

**AgingME GWEP Steering Committee
Year One Collaboration Assessment
July 2020**



Section I. Overview

The purpose of AgingME Geriatrics Workforce Enhancement Program (GWEP) is to improve the health and well-being of Maine’s older adults through training enhancements at the primary care practice level and at multiple points along the education trajectory of health professionals, older adults and care partners. This will be done by improving the alignment of new and existing primary care and community-based efforts in geriatrics and creating synergies for the well-being of older Mainers. According to its charter, The AgingME Steering Committee was formed in October 2019 and is tasked with providing general program oversight for the AgingME GWEP.

The following report summarizes results from a survey that was administered to the Steering Committee at the conclusion of the first year of the AgingME GWEP grant to identify collaboration strengths and areas for improvement in both the committee’s work and the work of the broader GWEP efforts. The committee had met three times prior to the administration of this survey.

Wilder Collaborative Factors Survey

This anonymous survey was distributed online via the Qualtrics survey platform. The survey consisted of two components. The first was the Wilder Collaborative Factors Inventory, an established measure consisting of 44 questions that represent 22 different research-based factors that underpin successful collaboration. The survey version used was the 2018 3rd edition of the CFI.¹ Factors contained within the survey include concepts like shared vision, unique purpose, collaboration history among members, skilled leadership, political and social climate, and mutual respect (see appendix for full factor list).² The second section of the survey was comprised of four open response questions designed to measure process-level challenges and opportunities for improvement.

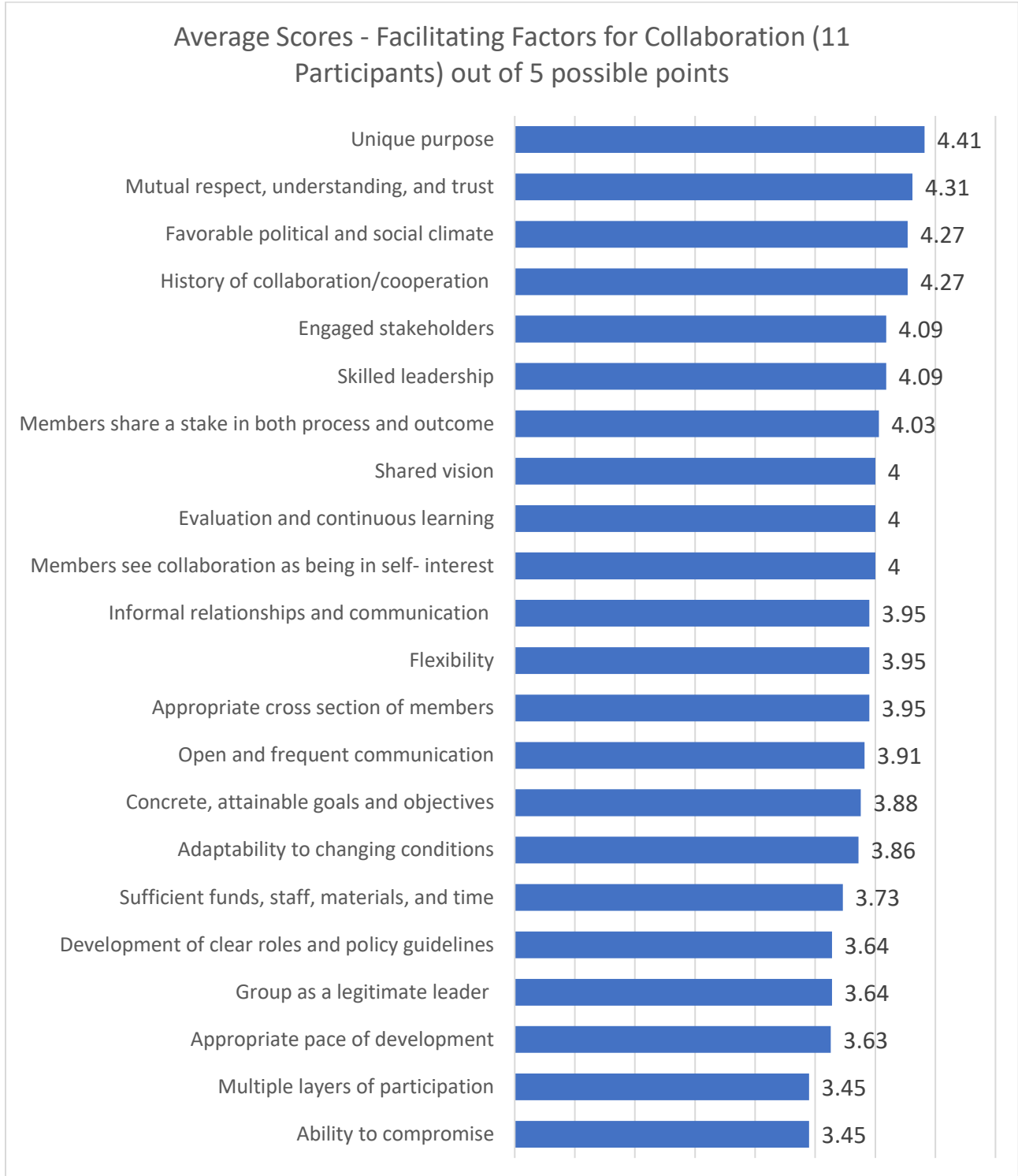
Findings from this survey will serve as a baseline for subsequent grant year surveys. Due to the timing of the survey administration, the AgingME Council was not included in this survey administration. It is anticipated that the Council, in addition to the Steering Committee, will be included in subsequent administrations of this collaboration survey starting in year two.

An analysis by factor is provided in this report. A description of each factor and the questions contained in each factor is included in the report appendix in addition to a question-by-question analysis.

¹ Mattessich, P., & Johnson, K. M. (2018). *Collaboration what makes it work*. New York, NY: Turner Publishing

² Wilder Research. (2020). *Wilder Collaboration Factors Inventory*. <https://wilderresearch.org/tools/cfi-2018/start>

Section II. Wilder Factors by Average Score



Section III. Write-In Responses

What do you see as the most valuable role that the AgingME project could play in addressing age-friendly healthcare training needs across the state? (N=8)

Responses to this question touch on the overall role that AgingME plays in preparing a range of healthcare professionals to address the specific needs of older adults. Responses also touched on the opportunity for collaboration across a diverse set of partners. Additional ideas include incorporating older adult feedback into the AgingME work, raising awareness about services and programs, and offering virtual CMEs.

Responses:

- The project is facilitating training of health professional to work with older adults.
- Continuing to be able to offer or facilitate connections for access to training needs.
- Listening to older adults and their feedback.
- Statewide network to help market and advertise services and programs.
- Teaching the primary care doctors and specialists that the needs and goals of our oldest patients are often different than for the younger or middle aged adult. Getting service lines aligned. Consider offering more easily acceptable CME. Timing is right as many providers are looking for appropriate, virtual CME.
- Bringing together the right partners to collaborate.
- Bringing diverse organizations and disciplines together in collaboration to meet the objectives.
- To increase the number of skilled Health and Human Service providers in older adult care.

What changes would you recommend in the collaboration process to make the group as effective as possible? (N=8)

Responses to this question highlight scheduling considerations including when meetings are scheduled during the academic year, and duration and frequency of meetings. Two responses identified that meetings could be held more frequently. Recommendations including clarifying the outcomes for primary care sites, clarifying the role of the Steering Committee, and reducing the number of e-mails sent to Steering Committee members. One respondent indicated a need for sharing a “big picture” overview of workplans and what others are accomplishing within AgingME so that they can support these efforts.

Responses:

- During academic semesters, activities should be scheduled to avoid class conflicts in order to maximize student participation.
- Sharing information and programs with each other as much as possible.
- I feel least clear about the outcomes for the primary care participating group.
- The meetings are long, slow, and dry. I find it hard to stay engaged. Maybe shorter meetings more frequently, 30 minute monthly check-ins? Also, there are too many emails to keep up with.

- Are we meeting often enough?
- A clearer understanding of the role of the Steering Committee. It seems that meetings are spent giving updates about results for individuals partners similar to what is already shared in reports to UNE.
- Getting all five Agencies on Aging in Maine involved.
- More clarity on what each group within the project are doing. Have outcomes of the 1st quarter been shared? What has the GWEP group accomplished? For each quarter, resend the project outline to the advisory committee so everyone knows what each partner is to accomplish and how we can assist each other to attain those goals. Need a bigger picture provided.

Do you see any barriers in making those changes? (N=6)

Barriers noted include time and scheduling. Two respondents noted that COVID-19 has impacted project work and should shape expectations accordingly. One barrier noted that more dissemination of evaluation information is needed.

Responses:

- Scheduling is always challenging and COVID-19 has made matters worse.
- Time, energy, COVID Realistic outcome measurements.
- No (two respondents)
- Time management.
- Evaluation appears strong- dissemination is needed.

Do you have any suggestions for the ways that we can better involve community members in this project? (N=5)

The range of responses to this question included involving community colleges, churches, and engaging in survey work to identify opportunities for engagement.

Responses:

- Could the community colleges get involved or could we provide training for their health instructors?
- Not at this time. I think the community members are involved at the activity/program level.
- Outreach thru rural community churches to increase diversity of participants from a geographic perspective, create some recruitment materials that steering committee members could use to explain goals and commitment better.
- Has anyone done a quick survey of our community partners/services for our older adults to see what is still available and what has been able to adapt given our changing environment? what services/assistance is unavailable. Are older adults reluctant to [engage] even the available services with new fears?
- No.

Section IV. Summary and Implications

Survey findings underscore early strengths of the Steering Committee group within the following factors:

- Unique purpose (Factor 19)
- Mutual respect, understanding, and trust (Factor 4)
- Favorable political and social climate (Factor 3)
- History of collaboration and cooperation (Factor 1)

These findings indicate that the AgingME GWEP serves a unique purpose in the state and one that cannot be fulfilled by one organization alone. There is a foundation of trust and respect among members likely fueled by prior working relationships and collaborations in the state. The timing for this collaboration appears to be favorable for the work as it relates to the current political and social climate.

At the same time, findings also indicate growth potential in the following factors based on the factor average score:

- Multiple layers of participation (Factor 9)
- Ability to compromise (Factor 7)

Ratings in these areas indicate the need to focus on decision making among the group. This includes allowing for additional time for decision making both among the group and additional time for members to consult with others at their organization when decisions are needed or the inclusion of more executive leadership in the group membership. There is also a need to build in opportunities for compromise when such decisions are made.

It is also noteworthy that none of the respondents indicated any areas where they strongly disagreed with any of the 44 Likert scale questions.

Survey findings demonstrate that participants value the collaboration due to its ability to better educate and prepare providers working with older adults in order to effectively serve them. Challenges were noted with regard to timing and frequency and content covered during meetings. Suggested changes include the need for clarifying project outcomes and sharing findings. Barriers to addressing challenges include time and scheduling conflicts as well as Covid-19 related challenges.

Respondents suggestions varied on how to better involve community members. Examples include: community college involvement, outreach through churches, and creating recruitment material.

Appendix: Factor Descriptions and Question-Level Analysis

Factor	Statement	Factor Score (out of 5)
1. History of collaboration or cooperation in the community	1. Agencies in our community have a history of working together. 2. Trying to solve problems through collaboration has been common in this community. It has been done a lot before.	4.27
2. Collaborative group seen as a legitimate leader in the community	3. Leaders in this community who are not part of our collaborative group seem hopeful about what we can accomplish. 4. Others (in this community) who are not a part of this collaboration would generally agree that the organizations involved in this collaborative project are the "right" organizations to make this work.	3.64
3. Favorable political and social climate	5. The political and social climate seems to be "right" for starting a collaborative project like this one. 6. The time is right for this collaborative project.	4.27
4. Mutual respect, understanding, and trust	7. People involved in our collaboration trust one another. 8. I have a lot of respect for the other people involved in this collaboration.	4.31
5. Appropriate cross section of members	9. The people involved in our collaboration represent a cross section of those who have a stake in what we are trying to accomplish. 10. All the organizations that we need to be members of this collaborative group have become members of the group.	3.95
6. Members see collaboration as being in their self-interest	11. My organization will benefit from being involved in this collaboration.	4.00
7. Ability to compromise	12. People involved in our collaboration are willing to compromise on important aspects of our project.	3.45
8. Members share a stake in both process and outcome	13. The organizations that belong to our collaborative group invest the right amount of time in our collaborative efforts. 14. Everyone who is a member of our collaborative group wants this project to succeed. 15. The level of commitment among the collaboration participants is high.	4.03

<p>9. Multiple layers of participation</p>	<p>16. When the collaborative group makes major decisions, there is always enough time for members to take information back to their organizations to confer with colleagues about what the decision should be.</p> <p>17. Each of the people who participate in decisions in this collaborative group can speak for the entire organization they represent, not just a part.</p>	<p>3.45</p>
<p>10. Flexibility</p>	<p>18. There is a lot of flexibility when decisions are made; people are open to discussing different options.</p> <p>19. People in this collaborative group are open to different approaches to how we can do our work. They are willing to consider different ways of working.</p>	<p>3.95</p>
<p>11. Development of clear roles and policy guidelines</p>	<p>20. People in this collaborative group have a clear sense of their roles and responsibilities.</p> <p>21. There is a clear process for making decisions among the partners in this collaboration.</p>	<p>3.64</p>
<p>12. Adaptability to changing conditions</p>	<p>22. This collaboration is able to adapt to changing conditions, such as fewer funds than expected, changing political climate, or change in leadership.</p> <p>23. This group has the ability to survive even if it had to make major changes in its plans or add some new members in order to reach its goals.</p>	<p>3.86</p>
<p>13. Appropriate pace of development</p>	<p>24. This collaborative group has been careful to take on the right amount of work at the right pace.</p> <p>25. This group is currently able to keep up with the work necessary to coordinate all the people, organizations, and activities related to this collaborative project.</p>	<p>3.63</p>
<p>14. Evaluation and continuous learning</p>	<p>26. A system exists to monitor and report the activities and/or services of our collaboration.</p> <p>27. We measure and report the outcomes of our collaboration.</p> <p>28. Information about our activities, services, and outcomes is used by members of the collaborative group to improve our joint work.</p>	<p>4.00</p>

15. Open and frequent communication	<p>29. People in this collaboration communicate openly with one another.</p> <p>30. I am informed as often as I should be about what is going on in the collaboration.</p> <p>31. The people who lead this collaborative group communicate well with the members.</p>	3.91
16. Established informal relationships and communication links	<p>32. Communication among the people in this collaborative group happens both at formal meetings and in informal ways.</p> <p>33. I personally have informal conversations about the project with others who are involved in this collaborative group.</p>	3.95
17. Concrete, attainable goals and objectives	<p>34. I have a clear understanding of what our collaboration is trying to accomplish.</p> <p>35. People in our collaborative group know and understand our goals.</p> <p>36. People in our collaborative group have established reasonable goals.</p>	3.88
18. Shared vision	<p>37. The people in this collaborative group are dedicated to the idea that we can make this project work.</p> <p>38. My ideas about what we want to accomplish with this collaboration seem to be the same as the ideas of others.</p>	4.00
19. Unique purpose	<p>39. What we are trying to accomplish with our collaborative project would be difficult for any single organization to accomplish by itself.</p> <p>40. No other organization in the community is trying to do exactly what we are trying to do.</p>	4.41
20. Sufficient funds, staff, materials, and time	<p>41. Our collaborative group has adequate funds to do what it wants to accomplish.</p> <p>42. Our collaborative group has adequate “people power” to do what it wants to accomplish.</p>	3.73
21. Skilled leadership	<p>43. The people in leadership positions for this collaboration have good skills for working with other people and organizations.</p>	4.09
22. Engaged stakeholders	<p>44. Our collaborative group engages other stakeholders, outside of the group, as much as we should.</p>	4.09

**Collaboration Item Scores, Smallest to Largest
(1=Strongly Disagree, 5=Strongly Agree)**

