

Using Data to Apply Management Strategies in Public Health Collaboratives

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Presenter Disclosures

Danielle Varda

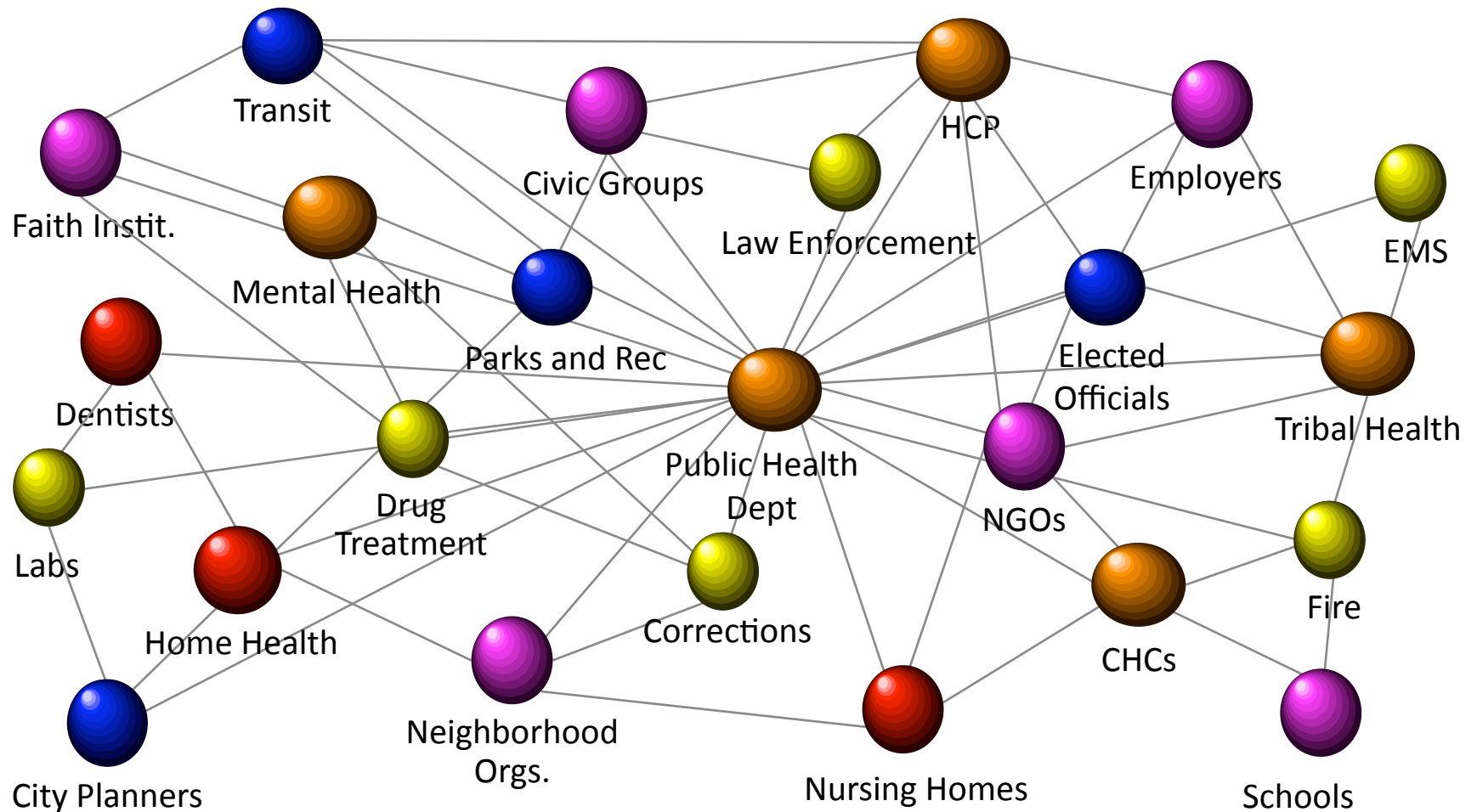
- (1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:**

No relationships to disclose

Collaboration in Public Health

- Today's efforts require multi-agency partnerships between (both governmental and non-governmental)
- These partnerships are created by an understanding that the antecedents of poor health are multi-factorial and thus require a multi-systemic approach
 - Proposed standards for national voluntary accreditation list collaborative processes among the many that public health agencies must meet for accreditation
 - 10 Essential Services: 4th Service: “mobilizing community partnerships and action to identify and solve health problems”
- Need for Quality Improvement: Few ways to measure and evaluate the success of these partnerships and ways to improve efforts based on data.
- Need for documentation of these efforts.

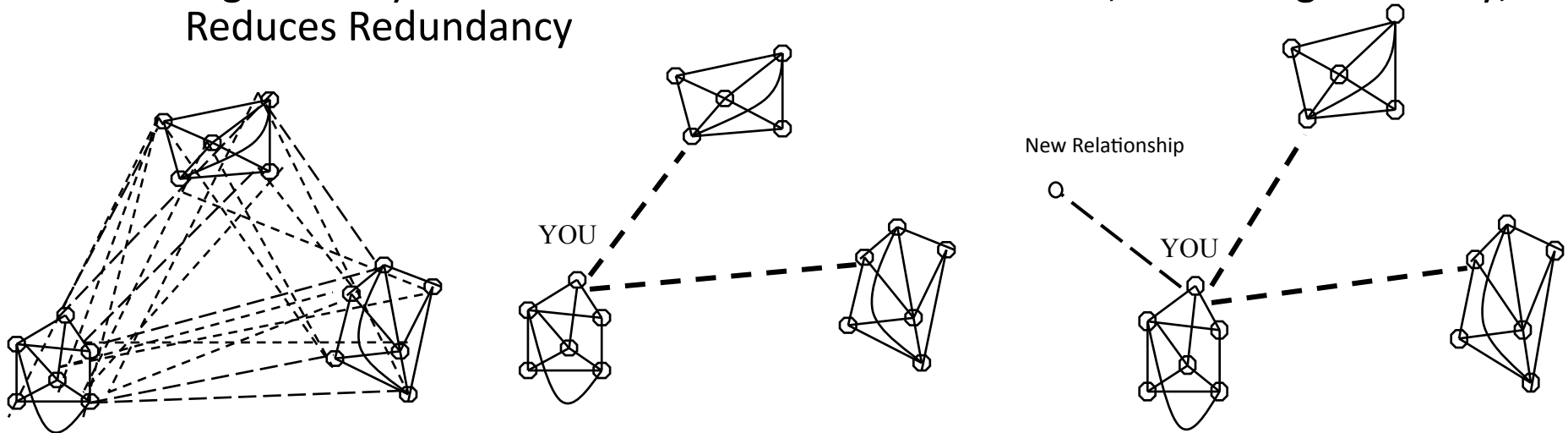
Public Health System



Graphic from: NACCHO (MAPP website): <http://www.naccho.org/topics/infrastructure/MAPP/index.cfm>

Need for Better Measures

- Strength of Weak Ties (Granovetter)
 - Counting Noses, Many stakeholders at the table, Greater Density
- Is More Really Better?
 - Law of N-Squared, Risk of Burn Out & Overuse, Collaboration Failure
- Less is More as an Alternative Solution (Burt: Structural Holes)
 - Less Ties to More Subgroups = Structural Advantages
 - High Quality Ties = Generates Information Benefits; Increasing Efficiency; Reduces Redundancy



Need for Technical Assistance

- People are used to working and managing *within* hierarchies rather than *across* them.
- While there are many forums for discussing how organizational effectiveness might be improved, there is little guidance on how best to effectively design and manage a network.
- Technical assistance (modeled as Strategic Collaborative Management) can assist managers and facilitators of PHCs to:
 - 1) Understand and better assess the logic of and rationale for networks,
 - 2) Better understand their own networks, how they operate and how they are structured,
 - 3) Work more effectively with other organizations in their networks,
 - 4) Work more effectively with members of their own organizations,
 - 5) Improve the benefits of network involvement while minimizing drawbacks,
 - 6) Be a more effective leader of and manager in a network.

PARTNER

**PROGRAM TO ANALYZE, RECORD, AND
TRACK NETWORKS TO ENHANCE RELATIONSHIPS**

Social Network Analysis: Measure of the relationships between actors rather than a measure of the actors themselves

Example: Teaching Simulation (Collaborative on Homeless Issues)

Core Dimensions of Connectivity in Public Health Collaboratives

Dimension	Measures
Membership	Organizational identification by name, type, and other organizational characteristics (e.g. size, mission of organization)
Network Interaction	Network patterns and positions identified by subgroups, key players, etc.
Role of HD	Convener/facilitator vs. equal member
Frequency of Interaction	Types and levels of communications among members
Organizational Value to the Collaborative	Power, involvement, resources
Trust	Reliability, shared belief in mission, opportunity for frank discussion
Reciprocity	Evidence of mutual exchange of resources

Questions Drive Strategic Collaborative Management

- **Describe the network, including who is working with whom. Who do you most commonly work with on the issue of homelessness?**
- Which organizations have the most frequent interactions? Which have the next most frequent interaction? What can frequency tell you about the strength of the relationship? Who does your organization most frequently work with on issues related to homelessness?
- What is your organization's most important contribution? How can that contribution be leveraged and/or benefit the larger group?
- Which organizations are considered most powerful/influential, most level of involvement, and having the most resource contribution? Are there certain valuable nodes that are "vulnerable" that is, not well connected that could be better connected through new ties? Along which dimension, if any, is your organization most valuable?
- What is the whole network score for trust? What does it mean? What is your own score for the three dimensions of trust? Are you very trusted by others, or not trusted as much?

Network Maps

General | Frequency | Value | Resources

GENERAL OPTIONS

Size of network map

Min Max

Choose what groups to show:

- Nonprofit Org
- Public Org
- Private Org
- Unaffiliated

Select All

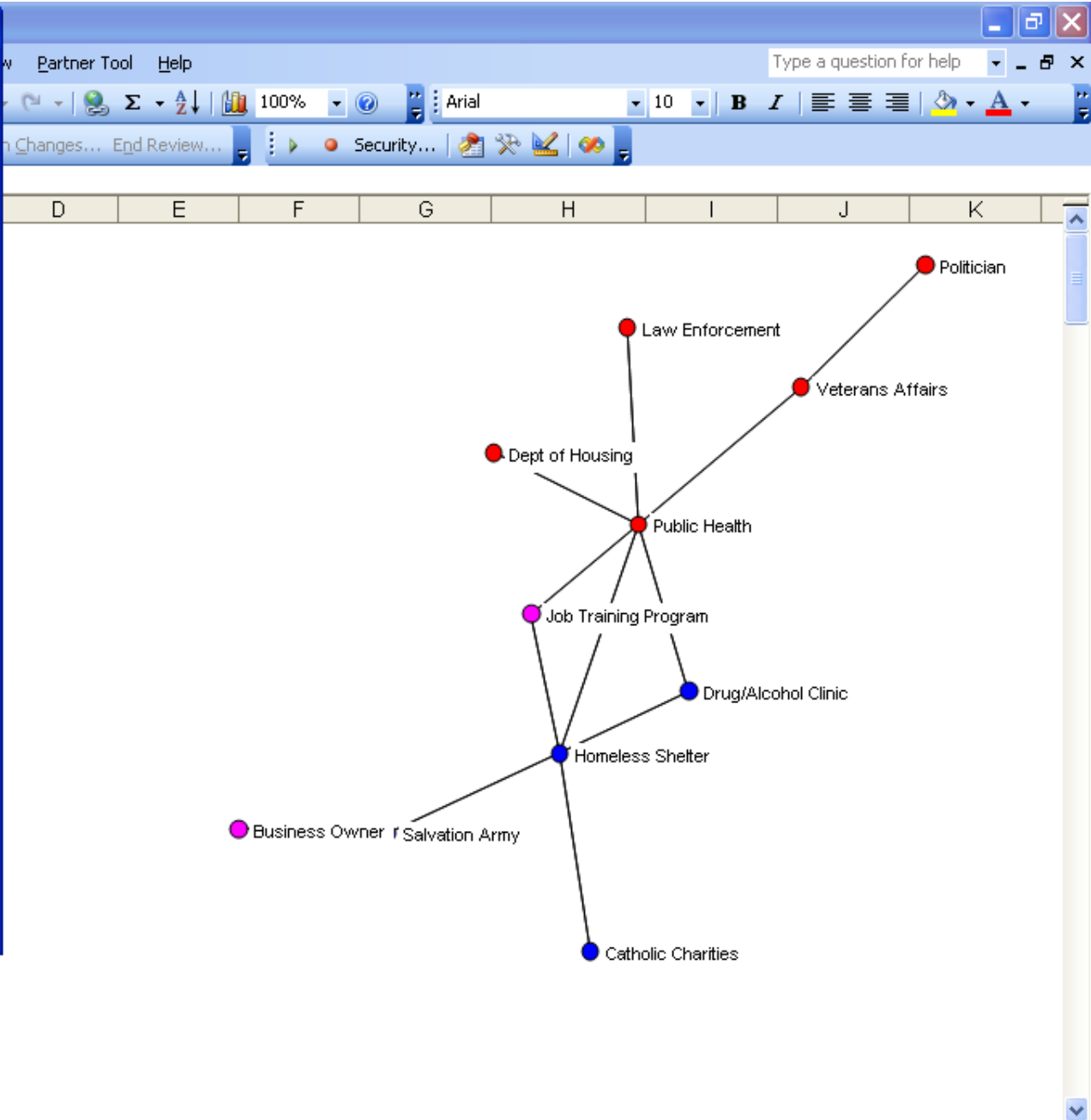
Show group affiliation with:

- Different Shapes
- Different Colors
- Don't Show

Show Names of Organizatios

Update Network Map

Display Network Erase



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Group Key

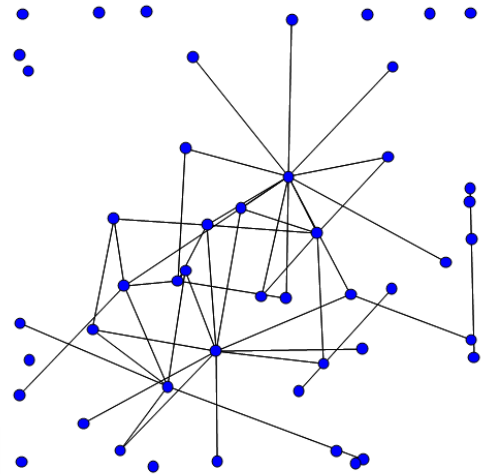
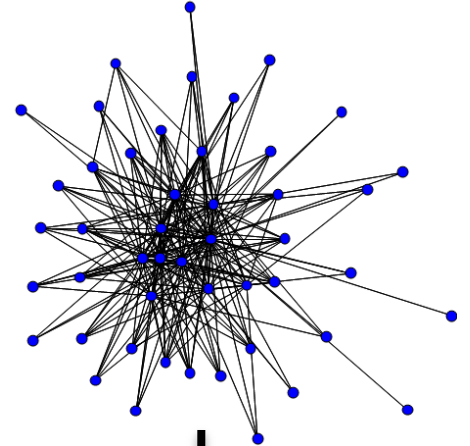
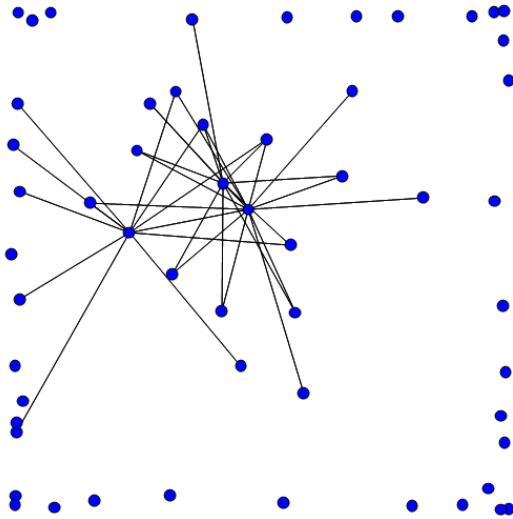
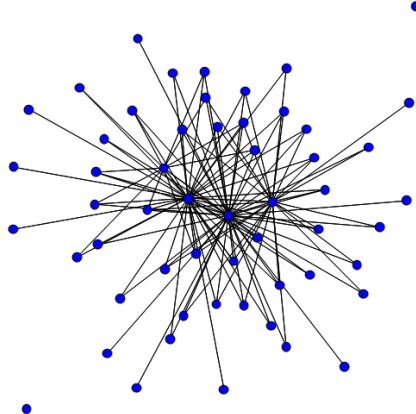
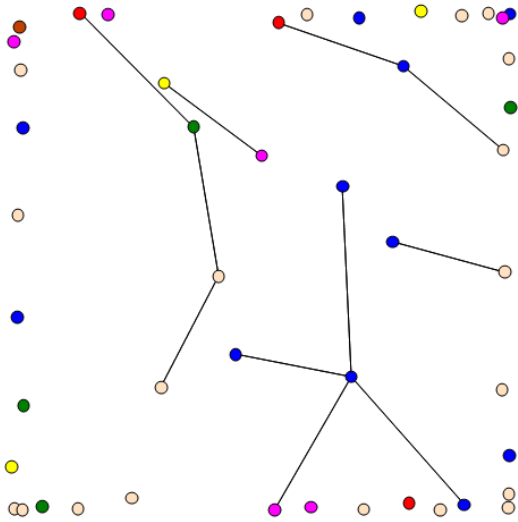
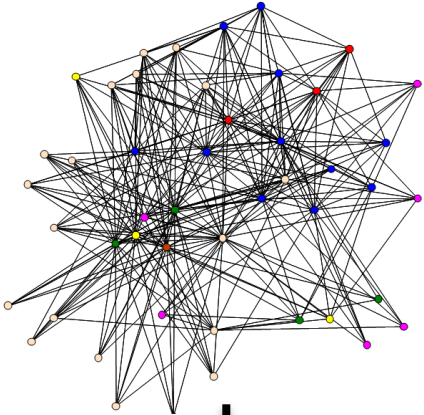
- Nonprofit Org
- Public Org

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Frequency of Interaction

1



Questions Drive Strategic Collaborative Management

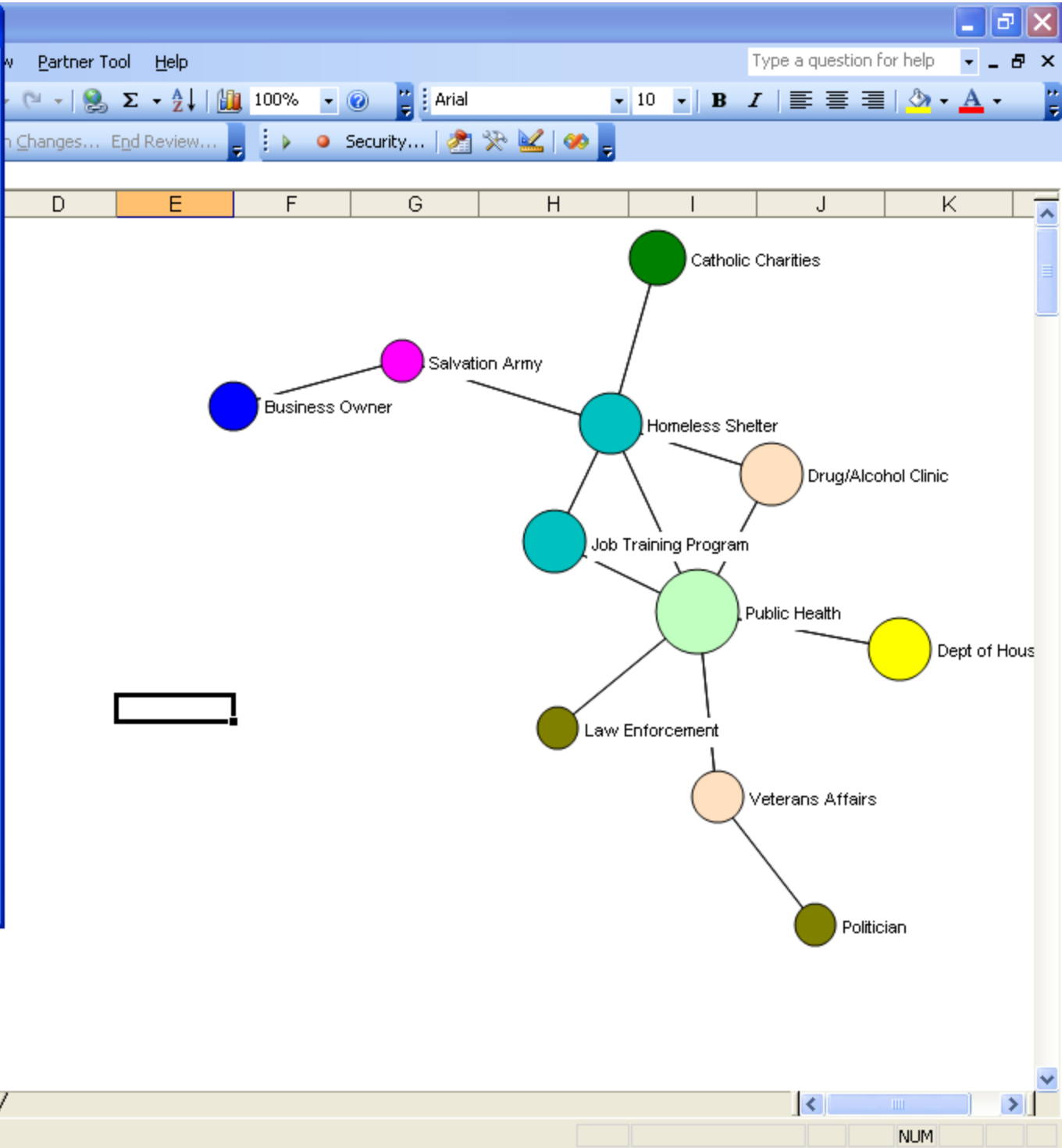
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Network Maps

General | Frequency | Value | Resources

DISPLAY RESOURCES (Choose one)

- None
- Each Organization's Most Important Contribution
- Funding
- In-Kind Resources
- Paid Staff
- Volunteer Staff
- Data Sets
- Info/Feedback
- Specific Health Expertise
- Expertise Other Than in Health
- Community Connections
- Decision-Making
- Facilitation
- Advocacy
- Leadership



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Introduction | **Main** | Data | Org_Info | List

Ready

Network Maps

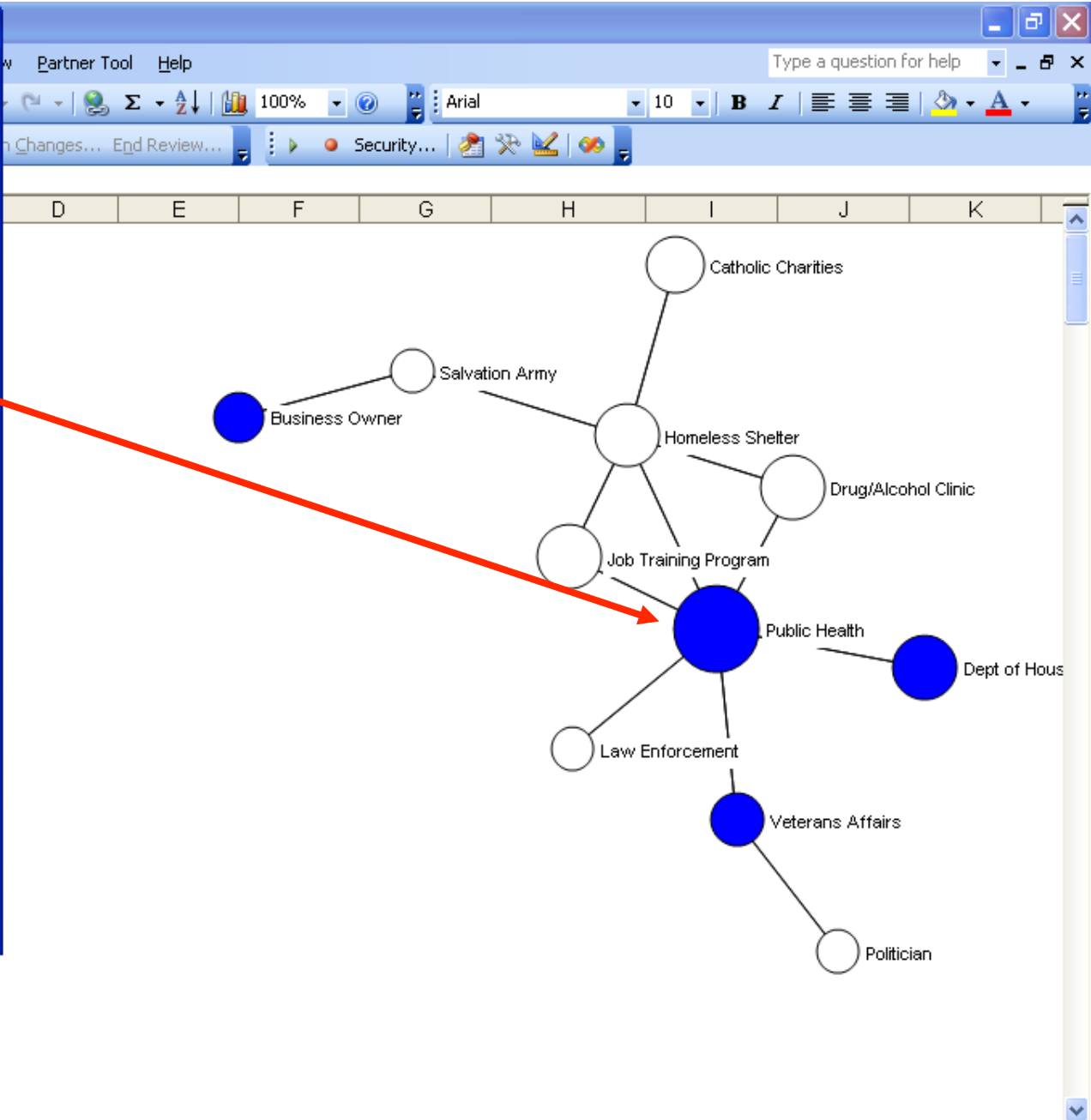
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Update Network Map

Display Network Erase



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Introduction | Main | Data | Org_Info | List

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General | Frequency | **Value** | Resources

DISPLAY STRATEGIC VALUE OF ORGANIZATIONS

None

Overall Value

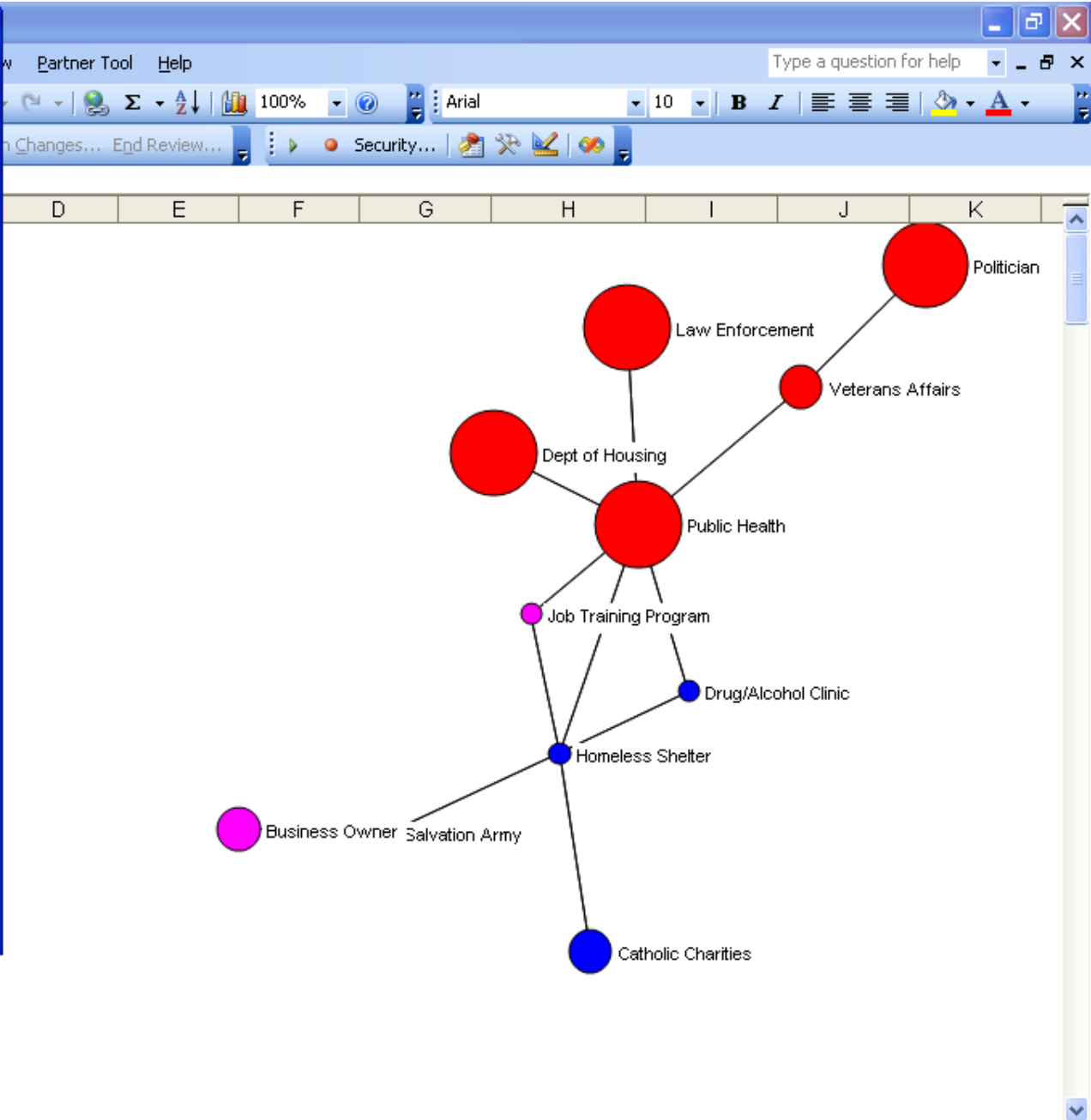
Power/Influence

Level of Involvement

Level of Resource Contribution

Update Network Map

Display Network Erase



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29 **Group Key**

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31 ● Nonprofit Org

32 ● Public Org

33

Network Maps

General | Frequency | **Value** | Resources

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None

Overall Value

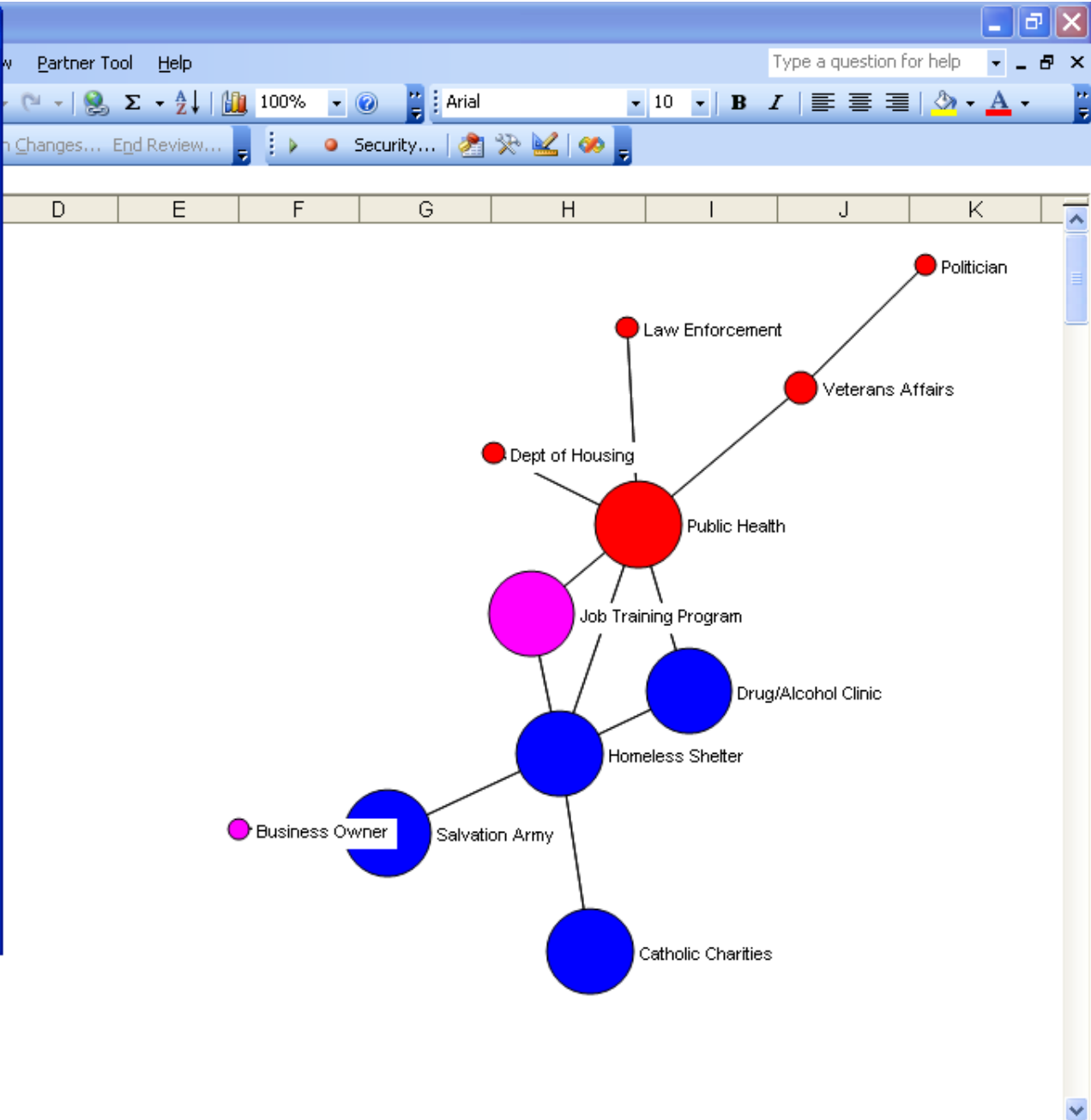
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Value, Degree, Density

Whole Network Scores

Network Scores – Collaborative #1

Density	27.20%
Degree Centralization	44.30%
Trust	83.10%

Health Depts. Are 4 of
the Top 7 Most Central
Members

Network Scores – Collaboration #2

Density	8.00%
Degree Centralization	74.30%
Trust	70.00%

Local Health
Department is Most
Central Member

Network Scores – Collaboration #3

Density	20.20%
Degree Centralization	83.30%
Trust	71.30%

Local Health
Department is Most
Central Member

Match Evaluation to Collaborative's Goals for Documentation and Quality Improvement

- Consider levels of trust and value: changes?
- Increase/Decrease network ties
- Leverage existing relationships/resources
- Identify gaps, vulnerable points
- Account for the cost of strategizing and fostering new relationships
- Report progress of collaborative to funders, stakeholders, community members, partners
- **In other words – engage in strategic collaborative management**