
Networking for Quality in Public Health

La formation de réseaux aux fins de promotion de la qualité dans le domaine de la santé publique

Gladys Procyszen
Wetoka Health Unit
Wetaskiwin, Alberta

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Abstract

Networking is integral to the business carried out in the area of public health. Because public health is about working in communities and with communities to improve people's health, the "quality approach" to public health requires an almost innate understanding of networks and an ability to network.

Abrégé

La création du réseaux est partie intégrante des activités menées dans le cadre des efforts de promotion de la qualité de la santé publique. Parce que la santé publique implique un travail dans les communautés et par les communautés qui a pour but d'améliorer la santé des individus, l'approche qualitative requiert une excellente compréhension des réseaux et une aptitude à forger des contacts.

Public health is about disease prevention, injury awareness, health protection, health promotion, and the provision of community-based services for the improvement of population health in the long term. This "long distance" mindset is complementary to the skill of networking. In our business, we need to forge alliances with partners over days, months, and years to obtain the sustainable long-term gains that are vital in health. Public health has learned that our community partners are a key variable in the success of achieving healthy people, living in healthy communities.

This article focuses on networking as defined by the community geography, demographics, social organization, and work of the Wetoka Health Unit.

The Wetoka Health Unit covers a 3,100 square mile area and serves a population of 40,000. While there is considerable interface with the Hobbema Indian Health Services, the Wetoka area does not include the reserve, which is under federal jurisdiction. The arrival of seasonal lakeshore residents increases the population to approximately 45,000 in the summer months. The Wetoka Health Unit has four offices which are up to an hour's drive apart. These offices have 110 employees working in 60 full-time-equivalent

positions. The Wetoka Health Unit has served this region for nearly 40 years. This is the setting from which I draw my experiences in networking and my analysis of what constitutes effective networking.

Networking strategy

Networking is not a strategy which allows one to wake up one morning and say, "I'm going to network today." Tremendous energy and care must go into the groundwork for building sustainable networks. Stephen Covey's analogy of the "Law of the Harvest" in his book *Principle Centered Leadership* (1991), is so very true. The front end time you need to devote to networking is similar to that spent by the farmer in the preparation of soil, seed planting, watering, nurturing and, finally, reaping the harvest. There are no shortcuts to the harvest on the farm. And, there are no shortcuts for effective networking. Networking, like farming, is risky business.

If networking takes so much time and energy, why do we bother with it?

Reasons for networking

There are eight reasons why we network in public health. These reasons can also be applied to other sectors undertaking a quality improvement journey.

1. Network to achieve a vision, mission, and goals. Firstly, we network to achieve our vision, mission and goals. The best way to do this is to align ourselves with those who share our goals and values. When people share a common vision to make their community healthier, the synergy that is created can almost be spine-tingling. Now you have a group of ambassadors, promoting a common vision, meaning you no longer have to do it on your own. This collective action is critical to sustaining the momentum of any initiative.

2. Network to maximize resources. We network in order to maximize resources. In contrast with many other sectors, public health has long been resource-poor. Consequently, we have learned that by joining forces we can do more for our community. To illustrate this, five years ago we started a Pregnant & Parenting Teen Program in the Wetoka Health Unit. It soon became clear that the traditional high school was not meeting, nor was it interested in meeting, the needs defined by young parents with respect to continuing their education. The front line worker on this project talked informally with others in her network about her concerns. She knew that without the opportunity to further their education, the cycle of poverty, unemployment, illness, and disadvantage would continue among these young people and their children. The end-result of months of networking was the coming together of forces which included school educators, Alberta Advanced Education, the Further Education Council, Family and Community Support Services (FCSS), Social Services, Canada Employment and Immigration, Probation Services, and the Health Unit. Together, we joined our minds and hands to search out options and develop proposals. As a result of our efforts, a new cooperative learning school, which now receives annual funding, was opened in a vacant residential building. The success of our shared vision is that many young parenting teens have completed their high school education. And, better yet, the new school opened to others whose needs were not being met by the traditional high school. Together, we accomplished much more than we would have if we had worked independently.

3. Network to mobilize a community around a particular issue. Sometimes a wide range of skills is needed to mobilize a community around a particular issue. One of our communities wanted to mobilize around the issue of "injury awareness" following a local showing of the HEROES program. HEROES is a multi-media presentation that promotes awareness of health and prevention of disease among young people. The program is supported in part by the University of Alberta Injury Awareness and Prevention Centre. This undertaking brought together people with many different skills who shared a common goal. The partners included the RCMP, the town, the local hospital, the Brain Injury Unit at Alberta Hospital Ponoka, FCSS, school personnel, ambulance attendants, CPR instructors, the Recreation Department, and the Health Unit. Local resources were augmented by external support networks which included the Alberta Safety Council, the Edmonton Grey Nuns Hospital, the Bicycle Helmet Campaign, and the University of Alberta Injury Prevention Centre. Over the past five or six years this network has had a tremendous impact on improving the community attitude towards injury awareness.

4. Network for new ideas and initiatives. A new idea or initiative can bring together new players and others with

whom we already work comfortably. This was the experience I had four years ago when I facilitated and chaired a new initiative which blended the *Healthy Community* concept with a municipal planning process called Vision 2020. I was interested in identifying how the skills of the Planning Commission, the Chamber of Commerce, and the City Council could be merged with the skills of friends and colleagues from past networking experiences. We soon realized that there was a wealth of information available to us. We learned the importance of educating business people and City Council members on the social impact of policy decisions. As Nancy Milio (1986) reveals so clearly, healthy public policy is necessary for population health. Building these bridges has been critical. In the area of public health, we have often aimed for behavioural changes which are seen by business as counterproductive to revenue generation. However, our progress became apparent when, in working with restaurant operators, we demonstrated that "healthy heart" menu choices and increasing non-smoking space could actually increase restaurant revenues.

5. Network to foster corporate citizen accountability. Our role as good corporate citizens who are accountable to the community encourages us to network. In public health we need others who will help us advance our improvement goals among the general population. For example, the use of smokeless (chewing) tobacco is becoming an urgent public health issue in our area as it is elsewhere in Canada. We know that our staff members alone can have only a limited impact in advocating behavioural change. We also know that when this practice is prevalent, the incidence of oral cancer will increase over the next 10 to 15 years. Moreover, this unnecessary behaviour and the resultant incidence of cancer are completely preventable. To address the problem, we turn to our colleagues in recreation and sports, parent and school associations, dentistry and the local cancer society, all of whom are directly concerned with this issue. By joining forces, we can now amplify the influence of our public health personnel.

Improved health outcomes can be achieved by exerting influence on adult role models in the direction of the goals we want to meet, and by influencing provincial and national policy-making. The power of this kind of networking recently resulted in the presentation and adoption of three resolutions at a national health conference in Ottawa. Once such issues are on the agenda of a national organization, local public health people have greater authority to influence alternative behaviour.

6. Benefit from natural networking. Some networking is natural and emerges out of common situations. Our relationship with physicians, and other professionals with whom we work, can take as much, and often more, energy to sustain as

does working with community groups that do not have health as a major focus. Sometimes we have to encourage the medical professionals to become partners in the health of the community. Often they may wonder, "What's in it for me?" or "How is it good for my business?". For example, if a physician is seeing numerous clients with sexually transmitted diseases and does not communicate this information to the appropriate public health professionals, there cannot be a proper response. Unaware of trends, public health personnel cannot facilitate accessing resources which can assist the role of the physician. In this area of health concern, the relevant community networks might include members of the family resource centre, peer support groups, sexuality counsellors and other health educators.

7. Network to encourage community development.

Some of our networking encourages community development. Eight years ago, a home care nurse saw a tremendous need for a food bank in her community. Even though this was at a time when small communities did not have many food banks, she had a vision of what a food bank should be. I encouraged her to talk to others about her concern. First of all, she talked with people in her existing network who would share her concern. Together, they researched the subject and came up with an appropriate response. Today, an independent board of directors oversees a very successful, and unfortunately much needed, food bank.

Another example will illustrate the concept of networking. Four years ago there was a plea for help from people who were trying to cope with Alzheimer's and similar conditions amongst family members. As a health unit, we looked at what we could do. We joined with others, especially FCSS, long term care facilities and the Alzheimer's Association to provide information to the community. As a result, two support groups were formed which are functioning well with little or no involvement from our health unit.

8. Network for continuous quality improvement. We network because we value learning and continuous improvement. Through networking, staff members are enabled to stretch, grow, and become empowered leaders. We, and others, have benefitted from our participation in "Quality Culture", the annual conference of the Canadian Centre for Quality Improvement. Through our presentation on the strategic planning process, public health staff have learned that leadership is action, not position.

Recently, a public health nurse and an adolescent health educator began working with the FCSS, churches, social services, and the district home economist to assist families who saw a need for a "collective kitchen". The kitchen will enable the children to obtain the nourishment needed to grow and learn. This undertaking is a learning experience for

us. Members of our staff, and others who are taking part in the project, have never before worked with the casualties of poverty which are now becoming increasingly visible.

Our involvement with private and post-secondary institutions further exemplifies the value we place on networking. Involvement with the Rural Health Care Colloquium (RHCC) is a case in point. The RHCC facilitates collaboration amongst students, rural and urban health care institutions, native health representatives, non-government organizations, health educators, government, the private sector, and other stakeholders. Through the RHCC, we emphasize collaborative action in planning, education, and future direction for health. Using customer-supplier models adapted from Quality Management, the RHCC provides opportunities for health sciences students to begin to plan their futures together with people from rural health organizations.

We welcome opportunities to network with students, realizing that students benefit as much as do the organizations and employees who serve as preceptors. Public health placements can provide students with opportunities to see networking in action. Some of the options have included: student public health inspectors serving on food committees prior to the Summer Games; a medical student collaborating with a speech-language pathologist and a teacher in a classroom setting; a dental health student working with local dentists; a prenatal instructor, a hospital obstetrical nurse, parents and a health unit dental hygienist promoting awareness of Baby Bottle Mouth Syndrome, and a health sciences administration student using a project at the Health Unit for his/her major course paper.

Above, I have highlighted eight reasons why networking is vital to public health. There are two other networking domains which are whole topics unto themselves. The first is internal networking, i.e., within a given organization, amongst staff, programs and departments. The other is networking outside our defined community, i.e. networking provincially, nationally, and internationally. Two cases merit special mention. Recently, a physician from El Salvador visited our health unit. He was interested in public health administration and in learning how what we do would be applicable to his situation in Central America. Also, because of recent twinning arrangements between cities in Japan and in Alberta, we have had many professionals from Japan visit our organization.

Conclusion

I would like to share seven key principles which, in my experience, are essential for tending to the "Law of the Harvest". These principles will ensure successful networking:

1. Forge alliances in the "good" times so that cemented relationships will provide the necessary support and safety net in the "not so good" times.

2. For early and frequent success, align yourself and your organization with winners. Nurture good partnerships; do the small "extras" that will sustain relationships.

3. Practice and model honesty, integrity, and fairness. This will reap outcomes of confidence, trustworthiness, and respect. I assure you, your track record in these vital areas will precede you and will be the greatest evidence that you are a capable networker.

4. Play in the win-win court. Learn negotiating skills.

5. Play a leadership role when it is needed, but also be sensitive when a supportive role is more appropriate.

6. Understand and learn all you can about behavioural styles as you will find yourself in many different relationships. Be aware that there are only four primary styles of behaviour: analytical, amiable, driving, and expressive (Merrill and Reid 1981). The more you can learn about these behaviour styles, the better you will become at knowing what strategies to use with one and the other. This is also an area where you can learn and practice independently.

7. Above all, be a team player. Offer your expertise and strengths, share workloads, help the chairperson, help the process (sometimes the process needs to be supported by clear thinking), be flexible, be encouraging, and keep your eye on the common vision that brought your network together.

The eight reasons for networking in public health, coupled with the seven principles of networking, apply to any situation. Start applying them to your internal organizational

relationships. Reach out to your community. Volunteer to serve on lay or community boards as a consumer representative. Join an association that shares your values. These actions will all be instrumental in helping you to build your networking skills.

In these days of monumental change, skilled networking can be a powerful tool for good. I wish you the best as you enhance your networking skills. I hope that what I have shared in this paper will shorten your learning curve as you participate in a workforce adapting to change. And, from time to time, step back and ask yourself, "How is my NET working?"

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Address all correspondence to: Gladys Procyshen, CEO, Wetoka Health Unit, 5610 - 40 Avenue, Wetaskiwin, AB T9A 3E4.

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Commentary

Keith Christopher, PhD
Executive Director, CASLPA

I served at the Ottawa Civic Hospital as the director of Quality Assurance from 1986-1991 and then in an expanded role as director of Quality Management from 1991-1994.

What drew me to this area was my belief that quality happens through people. While I learned about the tools and systems of quality improvement, I always felt that quality occurs only when people working together in teams use these tools and systems, so people make the difference.

It was great to read this article by Gladys Procyshen because it reflects much of my thinking.

Networking will be the engine for many of the quality projects in the future. Working with a variety of people to focus on areas of common concern is the best method in these volatile times to make quality breakthroughs. Procyshen's seven principles embody the essence of how to forge successful networking relationships to nurture quality projects. I believe this article is excellent because it shows how to work with people to promote quality.