Assessing Organizational Partnerships Developed to Address Community Resilience

Presented at AcademyHealth

PHSR Interest Group Meeting

San Diego, 2014

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RAND HEALTH

PARTNER is a social network analysis tool to measure the strength and quality of relationships
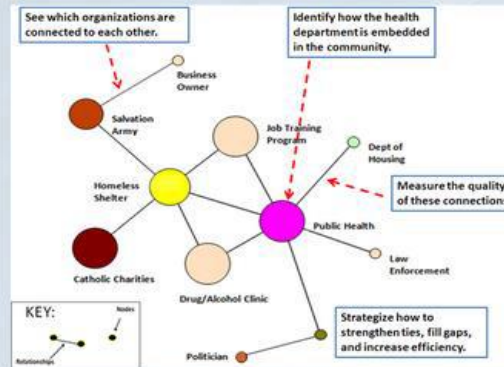
PARTNER measures relationships in a way that users can understand and manipulate
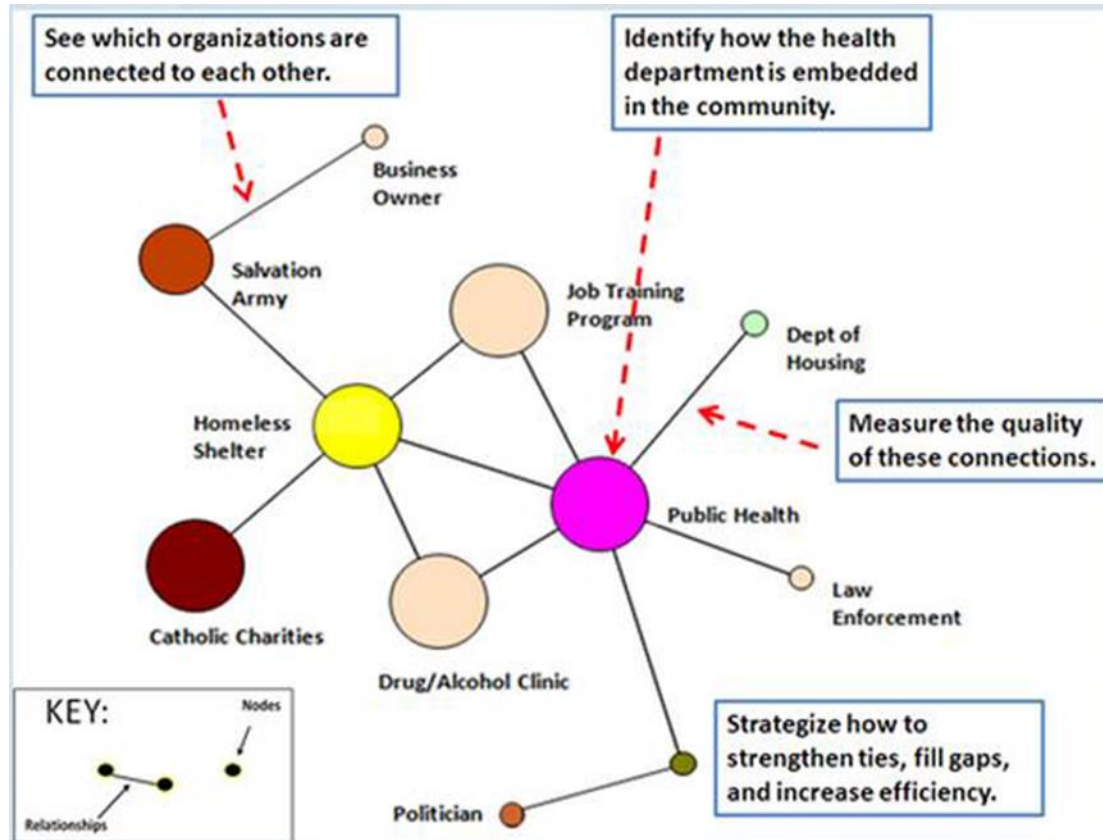
PARTNER has been used in various settings

- Improving substance abuse prevention services in one state

- Tracking relationship changes at the local and state levels for one organization

- Used on an annual basis to evaluate the development of collaborations in a community

PARTNER supports quality improvement goals

Things to consider when using
PARTNER

MEMBERSHIP

Are the 5 sectors represented?

If not, where will you get the most benefits from relationship building?

Are the right connections in place? Are there some missing?

Which lie in the network periphery that might be more engaged?

Possible Improvement Goals

Increasing # or % of organizations identifying higher levels of collaborative activities (coordinated and/or integrated)

Increasing Response Rates OR increasing # of member organization included and response rate

Increasing the #s of organizations within a sector that are actively engaged in the network

Increasing linkages between sectors

Increasing any of the outcomes

Increasing overall trust scores

Two Intervention Models

- 16 communities randomly assigned to 1 of 2 conditions

- Emergency Preparedness Communities
  - Individual and Family Preparedness

- Community Resilience Communities
  - Neighborhood and Community Preparedness

Comparing the Two Coalition Types

Emergency Preparedness

- Community Liaison PHNs, Health Educators Facilitators

- Traditional educational approach

- Focus on individual and family preparedness

- Neighborhood level orgs

- Additional activities – "demand" driven

Community Resilience

- Emergency Preparedness (EP) PHNs Facilitators

- Community-based, Participatory Collaboration

- Shift to community-level preparedness and strengthening social connections

- "Individual" to "Interdependent"

- Required to engage in additional activities

Measuring organizational partnerships in LA County with PARTNER

Implemented in May 2014 with the 16 coalitions

–Online and paper surveys, some in Spanish

• Gives a snapshot of who is participating and which resources are available

• Provides feedback to coalition members to facilitate quality improvement

Presentations to nurses informed how we presented our data to coalition members

- Made presentations to each of the coalition nurses via webinar

- Nurses provided feedback on clarity and quality improvement aspects

  – "This data makes sense"

  – "The coalition has changed since the survey was given"

  – "The coalition will be excited to see this presentation"

Coalition A is diverse with broad representation from 8 sectors

- Business
- Community Leadership
- Cultural and Faith Based Organizations
- Education and Childcare Settings
- Emergency Management
- Healthcare
- Housing and Sheltering
- Social Services
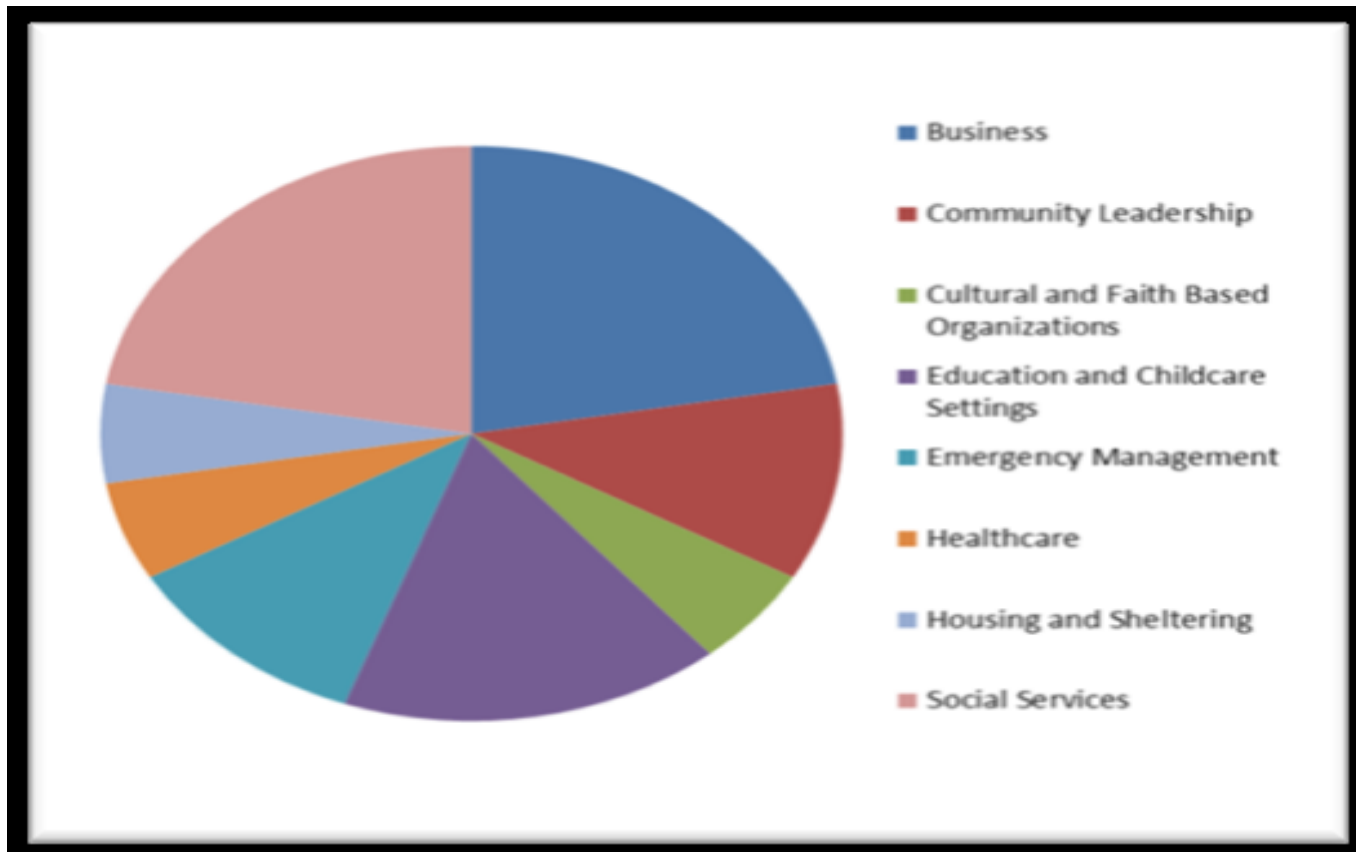
3 Sectors not yet participating:
–Media, Mental/ Behavioral Health, Office of Aging or Equivalent

Access to disaster supplies and improved ability to communicate with the public were reported as two of the most valuable organizational benefits to Community A

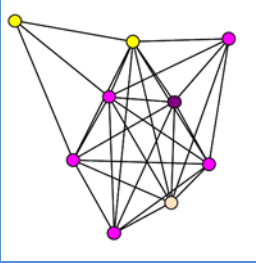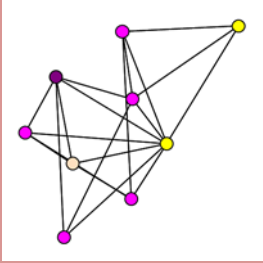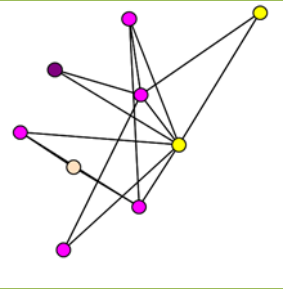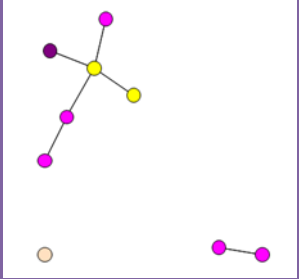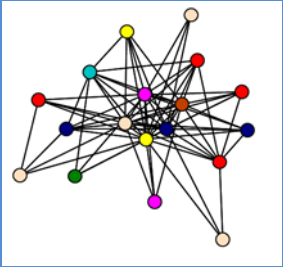| Benefit	Community C	Benefit	Community C
Better organization emergency plans	Yes	Stronger relationships with other organizations	Yes*
Better community emergency plans	Yes	Stronger relationships with neighbors	Yes*
Improved communication with first responders		New disaster preparation information	Yes
Improved communication with government		New information on addressing needs of vulnerable populations	Yes
Disaster plan that incorporates community members needs		Additional funding	Yes
Disaster plan that incorporates organization's needs		Access to disaster supplies	Yes*
Improved communication with public	Yes*		

* Indicates Selection as Most Valuable Benefit
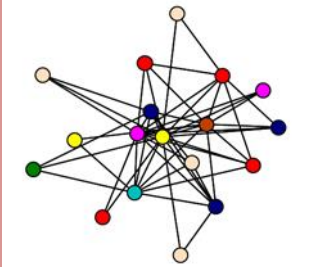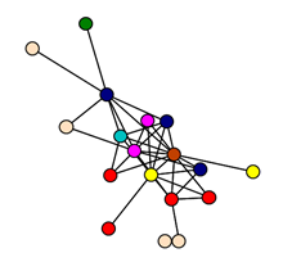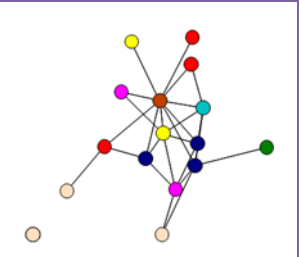
Resilience communities have broader coalitions but lower trust

	Preparedness	Resilience	P-value
Mean number of organizations per coalition	7.12	9.87	0.117
Mean number of sectors per coalition	3.63	6	0.028
Mean hours spent on preparedness activities (per month)	19.08	17.28	0.893
Mean Trust	3.43	2.91	0.004
Mean Value	2.97	3.2	0.362

Resilience communities engaged in more activities over the year

Activities Completed in the First year	% of Preparedness Coalitions	% of Resilience Coalitions
Made or Translated Disaster Materials (e.g. brochures, posters, etc.)	38%	50%
Put disaster brochures or other materials into the community	88%	88%
Worked with the media to communicate about our coalition's activities	13%	63%
Developed plan to communicate with residents during a disaster	50%	25%
Developed integrated emergency plans for coalition partners	38%	38%
Participated in a community mapping (e.g. Sahana)	38%	63%
Identified priority hazards in the community	63%	88%
Organized Community Events (e.g. health fairs, convening neighborhood watch)	63%	100%
Exercised or implemented community disaster plan during an emergency	38%	25%
Exercised or implemented disaster communication plan during a disaster	25%	25%
Held community leadership training	50%	75%
Held psychological first aid training	13%	50%

There is wide variability in the connections among coalition partners

Year 1 faced challenges in response rates and interpretation of questions

- A response rate of 59% overall

- Psychological First Aid training reported as a completed activity

– Coalitions had engaged in an introduction to Psychological First Aid module

PARTNER will be used to track changes in engagement

- Year 2 Survey is being implemented

- Are certain levels of trust or value associated with an increased activity level?

- Which characteristics are most important for predicting how well a coalition works together?