CJNR 2004, Vol. 36 Nº 4, 203–207

Happenings

CHNET-Works! A Networking Infrastructure for Community Health Nurse Researchers and Decision-Makers

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Community health nurse researchers, practitioners, and decision-makers in Canada are about to be introduced to CHNET-Works!, a networking infrastructure. The purposes of the network are to increase the responsiveness of the research community to emerging issues in the community health policy and practice fields, and to support use of the latest research evidence by those in the decision-making and practice communities. The network will promote community health nursing leadership, foster multisite and multidisciplinary research, and facilitate evidence-based policy and program development. It will provide a suite of networking tools and support activities such as links to searchable databases and face-to-face interactions among community health decision-makers, practitioners, and researchers. Our mission is to encourage formal partnerships between nurse researchers and decision-makers. It is expected that these partnerships will lead to high-quality applied health services research and to more timely use of research findings.

Although strategic and efficient networking is an important strategy for all nurse researcher and decision-making partners, it is particularly germane to the community health field. The design of evidence-based community health programs and policy initiatives is a complex undertaking (Bryant, 2002; Campbell et al., 2000; Edwards, Mill, & Kothari, 2004) and must be guided by an array of theoretical and empirical evidence (Krieger, 2001). Accessing this broad range of information could be better supported via a network. Furthermore, due to the complex designs of community health and public health programs, mixed methods are often required to address research questions about effective program delivery. A strong network can support access to the specialized areas of methodology expertise required in this field (Baum, 1995; Glasgow, Vogt, & Boles, 1999; Russell et al., 2004).

Decision-makers spend much time and effort assessing and prioritizing community needs, identifying an effective range of services, and allocating human resources to deliver these services. A network will provide a means to more readily access relevant data and research, including health-status profiles (e.g., regional and provincial "report cards" on health status) (Fulop & McKee, 1996), systematic reviews (e.g., Public Health reviews, Cochrane reviews, Campbell reviews), policy and legislative data (e.g., tobacco legislation database assembled by researchers funded through the Tobacco Demand Reduction Strategy of Health Canada), policy and management research, health surveillance information (e.g., Perinatal and Injury Databases), and health human resource data and research findings). Access to this type of information is essential for the design of responsive, needs-based programs by decision-makers.

The network will also be relevant for nursing practice. The nature of community health practice and program delivery is such that many nurses are working in geographically disparate settings, isolated from researchers and key decision-making partners. A virtual network provides an essential means to identify important and researchable health service delivery issues arising in rural and remote areas of Canada.

Why a Network?

Our preliminary needs assessment (through focus-group discussions, a national workshop, and interviews) highlighted the need for a network to link nurses in practice settings with decision-makers and researchers in order to advance the public and community health agendas. Interviewees also expressed the need for a network to support nursing leadership while building broad public and community health initiatives and collaborating with other disciplines, sectors, and stakeholders. Thus, while CHNET-Works! will have a nursing disciplinary focus, it will also encourage an interdisciplinary approach to community health.

The literature on networks spans a range of disciplines. Hill (2002) provides a comprehensive overview of the literature, with a focus on population health issues. The literature defines a network as three or more autonomous organizations coming together for a common purpose in which participation is voluntary and no member is superior or subordinate to another (horizontal organization) (Hill). It is collaborative, membership-driven, and ongoing/continuous (not a one-time collaboration). It takes time to develop, must be nurtured, and requires clear goals. It is more likely to be successful if it has a clear vision and mission, and a modest number of broad objectives accompanied by clear steps for action (Roussos & Fawcett, 2000). Leadership needs to be developed and supported; different leadership skills are important at different stages of

the network (Roussos & Fawcett). Trust-building, facilitated through frequent and open communication, is important and can take years (Hill).

To summarize, the literature argues that networks are a way to resolve complex problems (Hill, 2002). A network can facilitate the sharing of resources, access to expertise, and the adoption of technologies, not to mention mobilizing political power within the health-care community (Hill).

What CHNET-Works! Will Look Like

The purpose of CHNET-Works! is to enhance communication, collaboration, and cooperation among community health nurse decision-makers, practitioners, and researchers. The network will bring together the creators of knowledge and the users of knowledge; foster cross-community learning and instil a culture of collaboration; facilitate the movement of evidence-based research into community health policies, programs, and practice; and broker the sharing by decision-makers of how they access and use research findings for decision-making in the field of community health.

During the next phase of this initiative, a set of networking tools will be designed and pilot-tested. Examples of tools under consideration include *commentaries* on emerging issues from those in the evaluation and policy fields, *debating panels* on hot issues with opinion leaders, *E-share* where program design tools such as logic models can be exchanged, *flash polls* where nurses can express their opinions on hot issues, and *dialogue from the front lines* where nurses can discuss the innovations that are emerging in the practice field.

Initially, the network will have two main tracks. The aim of Track 1 will be timely responsiveness to current critical issues and opportunities; these would have a short-term focus and would shift over time in response to changes in the community health environment. Examples of topics that might be featured in this track include communicable disease outbreaks such as SARS or West Nile virus, imminent legislation impacting on health such as changes in tobacco taxation, or critical budgetary decisions impacting on the delivery of public health services. Track 2, in contrast, will focus on building a networking infrastructure for issues requiring a longer-term vision for change. Potential areas of strategic interest are the prevention of chronic disease or the addressing of health inequities. Through Track 2 we hope to develop meaningful depth around an issue — that is, cultivate lasting linkages that require practice-based knowledge, research knowledge, and decision-maker commitment.

The network is being governed by an Interim Steering Committee. This committee will be in place for approximately 6 months with the

mandate of launching the network, guiding the formation of subsequent Working Groups, and forming a post-launch Advisory Group. An evaluation of the network structure and outcomes is being planned concurrently with prototype development.

Development of this network is timely, as it coincides with provincial and national initiatives to identify public health competencies, the dissemination of community health standards, the establishment of an active coalition for public health in the 21st century, and the creation of the Ministry of State for Public Health. Although the network is at an early phase in its development, it is expected to provide a venue to forge productive interactions among those who are attempting to build a stronger infrastructure of cost-effective community health services across the country.

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Authors' Note

We would like to acknowledge the contribution of the entire research team to the development of this project: Dr. Judy Mill, Dr. Ruta Valaitus, Dr. Frances Legault, Dr. Bonnie Lee, Ms. Debbie Sheppard-LeMoine, Dr. Susan Brajtman, Ms. Nadia Hamel, Ms. Barbara Campbell, Dr. June Webber, and Ms. Maureen Murphy.

The project was funded by the Canadian Health Services Research Foundation.

Dr. Edwards holds a CHSRF/CIHR Nursing Chair from the Canadian Health Services Research Foundation, the Canadian Institutes of Health Research, and the Ontario Ministry of Health and Long-Term Care. Dr. Kothari held a postdoctoral fellowship from the Canadian Health Services Research Foundation during the initial phase of this project.

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