

Health Manager Networks: Fostering Leadership

Steve Shuman: Thank you for joining us in a conversation to explore ways to foster health manager network leaders. Health manager networks are more likely to be sustained when there is shared leadership. Today, the National Center on Health will speak with leaders from two health manager networks. Their experiences may provide all of us some insight into ways networks can foster leadership. My name is Steve Shuman. I've been working in public health and early childhood for over years.

Kimberly Clear-Sandor: My name is Kimberly Clear-Sandor. I'm a family nurse practitioner and have been working with children and families throughout my career. Steve and I both work the National Center on Health, the Senior Training and Technical Assistance. Associates at Education Development Center. The National Center on Health defined the health manager network to be, but not limited to, a group of three or more coordinators and staff and staff of health, nutrition, mental health, and oral health services. Members share a common interest in the work that they do, a desire to do it better, and a commitment to interacting regularly.

Networks can serve a variety of purposes, such as information sharing policy development, peer mentoring, and promotion of global health activities. Most networks prioritize peer-to-peer professional support. Establishing and sustaining a health management network takes leadership, commitment, and an awareness of the needs of its members.

Executive Coach Jane Kise says, "Intentional leaders learn to focus not only on what they planned to accomplish, but how they will lead others to get there." Without leaders, most networks might have difficulty planning meetings, scheduling speakers, or even finding a date and place to gather. Usually, every member has a full time job in a Head Start or Early Head Start program. Many health manager networks across the country receive support from Head Start State Collaboration Offices, Regional T/TA staff, consultants, and, in today's two examples, their State Head Start Associations.

Kim and I are happy to bring you three voices with direct experience in the leadership of health manager networks. Rashanda Jenkins is the regional health and nutrition coordinator at Early Head Start and Head Start programs at Northern Virginia Family Service. Ms. Jenkins was elected in 2013 to chair the Virginia Health Advisory Committee, or HAC. The HAC is an extension of the Virginia Head Start Association. The Health Advisory Committee is to health manager a network in Virginia.

Rashanda, can you say hello and describe the history and structure of the Virginia Health Advisory Committee and how it works?

Rashanda Jenkins: The mission of the Virginia Head Start Association Health Advisory Committee is to provide what we like to call a forum for local Head Start programs throughout the state of Virginia, to communicate with one another and with community partners that serve Head Start children and families. The goal and mission of the Virginia Head Start Association Health Advisory Committee is to advocate for children on issues that relate to health, nutrition, mental health, and disabilities, also to inform the members of the association of new development and trends that are health related across the different programs across the state, to provide training and new resources and strategies. We're delivering quality assurance programs around health related services. Membership is comprised of

various health managers and coordinators at Early Head Start, Head Start grantee programs. And some of them may include directors, health and nutrition coordinators. Mental health coordinators, or education disabilities coordinators that primarily work with family and children. There are offers of representation with the Health Advisory Committee. You have myself who is the chairperson of the Health Advisory Committee. And, also, we have a secretary. We meet three to four times a year. Steve: Thank you. So we're going to have a lot more questions for you as we move forward. Our other speakers are about , miles to the west. Erick Vaughn is the executive director of the Kansas Head Start Association and Peggy Kelly is the special project coordinator for the association. Would you two say hello and describe the history and structure of the Kansas health manager network and how it works? Erick

Vaughn: Hello. This is Erick Vaughn. The health management network started as an annual face-to-face meeting for the health managers. And it was a loose network. Usually, an existing health manager would help set the agenda, and then they'd be there during the day to talk about the various topics that were of interest to them. And there was not very much of a connection between those annual meetings other than the association sharing contact information of the health managers who were at that meeting. But that changed when Peggy Kelly came on board and started helping us be a little bit more intentional about it. So I'll let Peggy speak to that work.

Peggy Kelly: OK. Thanks Erick. Yeah, when Steve contacted us, he offered to help us do some organization with our health managers network. And we started out having a conference call and, over that year, had a conference out every other month in addition to the annual day long session networking group that the health managers were having normally. Steve: Erick and Peggy, that's a great start. Thank you. Both of your health manager networks are connected to your state association. Rashanda, in addition to leading the network in your role as the chair, can you share some of your other responsibilities?

Rashanda: Well, as the Health Advisory Chairperson, I am invited to participate in the State Collaboration Office Advisory Committee meeting. That's very similar to Health Advisory Committee meeting. And this group of individuals meet throughout the year to share resources and provide updates to the committee. And so I represent the state Health Advisory Committee, and I provide information to my colleagues with regard to the State Collaboration Office.

Steve: Is there anything that the association does for the HAC. For instance, who keeps the email list up-to-date?

Rashanda: Yes, absolutely. Well, our email listing, ensuring that the information gets out to the association members, is very, very important. Miss Dawn Ault, our executive director also keeps the local directors across the state informed with regards to things that are happening with not only the association, but also with the Health Advisory Committee.

Steve: Super! Now, we're going to hear from Erick and Peggy and how it works with the Kansas Head Start Association.

Peggy: The network has come to see the association as a facilitator. And I really think that's a role that we've been intentional in taking on. We don't try to get involved in doing their work or how they do their work. We try to provide information for them to be able to feel comfortable about what their tasks are and how they go about them and providing resources that they can draw on. We've done that by

increasing the communication amongst the group individually as well as more opportunities to come together as a group. We also have been the connection for information directly from the National Center on Health. We also really work to make sure all the health managers were directly connected with the ECLKC site to get the automatic notices, and then, also, just hearing what it is that the health managers around the state are wanting to talk about to set the agendas for our conference calls, make sure that we're really focusing our time and energy on the things that matter to the health managers as they're going about their work.

Steve: Terrific! Erick, would you like to add anything?

Erick: Since we have the agenda set ahead of time, we had specific topics and presentations ready. People have been more likely to want to share what they're doing with others and be more intentional about it. They're coming more prepared to share information about what they're doing in their local program, whether it's a resource, or a procedure, or policy. So I think it has created some more intentionality and then perhaps a little bit of competition to share what they're doing with each other, which is, I think-- it's a really positive thing.

Steve: I am hearing one of my favorite words, intentionality. The intentionality of the interactions have led to richer and more substantive participation and interactions.

Kimberly: Rashanda, you shared a little bit about some of the tasks that you do as an elected leader of your network. Can you expand upon what you do for the network and what tasks others may carry out that also support the network?

Rashanda: For the most important thing that I do is planning and coordinating dates and locations of when our HAC meetings are going to be held for the program year. We have meetings during the Association Conference that's held annually as well as the Health Institute. But there are other meetings that we hold. And so my responsibility is ensuring that the secretary that I work very closely with send that information out to our HAC members through email notice and also ensuring that the association website is up-to-date with regards to the calendar of when our meetings are going to be held. So a lot goes into the planning, but I think the most effective piece to making all of this work is time management.

Kimberly: Thank you, Rashanda. Peggy, can you share some of the tasks you perform for the network?

Peggy: The main things, I think, that I do are just basically be the facilitator for the process. I keep track of when we need to be planning meetings, make sure we have the dates scheduled, and the various technology arranged for, and communicate that out well in advance as well as send reminders. I also make sure that we have the agenda planning done ahead of time. I gather information, feedback from the health managers after each of our sessions to find out how effective the session. Was this information helpful to you? How will you use it? What other topics would you like us to spend time on in future meetings? I also do the work to make sure that the group had a contact list, really makes it so much easier to connect with someone on an individual basis or a group of people. But putting together those contact lists is very time consuming. And also, in that process, it keeps the directors involved with where--what's going on with their health leaders and making sure that they've got the people from their program connected into that process.

Kimberly: Thank you. In your role as special project coordinator, you work with a health manager leader. Can you share a little more about the role of the health manager leader?

Peggy: We do have a health manager who is really the leader of the group in my opinion. Diane Pfeifer from the Hayes Early Childhood Connections program, has taken that lead role for a number of years and is very happy to do that. We really ask her to be involved in leading the discussions and being a leader in sharing information and getting conversation started. She also, as we're doing agenda planning, is the voice of the health managers. I really consider her the group leader.

Kimberly: That's great. It sounds like the two of you both work together to support the health managers. As you lead your networks and manage these tasks, it's clear that you have a skillset that enables you to do this successfully. Rashanda, can you share with us what leadership skills are important to your role?

Rashanda: Sure. The most important leadership skill that I think I brought to this role is definitely being organized. I am the health and nutrition coordinator at Northern Virginia Family Service. And I have many, many different roles and responsibilities. But being chairperson takes a lot of organization, teamwork, and definitely time management.

Peggy: And what skills have gotten stronger as you've worked in your leadership role as a Health Advisory Committee chair?

Rashanda: Oh, absolutely. The first thing that comes to mind is public speaking.

Public speaking, writing, and just being able to engage a diverse group of people.

Kimberly: Thank you. And Peggy can you share the leadership skills that you think are important to your role as special project coordinator in supporting the network?

Peggy: Well, I think really listening is the number one skill. Also, just being somewhat organized, I think, is important so that we can keep our communication efficient and effective. I think being totally comfortable in what a facilitator's role is and is not is really key so that the lines between facilitator and group leader and work of the network don't become blurred.

Steve: We know it's crucial that each network has strong buy-in from the program director in order to really create a thriving and sustainable network. Rashanda, can you talk a little bit more about how your director encouraged you to participate prior to taking on the leadership role and how other directors across the state feel about the network?

Rashanda: Sure. When I initially started this position, that was one of the first things that she mentioned to me about how it could be used as a resource and how I would meet other health managers across the state and be able to gather information and training resources, et cetera, to bring back to share with our very own Health Services Committee with Northern Virginia Family Service. And so that made me feel great because I said, well, I have my agency as a support. HAC was a great resource for me and other members in terms of sharing helpful tips, looking at the performance standards, looking at service plans, and really looking at what the expectations were from the office of Head Start.

Steve: Thank you, Rashanda. Erick and Peggy, how do directors in Kansas perceive the network.

Erick: Well, I've heard all positive feedback from the directors about the change in network. And I think that the evidence of that is just the attendance has increased at our face-to-face meetings and just

people being present whenever we do have a networking session, whether it's face-to-face or online. They find value in what's being presented that's going to be helpful for their staff. So they support their staff in participating even though they're very busy. So they want to ensure that their staff are getting quality professional development and resources.

Peggy: I think that KHSa has always had a good relationship with the programs. But I feel like they're finding another level of support and positive help from the organization that is supporting them in doing their work. I think it has been only a very positive relationship building process.

Steve: That's great. Thank you. So we've talked about what you have been able to do for the health managing network. I wonder if you think there might be some additional benefits to the association.

Erick: The first thing that pops into my mind is just that every time we have a more direct connection with the people that we serve, which includes the staff, that makes us a stronger association. And that helps us in being able to ask questions directly and get feedback about professional development needs and other needs to make sure that we include that data in our planning efforts by the state association.

Steve: Well, it sounds like a win-win for everyone. Rashanda, by virtue of your role and participation in the network, have there been any benefits to your program?

Rashanda: Yeah. It's as profound as if you come to a meeting being brand new and you get a chance to meet other folks across the state and then be able to connect with presenters who are trained in a specific service area and be able to get their business card, I think that's the perfect purpose of HAC.

Kimberly: Rashanda, Erick, and Peggy, thank you for generously sharing about your networks. Steve and I wish you and your networks lots of continued success. The National Center on Health hopes that other states find what you shared relevant to their work and reflect on how your approaches may benefit their network. There are many reasons why some groups succeed for years and years. We believe one key reason is linked to supporting and fostering leaders. Attrition may be natural and planned for, but leader burnout is preventable.

Steve: We have also learned that supported leaders have clear expectations of the tasks they are responsible for as well as important skills to accomplish those tasks, that someone's in charge of keeping contact lists up-to-date, and communication is both timely and effective. The networks in Virginia and Kansas both stress the value of achieving buy-in from program directors. I want to echo Kim's thanks to Rashanda, Erick, and Peggy. Virginia and Kansas Head Start and Early Head Start programs are lucky to have such commitment to health service staff. Thanks for joining us today.

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