

HMP Local-level Staff Survey Report

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.

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Introduction

In March of 2010, the Maine Center for Public Health (MCPH) Evaluation Team conducted a Web survey of local-level staff involved in the Healthy Maine Partnerships (HMP) Initiative. In general, the survey was designed to provide a better understanding of the experiences of local-level HMP staff and to guide future plans for the Initiative. Specifically, the survey is an evaluation deliverable described in the *HMP Evaluation Plan*¹ and is designed to answer the following evaluation questions:

- #3a: To what degree did the HMP Initiative enhance the public health infrastructure in Maine?
- #3b: To what degree have opportunities improved for: engagement, collaboration, sharing, coordination between the state and local levels?

The scope of the survey and its content are linked to the approaches and strategies designed to enhance the public health infrastructure as described in the HMP expanded logic model. Accordingly, the survey tool encompasses the following areas of focus: Coordination of Efforts and Resources; Programmatic and Policy Decisions; Provision of Funding and Contract Management; and Provision of Training and Technical Assistance. The survey tool also included questions about the Project Officer Team Structure and concluding questions solicited feedback on the HMP Initiative overall.

Methodology and Data Analysis

The target audience for the Web survey was HMP Coalition Directors, Action Team Leaders, School Health Coordinators, and District Tobacco Coordinators (N=111). Participants were forwarded a link to the online SurveyMonkey tool on March 8th. On March 17th, a reminder e-mail was sent to all potential respondents. The survey closed on March 22nd. Seventy (70) respondents completed at least one survey question. Fifty-three (53) respondents completed the survey (response rate = 47.7%).

The survey was anonymous and results are reported here in aggregate form. Quantitative and qualitative analyses of the data are presented. Because not all respondents answered all survey questions, percentages are calculated out of total responses per question. Due to rounding, responses do not always add up to 100%. The analysis of the open-ended response data focused on the identification of themes. Responses were reviewed for word repetition/frequency, like-categories, and subthemes. For respondent comments with multiple response-types per response, text was sorted. Primary themes are noted. When appropriate, verbatim comments are provided.

Results

I: General Profile

In order to develop a general profile, respondents were asked questions about their involvement in the HMP Initiative. There was a range of experience with the Initiative. The greatest number of respondents (33) had been involved for 'more than 4 years' (47.1%). The next most common response category for years of involvement was '1 to 4 years' (28 or 40.0%), followed by 'less than 1 year' (9 or 12.9%). Respondents were asked to indicate what role they have in their local HMP (multiple responses were allowed). The two most common roles checked by respondents were School Health Coordinators (28 or 40.0%) and Coalition Directors (23 or 32.9%). Twelve (12 or

¹ *Healthy Maine Partnerships Evaluation Plan*, June 2010, Version 4.0

17.1%) respondents indicated that they were HMP Action Team Leaders. Nine (9 or 12.9%) indicated they were District Tobacco Coordinators and five (5 or 7.1%) checked ‘other’ (e.g., Substance Abuse Coordinator, Tobacco HMP staff, etc.).

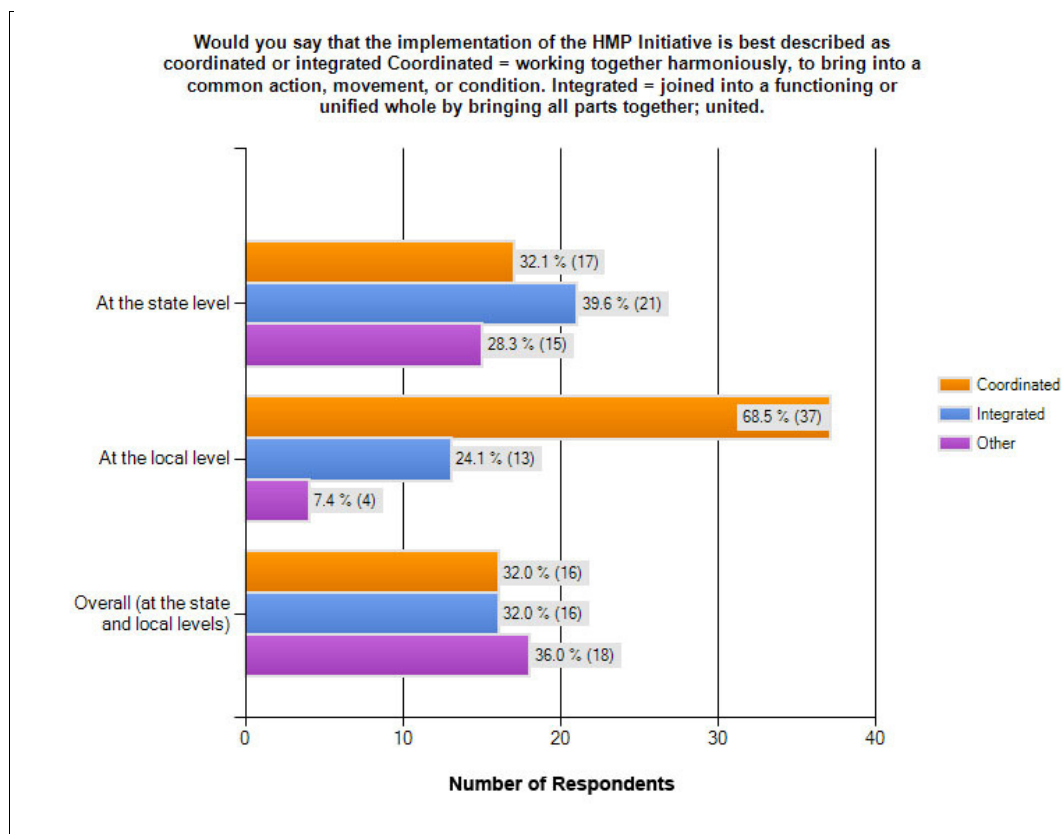
II: Coordination of Efforts and Resources

Based on the following definitions, respondents were asked if the HMP Initiative is a coordinated or integrated effort at the (i) state level, (ii) local level, and (iii) overall (at the state and local levels).

Coordinated: working together harmoniously; to bring into a common action, movement, or condition
Integrated: joined into a functioning or unified whole by bringing all parts together; united

As shown in Figure 1, the greatest number of respondents to this question felt that the HMP Initiative is *integrated* at the state level (21 out of 53, or 39.6%) and *coordinated* at the local level (37 out of 54, or 68.5%). When considering the HMP Initiative overall, an equal number of respondents (16 out of 50, or 32.0%) chose coordinated and integrated.

Figure 1. Percentage of Respondents that Describe the HMP Initiative as Coordinated, Integrated, or Other



Respondents were asked to explain their responses. Explanations were not linked to the categorical response categories or to ‘other.’ The most common explanation for responses was that there is limited coordination or

integration at the state level, which impacts the Initiative overall. The lack of adequate communication was the second most common response theme. Table 1 contains verbatim² responses that exemplify respondent perspectives related to the HMP Initiative as coordinated versus integrated.

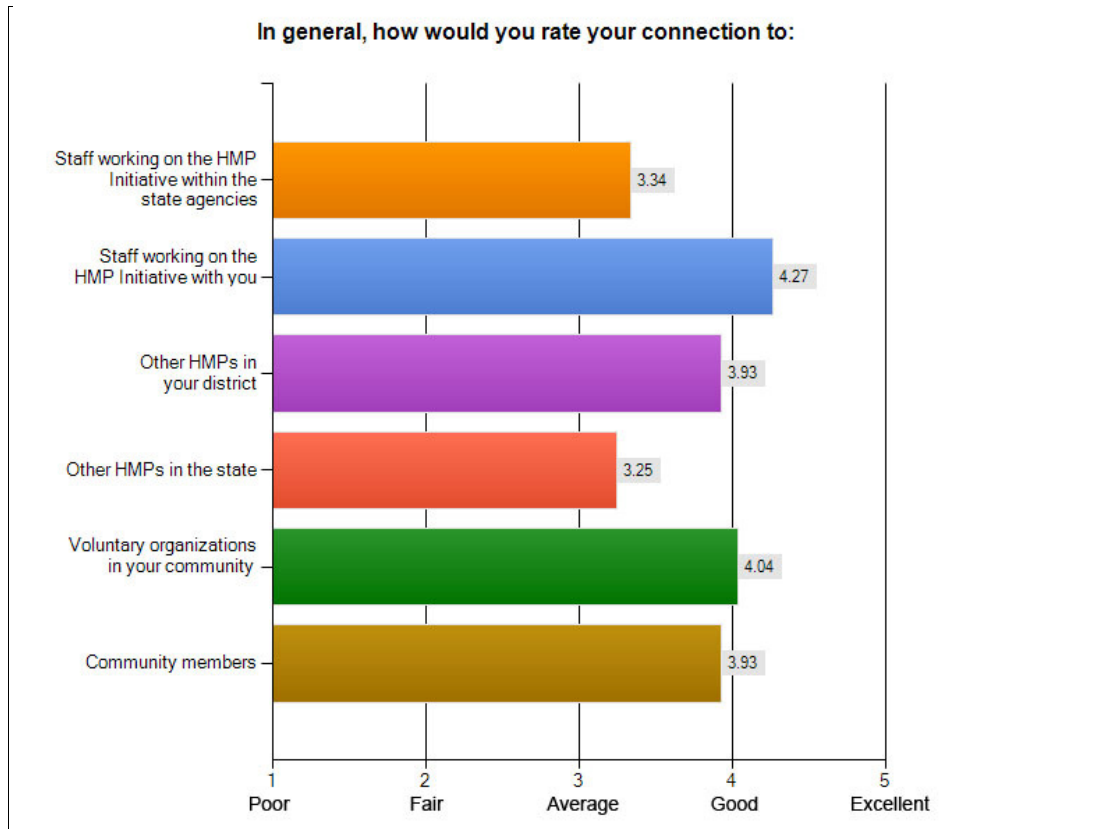
Table 1. Response Themes Regarding Implementation of the HMP Initiative as Coordinated, Integrated, or Other

<p><u>Explanation of Responses to: Would you say that the implementation of the HMP Initiative is best described as coordinated or integrated...:</u></p> <p><i>I'd say both values are targets but not necessarily implemented especially at the state level.</i></p> <p><i>On the State level often there seems to be no coordination or integration – which effects how it is implemented on the local level.</i></p> <p><i>Because it is not coordinated at the state level, it prohibits it from functioning as an integrated whole overall.</i></p> <p><i>At the state level the school and community partners do not seem to be working together</i></p> <p><i>However, at the state level and overall I think there is much to be done to be working in either a coordinated or integrated manner.</i></p> <p><i>[O]bvious lack of communication at the State level among State partners is staggering and undermines the local HMP success.</i></p> <p><i>Many times I feel the coordinated and integrated piece especially does not come through in relation to communication from the state.</i></p> <p><i>I realize there is an effort being made, but there seems to be a lack of coordinated communication from the state agencies. This hinders our ability to work as an integrated or even coordinated unit.</i></p>
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Respondents were asked to rate their connection to staff working on the HMP Initiative at both the state and local levels; other HMPs in their districts and around the state; as well as voluntary organizations and community members. Respondents were asked to use the following 1 to 5 scale: Poor, Fair, Average, Good, Excellent. Respondents gave the highest overall rating to their connection with staff working with them in their local HMP, with an average rating of 4.27 and an overall 'Excellent' rating by the greatest number of respondents. This was followed by their connection to voluntary organizations in their community (4.04) with a 'Good' rating by the greatest number of respondents. Figure 2 depicts the average scores on a scale of 1 to 5 for each connection rated.

² *Note:* Most verbatim comments in this report represent the complete response. Spelling errors have been corrected. Where a change has been made to correct grammar, such as to start a sentence with a capital letter, it appears in brackets []. Specific references that may compromise the anonymity of the respondents have been deleted. Partial responses are noted by ellipses points.

Figure 2. Average Ratings of Connections to Partners in the HMP Initiative



When asked if they have formed relationships with stakeholders outside of their coalition and the contributing HMP partners – that is, the Maine Office of Substance Abuse (OSA), the Maine Department of Education (DOE), and the Maine Center for Disease Control (ME CDC) – most (82.1%) said they had. Respondents who answered ‘Yes’ were asked to list valuable stakeholders. The response category noted by the greatest number of respondents was non-profits (35), followed by health care (18), and state agencies (12). Table 2 lists the primary categorical responses by frequency of response.

Table 2. Primary Categorical Responses of Stakeholder Agencies or Partners that Enhance the HMP Initiative

Have you formed relationships with stakeholders outside of the contributing HMP state partners (OSA, DOE, ME CDC) and outside of your coalition memberships that you think enhance the HMP Initiative? If yes, please list stakeholder agency(ies) or partner(s):	
Response Type	Number of Responses
Non-profits (e.g., United Way, American Lung Association, YMCA)	35
Health care	18
State agencies (e.g., Maine Department of Transportation, Maine Department of Environmental Protection)	12
Municipal government	9
Law enforcement/rescue/fire	6

Respondents were also asked if there are stakeholders not currently involved at the state or local level that would enhance the Initiative. The majority of respondents (62.5%) said they ‘Don’t Know’ and 7.1% answered ‘No.’ The most frequently noted category of stakeholder type was health care (7). This was followed by non-profits and state agencies (4 each). Table 3 lists the primary categorical responses by frequency of response for those who identified potential stakeholders.

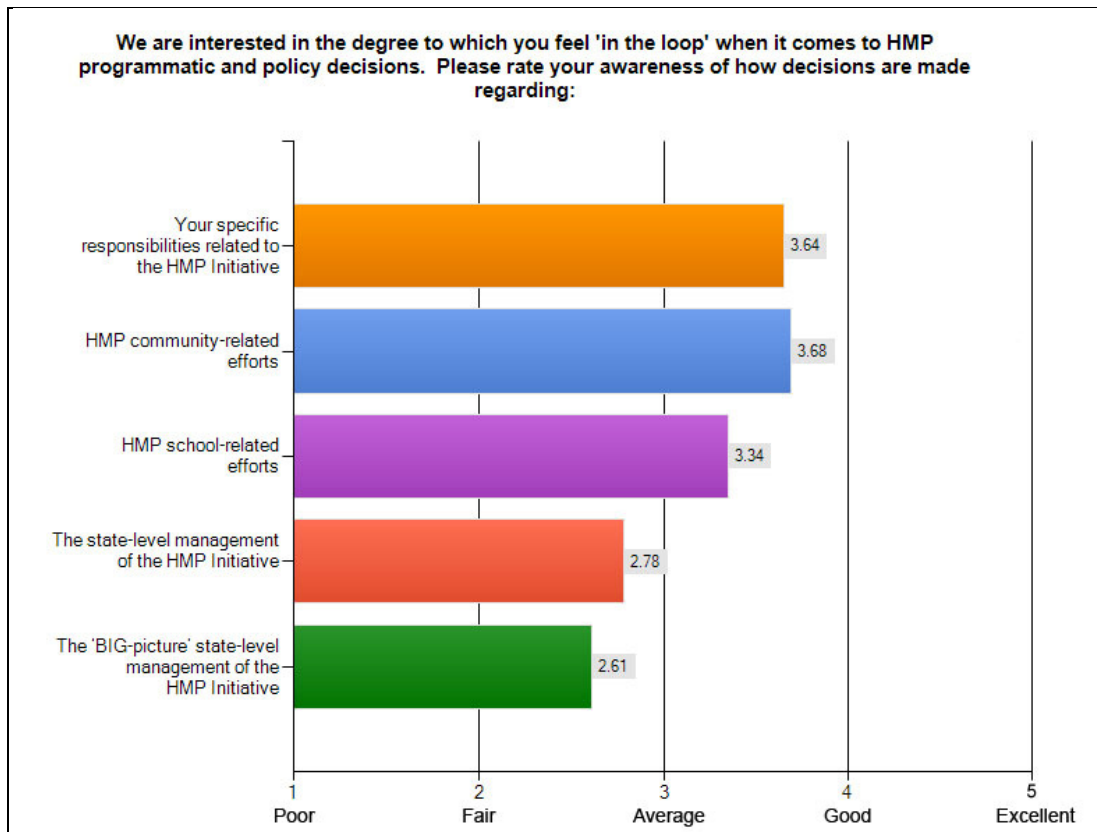
Table 3. Primary Categorical Responses of Stakeholder Agencies or Partners that Would Enhance the HMP Initiative

Are there stakeholders not currently involved at the state or local level that you believe would enhance HMP Initiative? If yes, please list stakeholder agency(ies) or partner(s):	
Response Type	Number of Responses
Health care (e.g., physicians, mental health, dental health)	7
Non-profits (e.g., Maine Lung Association, American Cancer society)	4
State agencies (e.g., Maine Department of Transportation, Maine Childhood Lead Prevention Program)	4
Municipal government	2

III: Programmatic and Policy Decisions

Respondents were asked a series of questions related to how policy and programmatic decisions are made for the HMP Initiative. On a scale of 1 to 5, with 1 being ‘Poor’ and 5 being ‘Excellent,’ respondents were asked to rate the degree to which they feel ‘in the loop’ when it comes to HMP-related decisions. The most frequently selected rating for 3 out of the 5 decision-making categories was ‘Good.’ The other two categories were ‘Fair’ or ‘Average.’ The category that received the highest overall rating, with an average of 3.68, was awareness of how decisions are made regarding ‘HMP community-related efforts.’ Awareness of how decisions are made related to the ‘BIG-picture’ state-level management of the Initiative received the lowest overall rating of ‘Fair’ and the lowest average rating (2.61). Figure 3 shows the average ratings for each decision-making category.

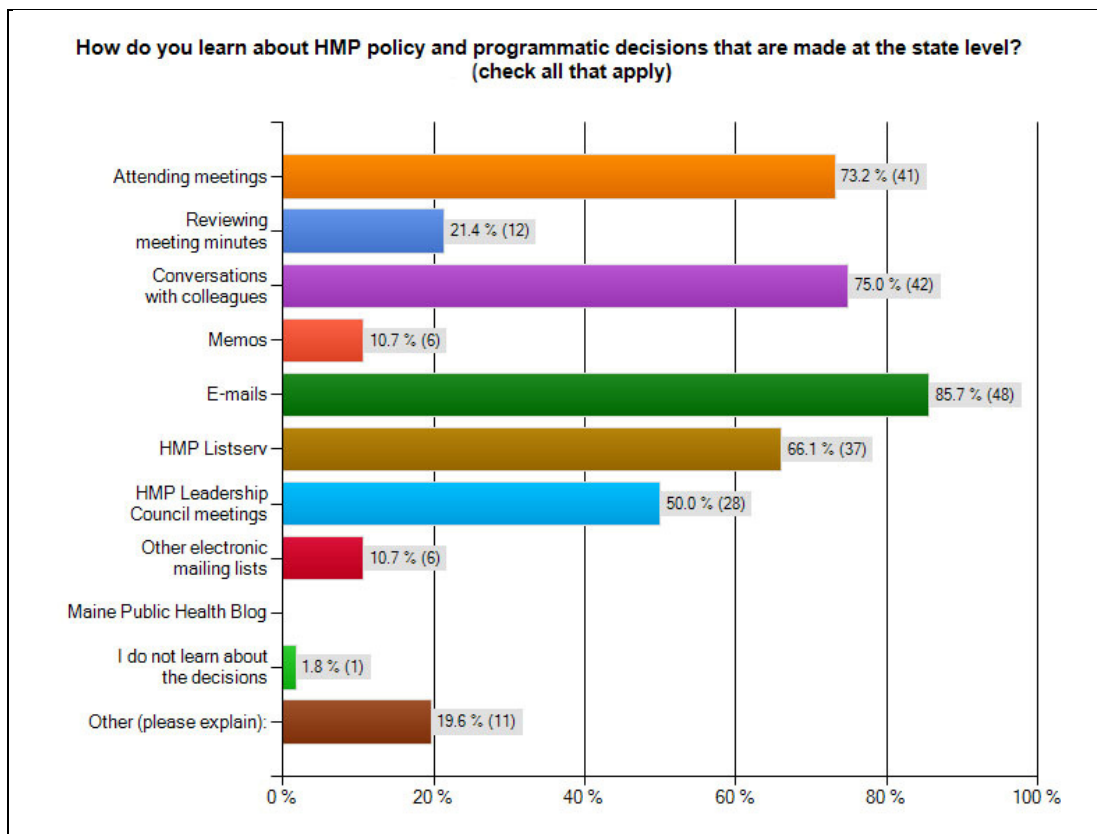
Figure 3. Degree to which Respondents Feel 'In the Loop' Regarding HMP Programmatic and Policy Decisions



**Note: The difference between 'big' vs. 'BIG' in terms of hierarchical level was clarified for the respondents when completing the survey.*

Respondents were asked to note all the ways in which they hear about HMP-related decisions made at the state level. Most respondents noted hearing about the decisions through e-mails (48 out of 56, or 85.7%), followed by conversations with colleagues (75.0%), attending meetings (73.2%), and via the HMP listserv (66.1%). Other electronic mailing lists (not HMP) and memos were the least reported means of hearing about decisions (10.7% each). No respondents reported the Maine Public Health Blog as a means of learning of HMP-related decisions. Figure 4 provides a complete breakdown of responses.

Figure 4. Means by which Respondents Learn of HMP-Related Decisions



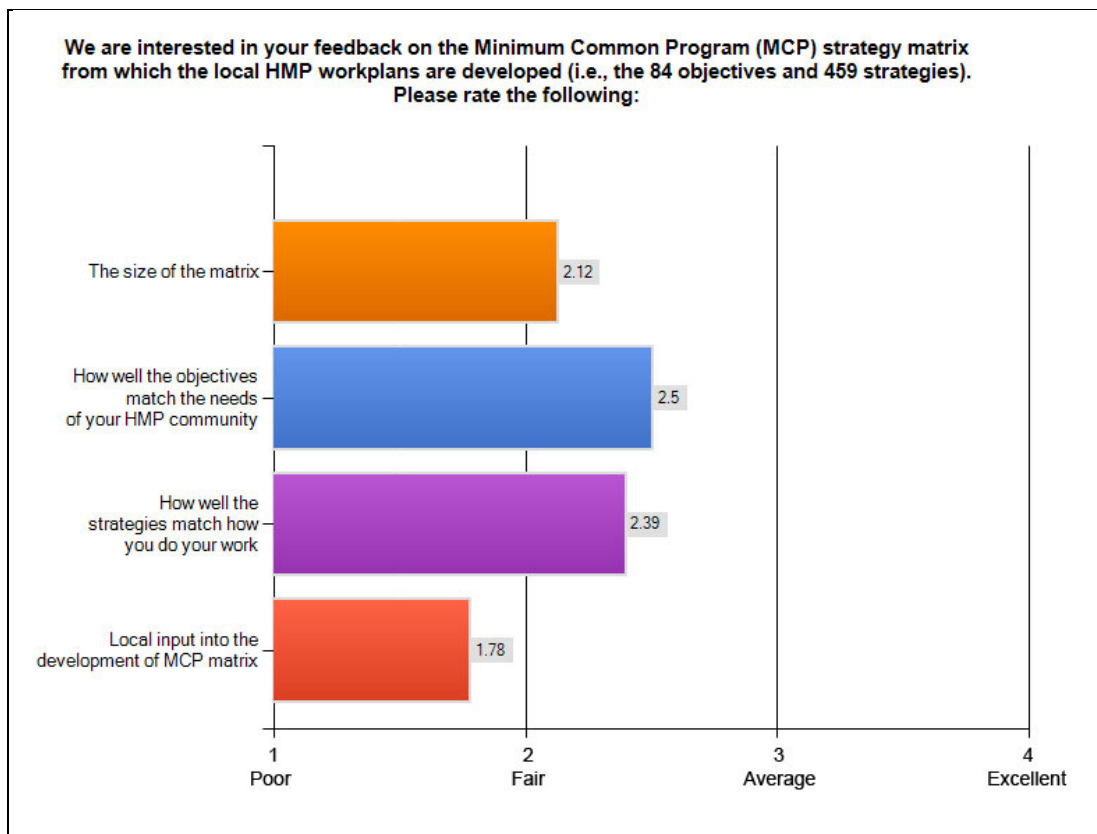
In follow up to how they learn of HMP-related policy and programmatic decisions, respondents were asked to identify the most effective means of communicating decisions. Meetings were the most frequently noted means of effective communication, noted by 20 respondents. The next most frequent response was email (10), followed by meetings and/or email (8). Four respondents (4) stated that conversations with colleagues were the best means of sharing information. A few respondents suggested that ‘any’ or ‘all’ means of communicating is best and one respondent said none of the communication modes are effective. When asked to provide suggestions for improving how HMP-related decisions are communicated, the majority suggested regular, structured timely, communications. The following verbatim suggestions (Table 4) reflect primary themes for improving ways in which respondents hear about HMP-related decisions:

Table 4. Respondent Suggestions for Improving How to Learn About HMP-Related Decisions

<u>Responses to: Do you have suggestions for improving how you learn about HMP-related decisions that affect your efforts?</u>
<i>Meetings or regular monthly updates to keep us all informed. We get so many emails from so many different people, it's overwhelming.</i>
<i>Social media type communication, a blog perhaps. A one stop place that we could visit or have messages pushed to us about process, progress, and decisions.</i>
<i>Consolidated weekly updates is a possibility or weekly telephone conferences.</i>
<i>Monthly new/notes from HMP state partners. Regular time, regular format...Constant Contact type email news.</i>
<i>Better use of the HMP leadership council meetings...and more advanced notice of HMP related decisions on the table.</i>
<i>Periodic update of who is doing what job and how to contact them.</i>
<i>Provide a timeline related to initiatives and HMP objectives at the beginning of the contract year.</i>

Respondents were asked for feedback on the Minimum Common Program (MCP) strategy matrix that is used to develop the local HMP workplans. Four aspects of the MCP matrix were rated on a 4-point scale as 'Poor,' 'Fair,' 'Average,' or 'Excellent.' Respondents considered: 'The size of the matrix'; 'How well the objectives match the needs of your HMP community'; 'How well the strategies match how you do your work'; and 'Local input into the development of the MCP matrix.' The greatest number of respondents rated the size of the matrix as 'Average' and the remaining three categories of responses as 'Fair.' The highest average rating (2.39) was given to 'How well the strategies match how you do your work.' The lowest average rating (1.78) was given to 'Local input into the development of the MCP matrix.' Figure 5 provides the average ratings by response category.

Figure 5. Respondent Average Ratings of the Minimum Common Program (MCP) Strategy Matrix



The following Table reflects primary themes for those (23 respondents) who provided comments related to the MCP strategy matrix.

Table 5. Respondent Comments Related to the Minimum Common Program (MCP) Strategy Matrix

<u>Comments related to feedback on the MCP strategy matrix:</u>
<i>Too many MCPs unless staffing is increased.</i>
<i>There are far too many objectives and strategies. Better to have a few and do a good job—see some real outcomes...and make sure HMPs in the district share some (or all) of those strategies so that work can be consistent across the district.</i>
<i>Difficult to document in KIT. Worksite objectives fall within, for example, 10 different objectives instead of one main category.</i>
<i>The strategies often don't align well with the objectives, and the counts often misalign with the strategies.</i>

I am not sure about local input into the development of the MCP matrix.

I don't remember having local input on this matrix.

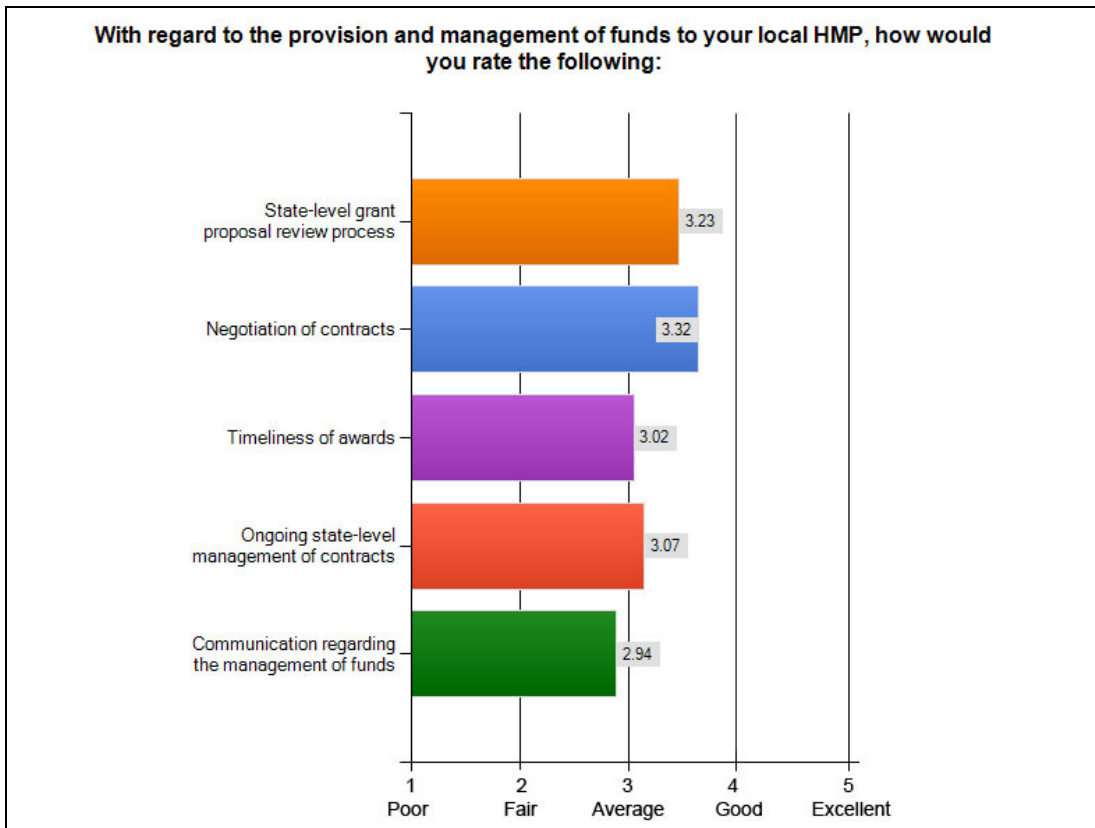
Sometimes a specific priority population within your community may need a specific level of intervention that does not fall under one of the objectives in the matrix. The matrix doesn't really allow for the discussion or approval of special or unique circumstances.

Respondents were asked to rate their ability to monitor program efforts and evaluate program impact using the following 4-point scale: 'Poor,' 'Fair,' 'Average,' 'Excellent.' Overall, respondents rated both abilities as 'Average.' The majority of respondents (58.2%) rated their ability to monitor efforts as 'Average,' with an overall rating of 2.78 out of 4.0. A smaller percentage (47.3%) rated their ability to evaluate program impact as 'Average,' with a rating of 2.56 out of 4.0.

IV: Provision of Funding and Contract Management

To assess the provision and management of funds to the local HMPs, respondents were asked to rate five key aspects of the granting process on a 1 to 5 scale, with 1 being 'Poor' and 5 being 'Excellent.' A 'Don't Know' option was included in the response categories. Four of the five key aspects of the funding process received a 3 or 'Average' rating from those responding to this question. One category received an equal percentage of 'Average' and 'Good' responses. Figure 6 provides a breakdown of responses.

Figure 6. Average Rating of Key Aspects of HMP Funding Process



Respondents were provided the opportunity to make suggestions for improving the contracting process and the management of contracts. It was suggested that the process be streamlined and have a timeline that is reasonable and well communicated. A few respondents provided positive feedback on the current process. Others suggested more closely linking local need as well as outcomes to the funding formula. Verbatim suggestions representing primary themes from respondents (21) to this question are presented in Table 6.

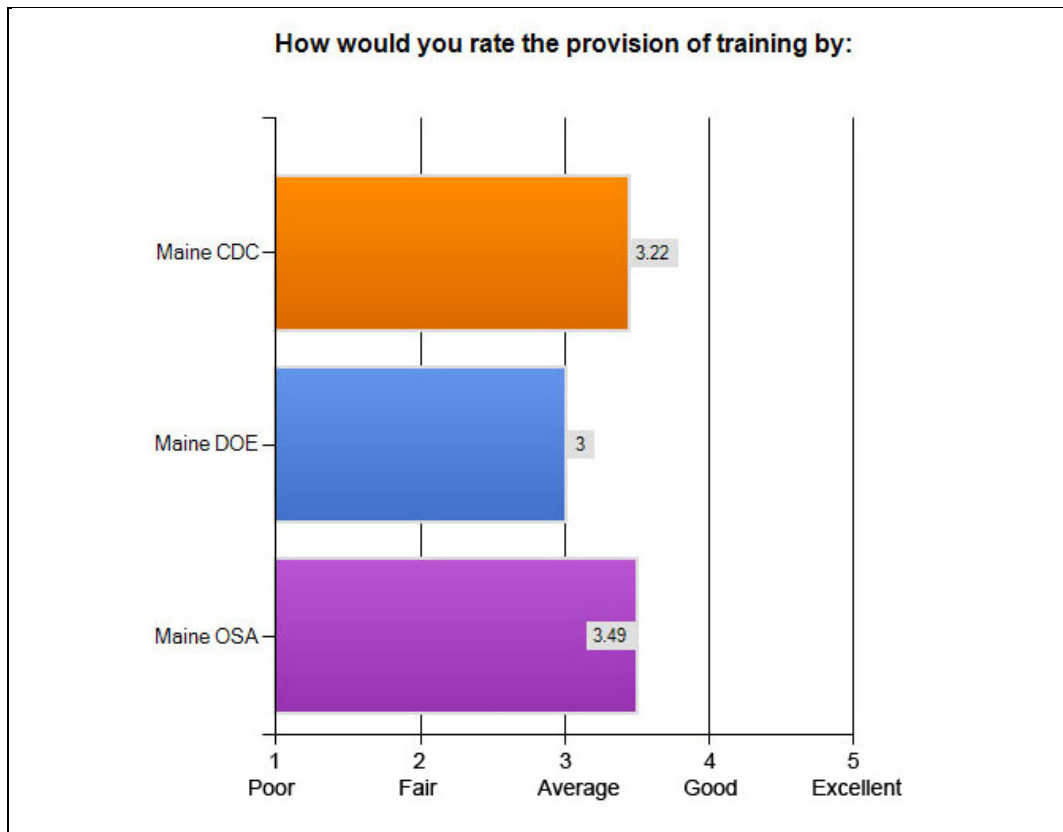
Table 6. Respondent Suggestion Related to the HMP Contracting Process

<u>Responses to: Do you have any suggestions for improving the contracting process, including the management of contracts?</u>
<i>Establish a competent finance department, with streamlined and coordinated processes to ensure that contracts don't get stuck on someone's desk for two months.</i>
<i>Create clearer guidelines for the process. Currently we receive guidelines, then clarifications memos, then clarification of the clarifications and on going.</i>
<i>I feel we are always under a push to hurry and get things submitted and that the state side isn't held to the same deadlines that we are.</i>
<i>We have an excellent relationship with our contract officer.</i>
<i>Those districts and individual HMPs who demonstrate good work should be awarded ore funds as needed in order to enhance the programming.</i>

V: Provision of Training and Technical Assistance

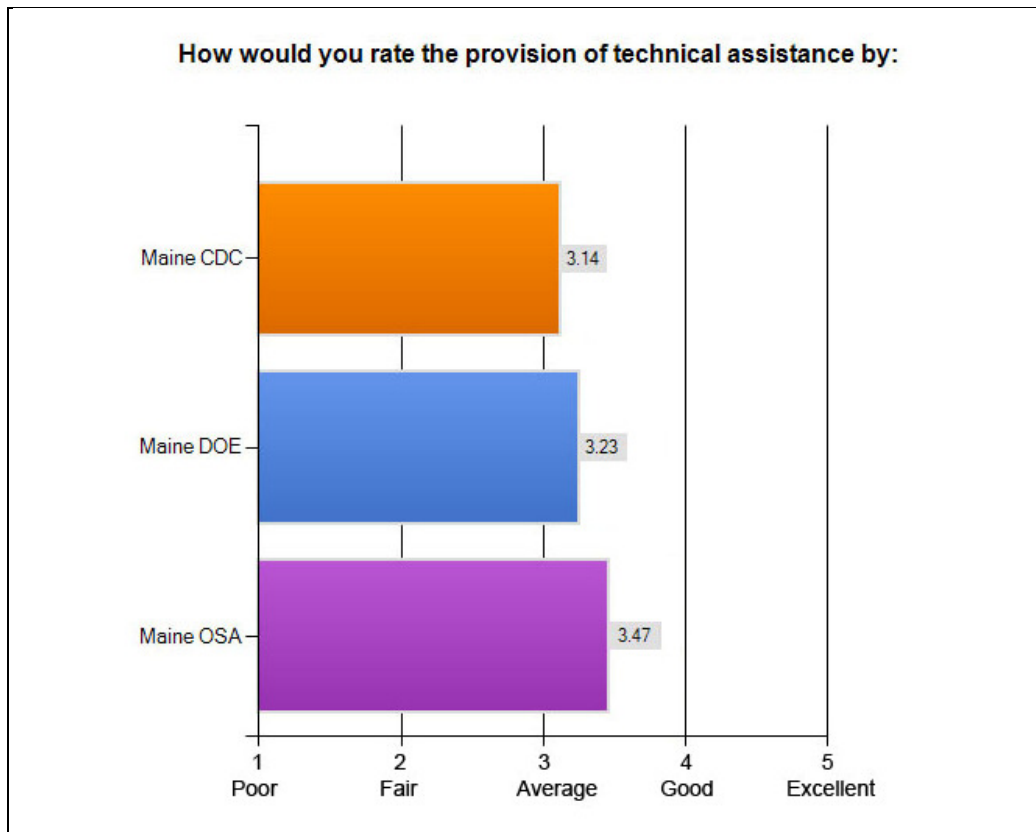
Respondents were asked several questions on the provision of training and technical assistance from the contributing state agencies. The respondents rated the overall provision of training and technical assistance by the contributing partners on a scale of 1 to 5, with 1 being 'Poor' and 5 being 'Excellent.' For both training and technical assistance, OSA received the highest average rating (3.22 and 3.47, respectively) among those who answered this question. Figures 7 and 8 provide training and technical assistance ratings by agency.

Figure 7. Average Respondent Rating of Training Provided by HMP State Partners³



³ Note: 20 out of 53 (37.7%) of respondents selected N/A in regard to DOE training and 22 out of 52 (42.3%) of respondents selected N/A in regard to DOE technical assistance.

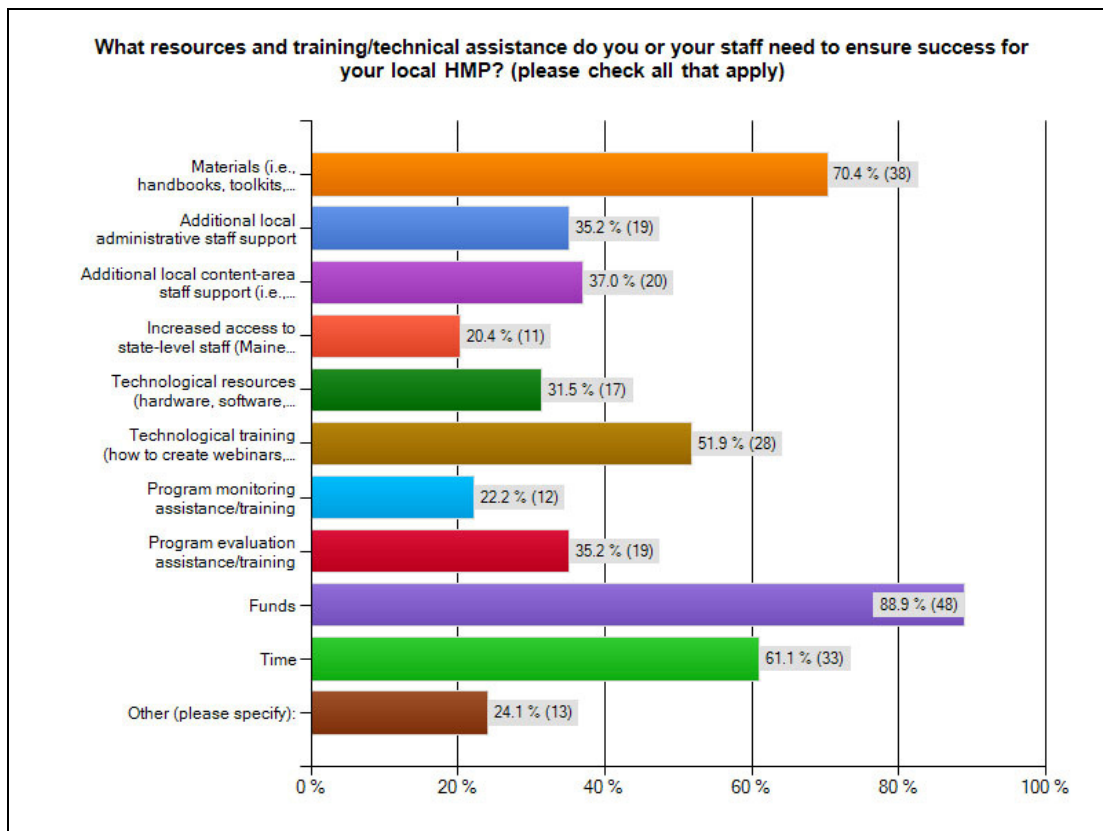
Figure 8. Average Respondent Rating of Technical Assistance by HMP State Partners



Respondents were asked to explain if they felt their training and technical assistance needs are not being met. Of the seventeen (17) respondents who provided explanations for training needs not being met, several mentioned the need for more advanced trainings and ‘fresh’ trainings. Others suggested trainings related to coalition development and capacity building at the local level. A few said there were too few trainings to adequately provide a rating. In regarding to technical assistance, those who provided explanation for their needs not being met (9) mentioned the need for KIT Prevention trainings – especially for new staff. Others mentioned that needs go unmet, despite direct requests for technical assistance from local HMP staff.

In regard to their opportunity to participate in trainings and professional development overall, nearly half (49.1%) rated their opportunity as ‘Good.’ Funding and time were most frequently noted as issues that may prohibit participation. When asked about resources and needs related to training and technical assistance, ‘Funds’ was selected by 88.9% of respondents, followed by materials such as handbooks, toolkits, and fact sheets (70.4%). Figure 9 provides a breakdown of responses related to respondent needs.

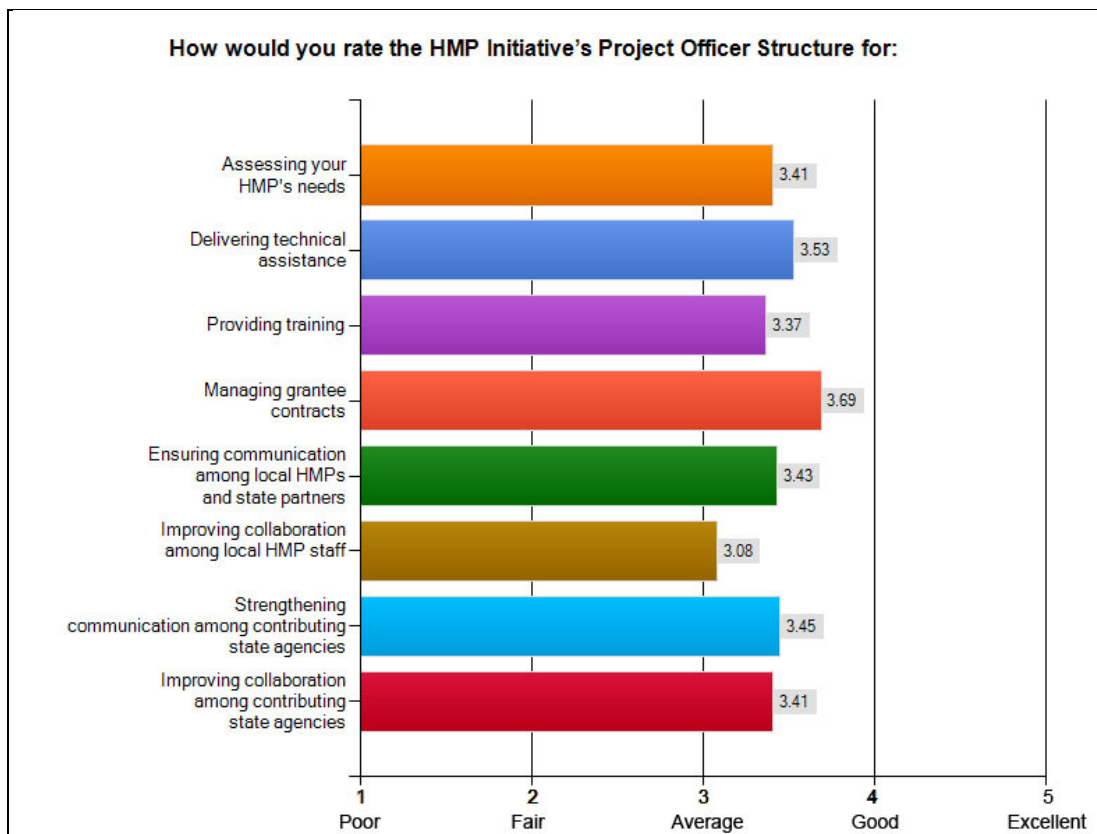
Figure 9. Respondent Resource and Training/Technical Assistance Needs



VI: Project Officer Structure

Respondents were asked to rate eight aspects of the Project Officer (PO) structure using the following five-point scale: Poor, Fair, Average, Good, Excellent. Overall, the respondents rated all aspects of the PO structure between ‘Average’ and ‘Good.’ Figure 10 depicts the average rating for each aspect of the PO structure. In terms of the PO structure, the two highest rated response categories were ‘Managing grantee contracts’ and ‘Delivering technical assistance’ (3.69 and 3.53 ‘Average,’ respectively). The aspect of the PO structure with the lowest rating was ‘Improving collaboration among local HMP staff’ (3.08).

Figure 10. Respondent Rating of the Project Officer Structure



Respondents were asked three open-ended questions regarding the PO structure. All respondents were asked to note (i) what works well with the PO structure; (ii) what does not work well with the PO structure; and (iii) what suggestions they had for improving the PO structure. In terms of what works well, a primary theme (11 out of 32 responses) in the open-ended responses was that having a ‘go to’ person was an aspect of the PO structure that worked well. Respondents noted accessibility and prompt response to their questions as well-functioning aspects of the structure (8 responses) and describe their POs as ‘accessible,’ ‘available,’ and ‘helpful.’ Several (8) responses stated that the structure allows for communication.

In terms of what does not work well, the primary theme related to PO ‘knowledge’ (9 out of 32 responses) – topic area knowledge as well as Initiative-specific knowledge. Many respondents noted that their POs have not been given the information they need to respond to questions. The second and third most common themes were that communication and interaction were limited (7 responses) and the numerous ‘layers’ (by topic area and by state agency) create a disjointed structure (6 responses).

Respondents provided suggestions for improving the PO structure. The primary theme in responses was improved communication (7 out of 22 respondents). Suggestion included an increase in meetings, more regular updates, varied channels of communication, and more visits to the local HMP sites. The second most common

theme (3 responses) related to increased interagency communication to improve consistency. Table 7 contains verbatim responses that exemplify respondent perspectives related to the PO team structure.

Table 7. Respondent Perspectives on Project Officer Structure

<p style="text-align: center;"><u>What Works Well:</u></p> <p><i>We have a go-to person that is knowledgeable and responds to our needs quickly.</i></p> <p><i>Provides a 'go to' person at the State level.</i></p> <p><i>Someone to call in the event of a question we cannot answer locally.</i></p> <p><i>Very prompt, gets to the bottom of things.</i></p> <p><i>They are available and return calls and get answers promptly.</i></p> <p style="text-align: center;"><u>What Does Not Work Well:</u></p> <p><i>Often Project Officers are not informed about statewide initiatives, policies, etc.</i></p> <p><i>Our project officers often can't answer our questions as they find out information from "the state" when we do.</i></p> <p><i>Sometimes it seems as though the project officer and team members have not been given relevant information that we might need, so while they would like to help us they might not have the info.</i></p> <p><i>It seems they [POs] work in silos and don't talk to each other unless an issues has been identified.</i></p> <p><i>I have had approximately 5 project officers. They don't seem to have much autonomy and often must defer to someone higher up in the HMP. There seem to be too many layers in this infrastructure.</i></p> <p style="text-align: center;"><u>Suggestions for Improvement:</u></p> <p><i>I would suggest implementing, at a minimum, quarterly region/district meetings for facilitated planning and collaboration...The State programs and the local level HMPs are all part of a larger picture and they need to be brought in together as a team to improve communication and understanding of one another's roles and responsibilities.</i></p> <p><i>Project Officer could attend local HMP meetings to understand the dynamic and see what the local partnership is doing.</i></p> <p><i>Perhaps send more regular communication updates, or hold semi-annual district meetings/conference calls.</i></p> <p><i>[M]ore communication between PTM and DOW and OSA and other state dept's. [T]his is just starting but should have been done a long time ago.</i></p>
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VII: Overall Implementation of the HMP Initiative

The final questions of the survey related to respondent perceptions regarding the overall implementation of the HMP Initiative and general comments. In terms of progress being made towards creating a statewide infrastructure through the HMP Initiative, the greatest number of respondents feel that progress is being made, albeit slowly. Many feel the HMPs are overburdened and shouldering too great a share of the public health infrastructure responsibility without adequate funding. A few mention the MAPP process as a success in terms of the HMPs contribution to infrastructure development as well as the local HMP response to H1N1. In terms of

suggestions for improving the success of the HMP Initiative, many suggest streamlined objectives and more flexibility in terms of local strategies reflecting local need. Increased public awareness is noted by several respondents, suggesting that public and legislative support would increase with increased visibility. Increased/sustained funding as well as improved coordination and communication are also mentioned. Table 8 provides verbatim responses representing primary themes.

Table 8. Open-Ended Questions Related to the Overall Implementation of the HMP Initiative

<p><u>Responses to: The 2007 RFP was developed in part to support the vision of the State Health Plan’s priority of creating a statewide health infrastructure. What are your thoughts on the HMP Initiative’s progress toward supporting that vision?</u></p> <p><i>I think it is amazing how much we have been able to accomplish in supporting this vision. Everyday we move forward and the results show.</i></p> <p><i>It’s made some impressive steps, but is far from finished.</i></p> <p><i>We have made appreciable progress, but it seems that everyone’s answer is to give it to the HMP. We have too much work, the demands on our time are ever increasing, administration is beyond a burden, and we won’t be able to sustain it much longer.</i></p> <p><i>Too many things involved. I do not think that the HMP should be the public health department.</i></p> <p><i>...it also feels that the HMPs because of their nature are taking on a large burden for the infrastructure without enough resources...</i></p> <p><u>Responses to: What suggestions do you have to improve the success of the HMP Initiative?</u></p> <p><i>Providing more focus to the HMP work is critical. There are way too many objectives and strategies for HMPs to choose from—and so with energies scattered we are NOT seeing results in terms of health outcomes.</i></p> <p><i>Fewer MCP objectives with more intensive strategy focus...meaning fewer objectives done very thoroughly rather than many objectives done minimally.</i></p> <p><i>Fewer more concise objectives in each category.</i></p> <p><i>Allow the initiative to be driven more by the local level and don’t try and make us be the be all end all in public health programming.</i></p> <p><i>I think the work the HMPs do is extremely important, however in terms of the goal to make them the public health infrastructure, they need to be marketed better.</i></p>



John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

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