

Domain 3. Network Development and Network Actions

Throughout its history, one of PHLI's key objectives has been to strengthen the national network of public health leaders. Recent scholarship (Uzzi, 1997) has explained that professional networks have three major defining characteristics: trust among members, knowledge-sharing, and collaboration.

Evidence from this evaluation – both quantitative and qualitative – reveals that many respondents felt that PHLI had strengthened public health leadership networks in all three respects.

Summary of Findings

1. When asked to “explain in some detail one of the most important influences that PHLI has had on your leadership,” over 80 scholars (24% of respondents who answered this question) cited gaining improved and valuable network connections.
2. The most commonly cited benefits of these connections included enhanced overall understanding of public health leadership's roles and goals; long-term professional knowledge-sharing; social support for taking action – such as ideas, encouragement, good examples set by others; and being introduced to opportunities for formal collaborative work, such as with NACCHO or a State Public Health Association.
3. Forty-five percent of graduates had sought professional “counsel” from another PHLI graduate in the past two years, while 55% had collaborated with other PHLI graduates on projects or activities.
4. Formal network activities that emerged from PHLI included the PHLIS, the NLN, the State and Regional PHLI's.
5. In addition, many respondents described how these collaborations had led to specific improvements in organizations, programs, policies, and organizational, community, and state-level systems. The close links between these specific networking and collaborative efforts and infrastructure and systems improvements are presented in Domain 4.

Being part of a national cadre of very outstanding leaders, developing good relationships within that network, had a significant impact on me and my work. It continues to affect how I think, what I ask about and how I approach many challenging situations.

Through PHLI, I met other public health leaders across the country, and have maintained friendships with them since 1997. This network of accomplished leaders has been an invaluable source of advice, best practices, referrals, and support. I have held leadership positions at the local (health officer) and state (deputy health secretary) level for almost 12 years, and have found that a leadership network has been essential in my career.

This section presents the evidence from this evaluation about growth in public health leader networks. It briefly refers to some of the material previously presented under Domain 1 in relation to Individual Leader Development, and points out how those data were also closely related to network development. Then, it presents other relevant data.

Question 3.1 What general benefits did scholars derive from the network “connections” that they made during PHLI?

We have already presented some of the benefits that individual leaders obtained from network development under Domain 1, “Individual Leader Development.” Because these influences of the “network” were so deeply and personally beneficial, we included them there.

We noticed that many scholars learned from their network partners more about how to define their roles as public health leaders – both within their jurisdictions and at a national level. The collective conversations about public health systems development and collaboration had strongly influenced their thinking about their local and national roles.

We also described how scholars had felt personally “validated” by PHLI and by their membership in a nationwide “family” and “network” of public health leaders who were courageously and purposefully taking action. Feelings of “belonging” to this “support system” had given many a greater sense of “identity” as public health leaders, and provided a “shot in the arm” of courage and confidence to fulfill their potential as leaders. Furthermore, some found it very valuable that they now had more trusted “professional friends” around the country that they could call on for counsel.

Now, in Domain 1 of the report, Individual Leader Development, we summarized these results in relation to the particular benefits that many scholars claimed, but did not fully present or quantify all of the data about networks that we found when we asked respondents to tell us about “one of the most important influences that PHLI has had on your leadership.” We want to expand that discussion here.

When we asked that, over *80 scholars* (more than 20% of all respondents to the survey, and 24% of those who answered this question) cited gaining improved and valuable network connections. Some (n=35) simply mentioned “networks” without explaining specific benefits, for example:

Established a network of leaders that I continue to be in connect with today...this is now a long period of time! My class was the first to accept Deputy Directors, and they continue today in several strong leadership roles nationwide. I rate this # 1 in my PHLI experience.

About forty-five other graduates, however, explained or mentioned specific benefits they had gained through their enhanced network connections. We present these briefly now.

Networks enhanced overall understanding of public health leadership's roles and goals

To give the reader a sense of the relative importance of these benefits, we note that approximately twenty of these more specific responses explained that network connections had helped them grow in understanding and skills. Several of these respondents said that their new network partners had helped them understand in a general sense what leadership and specifically public health leadership are, and what its goals can be. For example:

Being part of a national cadre of very outstanding leaders, developing good relationships within that network, had a significant impact on me and my work. It continues to affect how I think, what I ask about and how I approach many challenging situations.

Exposure to my colleagues - networking - was essential in helping me understand my strengths and limitations as a public health official, how public health practice involves a combination of science and politics and a basic understanding of civics.

PHLI provided a cadre of peers who could assist with specific issues. We all have strengths in certain areas; I could assist others concerning my strengths and others could assist me with their strengths.

I entered the program with a high degree of interest and naive vision, but was taught/coached/mentored into more realistic view of how I could influence public health policy, theory, and most importantly practice. The PHLI experience helped me learn about my strengths and growing edges, exposed me to a variety of peers going through similar processes of change, and formed a (loose) learning community which taught me (experientially) how important learning communities are to the development of high-level capabilities.

Networks led to professional knowledge-sharing

Another group of these respondents described how the networks they built through PHLI provided an ongoing benefit through professional knowledge-sharing, one of the key benefits of professional networks most commonly described in literature. Some explained the network afforded by PHLI had given them “role models” and “mentors.” Others put it this way:

*NPHLI illustrated to me the importance of having mentors and leadership contacts *outside* one's own system. It was very useful to have to explain my organization, my project, and my challenges to other leaders unfamiliar with all of them. I am still using the external insights they provided. [The evaluator is aware that this scholar, a “solo scholar” in the UNC model, has continued regularly scheduled telephone calls with the peer mentors on his PHLI “team” across the country.]*

An absolutely invaluable benefit of my year in NPHLI was 'building my network'-- I have called or emailed my fellow classmates countless times for opinions, experience, knowledge, etc.

Through PHLI, I met other public health leaders across the country, and have maintained friendships with them since 1997. This network of accomplished leaders has been an invaluable source of advice, best practices, referrals, and support. I have held leadership positions at the local (health officer) and state (deputy health secretary) level for almost 12 years, and have found that a leadership network has been essential in my career.

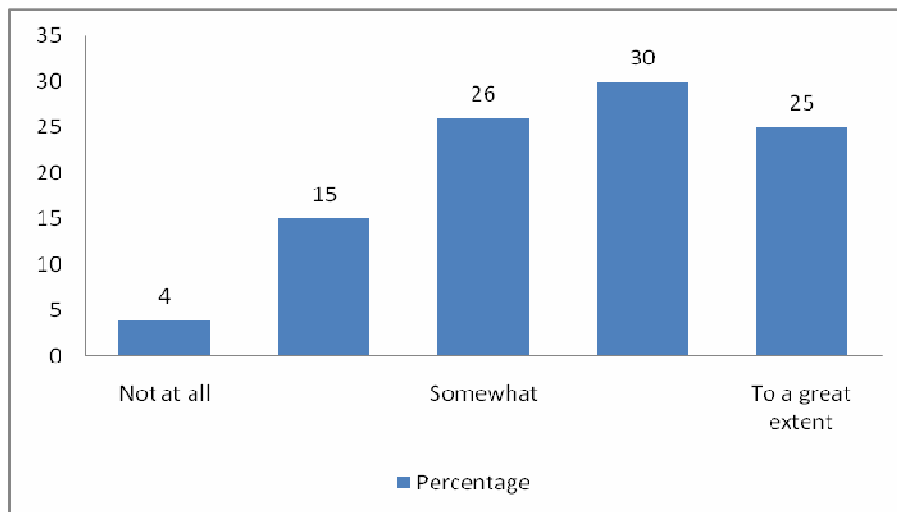
The benefits for me in PHLI are linked to the individuals and relationships I developed in the program. I have been able to brainstorm with people I understand and value but who have differing perspectives or question in important ways. I have had the ability to work with another PHLI graduate who gained from me as well. The important aspects for me are: Personal association with public health leaders in other environments but with similar challenges.

[PHLI helped me] [develop] a broad network of peers nationally that has been extraordinarily helpful in brainstorming approaches to a variety of public health system problems, providing specific assistance on various critical public health opportunities and concerns and a forum for staying current on up to date thinking in our field.

We also found some indication of this result in response to two closed-ended survey questions. One asked: “To what extent did PHLI strengthen your professional network of people you can contact for ideas about how to handle your leadership situations?”

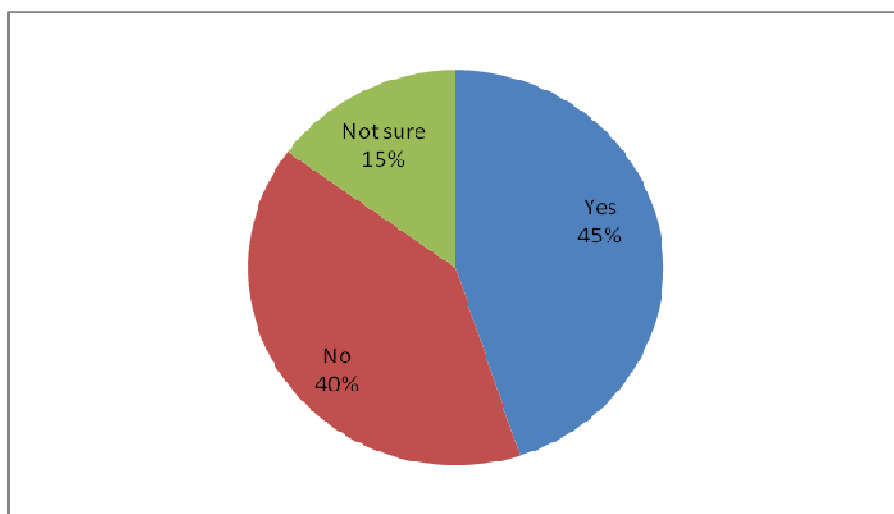
Scholars replied that PHLI had strengthened this professional network to varying degrees. Twenty-five percent answered “5” - “to a great extent”, while 30% gave it a 4 – in between “Somewhat” and “To a great extent” (Figure 18). About 26% replied “Somewhat” and the remainder gave it a lower score. Only 4% replied “not at all.” These responses indicate that a majority of scholars experienced some gains in the strength of the network *available* to them for professional knowledge-sharing.

Figure 18. To what extent did PHLI strengthen your professional network of people you can contact for ideas about how to handle your leadership situations? (N=384)



In a related question about actual knowledge-sharing practices, we asked, “In the past 24 months, have you asked for or given another PHLI graduate some ‘wise counsel’ on how best to proceed in a leadership situation?” In response, 45% of scholars replied “Yes”, 40% replied “No”, while 15% were not sure (18) (Figure 19). Clearly, this is a very general measure of knowledge-sharing behavior: the time frame is long, and it says nothing about the frequency of such interactions. It does, however, seem to indicate that a substantial number of PHLI graduates have stayed in touch with one or more other graduates, and contact one another when they need some wisdom in a leadership situation.

Figure 19. In the past 24 months, have you asked for or given another PHLI graduate some “wise counsel” on how best to proceed in a leadership situation? (N=372)



As we have seen above, the open-ended responses to survey questions provided greater information about how graduates valued and received professional knowledge from their PHLI network colleagues.



PHLI scholars said they benefited from the opportunity to build relationships with other scholars from across the country at the retreats.

In this photograph, scholars pose during a break from a meeting at Chaminade.

Networks provided ongoing support for leaders taking action

Others described how the network members provided “support” for providing leadership – implying emotional and “moral support” in addition to ideas for good practice. Some specifically mentioned that the feeling of belonging to a network or team had given them courage to lead. For example:

[PHLI provided] a network with other scholars [and] support to stay the course during tough times.

PHLI made me aware of the community of persons interested and dedicated to improving leadership and it made me aware of books and resources that I might use to become a better leader. So it was the sense of there being a community of people that was helpful and has at times I believe contributed to providing ideas and courage to seek change. I have been actively involved in promoting significant change for 5 years now and PHLI has had some small part in helping weather this difficult trajectory.

PHLI helped to give me the requisite leadership skills, the support group to feel others in my position were making/could make a difference, gave me the confidence to step up to the plate, and impressed upon me the obligation to do so.

Coming from one of the smaller states' public health departments, I was not real sure how effective one could be in addressing issues of state and national importance. PHLI afforded me with peer contacts in other states, helping me to see that one's leadership skills have more to do with accomplishment than size of the organization one represents. In the years since graduation, I have been able to effectively lead community collaborations to influence the adoption of state policy on maternal and child health issues, mental health parity, oral health, CHIP, the uninsured, self sufficient wages studies, perinatal studies, foster children's coverage by Medicaid, and other concerns of public health.

Networks led some into formal collaborative work

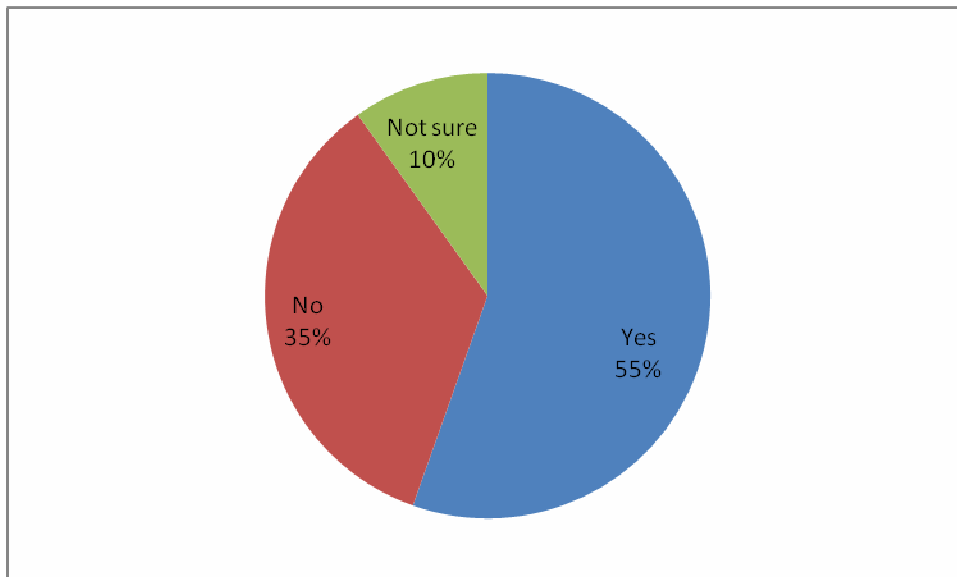
Finally, some graduates mentioned that PHLI had led them into formal partnerships or collaborative work with others around the nation. We have already summarized this earlier in the report – under Domain 2 - when we explained how PHLI had led to collaboration by encouraging graduates to take on voluntary leadership roles at local, state, or national levels with public health associations and other groups.

In some cases, it was the *concept* that public health “is a community affair” and requires collaboration – learned through connecting with the general network of thinkers and leaders at PHLI - that encouraged leaders to take on roles of all kinds on their own. For others, it also included a renewed sense of actually being a “leader” and part of the national “leadership team” that encouraged collaborative actions befitting a team member. In still other cases, specific personal network connections forged directly or indirectly through PHLI at the state or national level led graduates to take on certain roles, as we saw, in organizations such as SACCHO’s, ASTHO, NACCHO, and APHA.

On the survey, we also asked a question about collaboration involving other graduates: “In the past 24 months, have you collaborated with other PHLI graduates on any projects or activities?” In response, 56% replied “Yes,” while 34% replied “No” and 10% were “not sure” (Figure 20).

Again, these results are very general, and the results and open-ended comments we have summarized in Domain 2 provide greater details, *particularly in sections 2.7-2.12*. And, as we will see, Domain 4 shows how very specific collaborative efforts, often facilitated by formal professional networking associations and other partnerships, were closely tied to infrastructure and systems improvements.

Figure 20. In the past 24 months, have you collaborated with other PHLI graduates on any projects or activities? (N=375)



In sum, among the most important benefits for many were the “connections” they had made – and all the benefits that came through those connections.

These findings remind us that leaders are not machines in need only of new practical skills and knowledge, but complex personalities in search of a role and mission, vision, courage and encouragement, validation and confidence, and companions for the journey.

Question 3.2 What formal networking organizations emerged from PHLI?

Much of what we have already discussed about the benefits of networks emerged informally. We now discuss findings in the formal networking organizations of professional knowledge-sharing and collaboration, that emerged mainly or partly due to PHLI.

The National Public Health Leadership Society (PHLS)

In the section above entitled "Related Advances in Public Health Leadership Development", we discussed the evolution and work of PHLS. This group was formally established to provide opportunities for knowledge-sharing, support, and collaboration among PHLI alumni. Its activities have included continuing education seminars at meetings and telephone conference calls, public health leadership reading groups, providing the journal Public Health Leadership to all members, and other activities to foster knowledge-sharing.

In addition, PHLS members have collaborated on certain projects. The major project was the development and dissemination of a series of documents called Principles of the Ethical Practice of Public Health and Skills for Ethical Practice of Public Health. In addition, PHLS members have worked together to produce white papers on workforce development, leadership and leadership development, and enumerating the public health workforce.

The National Public Health Leadership Development Network (NLN) and State and Regional PHLI's

In the section above entitled "Related Advances in Public Health Leadership Development", we also discussed the development and work of the NLN. This group was an indirect outgrowth of PHLI. After the founding of PHLI, a number of PHLI scholars and other leaders from around the nation began to start state and regional PHLI's, usually supported partly by CDC. In 1994, CDC sponsored a cooperative agreement with the ASPH and Saint Louis University to establish the NLN. The purpose of the NLN was to support the growth of national, state, and regional leadership development institutes, and to help expand collaboration among the institutes, alumni, and federal, professional, and private organizations.

NLN currently has 31 member leadership programs and organizations. It has sponsored a national conference for knowledge-sharing and planning, convened working groups to inform the field on issues such as curriculum and evaluation, developed and published competency statements, and given awards for service and leadership.

NLN is an indirect result of PHLI, and so are many of the leadership institutes that were started by PHLI alumni in an effort to share their experience with leaders in their states. These institutes normally have an explicit or implied objective of improving leadership networks in their states and regions, and are also therefore an outgrowth of PHLI that is formally organized and related to networking. One state deputy observed that the state and regional institutes were a major outcome of PHLI and contributed to networks among emerging leaders at the state level:

Development of the state/regional leadership institutes grew out of a group of PHLI graduates and spread across the country. This forum has provided an unprecedented opportunity for our future leaders to be exposed to the latest in leadership skills and thinking, develop a network of peer consultation with ready applicability to solving common public health problems as well as a chance for senior management to see how well these staff perform in a more challenging environment.

NACCHO and ASTHO

A few respondents described significant influences of PHLI in the reorganization of NACCHO in 1994 as a national organization, and the strengthening of ASTHO in the 1990's. We do not, however, have enough data on those specific histories to discuss those results in detail as PHLI outcomes. These would be valuable future studies.

Summary

At one level, there is a national network of public health leaders that is anchored in members' relationships with PHLI. As we have seen, this includes primarily the formal organization of PHLS. On a more specific but also national and formal level, there is also a substantial network of PHLI graduates and other leaders who run state and regional leadership development programs, the NLN.

In addition, we have heard scholars describe many informal support and knowledge-sharing networks that small groups of PHLI graduates describe having enjoyed since graduation. For example:

[PHLI] established a network of leaders that I continue to be in connect with today...this is now a long period of time! My class was the first to accept Deputy Directors, and they continue today in several strong leadership roles nationwide. I rate this # 1 in my PHLI experience.

The benefits for me in PHLI are linked to the individuals and relationships I developed in the program. I have been able to brainstorm with people I understand and value but who have differing perspectives or question in important ways.

But we have not yet discussed the formal collaborations among network partners, that were facilitated by PHLI directly or indirectly, that led to improvements in the public health infrastructure. How were all of these networks and collaborations specifically linked to national, state, and local changes in organizations, programs, policies, and systematic efforts to improve performance?

In the next Domain, we will discuss how these collaborative movements and projects that groups of PHLI alumni have helped to lead have appeared to influence these aspects of the overall public health system.



PHLI provided educational sessions on current leadership topics and concepts.

Author and consultant Charlotte Roberts presented on “systems thinking” and change theory during many of the North Carolina years.