

Marion County Public Health System Social Network Analysis January 2018



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Executive Summary

About this project.

The Marion County public health system is a network of diverse partners, including leadership from the Marion County Public Health Department, and a variety of public health and safety professionals and community-based organizations. In this project, the public health system was defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.” A total of 59 partners were identified by the Marion County Public Health Department as key leaders in the public health system in the county. The collaborative public health efforts help community members achieve and maintain an optimal level of wellness (<http://marionhealth.org/about/>).

The Marion County public health system is an informal network, meaning that although it is not a formal collaborative or coalition, it is a group of government and community-based agencies that all provide public health services to the residents of Marion County. In an effort to measure and improve the community partnerships that make up the public health system in Marion County, the Marion County public health system decided to conduct a network analysis to assess the relationships created throughout the system with PARTNER. The purpose of the analysis was to help identify needs, leverage resources efficiently, evaluate the strengths (and gaps) among organizational relationships in the community, and ensure that community partners in Marion County have the capacity and capability to help improve community health.

Methods.

To answer these research questions, the Center on Network Science conducted a Social Network Analysis using an online survey via the PARTNER Tool (www.partnertool.net). Representatives from leadership with Marion County provided feedback throughout the survey development process and to identify who to include in the survey. This survey was distributed to organizational members of the public health system in Marion County, and these organizations were asked to list and answer questions about their organization’s specific partners and their relationships. The survey was sent to 59 organizations with a 68% response rate. Those that responded reported that they collectively had 716 partnerships. In this analysis, the system is considered the network. *More detail can be found in the Methods section of this report.*

Findings.

Network Demographics. In total, 59 organizations were identified as part of the Marion County public health system and sent the PARTNER survey to participate in the SNA. Of the 59 organizations who received the survey, **40 organizations responded (68% response rate)**. The 40 organizations that responded described **716 unique partnerships** (a partnership is defined as

any two organizations and their relationship) around the Marion County public health system. The system represented a variety of sectors, including:

- ❖ **Organization** (14 organizations)
- ❖ **Medical** (13 organizations)
- ❖ **Education** (11 organizations)
- ❖ **Government** (9 organizations)
- ❖ **Advocacy** (8 organizations)
- ❖ **Charitable** (4 organizations)

Network Activity. Partners reported varying involvement in the system, with **19%** having **proactive involvement**, **30%** having **consistent involvement**, **22%** having **occasional involvement**, **8%** having **minimal involvement**, and **22%** having **no active involvement**. Most of the 716 partnerships reported that they were either **fully engaged with the organization as a partner (32%)** or they were **aware of how their organization could benefit from a partnership with the organization, and could consider the organization a steady partner in the their work (26%)**.

The most commonly reported activities that Marion County public health system partners participated in were: (n=600)

- ❖ **Advocacy/awareness** (75% of all respondents)
- ❖ **Attend conferences/trainings** (35% of all respondents)
- ❖ **Client referrals** (34% of all respondents)

Partner Incentives to Participate in the Network. The most common incentives for partners to participation in the work related to the public health system were **exchanging info/knowledge (61%)**, **bringing together diverse stakeholders (58%)**, and **sharing resources (58%)**.

Resource Contributions of Partners. Partners reported a number of resources that they contribute to the Marion County public health system. The top resources selected were: (n=39)

- ❖ **Community connections** (67% of partners)
- ❖ **Services for residents in Marion County** (67% of partners)
- ❖ **Support & commitment to engage in systems** (64% of partners)
- ❖ **Advocacy** (62% of partners)

When asked for the most important contribution to the system, partners most commonly stated that services for residents in Marion County (28%) was most important.

Challenges for Marion County Public Health System Partners. The most commonly experienced challenges reported by Marion County public health system partners include:

- ❖ **Funding limitations** (48% of partners)
- ❖ **Members are already overburdened or too busy to fully engage** (41% of partners)
- ❖ **Difficult to achieve regular participation by members in meetings and other system activities** (33% of partners)
- ❖ **There are no barriers** (33% of partners)

Perceptions of Value and Trust. Overall, partners reported positive perceptions of trust, and low perceptions of value, among their Marion County public health system relationships. As indicated in the table below, the network’s value scores are below a 3 (on a scale of 1-4), which is what is considered to be a “good” score. These are areas that should be investigated further and possibly create action steps from.

Whole Network Value and Trust Scores			
Overall Value Score	2.40	Overall Trust Score	3.26
Power/Influence	2.38	Reliability	3.38
Level of Involvement	2.59	Mission Support	3.06
Resource Contribution	2.24	Open to Discussion	3.33

Network Outcomes. When asked about whether they believe the work of the Marion County public health system helps the community to be more successful in doing its job, **67%** of respondents said they “**completely agree**”, **26%** of respondents said they “**somewhat agree**”.

The partnerships within the Marion County public health system have reached several outcomes, the most common being **exchanging resources (39%)**, **improving services or supports (38%)**, **exchanging information and knowledge (29%)**, and **improving an organization’s capacity (27%)**.

Partners stated that the most important outcome to focus on over the next one to three years was to **assess, plan, and develop strategies to identify and address significant health issues facing residents of Marion County (25%)**.

Conclusion/Recommendations.

A number of recommendations may be considered by the Marion County public health system to move forward as they develop a stronger cross-sector system. These include (and are described in more detail in chapter 3):

1. Encourage involvement in the network, while building strategies to ask for the fewest required number of meetings.
2. Explore possible incentives to participate in network activities.
3. Consider the potential for leadership role definition in the network.
4. Develop strategies to increase perceptions of the value of building partnerships among members of the Marion County public health system.
5. Consider whether the level of activity among members is sufficient to meet the goals of the network.

Project Background

The Marion County public health system is a network of diverse partners, including leadership from the Marion County Public Health Department, and a variety of public health and safety professionals and community-based organizations. In this project, the public health system was defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.” A total of 59 partners were identified by the Marion County Public Health Department as key leaders in the public health system in the county. The collaborative public health efforts help community members achieve and maintain an optimal level of wellness (<http://marionhealth.org/about/>).

Methods

In 2017, the Marion County Public Health Department asked the Center on Network Science at the University of Colorado Denver, to conduct a Social Network Analysis on the network of organizational partnerships that make up the public health system in the county. The PARTNER Tool will be used by the Community Health Workgroup, to address the strategic issue area of Community Health. The Workgroup will use the PARTNER Tool data to address the following questions:

- What organizations are part of the Marion County public health system, and how are they working together?
- What activities do members of the Marion County public health system do together? What resources are exchanged?
- Where are the strengths that can be used to improve community health?
- Where are the opportunities for improvement that can strengthen the public health system?
- What kinds of outcomes have been achieved among organizational partnerships in Marion County’s public health system?

To answer these questions, the Center on Network Science conducted a Social Network Analysis using the PARTNER Tool (www.partnertool.net).

What is the Marion County Public Health System?

The Marion County public health system is an informal network, meaning that although it is not a formal collaborative or coalition, it is a group of government and community-based agencies that all provide public health services to the residents of Marion County. In an effort to measure and improve the community partnerships that make up the public health system in Marion County, the Marion County public health system decided to conduct a network analysis to assess the relationships created throughout the system with PARTNER. The purpose of the analysis was to help identify needs, leverage resources efficiently, evaluate the strengths (and gaps) among organizational relationships in the community, and ensure that community partners in Marion County have the capacity and capability to help improve community health.

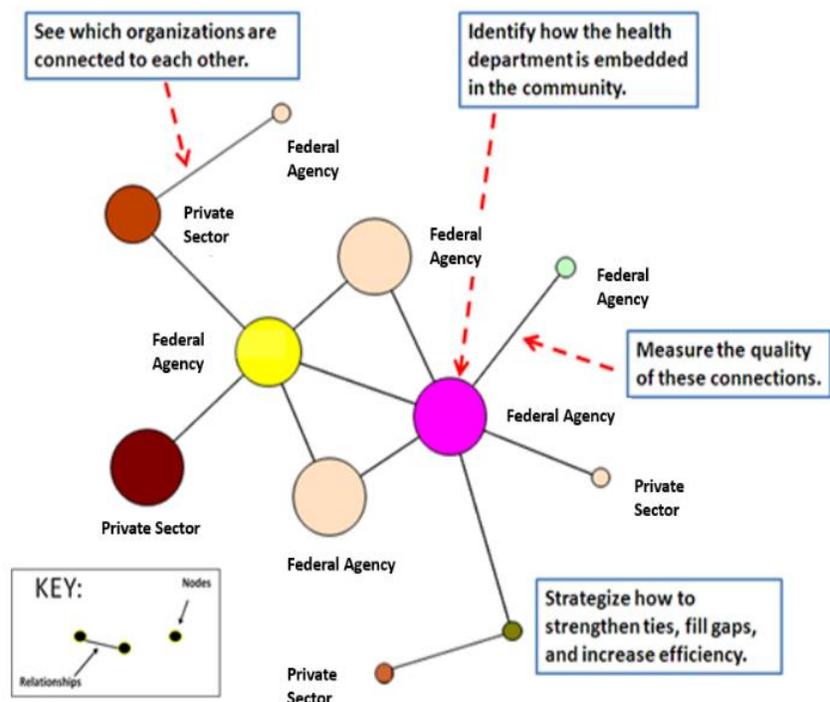
What is PARTNER?

The PARTNER tool, which includes a validated survey instrument, a data collection methodology, and an evaluation framework to guide analysis, was used to conduct the Falls Campaign Social Network Analysis. PARTNER (Program to Analyze, Record, and Track Networks to Enhance Relationships-www.partnertool.net) was first funded and launched in 2008 by the Robert Wood Johnson Foundation as an online tool with the purpose of building the capacity of the public health sector to measure and monitor collaboration among organizations (Varda et al., 2008). It is used by cross-sector networks to analyze how their members are connected, how resources are exchanged, and the levels of trust and perceived value among network members, and to link outcomes to the process of collaboration. PARTNER includes both a validated 19 question survey and an analysis tool. For more information about PARTNER go to www.partnertool.net.

PARTNER Analysis Options. The PARTNER tool visualizes networks in terms of strength and direction of relationship, partner value attributes, and partner trust. Our analysis of the data focuses on four key attributes: (1) measures of network density, degrees of centralization, and trust; (2) individual network

scores include centrality/connectivity/redundancy; (3) value in terms of power/influence, level of involvement, and resource contribution; and (4) individual trust levels in terms of reliability, in support of mission, and open to discussion. By using the tool, users are able to demonstrate to stakeholders, partners, evaluators, and funders how their collaborative activity has changed over time and progress made in regard to how community members and organizations participate.

Example of What We Can Learn From a Network Map



Chapter 1: Analysis of Organizations in the Marion County Public Health System

In November 2017, the PARTNER survey was launched from the Center on Network Science.

Identifying Members of the Marion County Public Health System. To conduct the SNA, the first task was to “bound” the Marion County public health system (referred to as the “network” throughout this report). This task is required to determine which organizations to include in the SNA. Leadership from the Marion County public health system worked collaboratively to bound this network. A small working team from the Marion County Health Department’s Strategic Planning Committee met to bound the list of respondents to use for the PARTNER Tool project. This working team was a cross-functional group, but staff members whose programs work extensively with community partners who are not local health department employees were on the team. The team selected community partners who were already connected to or working with the local health department in some way. There were other organizations considered, but the team settled on the 59 organizations provided for the bounded list. This same team met to complete the survey for the LHD. As a result, the survey was sent to 59 organizations with a 68% response rate. Those that responded reported that they collectively had 716 partnerships.

What Are the Organizations in the Marion County Public Health System?

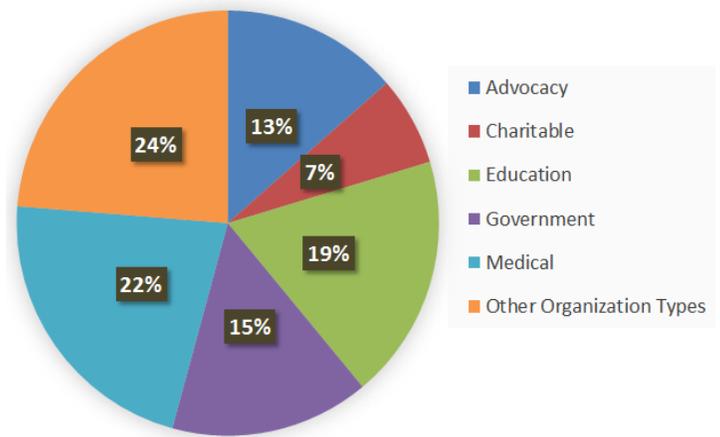
The network is made up of diverse partners from a variety of sectors (see pie chart to the right).

The partners that were surveyed represented the following sectors:

- ❖ Other Organization Types: 24%
- ❖ Medical: 22%
- ❖ Education: 19%
- ❖ Government: 15%
- ❖ Advocacy: 13%
- ❖ Charitable: 7%

Respondents were asked “how long have you been in your position” with the organization? On average, respondents have been in the positions within their organizations for 60.6 months (5.05 years), ranging from 1 to 480 months (n=40).

Figure 1: Groups in the Marion County Public Health System



Organization Involvement in the System

To determine the levels of involvement of the various organizations in the Marion County public health system, respondents were asked “What is your level of involvement in the Marion County Public Health System?” While most organizations (n=11) have “consistent involvement” in the Marion County public health system, there was also a pretty even split between those that said they have proactive (n=7), occasional (n=8), and no active involvement at all (n=8). From these results, involvement in the public health system varies quite a bit across organizations (See Figure 2).

Figure 2: Organization Involvement in the Marion County Public Health System (n=37)

Roles in the Marion County Public Health System

Organizations have a variety of roles in the Marion County public health system, with the majority of organizations serving as providers. When asked “*What is your role in the Marion County Public Health system?*” responses included:

- FQHC providing care to the underserved
- Providing resources, services and information to residents (x3; e.g. providing education/health services)
- Provider/Hospital System (x4)
- Provider: Community Mental Health and Substance Use
- Data collection and study
- Planning and partnerships (x3)
- Providing free and reduced services to residents

TYPE OF INVOLVEMENT

11 
Consistent Involvement

8 
Occasional Involvement

7 
Proactive Involvement

3 
Minimal Involvement

8 
No Active Involvement

- Serving on Boards and various committees
- No role (x4)
- Admin roles in local government agency (x2; e.g. local health department, human resources)
- Funder, Convener (x2)
- Provided training



Questions to Inform Continuous Quality Improvement

PARTNERS: Does the network have all the essential partners in the system? If not, which partners are missing and what can be done to recruit them to the network? Are there any areas where additional/fewer partners would help to strengthen the network?

TIME IN NETWORKS: How long have members been a in their position in the network? What is the range of months? Is there a vast difference in the range or not much? Does the network have a lot of member turnover within the partner organizations? Do the organizations stay the same, but the representatives change? Why is this the case?

ROLES: Does the system have the best makeup of roles/positions in the network? Are some roles lacking in representation?

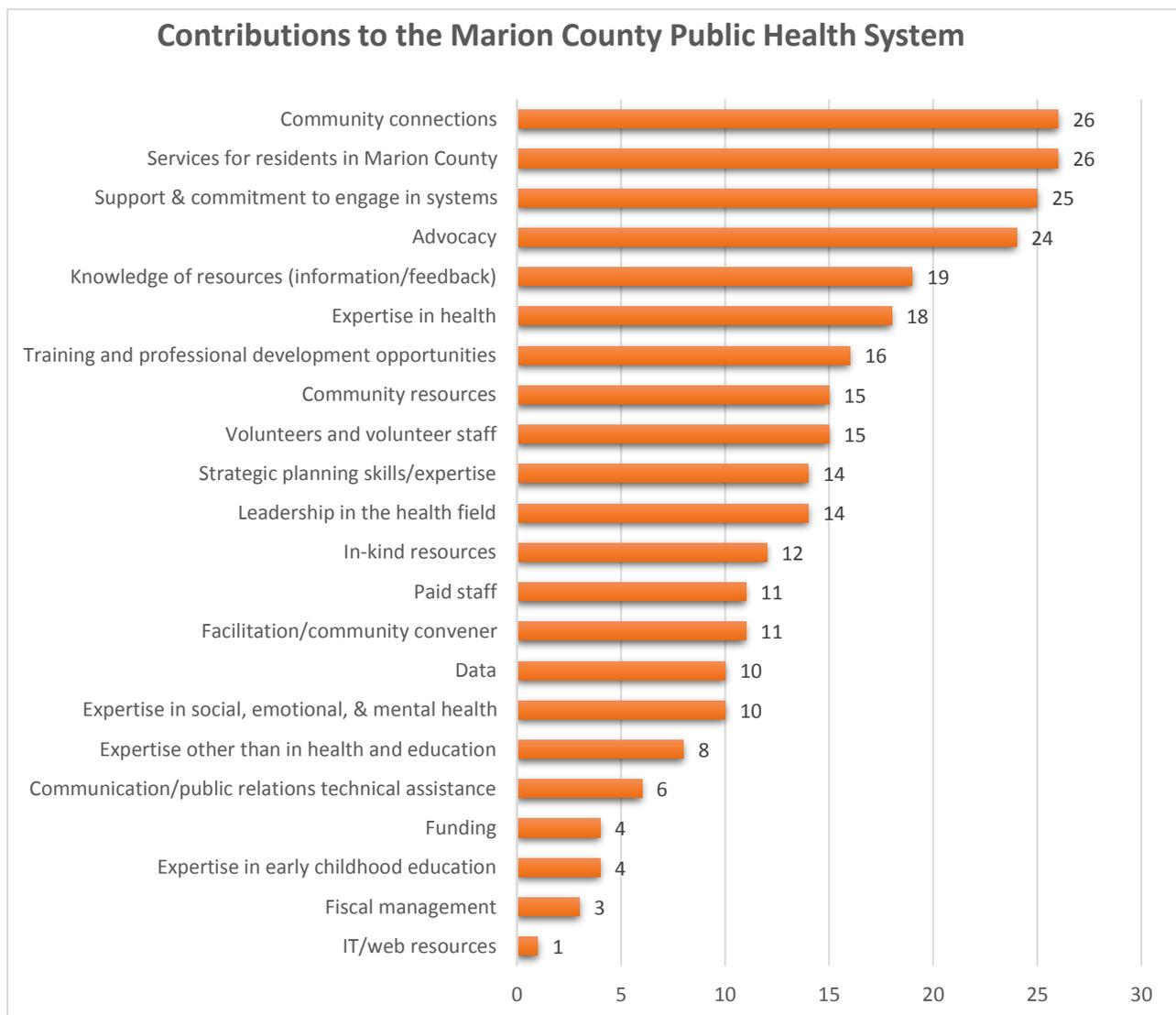
LEVEL OF INVOLVEMENT: Is there an adequate level of involvement from the members of the system? If yes, what can be done to continue to foster engagement? If not, what steps can be taken to elicit more active involvement from members?

Resource Contributions

Survey Question: Please indicate what your organization/program/department contributes to the Marion County Public Health System (choose as many as apply). Public Health System is defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.” (n=39)

The most common resources that organizations are able to contribute are “community connections” and “services for residents in Marion County” (Figure 3). While the resources that the fewest organizations are able to contribute are “fiscal management” and “IT/web resources.”

Figure 3: Resource contributions in the system.



Organizations’ Most Important Resource Contributed to the System

Survey Question: *What is your organization/program/department’s most important contribution to the Marion County Public Health System?* (n=39)

The majority of organizations selected “services for residents in Marion County” and “expertise in health” as their most important contribution to the Marion County public health system (Table 1).

Table 1: Organizations’ Most Common Resource Contributed to the System

Resource	# of Organizations
Services for residents in Marion County	11
Expertise in health	7
Support and commitment to engage in systems building (e.g., developing partnerships, collective impact, shared goals)	6
Training and professional development opportunities	3
Advocacy	2
Community connections	2
Leadership in the health field	2
Communication/public relations technical assistance	1
Community resources (housing, food banks, libraries, etc.)	1
Data	1

For a full list of resources that responding organizations said they can contribute to the Marion County public health system, see Appendix B.



Questions to Inform Continuous Quality Improvement

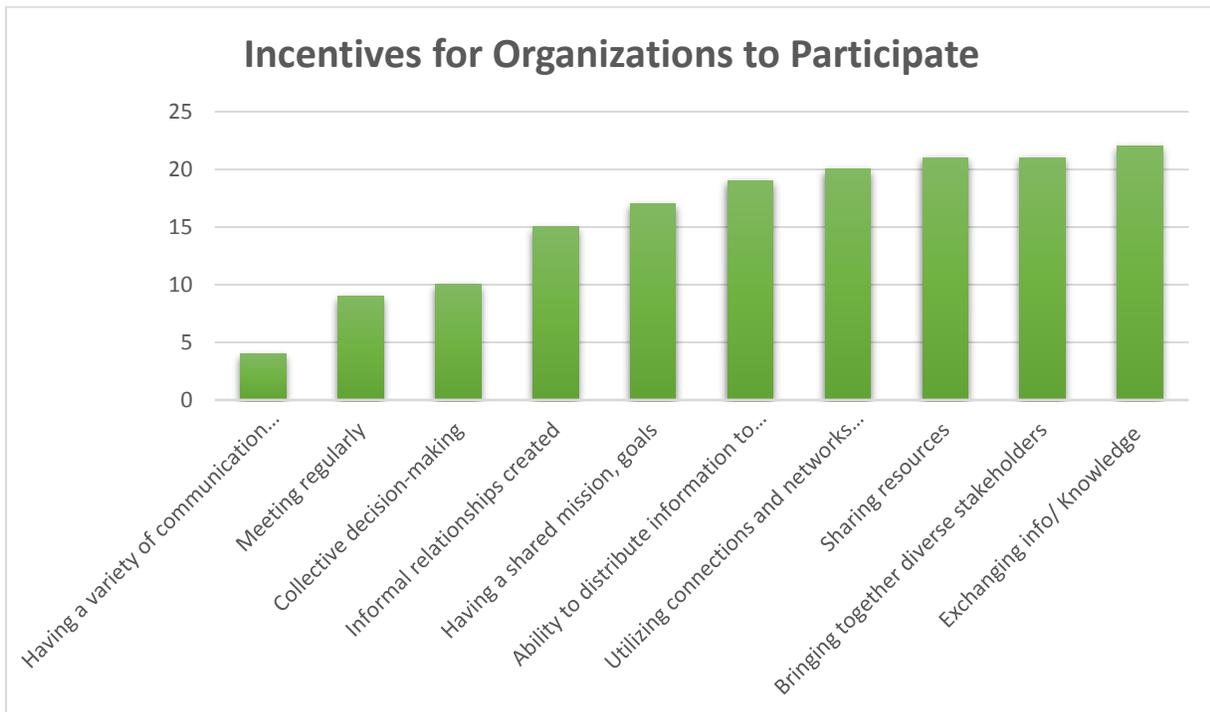
RESOURCES: Are there any resources that are overrepresented? What resources are underrepresented? Why is that the case? What new organizations could be added that could provide these resources? Are there any resources that were represented at all? What steps could be taken to acquire this resource either through a new organization or an existing organization? Is the system properly leveraging the most important contributions given to the system from organizations?

Incentives for Organizations to Participate in the Public Health System Work

As the Marion County public health system becomes more collaborative, working across sectors to reach community health goals, questions about incentives to become and stay involved continue to rise. To better understand how members of the public health system are incentivized to participate in public health related goals, they were asked, *“Please indicate which of the following are incentives to your organization/program/department’s participation in work related to the public health system? (Choose all that apply).”* (n=36)

For most organizations, the most common incentives to participation in work related to the public health system are “exchanging info/knowledge,” “bringing together diverse stakeholders,” and “sharing resources” (Figure 4). On the other hand, the least common incentives for organizations are “meeting regularly” and “having a variety of communication channels.” These findings are not uncommon for community networks. Many find value in the exchange of information and specifically the diversity of those ideas and knowledge exchanged. However, many organizations find that adding more meetings to their workload is not an incentive and that increasing the need for more communication can be too burdensome on their organizations. Ideally, to get the most “collaborative advantage” of the network, you need a balance between creating avenues for information exchange among shared partners, without requiring too many meetings. It is recommended that organizations be given specific roles and asked to attend a minimal amount of meetings necessary to participate in the system.

Figure 4: Incentives to participate in the work related to the public health system.



Barriers for Organizations to Participate in the System

In addition to questions about incentives to participate, barriers that keep organizations from participating are also important to determining the best methods for building a stronger public health system. To determine the barriers that keep organizations from participating, respondents were asked “Please indicate which of the following are barriers to your organization/program/department’s participation/engagement in the public health system.

Public Health System is defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.” (n=27)

The most common barriers for organizations are “funding limitations” and “members are already overburdened or too busy to fully engage” (Figure 5). When looking at the least common barriers, it is apparent that few in the system think that there are leadership or trust issues in within the system. This aligns with the stated incentives to participate. Having insufficient resources and time to participate are common barriers. Creating incentives in terms of any possible funding (including collaborative funding proposals) and limiting time commitments to participate are essential to building a sustainable and functional system.

Figure 5: Barriers to participate in the public health system.



Organizations’ Perceptions of Outcomes of Working Together

Prioritizing where to devote resources for building a public health system requires buy in from the members of that system. To get feedback from respondents of the survey, they were asked to answer the question, “Which of the following are Marion County Public Health System’s most important outcome to focus on over the next one to three years? (n=36). Organizations reported



Questions to Inform Continuous Quality Improvement

Are the incentives and/or barriers consistent with your expectation for this system? If not, why not? If so, how can the barriers be addressed? What support does your system need? By looking at the top three incentives to engagement, is there agreement or disagreement on what is facilitating engagement? What action steps can be made to continue fostering engagement? How can engagement be facilitated in any other ways, not chosen or listed? By looking at the top three barriers to engagement, is there agreement or disagreement on what is blocking member partnerships? What action steps can be made to fix the problems to engagement?

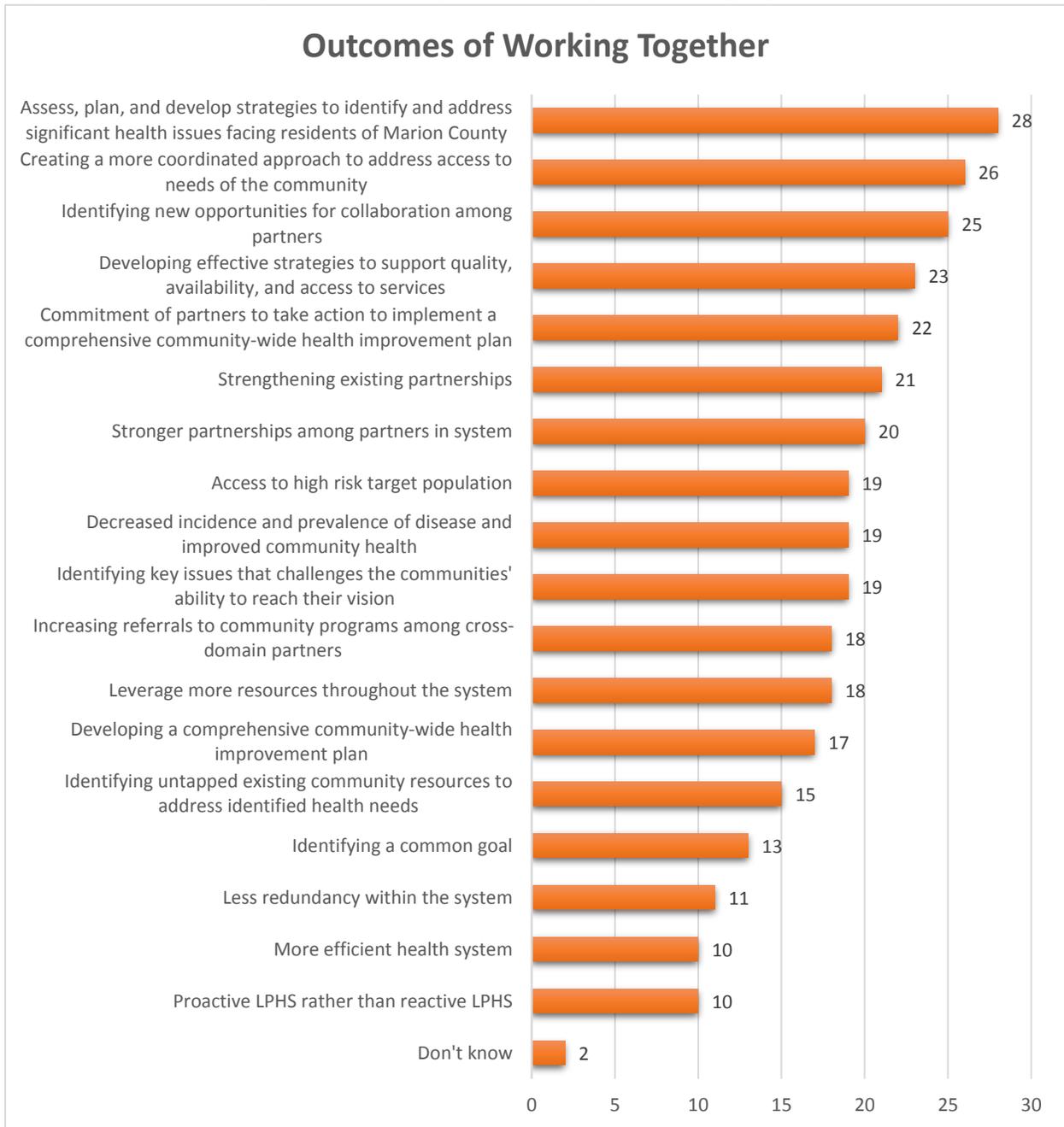
that the most important outcome to focus on over the next one to three years in the Marion County public health system is “assess, plan, and develop strategies to identify and address significant health issues facing residents of Marion County, followed by “creating a more coordinated approach to address access to the needs of the community”. These responses show some agreement, however respondents varied substantially after that in terms of what they chose as priority outcomes. This can make it difficult to identify where to focus.

Figure 6: Most important outcome to focus on in the next one to three years.



Respondents were also asked to determine all outcomes (not just the most important outcome) “that the Marion County Public Health System should include (or could potentially include): (choose all that apply).” (n=37). Organizations agreed most on “assess, plan, and develop strategies to identify and address significant health issues facing residents of Marion County” as an outcome of the health system, closely followed by “creating a more coordinated approach to address access to needs of the community” and “identifying new opportunities for collaboration among partners” (Figure 7).

Figure 7: Outcomes of organizations in the public health system working together.



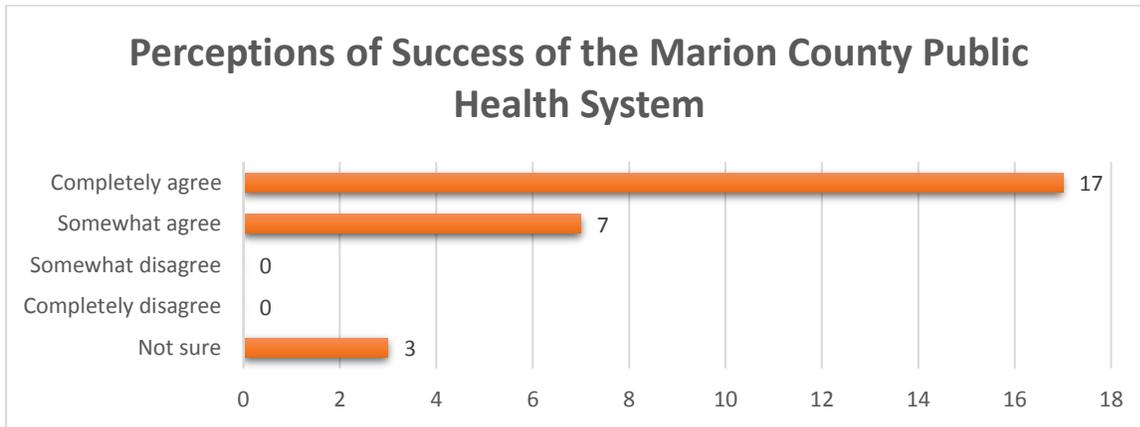
Organizations' Perceptions of Success

To assess the general perception of how well the Marion County public health system is functioning, respondents were asked to respond to the statement: *“I believe that the work of the Marion County Public Health system helps the community to be more successful in doing its job”*. (n=27)

The majority of organizations (67%) completely agree that the work of the Marion County public health system helps the community to be more successful in doing its job (Figure 8). Three organizations selected that they were not sure if the system has been successful. It may be beneficial to have a conversation with organizations about what success means for this system.



Figure 8: Organization’s perceptions of success of the Marion County public health system.



Questions to Inform Continuous Quality Improvement

Look at the level of agreement on the above question. It is not uncommon for a group to have varying perspectives on what it means for the group to be “successful”. However, if the group cannot agree on what success means, 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 meetings go well or not.

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 your group is successful?

Chapter 2: Organizational Network Analysis of the Marion County Public Health System

Network Connectivity

Below is a network map of the Marion County public health system (selected to show all types of interaction organizations have with one another) (Figure 9). The organizations reported a high number of interactions with one another, indicated by the lines (which represent relationships) among organizations. In this map the colors represent the different types of agencies in the public health system. The size of the node shows which organizations have the most number of connections (they are larger). The organizations in the center of the map have the most reported number of connections to others. There are no organizations that are isolated (not connected to other organizations). The following pages break down this map and report out on various types of activities that organizations reported with one another.

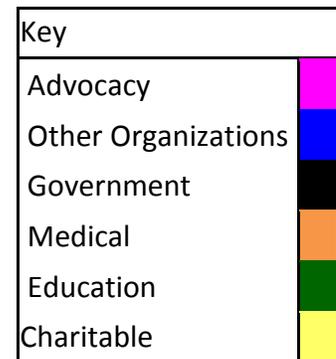
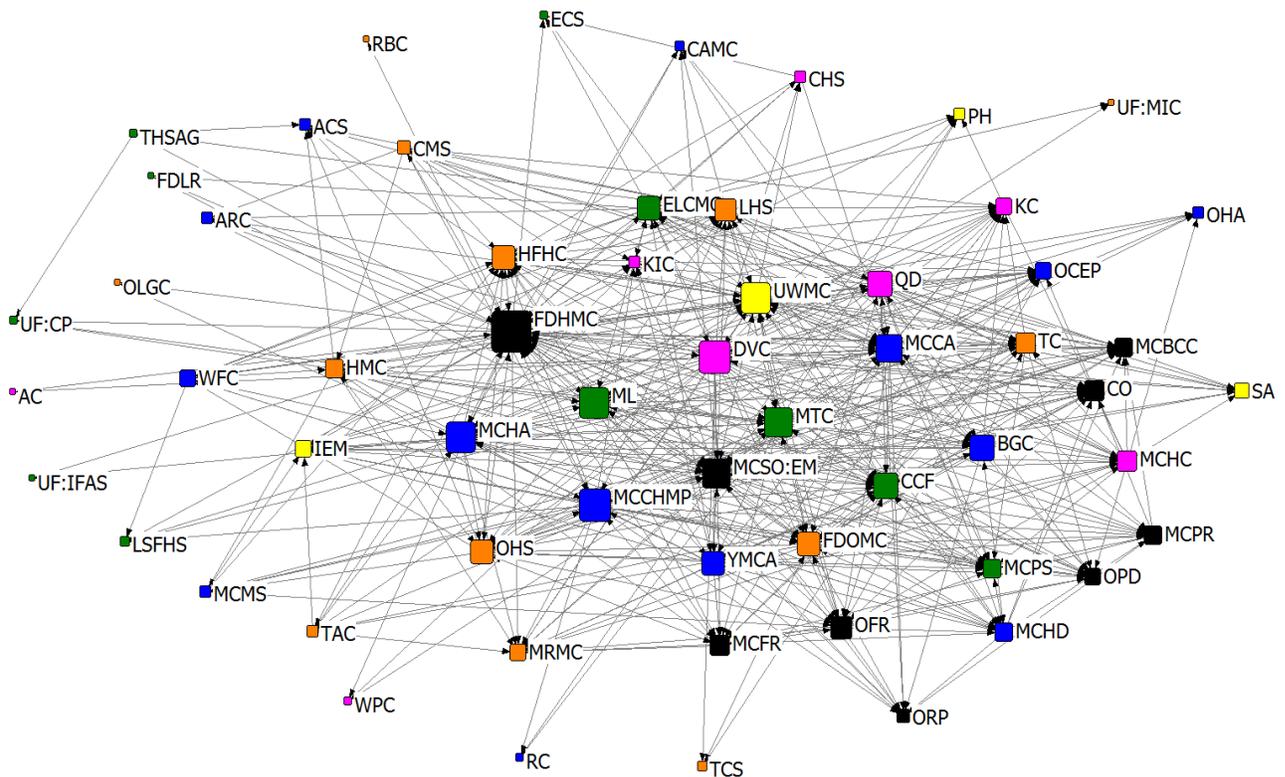


Figure 9: Network map of the Marion County public health system



Network Scores

Below are the network scores of the Marion County public health system, related to overall levels of trust, density (the total number of connections in relation to all possible connections), and centralization (which indicates how centralized the network is around a few members of the network (or not)) (see Table 2 for more details). The average trust score in PARTNER networks is typically around 76%, so this system is similar to other networks like it in this regard. It is not a very dense network. It is also not highly centralized, meaning there is not one organization at the center of the network. Rather, in this network, there are many organizations that have a large number of connections to one another. This is illustrated in the network map above (Figure 9). A decentralized network like this one can be viewed as both a strength and with room for improvement. As a strength, it can mean that there is a balance of power among the members of the network, with no one organization having control over the network. As an area for improvement, it can mean that there is a lack of identified leadership to facilitate and manage the network.

Table 2: Network scores and definitions.

Network Score	Network Score %	Network Definition
Trust	75%	The percentage of how much members trust one another. A 100% occurs when all members trust others at the highest level.
Density	32%	Percentage of ties present in the network in relation to the total number of possible ties in the entire network.
Degree Centralization	63%	The lower the centralization score, the more similar the members are in terms of their number of connections to others (e.g. more decentralized)



Questions to Inform Continuous Quality Improvement

Density: If your network believes that connecting as many organizations as possible is an ideal approach, then this score can represent how well you are achieving that goal. However, increasing density is only one strategy among many because relationships do take time. It is important to look at how much density there is relative to how many organizations present. If there are numerous organizations it is not feasible to have a high density score because organizations do not have time to foster many meaningful connections.

Centralization: Lower scores indicate a less centralized network (many organizations at the “center” of the network with equal number of relationships). More centralization indicates fewer points of coordination. In other words, coordination is centralized around only a few organizations.

Trust: How high is the level of overall trust? If it is not what the coalition is aiming for, what steps can be taken to increase trust among all organizations?

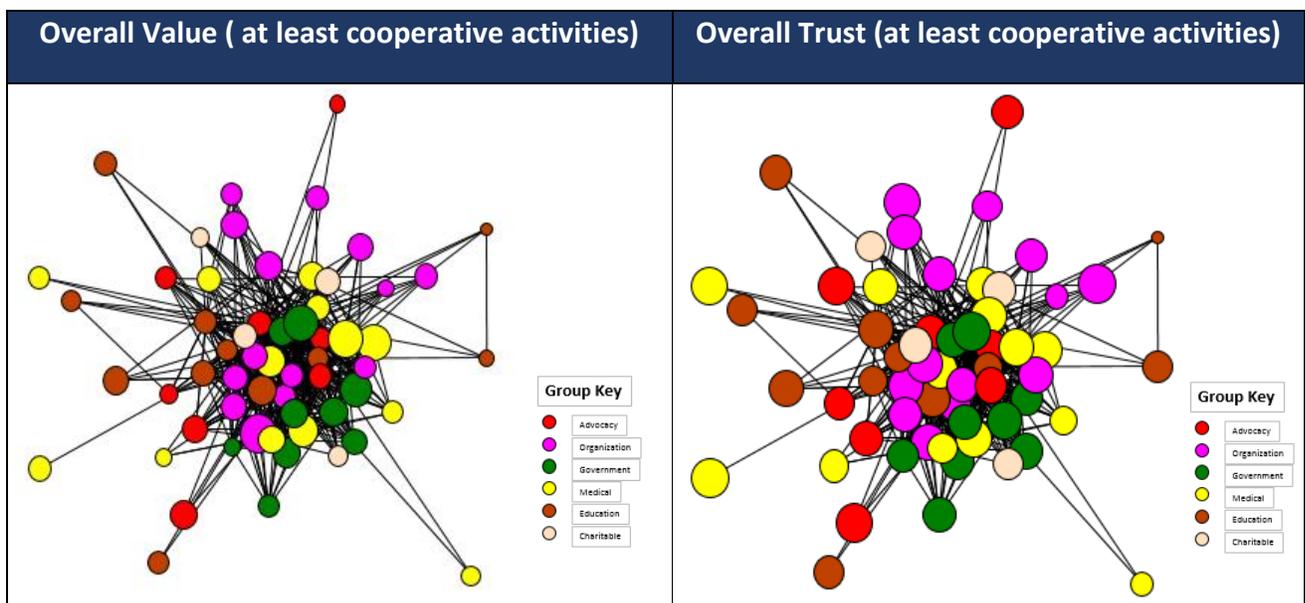
Overall Value and Trust

Measuring value is important for an effective network to ensure you are leveraging all members' value within the network adequately. The **overall value score** is an average of the three value measures of power/influence, level of involvement, and resource contributions, as they are reported by each respondent in the survey, about the organizations they are connected to (this measure is on a scale for each dimension as not at all, a small amount, a fair amount, and a great deal).

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. The **overall trust score** is an average of the three trust measures of reliability, in support of mission, and open to discussion. Trust is measured on the same scale as value.

Figure 10 below shows the relative value and trust of network members. The larger nodes have more perceived overall value and trust among other network members. These maps are only one way to "see" these measures; for the details on perceptions of value and trust, see Appendix A "All Members – Network Scores." In the Marion County public health system, reported perceptions of trust among members is relatively high, with many reported positive perceptions of the organizations in the system. However, overall perceptions of value are lower overall, as illustrated by the smaller sized circles in the network maps below. For a more in-depth look at these measures, the sections below break these down a bit more.

Figure 10: Network maps with value and trust scores.



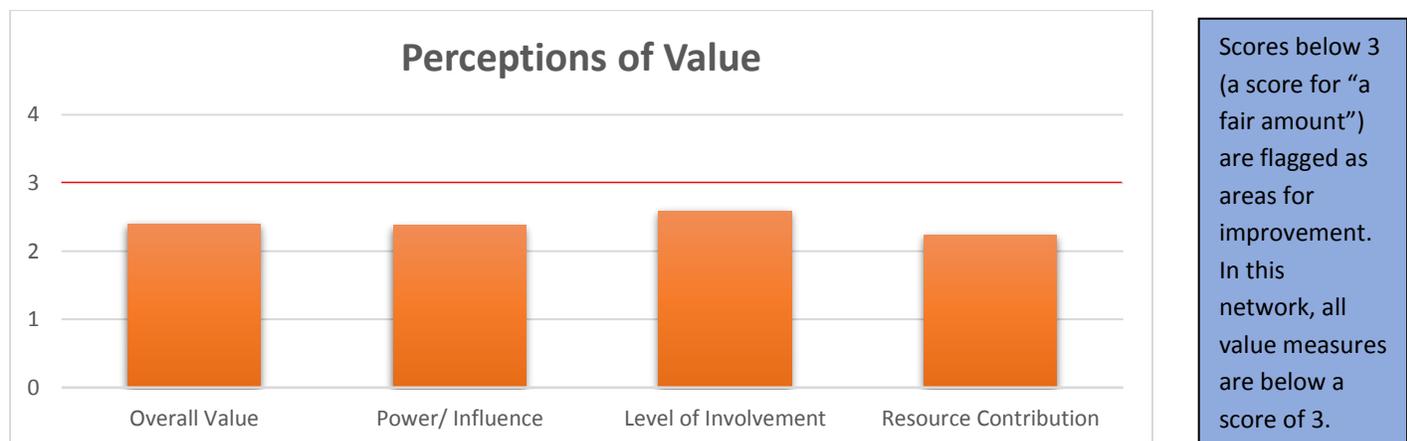
Value Measures

To get a better understanding of the perceptions of value among members of the Marion County public health system, we broke the measures down by each category. As a reminder, value is measured along three dimensions, of which respondents report on their perceptions of each one in relation to their partners. These include power/influence, level of involvement, and resource contributions (Figure 11). What we know about cross-sector networks is that organizations do not offer value as partners in the same way. Some are valuable because of their power and influence, some donate their time through based on their level of involvement, and some are able to contribute specific resources that the network needs to function. The following chart shows the all respondents' averaged perceptions along the three dimensions of value. Scores below a three are considered less favorable. In this public health system, all dimensions of value are below three, leaving a great deal of room for improvement of the way that organizations perceive the value of one another in the network. This is an important finding of this analysis, as it gives the public health system some very specific areas where strategies can focus to strengthen the network.

Figure 11. Summary of Trust and Value Measures

Whole Network Value and Trust Scores			
Overall Value Score	2.40	Overall Trust Score	3.26
Power/Influence	2.38	Reliability	3.38
Level of Involvement	2.59	Mission Support	3.06
Resource Contribution	2.24	Open to Discussion	3.33

Figure 11: Perceptions of value and trust in the system.



Trust Measures

Trust Measures include reliability, in support of mission, and open to discussion (Figure 12). Measuring trust is important for capacity-building within the network and is fundamental for an effective network, including having strong organizations who work well together, establishing clear and open communication, developing mutual respect and trust, and working toward a shared mission and goals. The following chart shows the all organizations' averaged perceptions along the three dimensions of trust.

Figure 12. Perceptions of trust among members of the system

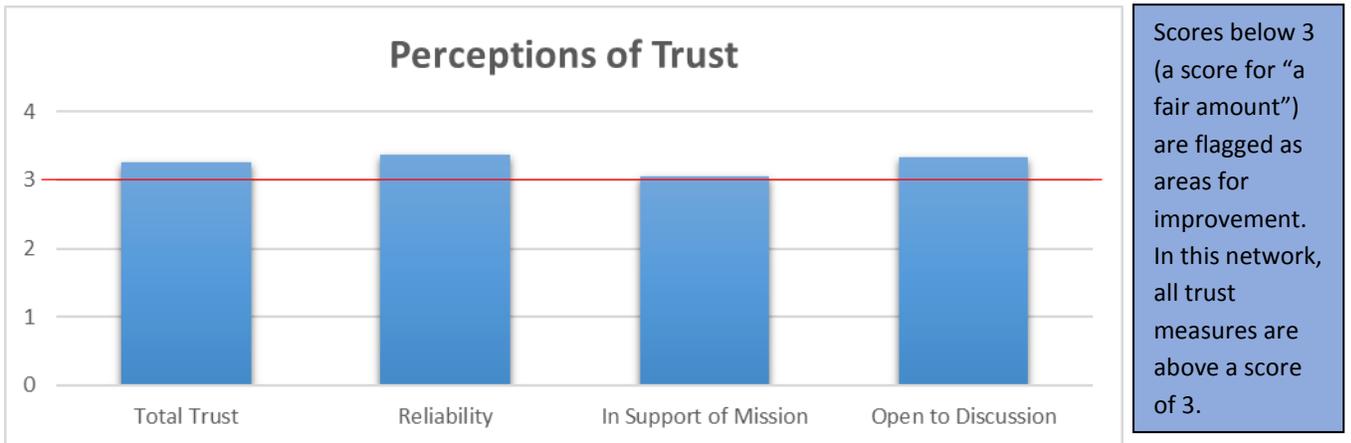
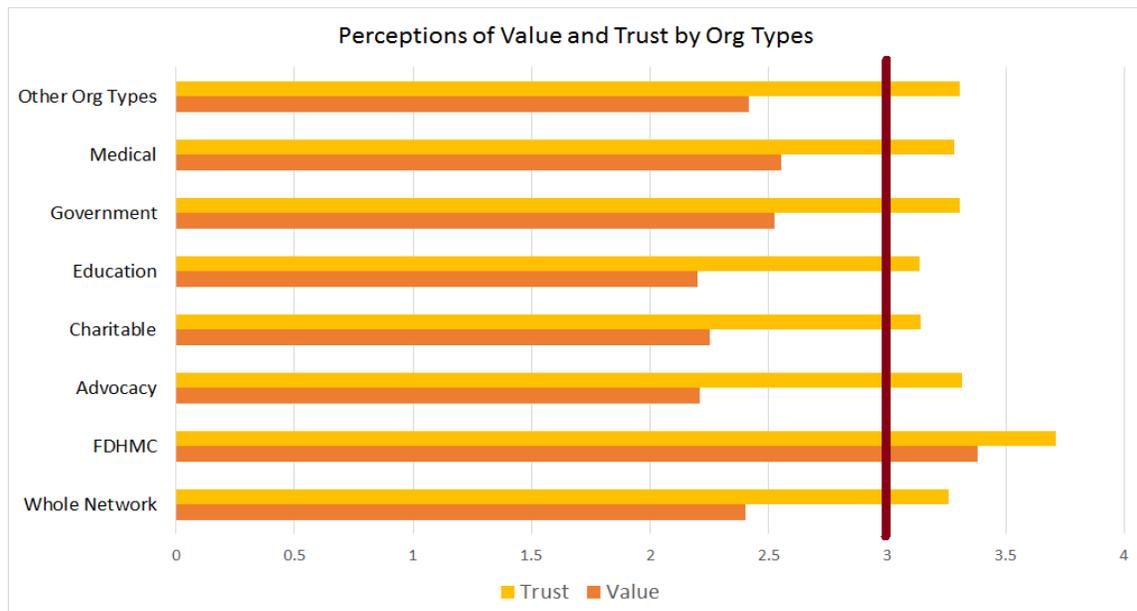


Figure 13. Perceptions of trust and value by organization type





Questions to Inform Continuous Quality Improvement

For any organization that reported low trust, what factors may explain that report? 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?

Nature of Partnerships

To better understand the content and quality of the connections between members of the public health system, respondents were asked: *“Please describe the nature of your relationship with this organization/program/department.”* [Note: the responses increase in level of collaboration.] (Out of a possible 682 partnerships that answered this question)

The majority of partnerships (35.8%) have coordinated activities between one another, followed closely by those with cooperative activities (32.7%) (Table 3). These are common types of interactions in networks, with the majority of connections not requiring a high number of resources (e.g. those described as integrated).

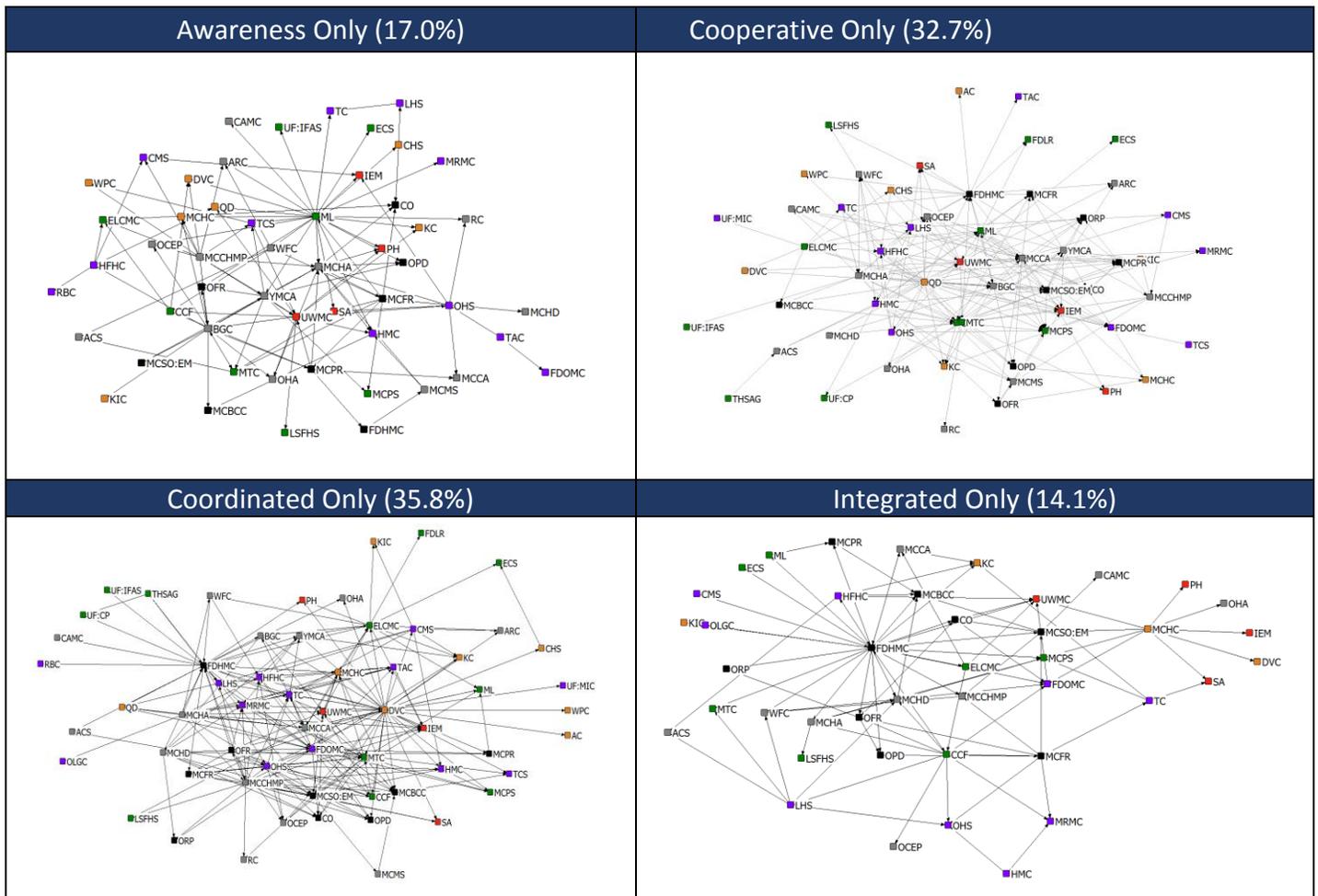
The levels of interactions described in these measures are defined in a way that show increasing intensity, or a greater number of required resources. While there are a large number of relationships in this network that are at the awareness only level, it is a positive result that connections are distributed across the levels. If more connections were at the integrated or coordinated levels, the relations would require a greater number of resources to maintain. While the distribution of connection types is normally distributed, if the goal of the system is to build a more integrated network, a strategy may be to increase the level of activity. This is an approach that could be chosen based on the goals of the network.

Table 3: Nature of relationships in the system

Answers	No of Responses	Percentage
None	3	0.4%
Awareness [Awareness of what this org/program/dept’s role in the system (e.g. understanding of services offered, resources available, mission/goals)]	116	17.0%
Cooperative Activities [Involves exchanging information, attending meetings together, informing other programs of available services (example: your org understands how to coordinate service services/how to access services from this organization)]	223	32.7%
Coordinated Activities [Includes cooperative activities in addition to exchange of resources/service delivery; coordinated planning to implement things such as client referrals, data sharing, training together (example: your organization has coordinated has coordinated services food systems in the community with this organization)]	244	35.8%
Integrated Activities [In addition to cooperative and coordinated activities, this includes shared funding, joint program development, combined services, shared accountability, and/or shared decision making (example: a formal program with funding exists between your org and this organization)]	96	14.1%

The network maps in Figure 13 show the partnerships at varying levels. Those maps with more lines show where there is more activity in that particular area. Visually, we can see how the connections are distributed and where there are gaps.

Figure 14: Network maps – nature of relationships in the system



Relationship Activities

In addition to the level of activity that describe each connection, the specific activities that members of the network engage in are also of interest. To better understand these activities, respondents were asked, “*What kinds of activities does your relationship with this partner entail (pick all)?*” (Out of a possible 600 partnerships that answered this question)



Questions to Inform Continuous Quality Improvement

Are organizations most connected through awareness only, cooperative only, coordination only and/or integration activities? Are these the appropriate/necessary relationships for this system? 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 system. Rather, it may only be necessary that members be connected at a cooperative level to have strong enough relationships to accomplish the system’s goals.

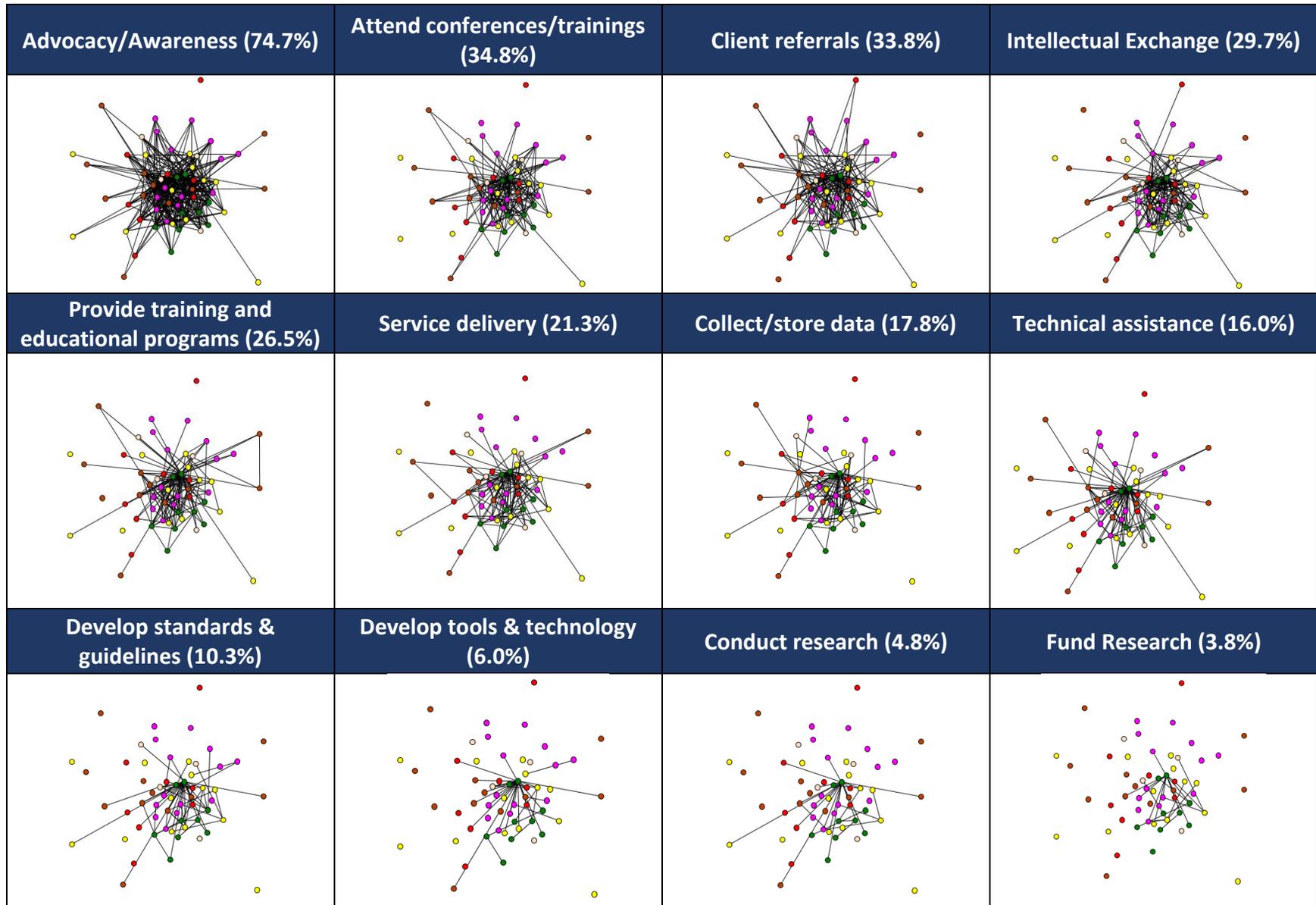
**Note: Use your PARTNER tool to identify the organizations.*

In Table 4 below, the number of connections that were described by respondents in each activity type are listed. Organizations are primarily active with their partners through “advocacy/awareness” (74.7%), “attending conferences/trainings” (34.8%), and engaging in “client referrals” (33.8%) (Table 4). Activities that are less common include collecting and storing data, providing technical assistance, developing standards and guidelines, developing tools and technology, and conducting and funding research. Visuals of these types of relationships showing the partnership activities are in Figure 14 on the next page.

Table 4: Activities between partners in the system.

Answers	No of Responses	Percentage
Advocacy/awareness	448	74.7%
Attend conferences/trainings	209	34.8%
Client referrals	203	33.8%
Intellectual exchange	178	29.7%
Provide training and educational programs	159	26.5%
Service delivery	128	21.3%
Collect/store data	107	17.8%
Technical assistance	96	16.0%
Develop standards and guidelines	62	10.3%
Develop tools and technology	36	6.0%
Conduct research	29	4.8%
Fund research	23	3.8%

Figure 15: Network maps – activities partners engage in together.



Type of Partnerships

As part of the assessment of the current state of the Marion County public health system, respondents were asked questions to determine the level of opportunity to develop new partnerships, and to determine how many organizations are already engaged in developed partnerships. To get this information, respondents were asked: “How would you describe this organization as a current or potential partner?” [please pick one] (Out of a possible 547 partnerships that answered this question)

About a third of all connections, and also the majority of all connections (31.8%), were described as “fully engaged with this organization as a partner” (Table 5). Another quarter of all relationships were described as being aware of how a partnership with the organizations would be beneficial and indicated that they would consider a partnership with that organization. Only a small number of respondents indicated that they are aware of the benefit but have not leveraged that relationship, or that they are just learning about the organization. This finding demonstrates that most of the organizations that participated in this survey have both an awareness of the other organizations, and a desire to build partnerships with those organizations if they are not already partners. The network maps showing the partnerships at varying levels are in Figure 15 on the next page.

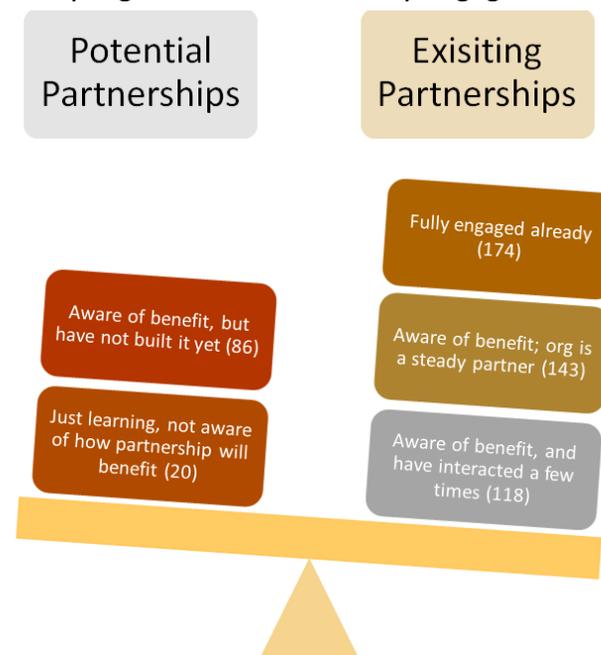


Table 5: Types of partnerships in the system.

Answers	No of Responses	Percentage
None	6	1.1%
Just learning about this organization, not really aware of how a partnership would benefit my organization	20	3.7%
Aware of how my organization could benefit from a partnership with this organization, but have not built that relationship	86	15.7%
Aware of how my organization could benefit from a partnership with this organization, and have interacted a few times to try out a partnership	118	21.6%
Aware of how my organization could benefit from a partnership with this organization, and could consider this organization a steady partner in our work	143	26.1%
Fully engaged with this organization as a partner	174	31.8%

Relationship Outcomes

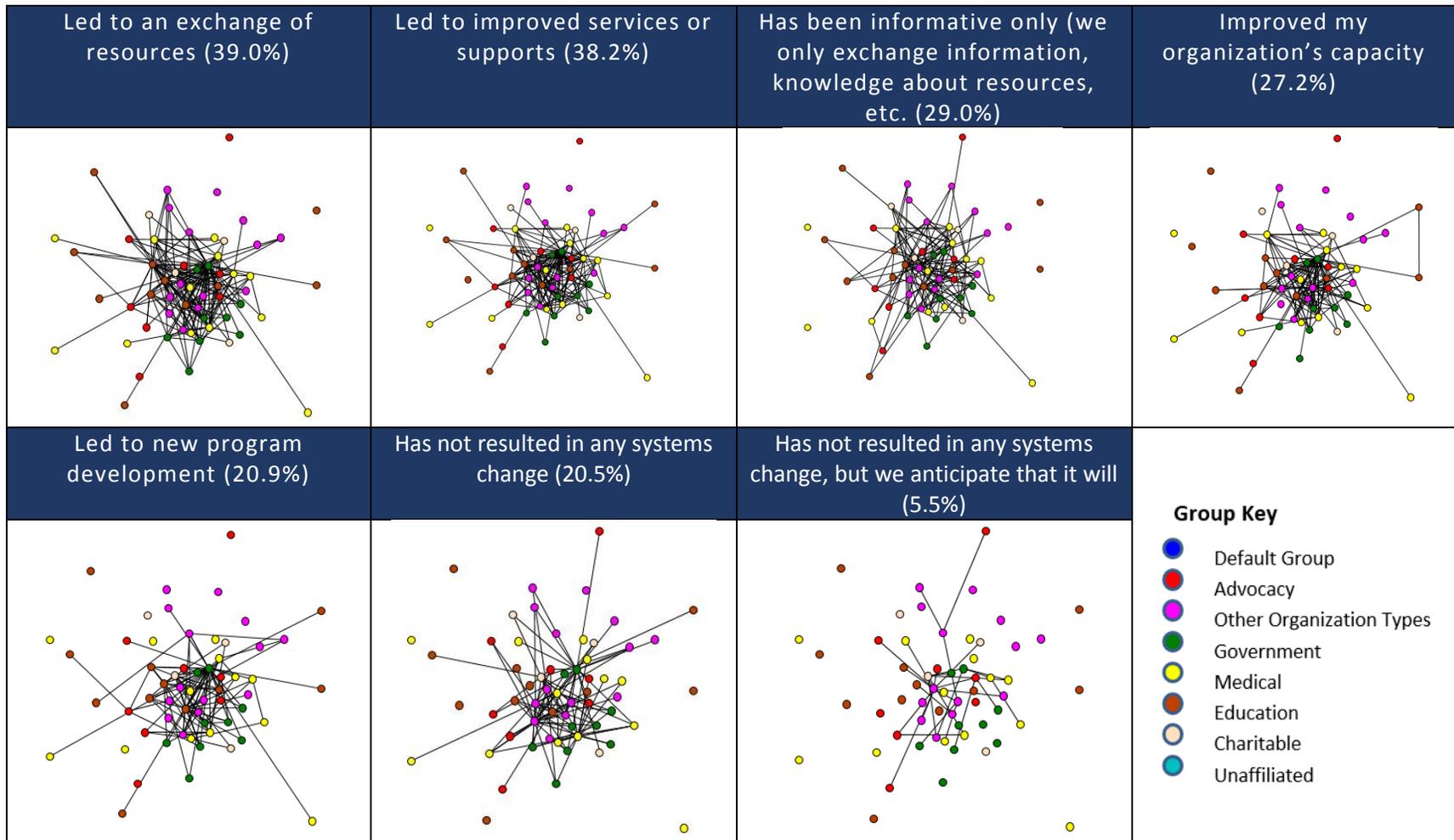
In addition to the level of connectivity, and the type of activities members of the network are engaged in, we asked what kinds of outcomes have been achieved because of these interactions. To determine that, respondents were asked to choose from a list of responses to indicate that: *“This partnership has: (pick all)...”* (Out of a possible 547 partnerships that answered this question)

The most common outcomes between partners were “led to an exchange of resources” (39.0%) and “led to improved services or supports” (38.2%) (Table 6). Mentioned less often as an outcome of connections include “improving organizational capacity” and “new program development”. Nearly 25% of all connections were indicated to have not resulted in any systems change, but even that group includes a small group (5.5%) that believe they will have outcomes in the future. The network maps showing the outcomes of the partnerships are in Figure 16 on the next page.

Table 6: Outcomes between partners in the system.

Answers	No of Responses	Percentage
Led to an exchange of resources	196	39.0%
Led to improved services or supports	192	38.2%
Has been informative only (we only exchange information, knowledge about resources, etc.)	146	29.0%
Improved my organization’s capacity	137	27.2%
Led to new program development	105	20.9%
Has not resulted in any systems change	103	20.5%
Has not resulted in any systems change, but we anticipate that it will	30	5.5%

Figure 16: Network maps – outcomes of relationships in the system



Who Else Should be Included in the System?

In an effort to build a diverse and inclusive public health system, respondents were also asked, *“In order to inform the system’s future community engagements, can you suggest any other organization/program/department’s in Marion County public health system that were not in the list of partners included in this survey?”* Sixteen respondents offered suggestions of who should be included. These included:

- Vines Hospital
- Health South Hospital
- Skilled Nursing Facilities
- SafeKids (mentioned by 2 respondents)
- Project Health Inc.
Langley Health Services
- Other Higher Learning Entities
- Ocala Community Care
- Marion County Sheriff’s Office
- Marion County Domestic Violence Shelter
- Rape Crisis Center
- Marion County Senior Services
- Ignite Mental Health Counseling at Pastor Louis Cherubin’s Kindgdom Revival Church
- NAMI
- Regional AHEC
Elder Options (Area Agency on Aging)
- Therapy Dynamics
- Wellness Services, Inc.
- CareerSource
- 4 respondents said the list was complete

Chapter 3: Recommendations

The Marion County public health system conducted this social network analysis to better understand who is working with whom, what kinds of activities organizations are engaged in, and what outcomes are occurring because of those interactions. The results show a rich web of interorganizational connections among members of the system. The system is diverse and very active. While the previous two chapters detail the findings of this report, there are a few recommendations for leadership (and those interested in leadership) of the system to consider.

Encourage involvement in the network, while building strategies to ask for the fewest required number of meetings. Ideally, to get the most “collaborative advantage” of the time and commitments of the members of this community, a balance between creating avenues for information exchange among shared partners, without requiring too many meetings, is essential. Members of the system are likely already overwhelmed with requests for meetings and time to engage in cross-sector opportunities, evidenced by the quantity and quality of existing ties reported. In order for the Marion County public health system to leverage the existing and active relationships among its members, leadership may look at existing networks and activities and determine how to leverage them. Finding ways to reduce redundancy by only asking organizations to attend meetings that have a specific purpose (that can be getting to know one another, but more likely it should be something more focused such as completing a task) is recommended; ideally, with each organization given specific roles when they attend. When organizations are asked to attend the minimal amount of meetings necessary to participate in the public health system and are given specific roles when they are committing that time, there is increased buy in and overall commitment from the members.

Explore possible incentives to participate in network activities. Having insufficient resources and time to participate are common barriers. Creating incentives in terms of any possible funding (including collaborative funding proposals) and limiting time commitments to participate are essential to building a sustainable and functional system. Developing an agenda and action items can be content for a potential grant application that the community can submit. Funders today prefer to fund collaborative efforts. The Marion County public health department is in an ideal position to demonstrate their high levels of activities and trust, focus on some core issues, and potentially compete for funding to pursue those issues in a collaborative strategy.

Consider the potential for leadership role definition in the network. The Marion County public health system is very decentralized, meaning that it is not clear that a defined set of leaders are facilitating the network. At the higher levels of activities (integrated activities), the public health department does play a central role. It is a natural role for the health department to play. However, decentralized networks like this one can be viewed as both a strength and with room

for improvement. As a strength, it can mean that there is a balance of power among the members of the network, with no one organization having control over the network. As an area for improvement, it can mean that there is a lack of identified leadership to facilitate and manage the network. The public health department may look closely at the centrality (the number of connections, types of activities, and quality of relationships) of other organizations in the network, to strategize around how they might consider approaching to engage in shared governance of planned strategies and activities. Appendix A shows detailed data on these characteristics.

Develop strategies to increase perceptions of the value of building partnerships among members of the Marion County public health system. In this public health system, all dimensions of value are below a score of three (meaning that on average, organizations reported lower levels of perceptions of value among partners), leaving a great deal of room for improvement of the way that organizations perceive the value of one another in the network. This is an important finding of this analysis, as it gives the public health system some very specific areas where strategies can focus to strengthen the network. Specifically, the dimensions measured included power/influence, resource contribution, and time commitment. The lower scores on these dimensions might reflect that the system is not a formal network and therefore a set of defined goals are not articulated. This lack of a purpose for engaging other organizations may explain why reports of perception of value were low in the survey. Ambiguity can create some confusion and if the system is not a formal network, respondents might not have realized the full potential of partnerships yet. It is possible that these perceptions of one another will increase when applied to specifically defined goals.

Consider whether the level of activity among members is sufficient to meet the goals of the network. While there are a large number of relationships in this network that are at the awareness only level, it is a positive result that connections are distributed across the levels. If more connections were at the integrated or coordinated levels, the relationships would require a greater number of resources to maintain. While the distribution of connection types is normally distributed, if the goal of the system is to build a more integrated network, a strategy may be to increase the level of activity. This is an approach that could be chosen based on the goals of the network.

While the appeal to create a more diverse network is strong, we are equally challenged with the reality that we have **limited relationship budgets** – that is, limited resources to build and manage diverse networks. We know that networks have advantages, but there is a limit on how many relationships we can manage before we lose the collaborative advantage altogether. And while it is our intuition that more network connections should indicate a better functioning network, this approach can be endlessly resource intensive. Given the uncertainty of just what

benefit networks bring to these outcomes, it can become a relentless effort of building connectivity in an endless cycle of “more is better.” Without a strategy towards “less can be more”, it can all be for not.

The lesson here is that to become a strong network, the strategy cannot necessarily be that more connections and more intensity are the right approach. Rather, if we can start *thinking* strategically about how we develop networks, and *practicing* these kinds of strategies, we will begin to instantly see how you can maintain a greater collaborative advantage while reducing the burden of multiple network meetings without defined roles for participants.

Appendix A: All Members - Network Scores

Below is a table of all individual network scores in the Marion County public health system.

	Overall Network Scores				Value(1-4)				TRUST (1-4)			
	Degree Centrality (max 58)	Non-Redundant Ties	Close-ness Centrality	Relative Connectivity	Overall Value (1-4)	Power/ Influence (1-4)	Level of Involvement (1-4)	Re-source Contribution (1-4)	Total Trust (1-4)	Reliability (1-4)	In Support of Mission (1-4)	Open to Discussion (1-4)
Alpha Center	3	1.78	0.51	6%	1.56	1.67	1.67	1.33	3.11	2.67	3	3.67
American Cancer Society	9	5.16	0.53	20%	2.31	2.5	2.17	2.25	3.68	3.83	3.4	3.8
ARC Marion Inc.	9	5.01	0.54	22%	2.19	2.13	2.44	2	3.55	3.75	3.29	3.63
Marion County Board of County Commissioners	20	11.57	0.6	38%	3.12	3.06	3.29	3	3.12	3.44	3	2.93
Boys and Girls Club	31	19.03	0.68	51%	2.25	2.3	2.36	2.1	3.05	3.09	2.89	3.18
Cancer Alliance of Marion County	7	3.31	0.53	15%	2.66	2.2	3.17	2.6	3.48	3.8	3.25	3.4
Children's Home Society	10	5.1	0.55	17%	1.82	2	2.2	1.25	3.1	3.4	2.5	3.4
Children's Medical Services	12	7.54	0.56	23%	2.47	3.2	2.2	2	3.52	3.2	3.75	3.6
City Ocala	24	13.49	0.63	54%	2.73	2.84	2.85	2.5	3.44	3.68	3.12	3.53
College of Central Florida	30	17.98	0.67	60%	2.79	2.69	2.94	2.73	3.38	3.69	3	3.44
Domestic Violence Center	40	29.64	0.76	64%	2.35	2.43	2.75	1.86	3.26	3.25	3.14	3.38
Early Learning Coalition of Marion County	27	18.81	0.65	50%	2.29	2.5	2.27	2.09	3.54	3.73	3.33	3.55
Episcopal Children's Services	5	2.11	0.52	10%	1.9	1.75	2.2	1.75	3.07	3.2	2.8	3.2
Florida Diagnostic and Learning Resources	3	1.29	0.51	7%	2.22	2	2.67	2	3.22	3.33	3	3.33
FreeD.O.M. Clinic	29	18.81	0.67	62%	3.06	2.57	3.53	3.08	3.64	3.71	3.64	3.57
Heart of Florida Health Center	27	17.91	0.65	53%	3.07	3.06	3.33	2.82	3.5	3.5	3.53	3.47
Hospice of Marion County	20	13.56	0.6	36%	2.67	2.73	3	2.27	3.31	3.64	3	3.3
Interfaith Emergency Services	18	10.99	0.59	37%	2.56	2.64	2.73	2.31	3.35	3.5	3	3.54
Kids Central	17	8.96	0.59	36%	2.5	2.46	2.64	2.38	3.32	3.36	3.25	3.36

Kimberly's Center	10	5.1	0.55	24%	2.12	1.78	2.44	2.14	3.6	3.63	3.43	3.75
Langley Health Services	25	16.83	0.64	49%	2.43	2.36	2.75	2.18	3.54	3.45	3.7	3.45
Lutheran Services Florida Health Systems	6	3.1	0.52	14%	2.67	2.5	2.67	2.83	3.37	3.17	3.6	3.33
Marion County Children's Alliance	32	21.27	0.69	61%	2.5	2.53	2.81	2.14	3.4	3.53	3.21	3.47
Marion County Coalition for Health and Medical Preparedness	40	28.81	0.76	70%	2.58	2.75	3	2	3.62	3.71	3.43	3.71
Marion County Fire Rescue	23	13.21	0.62	44%	2.66	2.7	2.92	2.36	3.31	3.55	3.11	3.27
Marion County Health Alliance	39	28.06	0.74	68%	2.25	2.43	2.4	1.93	3.15	2.87	3.29	3.29
Marion County Homeless Council	24	15.61	0.63	41%	2.18	2	2.3	2.25	3.11	3.22	3	3.11
Marion County Hospital District	21	12.14	0.6	45%	3.66	3.5	3.83	3.64	3.45	3.55	3.55	3.27
Marion County Medical Society	10	5.61	0.54	20%	2.45	2.4	3.2	1.75	3.08	3	3.5	2.75
Marion County Parks and Recreation	20	10.74	0.6	37%	1.71	1.5	1.82	1.8	3.17	3.56	2.75	3.2
Marion County Public Schools	21	11.97	0.61	39%	2.42	2.41	2.72	2.12	2.91	3.18	2.73	2.82
Marion County Sheriff's Office Emergency Management Division	37	25.2	0.73	68%	2.69	2.86	2.8	2.4	3.27	3.47	3	3.33
Marion Library	39	27.52	0.75	58%	2.04	1.89	2.22	2	2.82	3.38	1.83	3.25
Marion Technical College	35	23.67	0.72	58%	2.05	2.17	2.15	1.82	2.93	3.08	2.55	3.17
Munroe Regional Medical Center	17	9.69	0.59	40%	3.34	3.14	3.53	3.36	3.54	3.57	3.42	3.64
Ocala Chamber & Economic Partnership	18	9.83	0.59	39%	2.14	2.54	2.14	1.75	3.33	3.62	2.83	3.54
Ocala Fire Rescue	25	14.31	0.64	47%	2.81	2.64	3.17	2.64	3.49	3.64	3.44	3.4
Ocala Health System	29	18.43	0.67	56%	3.54	3.42	3.67	3.55	3.5	3.55	3.5	3.45
Ocala Housing Authority	9	4.23	0.54	11%	1.67	1.83	1.67	1.5	2.39	2.67	2	2.5
Ocala Police Department	18	9.47	0.59	38%	2.44	2.57	2.67	2.07	3.32	3.57	3	3.38
Ocala Recreation and Parks	12	6.51	0.55	25%	2.02	1.8	2.36	1.9	3.31	3.6	2.89	3.44

Our Lady of Guadalupe Church	2	1.1	0.5	3%	1.83	1.5	2	2	2.33	2	2.5	2.5
Project Hope	9	3.99	0.54	15%	1.88	1.86	2.13	1.67	2.92	3.14	2.33	3.29
QuitDoc	30	19.75	0.67	52%	2.39	2.43	2.25	2.5	3.27	3.13	3.57	3.13
Ramah Baptist Church	2	1	0.49	7%	2.33	2	2.5	2.5	3.67	4	3.5	3.5
Red Cross	5	2.57	0.5	9%	2.28	2.33	2.5	2	3	3.33	2.33	3.33
Salvation Army	14	7.47	0.57	26%	2.03	2.1	2.18	1.8	2.98	3.2	2.44	3.3
Tampa Health Services Advisory Group	4	2.52	0.5	6%	n/a							
The Centers	23	14.07	0.62	40%	2.56	2.62	2.64	2.43	2.92	3	2.77	3
Three Angels Clinic	11	6.33	0.55	20%	2.06	2	2.17	2	2.71	2.83	2.8	2.5
Trinity Catholic School	8	5.31	0.51	14%	1.64	1.6	2	1.33	2.98	2.83	2.6	3.5
University of Florida College of Pharmacy	4	2.99	0.51	6%	1.5	1.5	1	2	3	3	3	3
University of Florida Institute of Food and Agricultural Sciences	3	1.43	0.51	6%	2.11	2	2	2.33	3.11	3.33	3	3
University of Florida Maternal Infant Child	2	1.22	0.46	4%	2.17	2	2.5	2	3.5	3.5	3	4
United Way of Marion County	38	25.58	0.74	71%	2.53	2.44	2.74	2.41	3.32	3.33	3.18	3.44
WellFlorida Council	17	10.69	0.59	34%	2.61	2.71	2.63	2.5	3.33	3.63	2.88	3.5
Women's Pregnancy Center	5	3.09	0.52	10%	2.67	2.75	3	2.25	3.64	3.75	3.67	3.5
YMCA	28	17.61	0.66	48%	2.57	2.25	2.89	2.57	3.32	3.75	2.71	3.5
Florida Department of Health in Marion County	54	42.51	0.94	100%	3.38	3.33	3.5	3.32	3.71	3.81	3.74	3.57

Definitions of Individual Network Measures:

- ❖ **Degree Centrality:** # of connections to other members of the network
- ❖ **Non-redundant ties:** shows the number of non-redundant ties in relation to the other members that each organization is connected too.
- ❖ **Closeness Centrality:** Measures how far each member is from other members of the network in terms of # of links between each member. A high score (close to 1) indicates members who have the shortest 'distance' between all other members.
- ❖ **Relative Connectivity:** Based on measures of value, trust, and # of connections to others, the connectivity score indicates the level of benefit an organization receives as a network member, in relation to the member with the highest level of benefit (100%).
- ❖ **Type of Relationship Scores:** an average of the ranking given by all other members for that organization along three dimensions: authority, influence, and impact. Scale of 1-4.
- ❖ **Overall Value:** a combined total average of all three value dimensions. Scale of 1-4.
- ❖ **Value Scores:** an average of the ranking given by all other members for that organization along three dimensions: power/influence, level of involvement, and resource contribution. Scale of 1-4.
- ❖ **Total Trust:** a combined total average of all three trust dimensions. Scale of 1-4.

Appendix B: Resource Contribution Inventory

Below is the “inventory” of resources that organizations said they provide. Those with an asterisk (*) are ones that they indicated were their most common resource contributed. Tables 2 and 3 display the top resources that organizations contribute. Tables 4 and 5 display the resources that were less common to be contributed to the system.

	Community connections	Services for residents in Marion County	Support & commitment to engage in systems building	Advocacy	Knowledge of resources	Expertise in health	Training and professional development opportunities	Community resources	Volunteers and volunteer staff	Strategic planning skills/expertise	Leadership in the health field	
Alpha Center												0
American Cancer Society	X	X	X	X*	X		X	X	X	X	X	14
ARC Marion Inc.		X*										1
Boys and Girls Club		X*		X				X				5
Cancer Alliance of Marion County												0
Children's Home Society		X										2
Children's Medical Services	X	X	X	X	X	X*	X	X	X	X	X	16
City Ocala			X*									1
College of Central Florida	X	X	X			X*		X	X		X	8
Domestic Violence Center	X	X	X	X	X			X*	X	X	X	16
Early Learning Coalition of Marion County		X	X*	X	X			X				5
Episcopal Children's Services												0
Florida Department of Health in Marion County	X	X	X	X	X	X*	X	X	X	X	X	17
Florida Diagnostic and Learning Resources												0
FreeD.O.M. Clinic		X*	X		X	X			X			6
Heart of Florida Health Center		X	X			X*						3
Hospice of Marion County	X	X		X	X	X*	X	X	X		X	13
Interfaith Emergency Services	X	X*		X	X			X				7
Kids Central												0
Kimberly's Center												0
Langley Health Services		X*	X	X		X				X	X	8
Lutheran Services Florida Health Systems												0
Marion County Board of County Commissioners	X											2
Marion County Children's Alliance	X*	X	X	X	X		X	X				10
Marion County Coalition for Health and Medical Preparedness	X		X*			X	X			X		7
Marion County Fire Rescue		X*			X	X	X			X		7
Marion County Health Alliance	X		X*	X	X							6
Marion County Homeless Council	X	X*		X				X				4
Marion County Hospital District	X	X	X		X	X				X	X*	10
	26	26	25	24	19	18	16	15	15	14	14	292

Table 2: Resource Contribution Inventory (First half of organizations, top resources contributed)

	Community connections	Services for residents in Marion County	Support & commitment to engage in systems building	Advocacy	Knowledge of resources	Expertise in health	Training and professional development opportunities	Community resources	Volunteers and volunteer staff	Strategic planning skills/expertise	Leadership in the health field	
Marion County Medical Society	X	X*		X	X						X	5
Marion County Parks and Recreation	X	X*	X	X	X					X		8
Marion County Public Schools												0
Marion County Sheriff's Office Emergency Management Division	X	X	X*	X			X		X	X		8
Marion Library	X	X	X*	X			X	X				9
Marion Technical College	X	X	X	X	X	X	X*	X	X	X	X	14
Munroe Regional Medical Center												0
Ocala Chamber & Economic Partnership	X*											1
Ocala Fire Rescue	X		X	X		X*						6
Ocala Health System	X	X	X	X	X	X*	X	X	X	X	X	16
Ocala Housing Authority												0
Ocala Police Department												0
Ocala Recreation and Parks												0
Our Lady of Guadalupe Church												0
Project Hope												0
QuitDoc	X		X	X*		X	X	X	X			11
Ramah Baptist Church												0
Red Cross												0
Salvation Army												0
Tampa Health Services Advisory Group				X	X	X	X*				X	7
The Centers	X	X*	X	X	X	X	X		X	X	X	13
Three Angels Clinic		X*	X			X			X			5
Trinity Catholic School									X			2
United Way of Marion County	X		X	X								5
University of Florida College of Pharmacy	X						X*					2
University of Florida Institute of Food and Agricultural Sciences												0
University of Florida Maternal Infant Child												0
WellFlorida Council			X		X					X		5
Women's Pregnancy Center												0
YMCA	X			X		X	X		X		X	7
	26	26	25	24	19	18	16	15	15	14	14	292

Table 3: Resource Contribution Inventory (Second half of organizations, top resources contributed)

	In-Kind resources	Paid staff	Facilitation/ community convener	Data	Expertise in social, emotional, & mental health	Expertise other than in health and education	Communication/ public relations technical assistance	Expertise in early childhood education	Funding	Fiscal management	IT/ web resources	
Alpha Center												0
American Cancer Society		X		X					X		X	14
ARC Marion Inc.												1
Boys and Girls Club					X			X				5
Cancer Alliance of Marion County					X*							0
Children's Home Society												2
Children's Medical Services		X		X	X		X	X				16
City Ocala												1
College of Central Florida	X											8
Domestic Violence Center	X	X		X	X		X		X	X		16
Early Learning Coalition of Marion County												5
Episcopal Children's Services												0
Florida Department of Health in Marion County	X	X	X	X		X	X					17
Florida Diagnostic and Learning Resources												0
FreeD.O.M. Clinic				X								6
Heart of Florida Health Center												3
Hospice of Marion County	X	X	X		X							13
Interfaith Emergency Services	X		X									7
Kids Central												0
Kimberly's Center												0
Langley Health Services	X				X							8
Lutheran Services Florida Health Systems												0
Marion County Board of County Commissioners							X*					2
Marion County Children's Alliance				X	X	X						10
Marion County Coalition for Health and Medical Preparedness					X	X						7
Marion County Fire Rescue		X		X								7
Marion County Health Alliance			X							X		6
Marion County Homeless Council												4
Marion County Hospital District		X				X			X			10
	12	11	11	10	10	8	6	4	4	3	1	292

Table 4: Resource Contribution Inventory (First half of organizations, fewer resources contributed)

	In-Kind resources	Paid staff	Facilitation/ community convener	Data	Expertise in social, emotional, & mental health	Expertise other than in health and education	Communication/ public relations technical assistance	Expertise in early childhood education	Funding	Fiscal management	IT/ web resources	
Marion County Medical Society												5
Marion County Parks and Recreation	X		X									8
Marion County Public Schools												0
Marion County Sheriff's Office Emergency Management Division			X									8
Marion Library	X		X					X				9
Marion Technical College	X	X						X				14
Munroe Regional Medical Center												0
Ocala Chamber & Economic Partnership												1
Ocala Fire Rescue						X	X					6
Ocala Health System	X		X	X	X	X						16
Ocala Housing Authority												0
Ocala Police Department												0
Ocala Recreation and Parks												0
Our Lady of Guadalupe Church												0
Project Hope												0
QuitDoc		X	X	X						X		11
Ramah Baptist Church												0
Red Cross												0
Salvation Army												0
Tampa Health Services Advisory Group	X						X					7
The Centers		X			X	X						13
Three Angels Clinic						X						5
Trinity Catholic School	X*											2
United Way of Marion County			X*						X			5
University of Florida College of Pharmacy												2
University of Florida Institute of Food and Agricultural Sciences												0
University of Florida Maternal Infant Child												0
WellFlorida Council			X	X*								5
Women's Pregnancy Center												0
YMCA		X										7
	12	11	11	10	10	8	6	4	4	3	1	292

Table 5: Resource Contribution Inventory (Second half of organizations, fewer resources contributed)

Appendix C: Customized PARTNER Survey

Q#	Question Text	Response Options
1	Please select your organization/program/ department from the list:	Organization is already selected from the list
2	What is your job title?	Open-ended
3	How long have you been in this position (in months)?	Open-ended
4	Please indicate what your <u>organization/program/department</u> contributes, to the Marion County Public Health System (choose as many as apply).	<ol style="list-style-type: none"> 1. Advocacy 2. Communication/public relations technical assistance 3. Community connections 4. Community resources (housing, food banks, libraries, etc.) 5. Data 6. Expertise in health 7. Expertise in social, emotional, & mental health 8. Expertise in early childhood education 9. Expertise other than in health 10. Facilitation/community convener 11. Fiscal management (e.g. acting as fiscal agent) 12. Funding 13. In-Kind resources (e.g., meeting space and printing) 14. IT/web resources (e.g. server space, web site development, social media) 15. Knowledge of resources (information/feedback) 16. Leadership in the health field 17. Paid staff 18. Services for residents in Marion County 19. Strategic planning skills/expertise 20. Support & commitment to engage in systems building (e.g. developing partnerships, collective impact, shared goals) 21. Training and professional development opportunities 22. Volunteers and volunteer staff
5	What is your <u>organization's</u> most important contribution to the Marion County Public Health System?	Same as #4
6	Outcomes that the Marion County Public Health System should include (or could potentially include): (choose all that apply).	<ol style="list-style-type: none"> 1. Assess, plan and develop strategies to identify and address significant health issues facing residents of Marion County 2. Access to high risk target population 3. Commitment of partners to take action to implement a comprehensive community-wide health improvement plan 4. Creating a more coordinated approach to address access to needs of the community 5. Decreased incidence and prevalence of disease and improved community health

		<ol style="list-style-type: none"> 6. Developing a comprehensive community-wide health improvement plan 7. Developing effective strategies to support quality, availability, and access to services 8. Identifying a common goal 9. Identifying key issues that challenge the communities' ability to reach their vision 10. Identifying new opportunities for collaboration among partners 11. Identifying untapped existing community resources to address identified health needs 12. Increasing referrals to community programs among cross-domain partners 13. Less redundancy within the system 14. Leverage more resources throughout the system 15. More efficient health system 16. Proactive LPHS rather than reactive LPHS 17. Strengthening existing partnerships 18. Stronger partnerships among partners in system 19. Don't know
7	Which is the Marion County Public Health System's most important outcome to focus on over the next **ONE TO THREE YEARS** ?	Same as #6
8	What is your level of involvement in the Marion County Public Health System?	<ol style="list-style-type: none"> 1. No Active Involvement 2. Minimal Involvement 3. Occasional Involvement 4. Consistent Involvement 5. Proactive Involvement
9	Please indicate which of the following are incentives to your organization's participation in work related to the public health system? (Choose all that apply)	<ol style="list-style-type: none"> 1. Ability to distribute information to outside stakeholders 2. Bringing together diverse stakeholders 3. Collective decision-making 4. Exchanging info/knowledge 5. Having a shared mission, goals 6. Having a variety of communication channels 7. Informal relationships created 8. Meeting regularly 9. Sharing resources 10. Utilizing connections and networks of members
10	From the list, select <u>organizations/programs/departments</u> with which you have an established relationship (either formal or informal). In subsequent questions you will be asked about your relationships with these <u>organizations/programs/departments</u>	

	<p>nts in the context of the Marion County Public Health System.</p> <p>Answering those questions might feel a little cumbersome, however with your response we will have the most complete picture of the ways that organizations in Marion County work together. Your answers to these questions are very valuable, and we appreciate the time it will take to complete this!</p>	
11	<p>Please describe the nature of your relationship with this <u>organization/program/department</u> [note: the responses increase in level of collaboration]?</p>	<ol style="list-style-type: none"> 1. Awareness of what this org/program/dept’s role in the system (e.g. understanding of services offered, resources available, mission/goals) 2. Cooperative Activities: involves exchanging information, attending meetings together, informing other programs of available services [example: your org <i>understands</i> how to coordinate services/how to access services from this organization] 3. Coordinated Activities: Includes cooperative activities in addition to exchange of resources/service delivery; coordinated planning to implement things such as Client Referrals, Data Sharing, Training Together [example: your organization <i>has coordinated</i> services food systems in the community with this organization] 4. Integrated Activities: In addition to cooperative and coordinated activities, this includes shared funding, joint program development, combined services, shared accountability, and or shared decision making (Example: a formal program with funding exists between your org and this organization)
12	<p>What kinds of activities does your relationship with this partner entail (pick all)?</p>	<ol style="list-style-type: none"> 1. Conduct research 2. Develop Tools 3. Attend Conferences/Trainings 4. Provide training 5. Provide Educational programs 6. Technical Assistance 7. Legal/Regulation Change 8. Intellectual Exchange 9. New Technologies 10. Fund Research 11. Collect/store data 12. Develop standards 13. Advocacy/Awareness 14. Develop Guidelines 15. Service Delivery 16. Client Referrals

13	<p>To what extent does this <u>organization/program/department</u> have power and influence in the context of work related to the Marion County Public Health System? *Power/Influence: The organization/program/department holds a prominent position in the community by being powerful, having influence, success as a change agent, and showing leadership.</p>	<p>Not at all A small amount A fair amount A great deal</p>
14	<p>What is this <u>organization/program/department</u>'s level of involvement in the Marion County Public Health System? *Level of Involvement: The organization/program/department is strongly committed and active in the partnership and gets things done.</p>	<p>Not at all A small amount A fair amount A great deal</p>
15	<p>To what extent does this <u>organization/program/department</u> /s contribute resources to the Marion County Public Health System? *Contributing Resources: The organization/program/department brings resources to the partnership like funding, information, or other resources.</p>	<p>Not at all A small amount A fair amount A great deal</p>
16	<p>How reliable is the <u>organization/program/department</u> ? *Reliable: this organization/program/department is reliable in terms of following through on commitments.</p>	<p>Not at all A small amount A fair amount A great deal</p>
17	<p>To what extent does the <u>organization/program/department</u> share a mission with the Marion County Public Health System's mission and goals? *Mission Congruence: this organization/program/department shares a common vision of the end goal of what working together should accomplish.</p>	<p>Not at all A small amount A fair amount A great deal</p>

18	<p>How open to discussion is the <u>organization/program/department</u> ? *Open to Discussion: this organization/program/department is willing to engage in frank, open and civil discussion (especially when disagreement exists). The organization/program/department is willing to consider a variety of viewpoints and talk together (rather than at each other). You are able to communicate with this organization/program/department in an open, trusting manner.</p>	<p>Not at all A small amount A fair amount A great deal</p>
19	<p>How would you describe this organization as a current or potential partner? [please pick one]:</p>	<ol style="list-style-type: none"> 1. None 2. Just learning about this organization, not really aware of how a partnership would benefit my organization 3. Aware of how my organization could benefit from a partnership with this organization, but have not built that relationship 4. Aware of how my organization could benefit from a partnership with this organization, and have interacted a few times to try out a partnership 5. Aware of how my organization could benefit from a partnership with this organization, and consider this organization a steady partner in our work 6. Fully engaged with this organization as a partner
20	<p>This partnership has [pick all]:</p>	<ol style="list-style-type: none"> 1. Led to improved services or supports 2. Led to an exchange of resources 3. Led to new program development 4. Has been informative only (we only exchange information, knowledge about resources, etc.) 5. Improved my organization's capacity 6. Has not resulted in any systems change 7. Has not resulted in any systems change, but we anticipate that it will
21	<p>In order to inform the system's future community engagements, can you suggest any other organizations in Marion County public health system that were not included in the list of partners included in this survey?</p>	
22	<p>What is your role in the Marion County Public Health system?</p>	<p>Open-ended</p>

23	Please indicate which of the following are barriers to your organization's participation/engagement in the public health system?	<ol style="list-style-type: none"> 1. Competition amongst the organizations in the system 2. Difficult to achieve regular participation by members in meetings and other system activities 3. Funding limitations 4. Lack of executive leadership support for system activities within my organization 5. Lack of trust among members 6. Members are already overburdened or too busy to fully engage 7. Members do not work together collaboratively/productively (e.g., high levels of conflict or transition) 8. Poor leadership (e.g., does not resolve conflicts, not organized) 9. The system is NOT responsive to needs of members (e.g., not timely, not part of organization's priorities) 10. There are no barriers
24.	I believe that the work of the Marion County Public Health system helps the community to be more successful in doing its job.	<ol style="list-style-type: none"> 1. Completely Agree 2. Somewhat Agree 3. Somewhat Disagree 4. Completely Disagree 5. Not sure
25.	Do you have any questions or comments?	

Appendix D: Glossary of Terms

Below is a listing of the most commonly used terms in this report.

Central members: Network members who hold key positions in the network because of the number and placement of their connections within the whole network.

Centralization: A measure of the extent to which a network is dominated by one or a few very central hubs (i.e., nodes with high degree and betweenness centrality). In a highly centralized network, these central hubs represent single points of failure which, if removed or damaged, quickly fragments the network into unconnected sub-networks. A less centralized network has fewer points of failure and exhibits greater resilience, since many nodes or links can fail while allowing the remaining nodes to still reach each other over other network paths.

Collaborative: A formal or semi-permanent partnership created between three or more people or organizations in order to better achieve mutually desired objectives.

Connectivity: The state of being connected between two or more points in a network.

Density: The concentration of individuals who are connected to each other in a network. An increase in connections means an increase in density.

Embedded: The nature by which a network member is contained within the relationships of others.

Frequency of contact: The number of occurrences of being in touch with another person, group, or organization during a certain time period.

Network: Any interconnected group or system.

Network Map: A visualization to display the members of a group and the relationships among them. Nodes (usually represented as circles) represent the members of the network and the presence of a line connecting any two nodes represents the presence of a relationship.

Reciprocity: The mutual exchange between people, organizations, or groups.

Redundancy: Repetitive or a duplication.

Relationship budgeting: Making discriminate choices between collaboration alternatives, considering the cost, quality, and possible outcomes of a strategic approach to collaborative management. The primary question driving a relationship budget is: How many relationships can effectively be managed with the resources available and still achieve the outcomes we desire?

Resource Exchange: A mutual sharing and receiving of goods, knowledge, experience, etc.

Score: A number indicating quality or performance.

Social Network Analysis: The study of the structural relationships among interacting network members — individuals, organizations, etc.—and of how those relationships produce varying effects. The fundamental property of network analysis is the ability to determine, through mathematical algorithms, whether network members are connected—and to what degree—to one another in terms of a variety of relationships like communication, resource sharing, or knowledge exchanges. Network analysis provides a mathematical approach to measure the number, the paths, and the strength of those connections. In addition, visual representations of the network can be created as graphs.

Trust: Measured here as the amount of reliability, support for the mission, and willingness to engage in frank, open, and civil discussion, considering a variety of viewpoints that an organization is described as having.

Value: The weight placed on an organization in terms of its ability to provide resources, the level of power/influence it has in the community, and the level of involvement it contributes to the group. Each of the three characteristics are considered equally important, however the more any single organization/person has of each improves the way the organization/person is valued overall.

Visualization: A graphic or pictorial representation to communicate a message.