

Key Informant Interview (External Stakeholders)

FY 2009-2010

June 2010

Prepared for:



**Maine Center for Disease Control and Prevention
Maine Department of Health and Human Services**

HMP is a collaborative effort among 28 local coalitions, the Maine DHHS (Maine CDC and Office of Substance Abuse) and DOE, supported primarily by the Fund for Healthy Maine with federal grants from US CDC, SAMSHA, and DOE.

Prepared by:

Maine Center for Public Health

One Weston Court, Suite 109
Augusta, Maine 04330
Phone: (207) 629-9272
Fax: (207) 629-9277
Web address: www.mcph.org

HMP Key Informant Interviews (External Stakeholders)

Introduction

As part of the HMP Evaluation Plan, key informant interviews were conducted with external stakeholders in the spring of 2010. The evaluation question of interest in the HMP Evaluation Plan was “How is the HMP Initiative contributing to the enhancement of the public health infrastructure in Maine?” One method of answering this question was through key informant interviews; other means include local web-survey (2010), state web-survey, key information interviews of state senior staff, and public poll (2009). Furthermore, as identified “resources” in the Logic Model, a measure of the external stakeholders’ input is part of a comprehensive process evaluation.

Methods

Individuals were identified as external stakeholders by reviewing the HMP Logic Model and consulting program managers, and were agreed upon by management from the Maine CDC and the HMP Evaluation Team. Seven stakeholders, representing voluntary and non-profit organizations in the state of Maine, were identified. One internal stakeholder from Maine CDC was included since her view was considered essential, and the Team was unable to schedule an interview with her in the spring of 2009 when other internal stakeholders were interviewed.

Eight interviews were conducted between March and April, 2010, by Margaret Donaghue, a health communications consultant at the MCPH. The interviewees were Ed Miller (American Lung Association), Dennise Whitley (American Heart Association), Megan Hannon (American Cancer Society), John LaCasse (Medical Care Development – retired), Lisa Letourneau (Quality Counts), Jo Linder (Community and Preventative Medicine), Trish Reilly (Governor’s Office of Health Policy and Finance), and Dora Mills (Maine CDC).

The interview script was drafted by the HMP Evaluation Team and finalized following a pilot test of the instrument by Margaret Donaghue. The interview covered successes and challenges of the HMP Initiative, the stakeholders’ involvement with the Initiative, and a few other questions (see Appendix). The results contained in this report represent a summary of the responses; the interviews in question-and-answer format were delivered the HMP Senior Program Manager (May 19, 2010; for those who consented).

Findings from Key Informant Interviews

The findings are divided into four major themes: interactions, benefits, success, and challenges. In addition, some background information is provided, and recommendations are presented as provided by the stakeholders and the evaluators.

Background of stakeholders

Stakeholders were asked about the length/duration of their involvement with the HMP Initiative. Many expressed the longevity of their involvement: “before its inception.” Most of the stakeholders were part of the group that advocated to the state legislature on possible ways/avenues to spend tobacco settlement money.

All stakeholders who were interviewed agreed that the HMP Initiative is making progress toward the vision of a statewide public health infrastructure, some more enthusiastically than others.

Interactions with the HMP Initiative

The perceived and expected depth of the stakeholders’ interactions with the HMP Initiative, and their satisfaction with their level of interactions was also explored, as well as the degree to which they feel “in the loop.”

Most stakeholders had either variable interactions or “significant” interactions with the HMP Initiative. The interactions happen at the state level (either programmatically [CVH, PTM] or in general), and in a few cases, at the local level. Only one interviewee had not interacted with the HMP Initiative in the last few years.

When frequency of interactions was probed further, it became evident how differently the external stakeholders interact with the HMP Initiative. Some interact only at the state level (in some cases, with only one program within the state), one interviewee only interacts with local HMPs, and another indicated that the primary interactions are with the Health Policy Partners in terms of lobbying. One interview stated that interactions are “monthly” interactions at the state level; “quarterly” at the district level; and “weekly” during legislative sessions; while interaction occur sporadically at local level. The internal stakeholder reported daily interactions at the state level, and weekly at the local level.

When asked about feeling “in the loop,” there was a range of responses among the stakeholders, from “absolutely” to “moderately” or “spotty” to “not been kept informed.” One summed it up this way, “Sometimes we are very well-informed and sometimes we do not find out about something until we see in on television or read about it in the papers.” Two stakeholders were well-satisfied with the communication patterns established. The most form of communication mentioned were email, meetings, and conversations; less often mentioned were the Listserv, mass media, and direct mail.

Given the stakeholders’ roles, most expected to interact with the HMP Initiative, one did not expect any interaction, and one wished she had more time to interact. Two mentioned that Healthy Maine Partnerships need to make better use of existing resources (representatives of the American Cancer Society and the American Lung Association). Most stakeholders expressed that their expectations matched their experience, but

one interviewee's expectations were not met. Two stakeholders preferred to link public health initiatives with health care and were not satisfied as they felt that this was not happening.

Stakeholders were satisfied (one "close to 100%") with their interactions at the state level, despite some differing opinions. One interviewee expressed satisfaction with the establishment of the District Coordinating Councils, another, dissatisfaction with interactions at the local level caused by HMP directors who "feel entitled to the money." This particular dissatisfaction is noted by multiple stakeholders (also see Weaknesses / Challenges to the Initiative below).

Benefit of Interaction

Stakeholders were asked how the HMP Initiative benefits from its affiliation / involvement with their organization and how their organization benefits from it in return.

The most common response (5) identified as the HMP benefit was: "efforts in protecting and lobbying for the Fund for a Healthy Maine." Three mention free resources for use at the local level. One stakeholder was not sure yet, though she is trying to highlight HMPs at Quality Counts conference; and one other mentioned being helpful in terms of organizational development and worksite health promotion.

Most indicated that HMPs were helping the stakeholders' organizations achieve their goals (the work of the HMP supports their mission). Several stakeholders mentioned the benefit of having community structure/on-the-ground experience/grassroots advocacy/pipeline to the community. One stakeholder believes the benefit of the clinical community health connection is underrated.

Successes / Strengths of the HMP Initiative

NOTE: For the success section, each response is summarized to provide an all-inclusive view.

- Team work, especially coalition work
- Strong relationships with state level staff
- Local coalitions to become involved in district health improvement plans
- Ability to collaborate with each other and with other organizations that help them meet their goals
- Improved public health infrastructure by focusing on priorities of environmental and policy change
- Many local organizations working on important public issues
- An infrastructure of a statewide network of community health coalitions
- Relationships with local legislators – grassroots movement toward improved public policy
- HMP X, Y, Z* have elevated awareness of the importance of prevention programs
- Connections to schools, hospitals, and community leaders to bring a comprehensive approach to public health
- Recognition of the importance of advocacy and promotion of public health issues, even with budget cuts at the state level, funds were not taken from Fund for a Healthy Maine despite some legislative efforts to divert funds to non-health related areas

Weaknesses / Challenges to the HMP Initiative

NOTE: For the weakness section, each response is summarized to provide an all-inclusive view.

- State leadership has allowed some of the local Healthy Maine Partnerships directors take over the process to the detriment of our overall state goals
- Limited workforce trained in public health
- Issues involving the split between accountability to the state and allegiance to their community
- Limited/lack of resources and the issue of redundancy
- Limited funds
- Lack of data showing how HMPs are addressing health disparities in their area; currently looks like they are not doing any work on it
- Too many things being done at one time; losing focus and not having enough impact on tobacco
- Lack of strong collaborations with opinion leaders, businesses, hospitals – local strength; need measurable successes so people can understand and see what they have accomplished
- Limited money and limited staff (“There are 5 or 6 stellar HMPs”)*
- Most HMP directors have no professional background, education, or training in public health
- Need to (re)educated legislature about HMPs due to term limits.
- Issues surrounding split accountability - community coalitions work for their community while funded by the state; and work load for the state hinders local response to needs
- Limited communication with stakeholders, community, & clinicians
- Need to increase connections between state central services, public health districts, and local HMP effort
- Stakeholders are not sure what the specific successes are, only statewide results which could come from policy changes such as the tobacco tax

* NOTE: many stakeholders single out particularly successful coalitions and many make it clear that they believe many coalitions are not particularly successful or collaborate or accountable.

Recommendations for the HMP Initiative

Recommendations are numerous. They are grouped into categories below.

We first asked stakeholders if they had any suggestions or would recommend any changes:

- Increase sharing and collaborating with more statewide organizations, such as: voluntary organizations, the Maine Hospital Association, the Maine Public Health Association, and the Maine Medical Assoc.
- Increase partnership between statewide voluntary organizations and the HMP – some central ability to have dialogue – at three levels: state, district, and local
- Move from a viewpoint of scarcity to abundance; leadership that is not seen as beleaguered
- Attract more providers (web-based communication tools); integrate public health and chronic care
- Attract more resources for funding
- Create stronger leadership and more accountability
- Create stronger, more collaborative leadership

- Establish a more visible leadership; more welcoming attitude for Partnership with other organizations; increased connection between Districts and HMPs
- Ensure institutional memory of where funding comes from; we have to be strong advocates
- Decrease turnover now that HMPs are well established
- Find ways to contribute to Health Policy Partners as the advocacy organization
- Establish long-term stable funding
- Find the right size for the Healthy Maine Partnerships (workforce size, geographic size)
- Establish working relationships with health care providers as the national health care reform is being rolled out
- Ensure Fund for Healthy Maine funds continue to go to HMPs instead of other state budget needs
- Create a better connection between clinical and community HMP's and practices to build visibility and knowledge of who they are in the clinical community
- Increased communication
- Retain grass roots perspective while increasing workforce knowledge and experience in public health
- Lobby each year to retain funds

We also asked specifically about recommendations to build on the strengths of the Initiative:

- Define leadership more clearly
- Develop a communication strategy to keep stakeholders updated on community activity
- Have all HMPs participate in Health Policy Partners
- Work with small business owners to start or strengthen worksite wellness programs
- Create a plan to resolve the increase in smoking rates
- Increase accountability and advance the agenda of reducing health care cost
- Promote the importance of preventive health choices; partner with doctors and nurses
- Build on community interactions especially with businesses to initiate worksite wellness initiatives
- Increase public information and funds to promote awareness to the public that poor health affects healthcare costs
- Convene around youth smoking rates
- Increase documentation and communication of specific HMP successes by state and HMP staff that the public and policy makers are most interested in

We asked for recommendations to overcome the weaknesses or challenges of the Initiative:

- Establish 8 districts to address issues of leadership and education (done)
- Provide clarity about scope and structure and 'soft money' nature of the funds
- Increase mentoring and leadership training
- Increase community involvement, getting people connected and informed about HMPs
- Increase visibility; develop closer ties to local clinical practice
- Engage in the pooling of resources more often and focus on different areas to eliminate competition
- Attract more funding at community level through grants; identify formal and informal leaders
- Establish leadership and consistency of purpose, measure and report on success
- Redefine and refine of the HMP focus and goals to provide a more focused approach
- Mirror HMP goals to the goals of Maine CDC and should be constantly developing and integrated

- Ensure the workforce is trained in public health while maintaining the grassroots perspectives
- Use funds from Fund for a Healthy Maine toward securing other funding as some HMPs have done
- Attract community leadership
- Establish managerial strategic thinking
- Provide accountability to individual HMPs, need to get data by district or by HMP service area
- Increase collection and reporting of district level data to find out which areas that are not being addressed

Summary of Recommendations provided by Interviewees/Stakeholders

It appears four general themes emerge from the recommendations of the stakeholders:

- Use of resources: Many times, the value of “sharing/collaborating, partnering with” was mentioned. It was also suggested that the Healthy Maine Partnerships could be more effective in their communities if they used what resources the voluntary organizations offer.
- Leadership: The need for strong leadership was mentioned a few times. Two stakeholders provided these recommendations: More openness and candor would help--we all have the same goals. Defining leadership more clearly and sharing that leadership with more informal leaders that do not work for the state.
- Collaboration: Collaboration is important, share resources space, people and time – pool our resources, integrate more. Collaboration is good but be sure all parties are equally involved so the collaboration is not run by a vocal minority.
- Communication and advocacy for sustainability: Share success/ success breeds success. Be more visible. The Healthy Maine Partnerships have a better chance of retaining their funding if people are better informed about how the Healthy Maine Partnerships benefits their communities.

From the evaluators’ perspective in summarizing the interviews, two general recommendations emerge:

- Communication: It is crucial to keep stakeholders “in the loop” as these stakeholders appear to be an important voice to the legislators. Some stakeholders appear somewhat disappointed with the level of communication, while others are well-pleased. The Maine CDC might consider a plan for keeping stakeholders “in the loop.”
- Marketing/Outreach: HMP efforts, successes and challenges should be shared at the local level so that constituents of a service region can become aware of what their HMP does, and at the state level so that the general public and state-level decision-makers can become aware of what the HMP has accomplished or is trying to accomplish. Periodic dissemination of information with other HMPs, i.e. success stories, and /sharing lessons learned (positive and negative), will provide valuable feedback for future local HMP activities. The best mode for this sharing should be determined. Publishing articles in local newspapers will help increase program awareness within local communities. Publishing peer-reviewed articles in public health journals will raise national awareness of the HMP Initiative and will improve chances for continued financial support.

Appendix. **Interview Survey Questions** (revised 3.22.2010)

1. Please describe the degree to which you **have** interacted with the HMP Initiative?
2. Please describe the degree to which you would have ideally **expected** to interact with the HMP Initiative?
3. Please rate the degree to which your expectations matched your experiences interacting with the HMP Initiative.
 - a. Not at all
 - b. A little bit
 - c. Quite a bit
 - d. Close to 100%
4. Please rate your satisfaction with your interactions with the HMP Initiative.
 - a. Not at all
 - b. A little bit
 - c. Quite a bit
 - d. Close to 100%
5. Since its inception in 2001, how many years have you been involved with the HMP Initiative?
6. Do you interact with the HMP Initiative at the state level? The district or local level?
7. How do you think the HMP Initiative benefits from its affiliation/involvement with your organization?
8. How do you think your organization benefits from its affiliation/involvement with the HMP Initiative?
9. To what degree do you feel “in the loop” when it comes to broad HMP activities?(9a) Secondly do you feel “in the loop” about any specific HMP activities such as Partnership for a Tobacco-Free Maine; Physical Activity and Nutrition; The Office of Substance Abuse; Chronic Disease or Coordinated School Health.
10. What is your primary form of communication with the HMP staff?(attending meetings, reviewing meeting minutes, conversations with colleagues, memos, email, Listserv, Maine Public Health blog, traditional media-radio, newspapers and TV, other, I don't learn about HMP activities.)
11. In your opinion, what are the greatest strengths or successes of the HMP Initiative?
12. What suggestion do you have to build on those strengths or success?
13. In your opinion, what are the greatest weaknesses or challenges of the HMP Initiative?
14. What suggestions do you have to overcome those weaknesses or challenges to the HMP Initiative?

15. The HMP Initiative was developed in part to support the vision of the State Health Pan's priority of creating a statewide public health infrastructure. Please rate your agreement as to whether the HMP Initiative is making progress toward that goal.
- a. Strongly disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly agree
16. If you could change something about the HMP Initiative, what would it be?
17. Do you have any other suggestions or comments to help us better understand your HMP experiences and develop future plans for the HMP Initiative? Is there any thing else you would add?



John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

The Department of Health and Human Services (DHHS) does not discriminate on the basis of disability, race, color, creed, gender, age, sexual orientation, or national origin, in admission to, access to or operation of its programs, services, activities or its hiring or employment practices. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 and in accordance with the Civil Rights Acts of 1964 as amended, Section 504 of the Rehabilitation Act of 1973 as amended, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972 and the Maine Human Rights Act. Questions, concerns, complaints, or requests for additional information regarding civil rights may be forwarded to the DHHS' ADA Compliance/EEO Coordinator, State House Station #11, Augusta, Maine 04333, 207-287-4289 (V) or 207-287 3488 (V), TTY: 800-606-0215. Individuals who need auxiliary aids for effective communication in programs and services of DHHS are invited to make their needs and preferences known to the ADA Compliance/EEO Coordinator. This notice is available in alternate formats, upon request.