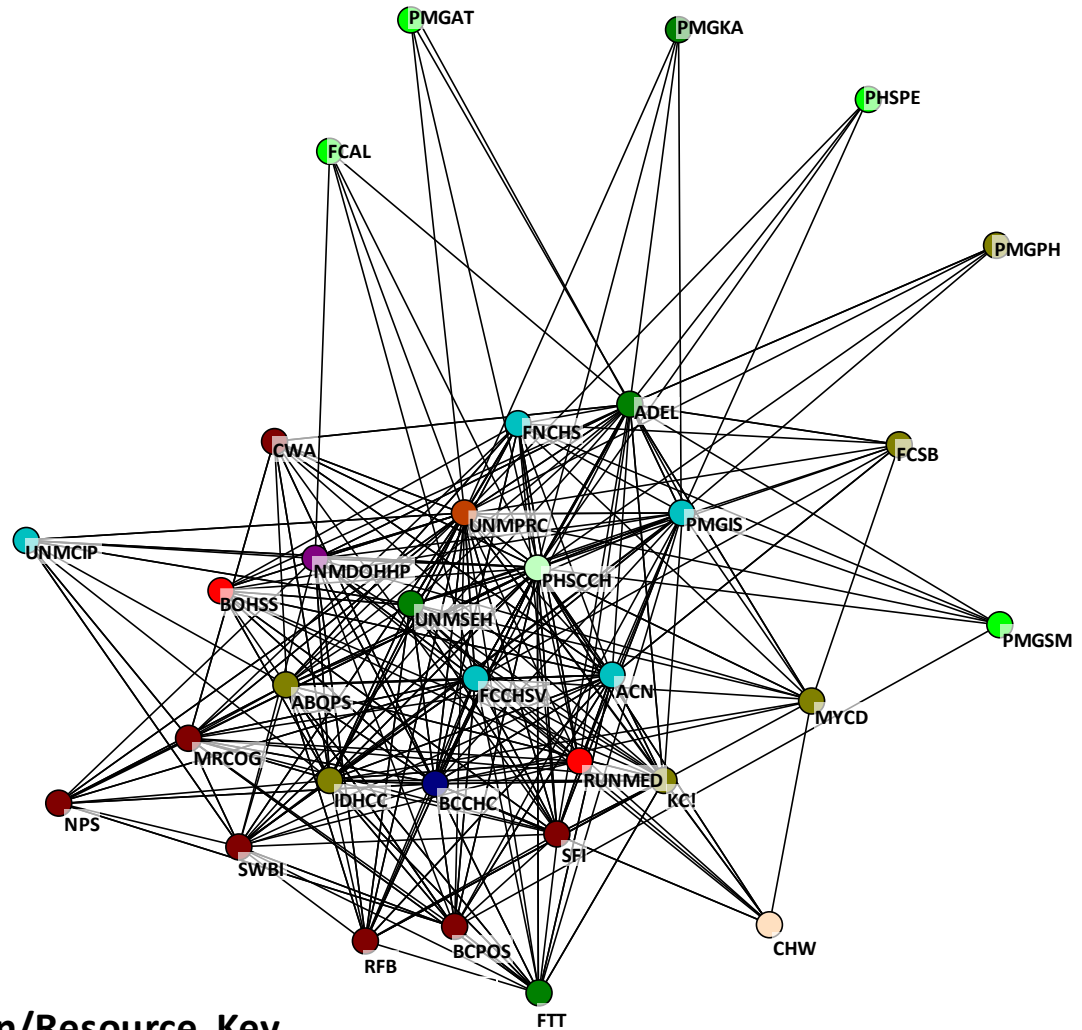|	Funding	In-Kind Resources	Paid Staff	Volunteers	Data Resources	Info/ Feedback	Specific Health Expertise	Expertise Other Than in Health	Community Connections	Fiscal Management	Facilitation/ Leadership	Advocacy	IT/web resources
ADEL			✔*		✔	✔		✔	✔		✔		✔
ACN			✔		✔	✔	✔*		✔		✔		✔
ABQPS						✔			✔*			✔	
BCCHC	✔	✔	✔			✔			✔		✔*	✔	✔
BOHSS	✔*		✔										
BCPOS						✔		✔*	✔				
CHW						✔*		✔				✔	
CWA						✔		✔*					
FTT		✔	✔*			✔		✔				✔	
FCAL													
FCCHSV		✔	✔	✔	✔	✔	✔*	✔	✔		✔	✔	✔
FCSB									✔*				
FNCHS		✔	✔	✔		✔	✔*		✔			✔	
IDHCC		✔	✔	✔		✔	✔	✔	✔*		✔	✔	
KC!			✔			✔		✔	✔*				
MRCOG		✔	✔		✔	✔		✔*			✔		
MYCD					✔		✔		✔*		✔		
NPS		✔				✔		✔*			✔		
NMDOHHP		✔	✔		✔			✔	✔			✔*	
PHSPE													
PMGAT													
PMGIS				✔	✔	✔	✔*		✔		✔	✔	
PMGKA	✔		✔*										
PMGPH									✔*			✔	
PMGSM													
PHSCCH	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔*	✔	✔	✔
RFB						✔		✔*	✔				
RUNMED	✔*												
SWBI		✔	✔	✔	✔	✔	✔	✔*	✔		✔	✔	✔
SFI			✔					✔*					
UNMCIP						✔	✔*	✔	✔			✔	
UNMPRC		✔	✔	✔	✔*	✔	✔	✔	✔			✔	
UNMSEH		✔	✔*			✔			✔				

* indicates organization's *most important* contribution

Most Important Contributions to Healthy Here

The network map below shows how coalition members are connected. The number of lines connecting each node (dot) shows the number of other organizations that each organization is connected to. The colors represent the most important contribution each organization makes to the coalition.

Contribution/Resource Key

- 🔴 Funding
- 🟢 Paid Staff
- 🟠 Data Resources including data sets, collection and analysis
- 🟤 Info/Feedback
- 🔵 Specific Health Expertise
- 🔴 Expertise Other Than in Health
- 🟡 Community Connections
- 🟢 Fiscal Management (e.g. acting as fiscal agent)
- 🔵 Facilitation/Leadership

QUESTION TO CONSIDER: Is the coalition properly leveraging the most important contributions to the coalition from its members?

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Most Important Contribution to the Coalition, Healthy Eating

Healthy Eating Priority Area:

Those members associated with the healthy eating priority area reported a variety of resources that they felt were their most important contributions to *Healthy Here. Specific health expertise* and *expertise other than in health* had the highest frequency of responses. The response rate for this priority area was 100%.

Contribution/Resource Key

- 🔴 Funding
- 🟢 Paid Staff
- 🟠 Data Resources including data sets, collection and analysis
- 🟤 Info/Feedback
- 🔵 Specific Health Expertise
- 🔴 Expertise Other Than in Health
- 🟡 Community Connections
- 🟢 Fiscal Management (e.g. acting as fiscal agent)
- 🔵 Facilitation/Leadership
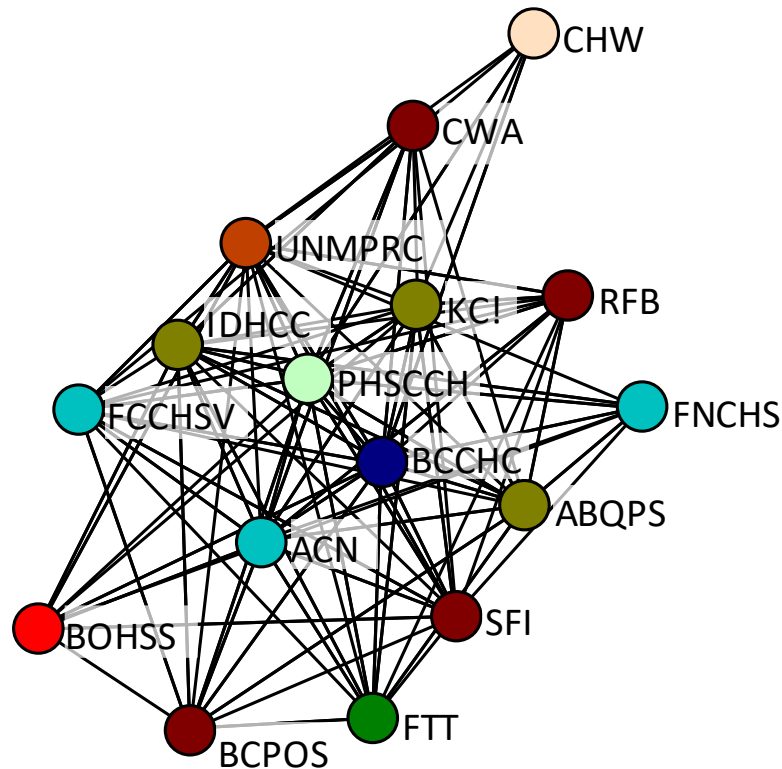
Most Important Contribution to the Coalition, Active Living

Active Living Priority Area: The members of the active living priority area reported a variety of most important contributions. The most common response was *expertise other than in health.* The response rate for this priority area was 100%.

Contribution/Resource Key

- 🔴 Funding
- 🟢 Paid Staff
- 🟠 Data Resources including data sets, collection and analysis
- 🟤 Info/Feedback
- 🔵 Specific Health Expertise
- 🟥 Expertise Other Than in Health
- 🟨 Community Connections
- 🟩 Fiscal Management (e.g. acting as fiscal agent)
- 🔵 Facilitation/Leadership
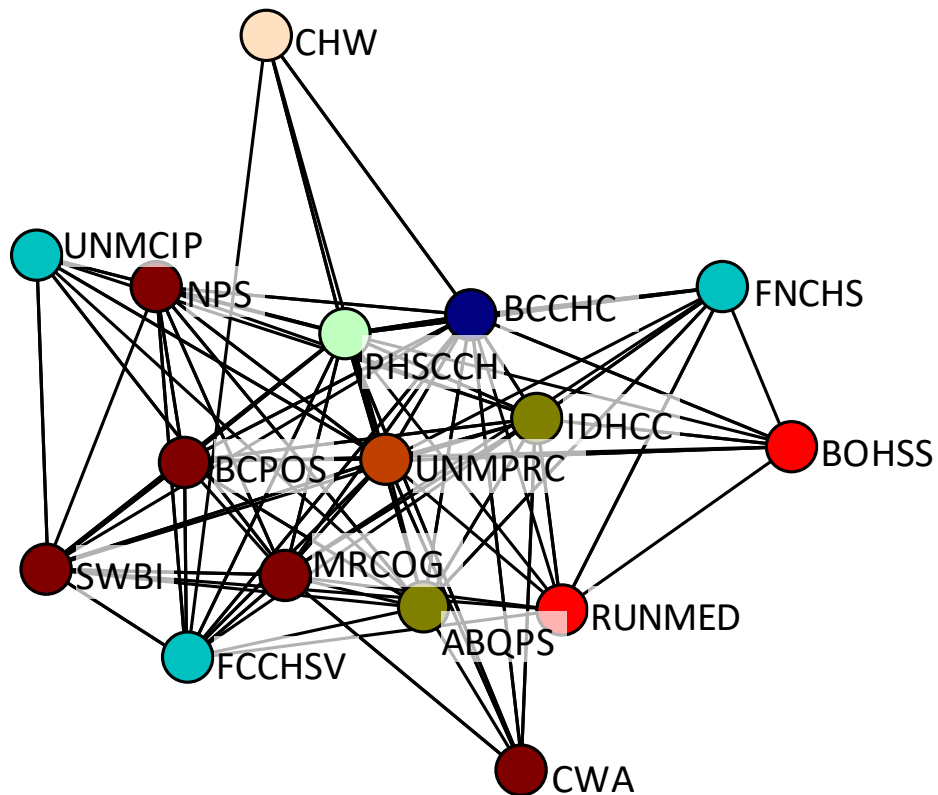
Most Important Contribution to the Coalition, Community-Clinical Linkages

Community-Clinical Linkages:

Those working in the priority area of community-clinical linkages had several (N=4) non-responders. Among those who did respond, *specific health expertise* and *paid staff* were most often considered the most important contributions. *Community connections* were considered key contributions by two members. The response rate for this priority area was 80%.

Contribution/Resource Key

- 🔴 Funding
- 🟢 Paid Staff
- 🟠 Data Resources including data sets, collection and analysis
- 🟤 Info/Feedback
- 🔵 Specific Health Expertise
- 🔴 Expertise Other Than in Health
- 🟡 Community Connections
- 🟢 Fiscal Management (e.g. acting as fiscal agent)
- 🔵 Facilitation/Leadership
- 🟣 Advocacy
- 🟢 No Response
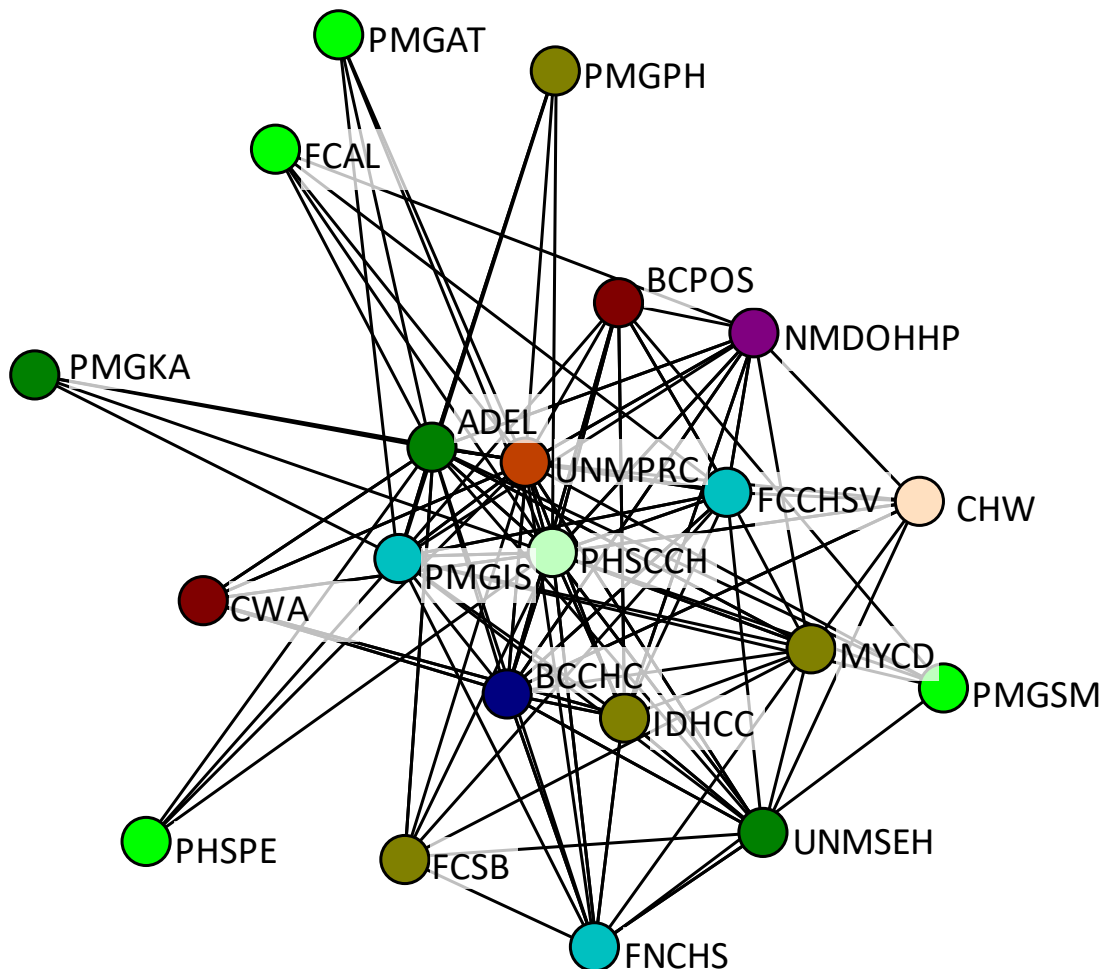
Outcomes

Survey participants were asked to identify which outcomes *Healthy Here* had achieved overall and in the specific priority areas of healthy eating, active living, and community-clinical linkages. Participants could select multiple responses. Figure 3 shows how many participants selected each response.

Figure 3: Outcomes of *Healthy Here's* efforts (n=29), 2017

Most Important Outcomes

The most important outcomes, each selected by one-quarter of survey participants, were *improved inter-agency collaboration* and *more equitable access to opportunities for community-based prevention* (Figure 4). One in five respondents selected *increased community engagement and/or support for Healthy Here activities* as the most important outcome.

Figure 4: Most important outcomes of Healthy Here's efforts (n=26), 2017
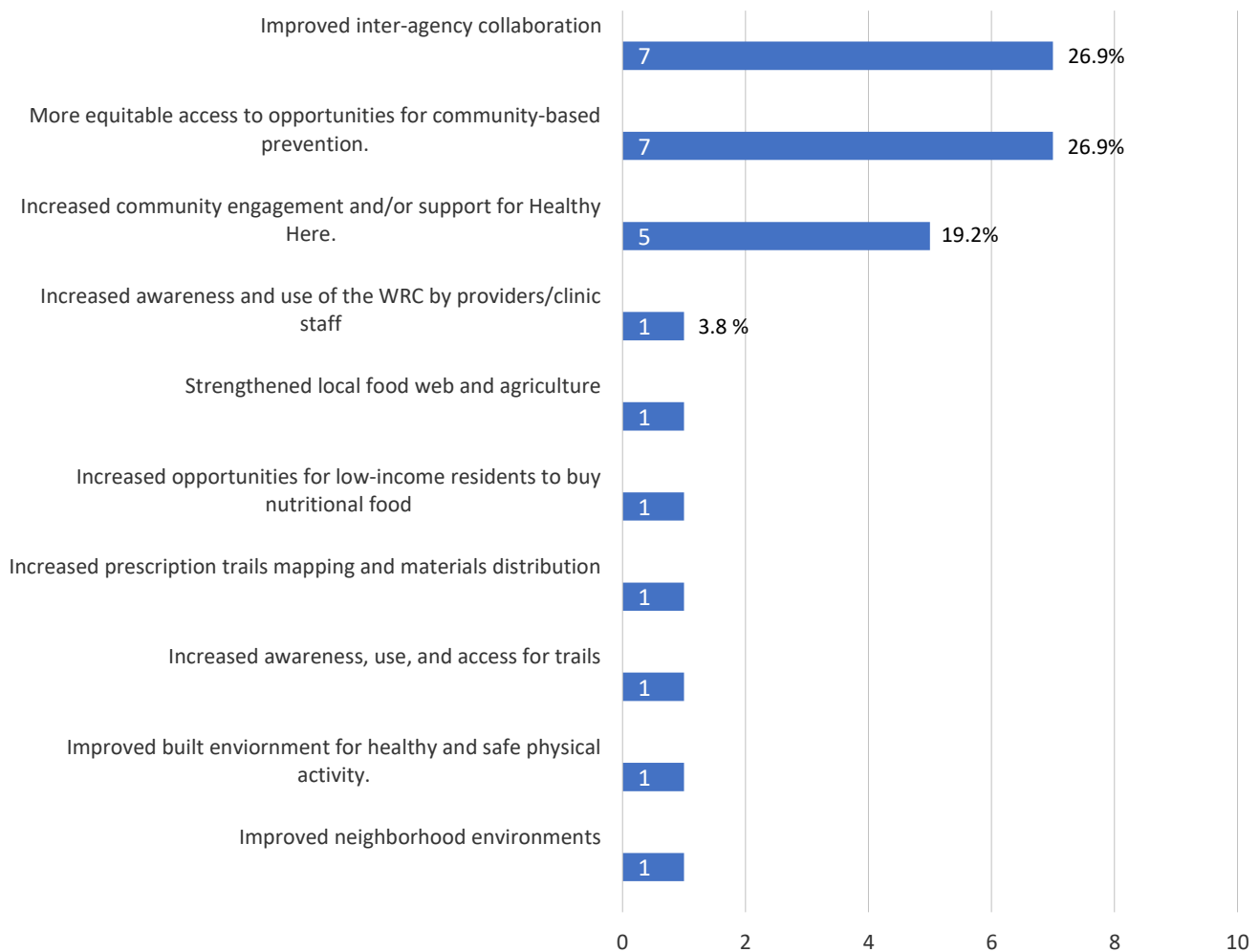
QUESTIONS TO CONSIDER: What are the top outcomes of this community collaborative? What are the top most important outcomes of this community collaborative? What characteristics of the collaborative may explain that finding?

Network Scores: Density, Centrality, and Overall Trust

Table 3 shows the three overarching network level scores generated by PARTNER—density, degree centralization, and trust. *Healthy Here's* density and degree centralization scores were moderate (47.0% and 56.5%, respectively), while its trust score was quite high. The figures below demonstrate the differences in network structure between high and low degrees of centralization, and a network map of *Healthy Here*.

Table 3: Healthy Kids Sample County's network scores

Density	47.0%	*Density*: Percentage of ties present in the network in relation to the total number of possible ties in the entire network. A 100% density score means that all members are directly connected to all other members. It is important to look at how much density there is relative to how many members present. If there are numerous members it is not feasible to have a high density score because members do not have time to foster many meaningful connections.
Degree Centralization	56.5%	*Degree Centralization*: The lower the centralization score, the more similar the members are in terms of their number of connections to others (e.g. more decentralized). Higher centralization indicates fewer points of coordination. In other words, coordination is centralized around only a few members.
Trust	78.2%	*Trust*: The percentage of how much members trust one another. A 100% occurs when all members trust all others at the highest level.

Figure 5: Network analyses displaying example coalitions with high centralization (70%, left) vs. lower centralization (30%, middle), and Healthy Here's network map (56.5%, right).

High Centralization   Low Centralization   Healthy Here
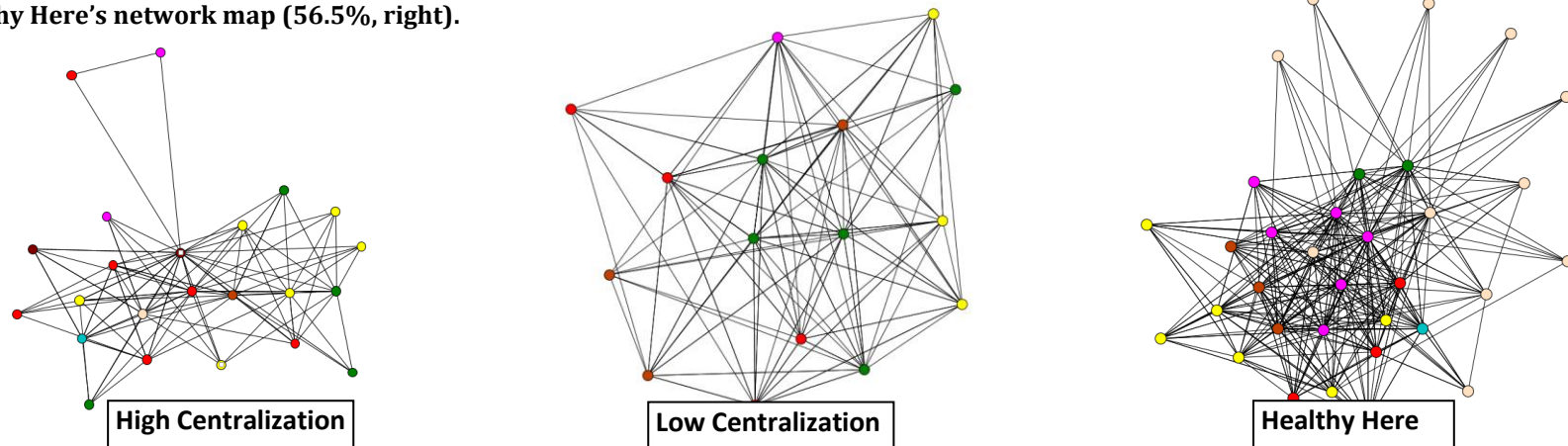
Overall Value and Trust Measures

The overall value score is an average of the three value measures of *power/influence*, *level of involvement*, and *resource contributions*. Measuring value is important for an effective network to ensure you are leveraging all members' value adequately. The overall trust score is an average of the three trust measures (*reliability*, *in support of mission*, and *open to discussion*). Measuring trust is important for capacity-building within the network and is fundamental for an effective network, including having strong members who work well together, establishing clear and open communication, developing mutual respect and trust, and working toward a shared mission and goals. Figures 6 and 7 show the relative value and trust of coalition members.

Figure 6: Overall Value (colored by priority area)	Figure 7: Overall Trust (colored by priority area)
The larger the node, the more perceived overall value that organization has among other members of the coalition.	**The larger the node, the more perceived overall trust that organization has among other members of the coalition.**
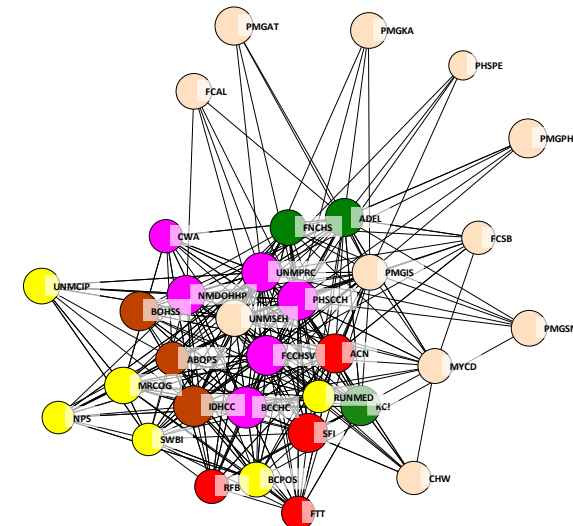
Questions to Consider: For any organization with low trust, what factors may explain that? Is there any strategy that the coalition can employ to address that issue? If an organization is seen as "high value," are there other ways that the coalition can leverage that value or strength? Look at the scores above for value and trust in the analysis tool. Is there a correlation between the two? For example, are those organizations that are considered valuable also trusted? What action steps can be made to increase member perception of value and trust?

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Value Measures

Members do not supply value in the same way, some use their power and influence, some donate their time based on their level of involvement, and some are able to contribute specific resources that the coalition needs to function. Figure 8 shows all members' averaged responses for each of the three dimensions of value. On a scale of 1-4, organizations' scores ranged from 2.00 to 3.91. The average value for all organizations was 2.99.
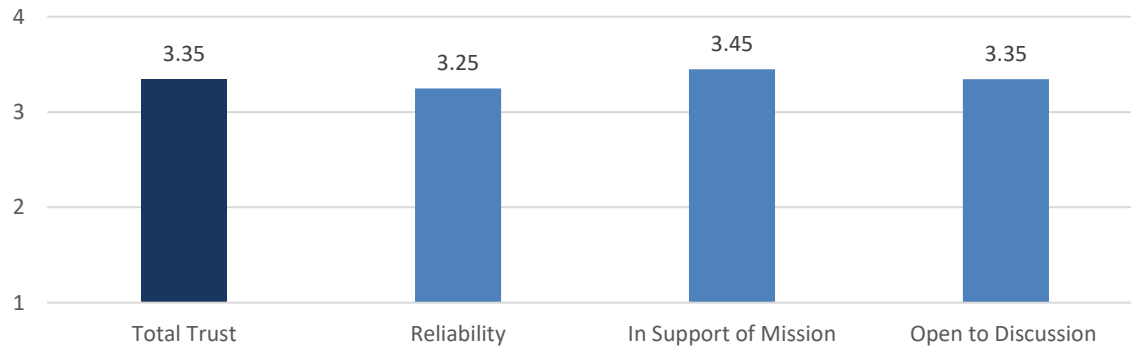
Figure 8: Value measures for *Healthy Here*
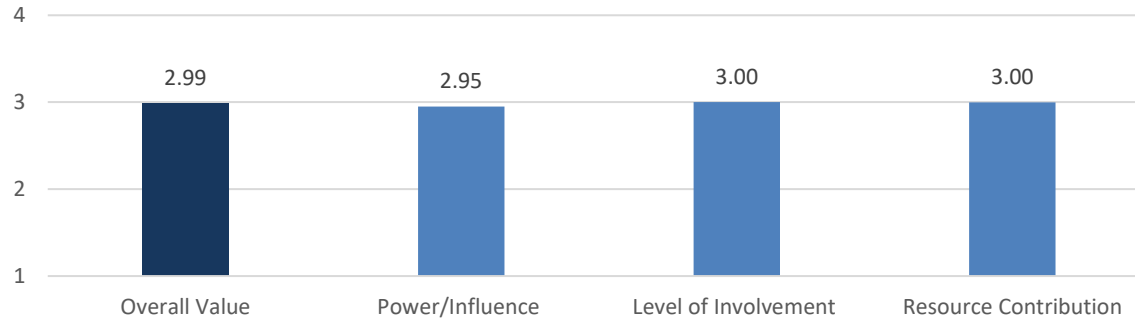
Trust Measures

Figure 9 shows all members' averaged responses for each of the three dimensions of trust. On a scale of 1-4, organizations' average scores ranged from a low of 2.50 to a high of 3.91. The average trust for all organizations was 3.35.

Figure 9: Trust measures for *Healthy Here*

Levels of Coordination

Level of Coordination measures how integrated and engaged coalition members are in their work on coalition projects. There are three levels, each indicating a progressively higher level of connection. The level of connection does not necessarily indicate a corresponding relationship with effectiveness; rather it highlights potential coalition structures and functioning. This variable is represented visually by showing the linkages at each level in network analysis maps.

- *Cooperative Activities Level*- this level is where coalition members have meetings together, share information, and inform each other of potential resources.

- *Coordinated Activities Level*- this level includes activities in the Cooperative level but also includes planning, and implementing collaborative activities, such as events sponsored by all the organizations, or setting up patient referral systems from one organization to another.

- *Integrated Activities Level*- considered the highest level of collaboration, this level includes all of the features of the first two, and also includes combining efforts on a more systemic level. This may include things like sharing funding, joint service provision, shared accountability, or shared management and decision-making.

The three levels of activity are represented visually as network maps for *Healthy Here* (see page 18). The first map includes member relationships overall. The second shows relationships at the coordinated and integrated levels, and the third shows activities at the integrated level only. The thickness of the lines indicates the strength of the relationships. The Cooperative level map displays many thin lines that disappear at higher levels of collaboration.

Network Maps – Partner Relationships

Half of *Healthy Here* respondents indicated that they had at least cooperative activity connections, while 26% indicated they had least coordinated activity connections, and 21% indicated they had integrated activity connections with one another. Network maps below show (top left) all three levels, (top right) *at least* coordinated, and (lower left) integrated only. Thicker lines represent stronger ties and the arrows indicate the direction of the relationship between partners.
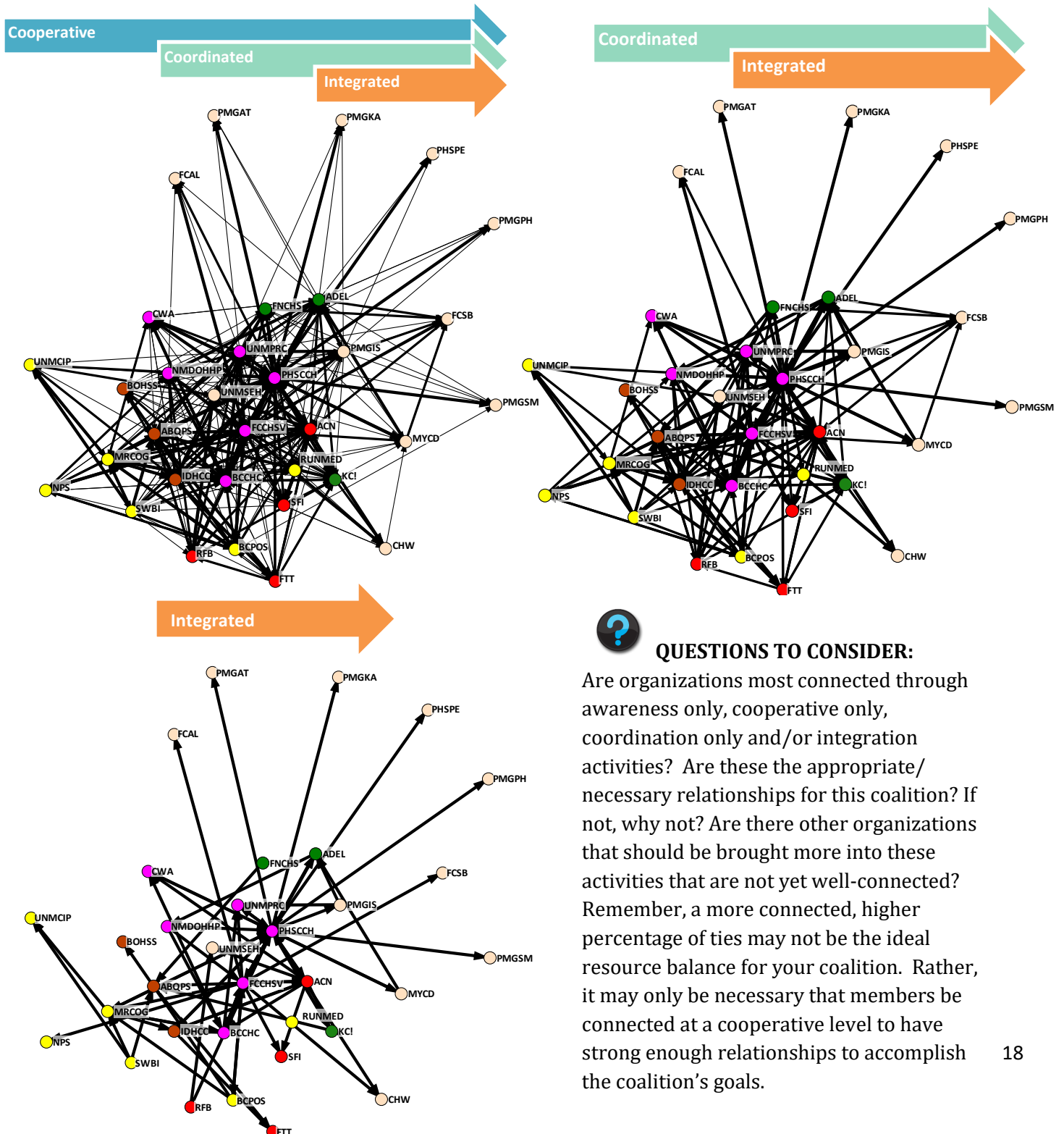
QUESTIONS TO CONSIDER:

Are organizations most connected through awareness only, cooperative only, coordination only and/or integration activities? Are these the appropriate/ necessary relationships for this coalition? If not, why not? Are there other organizations that should be brought more into these activities that are not yet well-connected? Remember, a more connected, higher percentage of ties may not be the ideal resource balance for your coalition. Rather, it may only be necessary that members be connected at a cooperative level to have strong enough relationships to accomplish the coalition's goals.

Network Maps – Frequency of Contact

Figure 10 shows how often coalition member organizations are in contact with each other. The first map shows connections between organizations that meet at least once per year. The second shows connections between organizations that meet at least once every three months, and so on. Most members of the coalition are in contact with each other at least quarterly, and a substantial proportion are in contact at least monthly.

Figure 10: Frequency of contact for *Healthy Here, 2017*
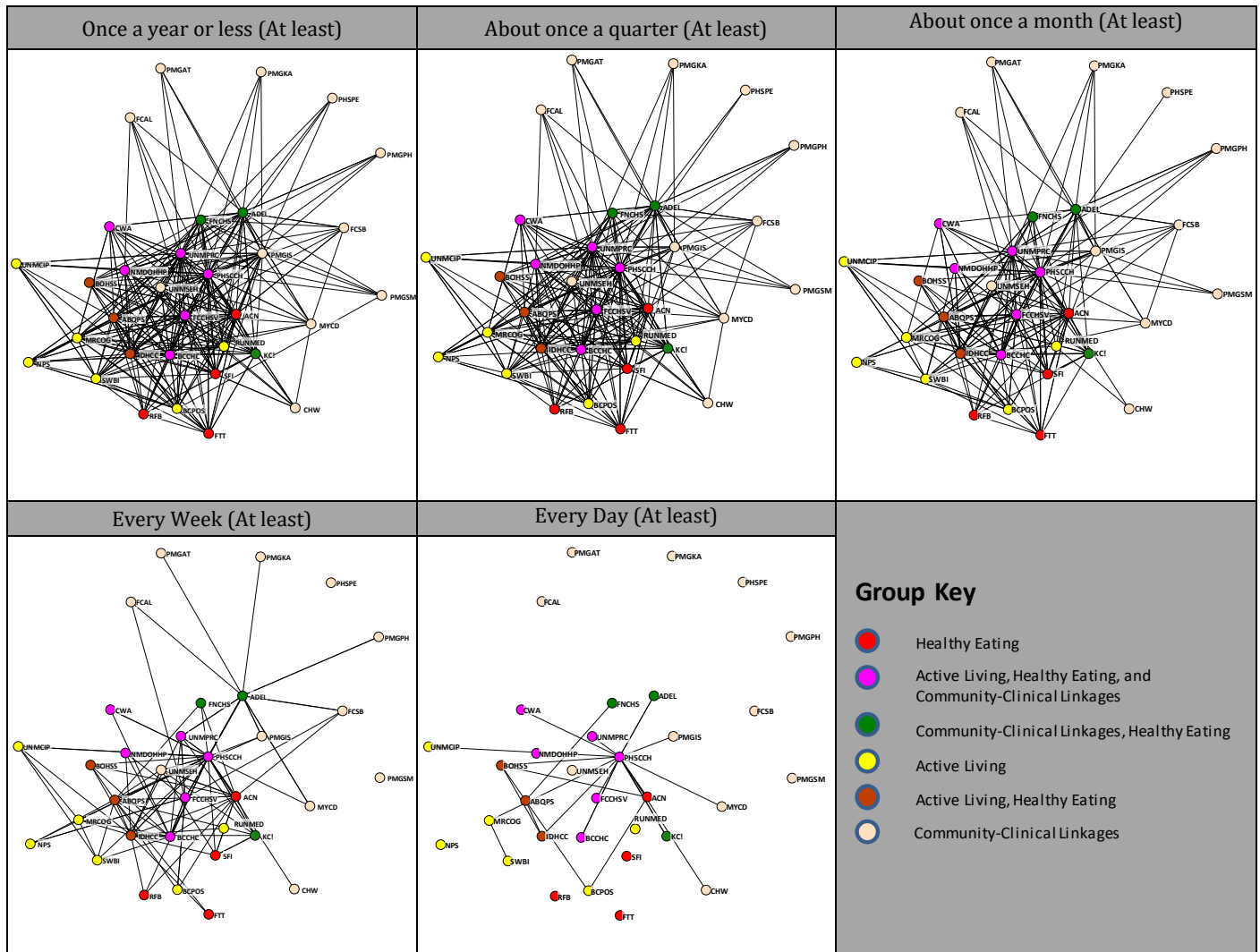
Organizational Strategies

Healthy Here organizations reported working in three priority areas, with 22 organizations working in Community-Clinical Linkages, 19 working in Active Living, and 19 working in Healthy Eating.

Figure 11: Venn diagram showing priority area overlap for *Healthy Here* organizations

Twenty-seven organiztaions self-reported their priority area. Organiztions that did not report their priority area were assigned one or more based on participation in *Healthy Here* meetings. Eleven organiztions (37.9%) worked in all three priority areas. Three organizations worked in both healthy eating and active living, and two indicated both active living and community-clinical linkages. No organizations selected both healthy eating and community-clinical linkages. Three organizations worked only in active living, five in only healthy eating, and nine in only community-clinical linkages.

Network Leadership

Almost half of respondents (44.8%) reported that they were part of the *Healthy Here* leadership; The same number indicated that they were not part of the leadership and another 10.3% were not sure.

The majority of participants (51.7%) reported that the Presbyterian CCH was the lead organization. Another 17% identified both Presbyterian CCH and BCCHC, and 10% indicated BCCHC alone.

Characteristics that respondents felt the lead organization contributed included:

Figure 12: Coalition members perceived status of being part of *Healthy Here* leadership (n=29)

- Accountability, reliability
- Leadership, organization, vision and strategy
- Strong community process
- Communication and facilitation, openness to listen
- Financial resources and fiscal management
- History of strong partnerships, relationships
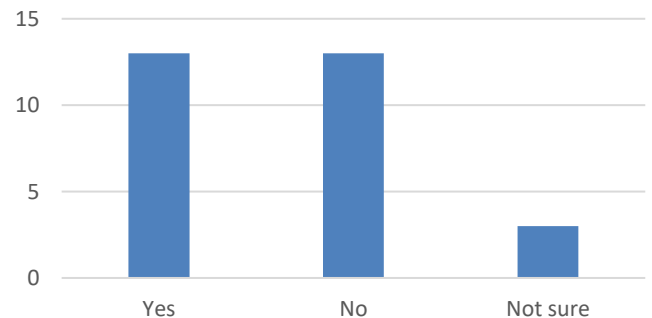
Perceptions of Success of Healthy Here

The majority of *Healthy Here* members (84.6%) thought that the coalition had been *successful*, *very successful,* or *completely successful* in its efforts, with another 11.5% indicating *somewhat successful*. One respondent (3.8%) indicated that *Healthy Here* had not been successful (Figure 13).

Figure 13: Perceptions of *Healthy Here* coalition's success (n=26)
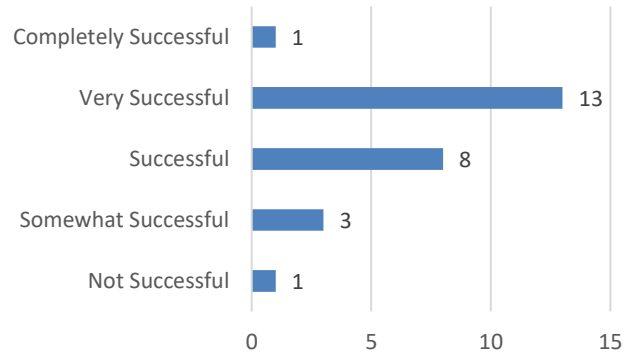
The most commonly cited factors that contribute to *Healthy Here's* success were:

- Shared goals and strategies (n=24)
- Bringing together diverse stakeholders (n=23)
- Sharing resources (n=22)
- Exchanging information and knowledge (n=22)
- A strong lead organization (n=19)

Figure 14: Aspects that contribute most to coalition success (n=28)

Figure 15: Success at establishing a shared vision (n=25)

Most respondents (92.0%) felt that there was a *great deal* or *a fair amount* of common understanding about the coalition's goals and vision and that a joint approach was used to solve problems. Two respondents indicated little or no success in this area.
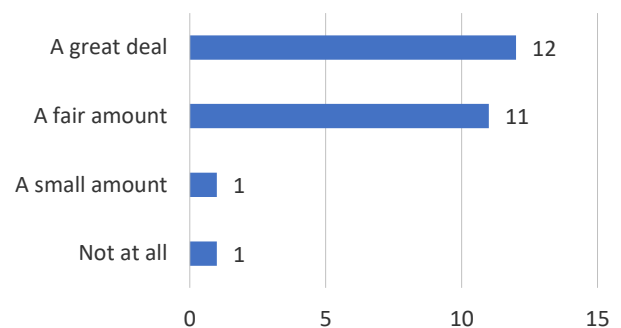
A majority of coalition members (88.0%) reported that there was a *great deal* or *fair amount* of success with regard to consistent data collection and measurement of results. Two (8.0%) respondents feld there *was a small amount*, and another (4%) chose *not at all*.
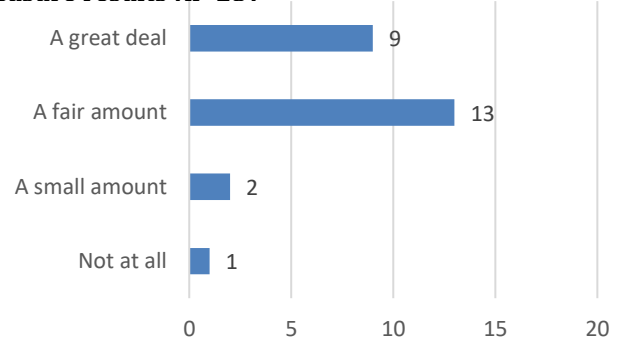
Figure 16: Success at achieving a shared method to measure results (n=25)

| Category	Value
A great deal	9
A fair amount	13
A small amount	2
Not at all	1

A majority of respondents (89.3%) reported that *Healthy Here* had a *great deal* or *a fair amount* of success with regard to coordinating partner activiites that reinforce the coalition's goals and plan of action, and 7.1% of respondents to this question said the coalition had *a small amount* of success in this area. One respondent (3.6%) selected *not at all*.

Figure 17: Success at coordinating and reinforcing activities toward coalition goals (n=28)

Category	Value
A great deal	12
A fair amount	13
A small amount	2
Not at all	1
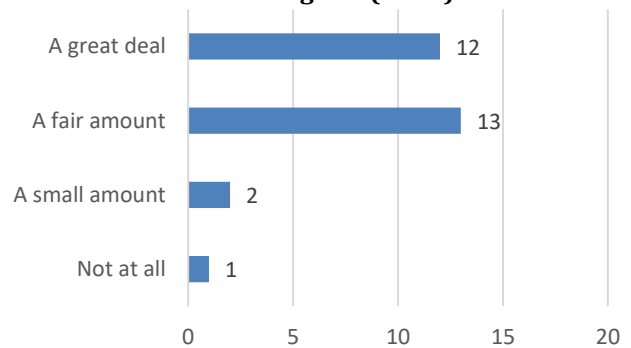
Coalition members (92.9%) reported that *Healthy Here* had either *a great deal* or *a fair amount* of success at establishing consistent and open communication between partners. Another 7.1% said the coalition *had a small amount* of success in this area. No respondents selected *not at all*.

Figure 18: Success at establishing open communication between partners (n=28)

Category	Value
A great deal	10
A fair amount	16
A small amount	2
Not at all	0
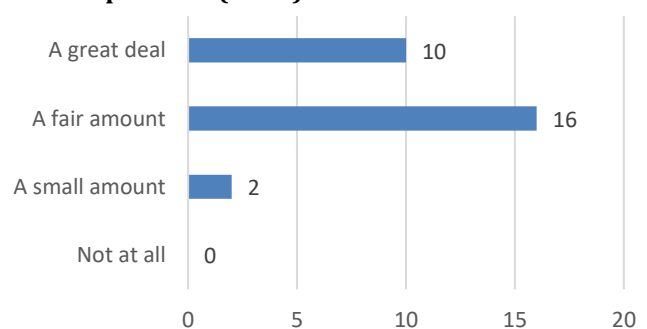
Questions to Consider: Look at the level of agreement on the above six questions. It is not uncommon for a group to have varying perspectives on what it means for the group to be "successful" and "what contributes to that success". However, if the group cannot agree on what success means and what aspects of collaboration contribute to it, it is very difficult to *be* successful. Some people consider a group successful when they have good meetings and are good at sharing information. Others think of success as based on outcomes, regardless of whether or not meetings go well. At the end of a meeting, if you were asked whether the meeting was successful, how would you assess whether it was or was not successful? At the end of the grant year, if you were asked whether the past year was successful, how would you assess whether it was or was not successful? What are the indicators of success and how can you know that *Healthy Here* is successful?

Success, Challenges, and Achieving Goals of Healthy Here

Healthy Here members responded to three open-ended questions about: (1) elements that are essential to the coalition's success, (2) challenges that prevent the *Healthy Here* from achieving its goals, and (3) factors that would help their organization toward achieving the coalition's goals (see Figure 19).

Overall, coalition members felt that good organization and planning efforts have been essential to the coalition's success. Participants also identified community involvement and commitment to a shared mission and vision, resource sharing, communication, and collaboration between partner organizations as essential.

The most frequently cited challenge was lack of political support. Some participants described challenges with coordinating the work of multiple organizational partners, each with their own agenda and mission, and a lack of clarity about roles and expectations.

When asked what would help their own organizations achieve *Healthy Here's* goals, coalition members indicated that they would benefit from having sufficient, consistent, long-term funding for sustainability, and better alignment and integration of various partner organizations.

Figure 19: Open-ended responses to the essential needs, biggest challenges, and what would help the most to achieve *Healthy Here's goals*

What is essential to *Healthy Here's* success?
- **Effective partnership, including trust, collaboration, and communication**
- **Resources of time, energy, and funding**
- **Effective coordination**
- **Monitoring and measuring success**
- **Shared mission and vision**
- **Creative solutions to problems**
- **Strong community involvement**

What are some challenges that prevent the coalition from achieving all of its goals?
- **Lack of support/buy-in from communities and government/political entities**
- **Threats to funding with Federal government changes**
- **Many diverse partners that don't necessarily share the same vision/mission or goals**
- **Unclear/undefined performance measures**
- **Big, systemic problems that take a long time to address because their causes are multi-faceted**
- **Lack of clarity on roles & expectations**

What would help your organization the most toward achieving the goals of *Healthy Here*?
- **Sufficient, consistent, and long-term resources for sustainability**
- **Better alignment and integration of partners' activities and goals**
- **Data showing the benefits of *Healthy Here's* work**
- **Support in expanding the coalition's work throughout New Mexico**

Questions and Comments

Healthy Here members also provided additional comments at the end of the survey, a selection of which are listed below.

Comments:
The cross collaboration of partners is what drives the collective impact, reinforced by the metrics, data collection, benchmarks, and collective discussion and internal evaluation.
Being a partner in the *HH* Initiative has really helped support staff in their efforts to create complete streets policies and funding mechanisms that will help address health disparities and prioritize projects that increase access, safety and improvements for pedestrians, bicyclists and transit riders.
This program has been a great boon to the underserved neighborhoods. The fact that there are underserved people in other communities seems to have been overlooked.
Healthy Here efforts have re-ignited many of the local efforts to create lasting change in the health of the targeted communities.
Healthy Here has increased access to resources throughout our community. I am excited to be a part of this project that offers healthy solutions to our community.
The problem is so big, it would be impossible for any single organization to have the impact that all organizations together have had.

Conclusions

The data presented in this report provide a snapshot of the *Healthy Here* coalition at a specific point in time (May 2017). The analysis offers insights into *Healthy Here's* strengths and potential opportunities to sustain, enhance, or expand the coalition in the future as *Healthy Here* continues its work to increase access to opportunities for healthy eating, active living, and community-clinical linkages. Overall, respondents felt that *Healthy Here* has built and maintained a strong coalition with a shared vision and member organizations committed to the coalition's goals. Respondents answered questions based on their experiences with *Healthy Here* and their organization's priority area(s) and level of involvement in *Healthy Here* activities. Organizations involved in different priority areas may have expressed differences in measures of the coalition's success in establishing a shared vision, achieving shared measurement, coordinating and reinforcing activities, and establishing open communication between partners based on their experiences. *Healthy Here* can use this report and the questions it raises to begin conversations about how to strengthen to coalition and to inform efforts as *Healthy Here* progresses toward its goals.

Contact

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