North Jersey Health Collaborative
health matters

In July 2017, the Data Committee of the North Jersey Health Collaborative conducted a series of interviews with the leads of the NJHC workgroups [33 individuals from 17 workgroups participated]. [1] The purposes of these interviews were to better understand how workgroups function, to identify supports that workgroups and leads need from the NJHC, and to indicate specific data needs that can further the workgroups' efforts. Interview data was analyzed by the Atlantic Center for Population Health Sciences and a summary of the results, with the exception of data-related requests, is presented below.

What It Takes To Lead…

* Workgroup leads contribute an average of 7.7 hours each month to their role (median: 7.5, range: 4-16).
* Most leads felt supported by their organizations and that their workgroup responsibilities align well with their professional roles (average: 7.9, median: 9, range: 2-10). In contrast, the most common challenge reported by leads is finding time to complete their workgroup tasks in addition to their regular job responsibilities.

> *"If I have one criticism of this whole effort, it's that it is entirely dependent on volunteers and it takes a lot of time! We are volunteering on top of maxed out workloads."*

* What help do they want the most? Administrative support (e.g., meeting organization & note taking) as well as financial support from their organizations and from the NJHC.
* Most workgroup leads are seasoned community health professionals. However, many expressed that the workgroup lead role [within the NJHC] was different from what they expected, and feel somewhat under-equipped (or under prepared) for the job (many already hold leadership positions in their organizations or have run community initiatives before).

Workgroup Functionality and Logistics

* Even though workgroup leads gave a high average score of 7 for member engagement (median: 7, range: 2-10), many made repeated comments during their interviews about the lack of engagement from workgroup members beyond attending meetings. This hints to a gap between engagement in the workgroup and engagement in the work of the group.

> *"Some are part of the working group because he/she is supposed to show up and represent their organization; however, they are not really engaged. It's like they are told to be there but do not do anything."*

* Most workgroup leads are aware of other efforts that address similar topics in their communities. A few workgroups have been able to make meaningful connections, however a majority have faced challenges in figuring out how to align processes and structures (e.g. groups are convened by various bodies and have differing rules of engagement).

> *"[People from the Mental Health Association] have been very strong partners. Before they joined the group, information requests [to other agencies] were not always answered. Now… [key stakeholders] are more responsive."*

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[1] *Workgroups from Warren County were not included in analysis because they were just forming at the time interviews were conducted.*

* The most commonly sought after improvements in workgroup functioning are: 1) better engagement from members to distribute tasks and responsibilities and 2) assistance with intentional networking with other workgroups as well as with external organizations in the community.

Workgroups Outcomes: Doing the Work of Building Healthier Communities

* Most workgroups have grown in membership and have established partnerships with other organizations. They have also seen success in defining their direction and strategies.
* However, a majority of workgroup leads expressed difficulty with getting enough involvement from members to implement their ideas (e.g. programs, etc.) for community health improvement.

> *"It would be nice to have Collaborative leaders in attendance of the workgroup...It would be nice for there to be an evaluation of the workgroup lead so that [I] could know if [I am] being effective."*

* A common challenge for workgroups is getting access to local-level data and/or data specific to the populations they are working with to guide them in their work.
* At the time of the interviews, at least 2 work groups were not meeting because of difficulties with setting objectives and not having the right members around the table. Workgroup leads believed that perhaps it would be more effective if their groups were integrated into other NJHC workgroups, or intentionally linked with pre-existing external groups.
* Workgroup leads stated they found they need more guidance from the NJHC in terms of what their groups should be doing.

> *"It would be helpful to give us more direction and to have [the NJHC] say, 'why don't you work on this?' [It is] much easier to work when you know what you're working towards.*
>
> *"The [NJHC] is not always clear about what they want. What does it mean to do a great job?"*

Recommendations to the Executive Committee

Review workgroup structure in anticipation of the next CHNA/CHIP cycle. *What structure will best support the community health improvement work that needs to be done, while integrating with existing, non-NJHC sponsored initiatives and not overwhelming leadership?*

Answer the question, "Who is the collaborative?" *Many leads were expecting support from "the collaborative" and it seems like they don't see themselves as "the collaborative." This distinction is more than semantics; it's about how partners interact with and relate to NJHC.*

Develop out a structure/committee to work on content for and advise health improvement plans/work. *This was commonly requested by workgroup leads—a source of guidance on the work they are doing, a sort of complement to the Data Committee.*

Invest in building the collaborative leadership skills for key partners, *regardless of what the workgroup structure looks like. It's clear from these interviews that leading work within the NJHC environment requires a different skillset than the one even our most seasoned, community health professionals have. Bringing together partners, holding people accountable, building on pre-existing community efforts, and facilitating communication and compromise all take time, patience, and experience to do right.*