EXECUTIVE SUMMARY

MANAGERIAL PERCEPTIONS OF LOCAL COLLABORATION: THE MICHIGAN HEALTHY START INITIATIVE 2005

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THE MICHIGAN HEALTHY START INITIATIVE

Introduction

The research conducted for this study in 2004 addressed the local collaborative networks associated with the Healthy Start Program sites in Michigan. Previous to this the researcher had conducted an evaluation of one Healthy Start site in Maine (2001) and two province wide studies (2002 and 2004) of a similar program in Canada, namely the Healthy Babies/ Healthy Children Program. In 2006, Judith Dunlop will conduct research on maternal and child health collaborative networks in Scotland as a Visiting Scholar at the University of Strathclyde in Glasgow. A future study of Healthy Start sites in Illinois has been funded for 2006 through an internal grant from the University of Windsor.

Healthy Start Program Description

The Healthy Start Program was established in 1991 by the Health Resources and Services Administration in the United States with two goals: 1) to improve maternal and child health in at-risk communities and 2) to reduce infant mortality by 50%. Each Healthy Start site across the United States had flexibility in designing its specific program but certain elements were required such as: 1) focus on reducing infant mortality; 2) inclusion of the local community in program planning (Healthy Start Consortium); 3) assessment of local needs, 4) public awareness, 5) development of innovative health and social services and 6) evaluation of the initiative.

This research study explored the perceptions of managers about the implementation of collaborative networks in the Healthy Start Program in Michigan. Each Healthy Start site has a collaborative network that includes multi-agency participation and community ownership of the program. This study sought information on local collaboration and local implementation of the Michigan Healthy Start Program. This current study builds on previous work conducted by the researcher on the Healthy Babies/ Healthy Children Program in Ontario (2002, 2004) that also explored mandatory
local collaboration in a maternal and child health program that mandated collaboration. The exploratory study involved the use of qualitative interviews with a sample of four managers of the Healthy Start sites in Michigan.

**Method**

The interviews took approximately one and one half hours and involved using a semi-structured questionnaire with questions that addressed both the pre-conditions for collaboration and collaborative process dimensions. This methodology was selected in order to explore the perceptions of managers about how their unique local community operationalized the program and the collaborative network.

The underlying research questions were:

1) **What environmental pre-conditions do managers perceive facilitated and/or constrained local collaboration in their implementation of Healthy Start?**

   Environmental conditions included: 1) past history of collaboration, 2) mandatory/voluntary context of collaboration and 3) legitimacy of the convening organization

2) **What collaborative processes do managers perceive facilitated and/or constrained local collaboration in their implementation of Healthy Start.**

   Collaborative processes included 1) stakeholder representativeness, 2) membership participation, 3) costs and benefits of membership, 4) decision-making levels, 5) communication styles, 6) formality/Informality of linkages, 7) common purpose development and 8) sufficient resources.

**The main findings included the following:**

1) The importance of relationships both informal and formal was highlighted in this study. It was clear that some Michigan Healthy Start Sites had a history of working together on previous maternal and child health initiatives. In these sites, organizations used their past relationships to build the consortium required for Healthy Start. In other instances, it was a slower process to build the consortium or collaborative network required by Federal program standards.

2) There was strong focus on involving consumers in the consortium among all the sites. When participants in the research were asked about their definition of success for their collaborative network, they reported on the significance of involving
consumers. Many of their discussions at consortium meetings addressed the barriers to accessing services experienced by consumers as well as duplication of services and service gaps. There was a strong interest in building, not only consumer involvement but also, consumer empowerment. Some were more successful than others in creating a structure for the involvement of consumers and providers but all expressed their commitment to this model of consortium development.

This data contrasts with the data from the Healthy Babies/ Healthy Children (HBHC) study in Ontario where program requirements did not address consumer involvement. As well, only a few managers in the Ontario study attempted to focus on consumer empowerment as one of the goals for their HBHC collaborative network.

3) The issue of mandatory/voluntary collaboration was also addressed in this study. Most sites found that the mandate was a facilitator of collaboration and kept the mandated consortium requirement in the forefront of their work with stakeholders. Some respondents stated that without the mandate for collaboration, the consortium would have eroded. The mandate encouraged participation and helped managers to make it happen. Although the mandate was seen as necessary to build the consortium, there also was a sense that the mandate did not really change anything. In some sites, service providers had been working together on a number of initiatives over the years and they simply enfolded this specific requirement for collaboration into their already functioning collaborative relationships. This finding is similar to the HBHC study in Ontario in that local communities all have their own unique history, structures and relationships that influence how collaboration is implemented. Given the mandated requirement for the consortium in the Michigan Healthy Start sites and collaborative networks in the Ontario HBHC sites, there was still a strong sense that local communities operationalize government mandates to reflect their own uniqueness.

4) All sites reported that their Healthy Start Consortium operations were characterized by informality. They had informal agreements with each other and knew who to call to effect collaboration in their local communities. This informal way of working made things easier since they had relationships with each other that would allow them to create reciprocal agreements. It was noted, however, that in order to create sustainability for the Healthy Start Programs, they did recognize the need to
formalize their arrangements in the future to provide more accountability. Governance structures were created by the local communities in unique ways that served their population and as noted previously, communities had many diverse avenues for how they involved consumers in the Healthy Start Consortium.

This finding reflects the findings from the HBHC research study in Ontario where managers also reported that they found informality to be a strength in achieving collaborative success in their networks. Managers in Michigan (like Managers in Ontario) used their relationships to create local networks. Interestingly, Managers in both these studies credited their informal relationships as the facilitator of successful implementation and were less likely to rank the government mandate as the most important element in collaborative network development. As in the Healthy Babies/Healthy Children findings, the implementation of the Michigan Healthy Start Consortium was founded on locally driven decision-making and the unique context of each community.

The data from this study is supportive of the existing literature on collaboration. They do remind us once again of how important it is for social work educators, practitioners and researchers to pay attention to the lessons of interpersonal/professional relationships and their contribution to successful community collaboration. Although collaboration studies address a wide range of factors, such as organizational processes, environmental conditions, organizational structures and developmental stages, it is clear that there are important lessons to be learned by studying interpersonal and professional relationships in collaborative network development, administration and evaluation.