Florida Association of Healthy Start Coalitions, Inc.

Healthy Start Coalition Assessment Tool

January 2000

Policy Position:

The Healthy Start Coalition Assessment Tool is designed to assist coalitions in identifying strengths, weaknesses, and potential areas for growth. Although each coalition is unique, all coalitions are asked to maximize contributions to their respective Maternal and Child Health communities. Using an assessment tool will allow coalitions to review and discuss progress toward their goals as well as to identify areas which need further development.

Shared Governance Committee has recommended that implementation of this assessment tool be required for all coalitions. Implementation of the tool should be verified by DOH contract manager for each coalition. It is further suggested that this be done every 36 months and preferably 12 months prior to the three-year Service Delivery Plan Update due date.

A minimum of 50% of a coalition's board of directors are required to attend a session where the assessment tool is utilized. It is recommended that you have a minimum of 12 and a maximum of 20 to participate in the assessment process. You may want to invite other key members of your coalition to reach the desired level of participation. You also may wish to select an outside facilitator to help your coalition through the process.

Following are quality indicators that have been identified to assist your coalition in assessing its developmental progress. The 13 indicators have a 5-point scoring scale to help gauge where your coalition is at in terms of expectations expressed by the indicators. Each indicator is followed by a series of questions and prompts to assist your coalition in discussing and reaching consensus in regard to the coalition's status with each indicator. Written results of the assessment process must be submitted to the coalition's DOH contract manager.

Recommended Implementation Instructions:

1. Coalition staff compiles pertinent facts for meeting with board.

2. Distribute tool with 13 bolded indicators (key questions only) and 5-point scale to participants in the assessment process.

3. Set meeting date(s) -allow 4 to 5 hours minimum.

4. Secure outside facilitator, if desired. May be able to choose from recommended list.

5. Get survey/pre-test back from participants. Tabulate and analyze results prior to meeting.

6. Staff organizes order of indicators based on survey/pre-test results. Areas with greatest amount of disagreement should be listed first.

7. Begin meeting by establishing rules for conducting the meeting, including time management protocols.

8. Present findings from survey/pre-test and discuss prompts/probing questions under each indicator.

9. Draw conclusions, then outline strengths and challenges for each indicator

10. Have each participant do a post-test on the 13 indicators.

11. Assign development of quality improvement plan to staff based on conclusions drawn by the assessment participants/committee members.

12. Set date for review and acceptance of the quality improvement plan by the board. DOH contract manager should be invited to this meeting.

13. Submit quality improvement plan to DOH contract manager.

14. It may be useful to categorize pre-test and post-test results based on "providers", "non-providers", "staff" and even "length of time on board" among those that participate in the assessment process.

Quality Indicators

1. The coalition is viewed by the community as an expert on Maternal and Child Health issues.

1	2	3	4	5
Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree

Prompts for Discussion:
- a. Is the coalition recognized as an advocate of MCH issues by community leaders? How do you know?
- b. Is the coalition asked by community agencies to provide MCH data?
- c. Does the coalition make presentations in the community? How many annually?
- d. Do coalition representatives participate on other community boards?
- e. Do coalition representatives serve as facilitators to bring about collaboration?
- f. Is the coalition's service delivery plan used by other community agencies?

2. The coalition membership is active and reflects the community.

1	2	3	4	5
Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree

Prompts for Discussion:
- a. On average, what percentage of membership attends coalition meetings?
- b. Are products generated by committee work?
- c. Does the membership makeup reflect demographic and statutory requirements?
- d. What is the average length of membership for coalition members?
- e. How many new members are recruited annually?
- f. How active are volunteers in ensuring the work of the coalition is accomplished? Staff?
- g. What percentage of board members complete their term?
- h. Does the coalition's board have broad representation?
- i. Does the coalition's action plan reflect more than just staff responsibilities?

3. The coalition service delivery plan is community-driven.

1	2	3	4	5
Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree

Prompts for Discussion:

    a. What community does your coalition represent/serve?

    b. Is the coalition's planning committee representative of this community?

    c. How do you know you are serving your catchment area?

    d. How do you access target groups?

    e. How do you ensure target groups have input into the planning process?

    f. How many consumers are involved in the planning process?

    g. What percentage of consumers stay involved in the coalition?

    h. Are the goals of your service delivery plan common to other community groups?

    i. Are MCH community resources participating in the coalition?

4. The coalition work in the community goes above and beyond the specifics in the contract.

1	2	3	4	5
Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree

Prompts for Discussion:

    a. Does the coalition have special projects not specified in the contract? How many?

    b. Does the coalition write grants or assist other agencies to write grants? How many each year?

5. The coalition is visible in the community.

1	2	3	4	5
Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree

Prompts for Discussion:

a. Does the coalition receive positive coverage in the media? Identify the number of newspaper articles, TV reports and radio reports.

b. How many media events does the coalition participate in each year?

c. Does your coalition document its institutional history?

d. Are coalition representatives active in other community organizations?

e. Does the coalition sponsor community events? How many?

f. Do other community organizations contribute to coalition activities?

6. The MCH provider community knows what Healthy Start is.

1	2	3	4	5
Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree

Prompts for Discussion:

a. What is the number/percentage of providers (obstetricians and hospitals) doing screens?

b. Are the referrals to Healthy Start services appropriate?

c. How do you define appropriate referrals?

d. Does your coalition conduct provider educational activities?

e. Does your coalition regularly conduct surveys of providers?

7. **The coalition collaborates with other community organizations to bring in resources or improve services**.

1	2	3	4	5
Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree

Prompts for Discussion:

     a. How many collaborative projects is your coalition involved in annually?

     b. What community agencies is your coalition currently collaborating with? What are the projects?

8. **The coalition board implements its own measurable quality standards for coalition operation.**

1	2	3	4	5
Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree

Prompts for Discussion:

     a. Are there internal standards/benchmarks for coalition/board responsibilities, not services? If not, is there a process to develop standards?

     b. How are these standards monitored? Who is responsible for the internal quality assurance of the organization?

     c. Are contractual obligations met in a timely manner? Is board aware of contractual performance of coalition?

9. **Volunteers take ownership for plan implementation.**

1	2	3	4	5
Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree

Prompts for Discussion:

     a. Who is responsible for plan implementation?

     b. Are roles and responsibilities of staff/volunteers clearly defined?

10. The coalition contributes to the provision of quality services in a cost-effective manner.

1	2	3	4	5
Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree

Prompts for Discussion:

a. While obtaining data continues to be a problem, what are you doing in the meantime to determine/evaluate impact to move toward quality, cost-effective services?

11. Local government supports the coalition.

1	2	3	4	5
Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree

Prompts for Discussion:

a. What support has the coalition received from local or state government?

b. Do elected officials participate in coalition activities? How?

12. The coalition exceeds its in-kind contribution goals.

1	2	3	4	5
Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree

Prompts for Discussion:

a. What is the ratio of your in-kind or cash contribution to your contract amount?

b. How does your coalition document its in-kind or cash contributions?

13. The coalition has had an impact on service delivery/MCH outcomes.

1	2	3	4	5
Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree

Prompts for Discussion:

a. What are the improvements in MCH outcomes in your service delivery area?

b. What are the improvements in specific services delivered in your community?

c. What has been the change in screening rates since the implementation of your service delivery plan?

d. Is the coalition making funding decisions based on the service delivery plan?

e. What overall system changes have occurred in your community?

f. Is access to clinical prenatal care for all pregnant women assured?

g. Is access to clinical care for all children to age three assured?

h. Are trends in access and outcomes being monitored?

i. Does the coalition have a quality assurance methodology for all funded providers?

j. Are providers being monitored for quality of services funded by the coalition?

k. Are system needs/changes communicated to key community decision makers?