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Go for Health Windsor-Essex

Network Mapping Project Report

February 2011

Overview

Beginning in the summer of 2010, the Ministry of Health Promotion and Sport asked Health Nexus to provide support to each Healthy Communities Partnership to map and analyze their current network in order to provide helpful data to inform the comprehensive *Community Picture*. This report by Health Nexus briefly summarizes the results of that work for the Go for Health Windsor-Essex Healthy Communities Partnership.

Network mapping and analysis is a methodology to visualize and interpret connections within a group or network to strengthen its work and effectiveness. Using both electronic survey technology and mapping software, we generate network maps that provide a baseline ‘snapshot’ of the current levels of connection within local partnerships. By first mapping and then analyzing networks, it is possible to identify key opportunities for community engagement and network development.

Networking strategies aim to foster effective leadership, more innovation, higher communication, greater & successful information sharing, good collaboration, and inclusive & diverse networks, all to help direct and generate change. The network mapping and analysis process can be repeated to show change and impact of activities over time.

Network mapping can be done in a number of ways, both formal and informal. The advantage of using specific network mapping software to analyze the results of a formal network survey is that it gives the ability to visualize and manipulate the maps (and subsets of the maps) to help determine patterns and gaps.

In late 2010 Go for Health Windsor-Essex sent a network survey to 161 people. There were 56 usable survey responses¹. Respondents added another 33 names, so a total of 194 names appear in the final data file created by Health Nexus. These additional names will be useful potential contacts as the partnership seeks to expand the number of partners involved in policy-related action within the community.

Survey respondents gave a total of 2390 links, each of which indicates a relationship between two people. These 2390 links provide a solid base of information for examining connections within the Go for Health Windsor-Essex network.

¹ There were 67 responses in total, but a number were duplicates. When combined, the usable responses totaled 56.

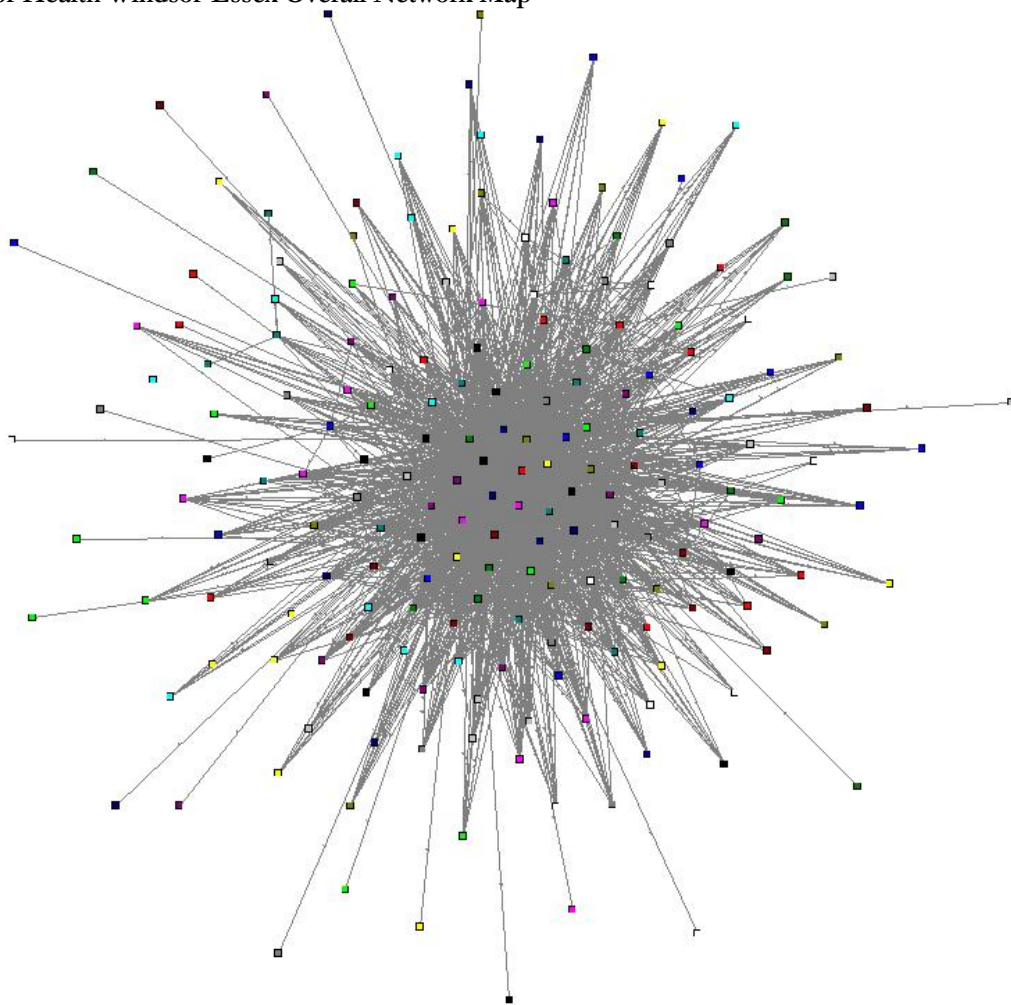
Overall Strengths

Overall, Go for Health Windsor-Essex displayed a very healthy, strong, stable, and effective network.

Figure 1 shows all 194 names in the data file and all 2390 links between them. This overall network map shows a dense and inclusive core comprising many people and organizations from various sectors and with various priorities. This diverse core consists of people who know, trust, and work with each other.

There is also a significant and strong periphery, which includes those whose connections lie for the most part outside the Go for Health Windsor network. This periphery draws in new ideas and resources for the network and is therefore an essential part of its strength and resilience.

Figure 1: Go for Health Windsor-Essex Overall Network Map



Overall Opportunities for Change

There were no major gaps apparent in the data. **In terms of general ability to act on Ministry of Health Promotion and Sport priorities and to work in policy development, Go for Health Windsor-Essex is excellently placed.** The network mapping data show no major barriers to accomplishing whatever recommended actions Go for Health Windsor-Essex might determine to be appropriate to address Ministry priorities.

Results and Recommendations

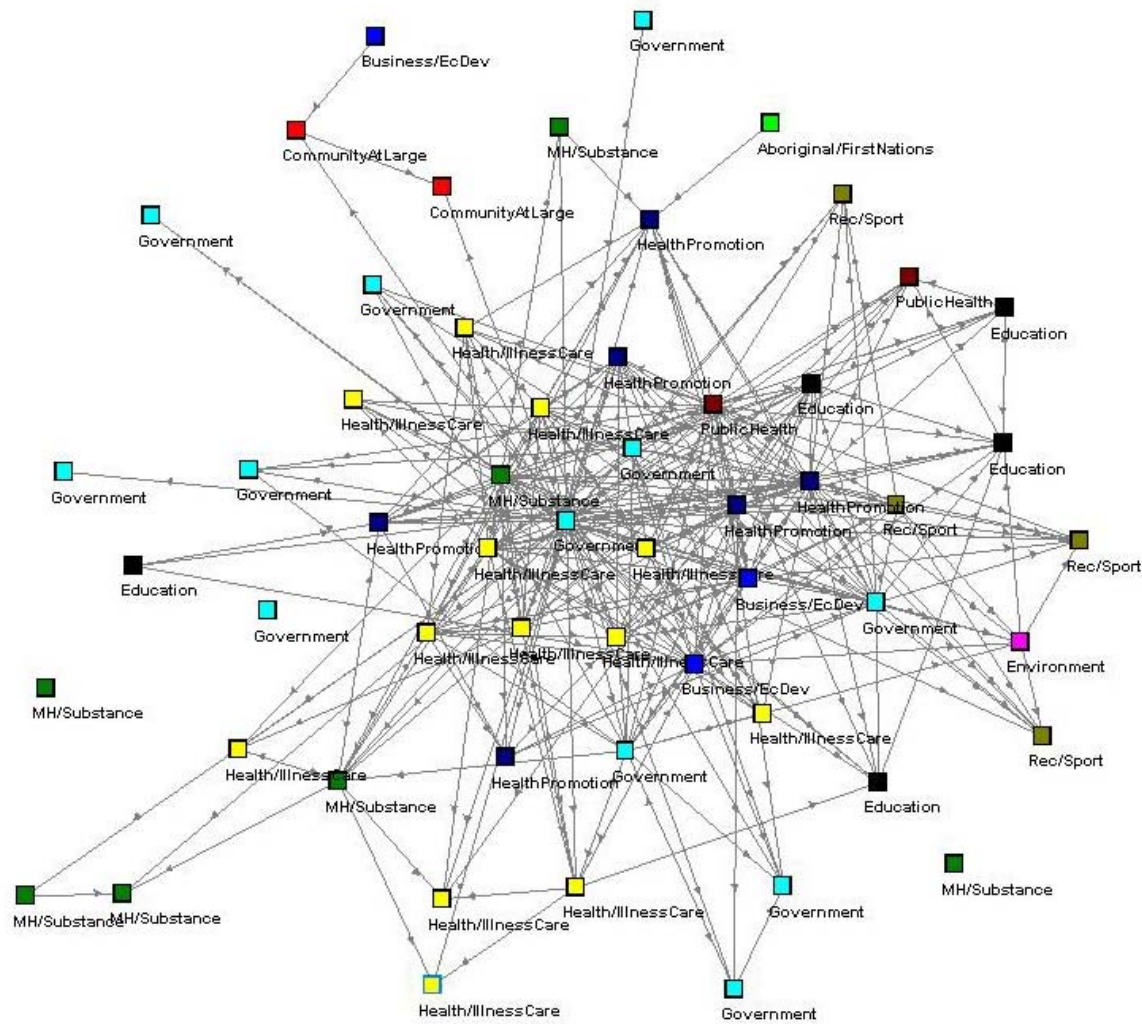
This section presents a number of network maps along with discussion points, analysis, and (where relevant) recommendations. This is not an exhaustive set of maps, nor is it meant to be; network maps are often most useful when they are created to explore a specific idea, to examine specific possibilities, to explore specific questions, or to attempt to highlight potential gaps. Maps specific to those purposes may then be produced in discussion with relevant partners. These maps are intended to provide a brief overview of the results most relevant to the Go for Health Windsor-Essex Community Picture.

Most of these maps show the relationships between those who answered the survey only (they do not include those who did not answer or those whose names were added by survey respondents). They are fully anonymized – respondent names are not displayed, although they are available in the data for the partnership’s internal use.

Sectors

This map (Fig. 2) shows the various sectors of those who answered the survey. It appears that **the core of the network mostly comprises public health, government, health care and health promotion**, which is logical and normal.

Figure 2: Sectors



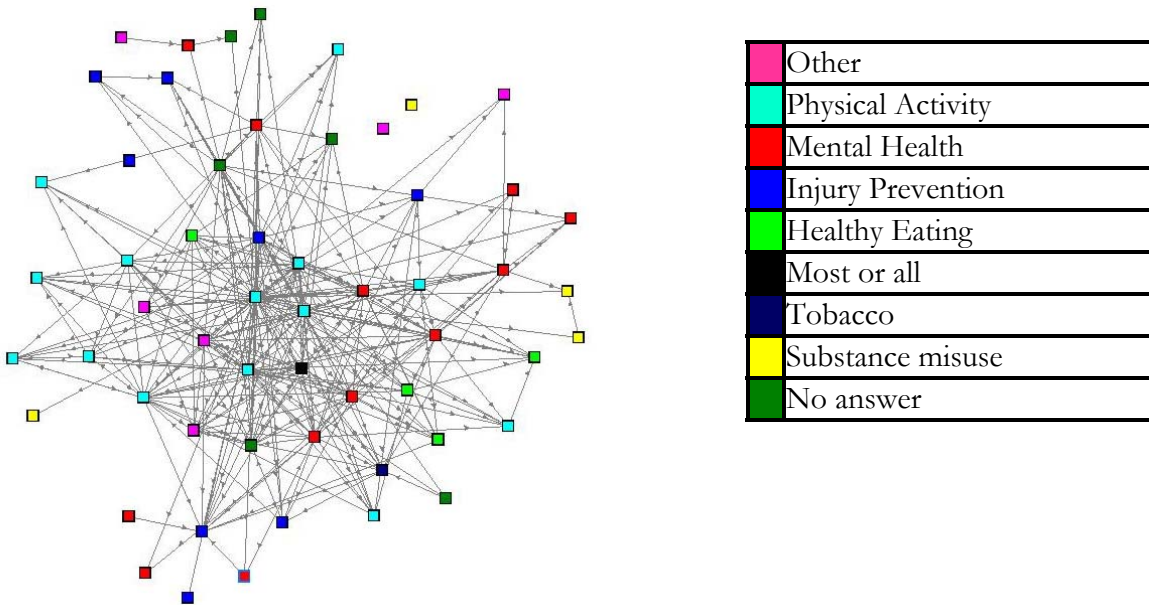
Comments:

- Many of the mental health sector respondents appear on the periphery and not in the network core. There is therefore an opportunity to connect with them more closely through work on the mental health promotion priority.
- There are opportunities to involve those in the rarer sectors (e.g. Aboriginal, Environment, Recreation and Sport) in efforts to help strengthen the network's connections to those sectors.

Current Top Priority

This map (Figure 3) answers the first part of the question “**Even though these risk factors may not be your primary mandate, your organization may still work in one or more of the following risk factor areas. Which risk factor has the highest and second highest importance in your organization’s work?**”

Figure 3: Top Ministry Priority of Survey Respondents



Comments:

- **Overall, this is a nicely connected map.** People working on the various risk factors are interconnected. This is a real strength, as people can use those connections to coordinate work across risk factors.
- **Physical activity is clearly very strong** and possibly predominant, but it is well integrated with all other priorities. Those working primarily on physical activity are not isolated but work closely with others working on different risk factors as well as those who are also working on physical activity.
- After physical activity, there is no strong trend. All the priorities are well connected with each other: people who work on different priorities do talk to each other and work together, which enables coordinated action.
- Mental health promotion and injury prevention are combined well with the other priorities. This is also a strength, as these priorities often appear only on the periphery of a network. This level of integration demonstrates that Go for Health Windsor-Essex is already capable of coordinated action on these risk factors.
- Tobacco is minimally represented. This is a common pattern within the partnerships and might have a number of causes: it could be that many of those working on tobacco also work on other risk factors and thus chose “most or all,” or that the networks of those working in tobacco differ from this overall network, or many other different reasons. This is an area that would need to be

explored in the local context if the partnership felt it was important to visibly strengthen connections to the tobacco networks.

- **Substance misuse could be better connected both within itself and to the other priorities.** Currently it appears only peripherally, and those who chose it as their top current priority are not strongly connected to each other. There is an opportunity here to strengthen work on this risk factor by connecting more closely with people and organizations working in the substance misuse area and by helping them connect with each other.

- Recommendation: Include those whose priority is physical activity in work on the injury prevention and healthy eating risk factors.** Neither injury prevention (Fig.4) nor healthy eating (Fig.5) appear to be connected tightly enough among themselves to be expected to coordinate work on those risk factors alone. However, when those who chose physical activity are included, those networks (Figs 6 & 7) become much stronger and thus more capable of coordinated action.

Figure 4: Injury Prevention Priority Alone

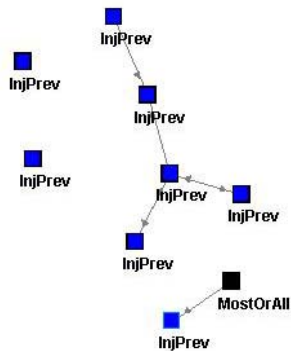


Figure 5: Healthy Eating Priority Alone

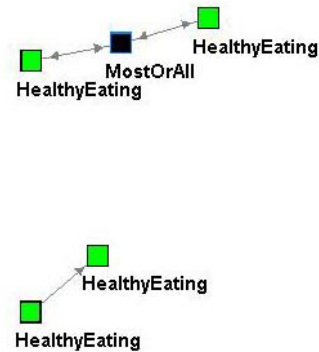


Figure 6: Injury Prevention and Physical Activity Priorities Together

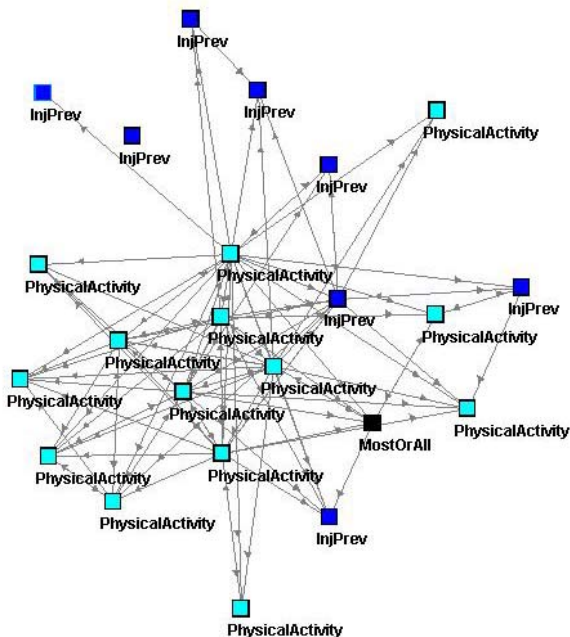
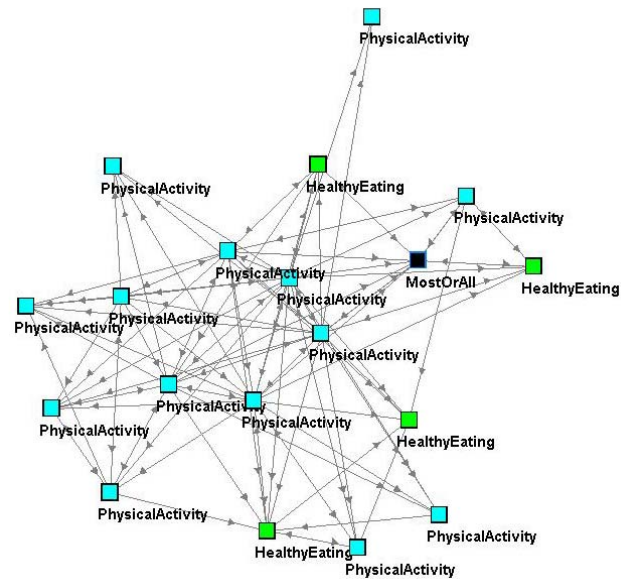
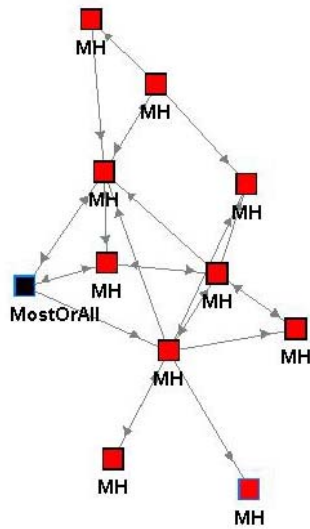


Figure 7: Healthy Eating and Physical Activity Priorities Together



- **Recommendation: Capitalize on existing mental health promotion expertise.** Those who chose mental health as their top current priority are reasonably well connected to each other (Fig.8). It would be a good strategy to involve them in helping those currently working on other policy priorities to incorporate more mental health promotion in their policy and program recommendations.

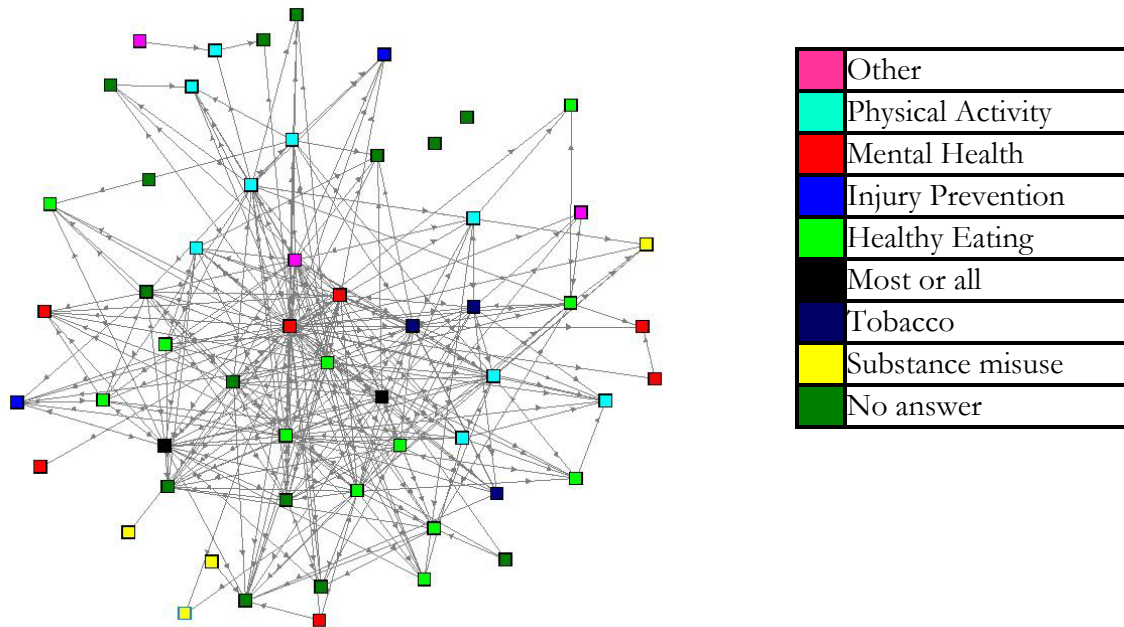
Figure 8: Mental Health Priority Alone



Current Second Priority

This map (Figure 9) answers the second part of the question “**Even though these risk factors may not be your primary mandate, your organization may still work in one or more of the following risk factor areas. Which risk factor has the highest and second highest importance in your organization’s work?**”

Figure 9: Second Ministry Priority of Survey Respondents



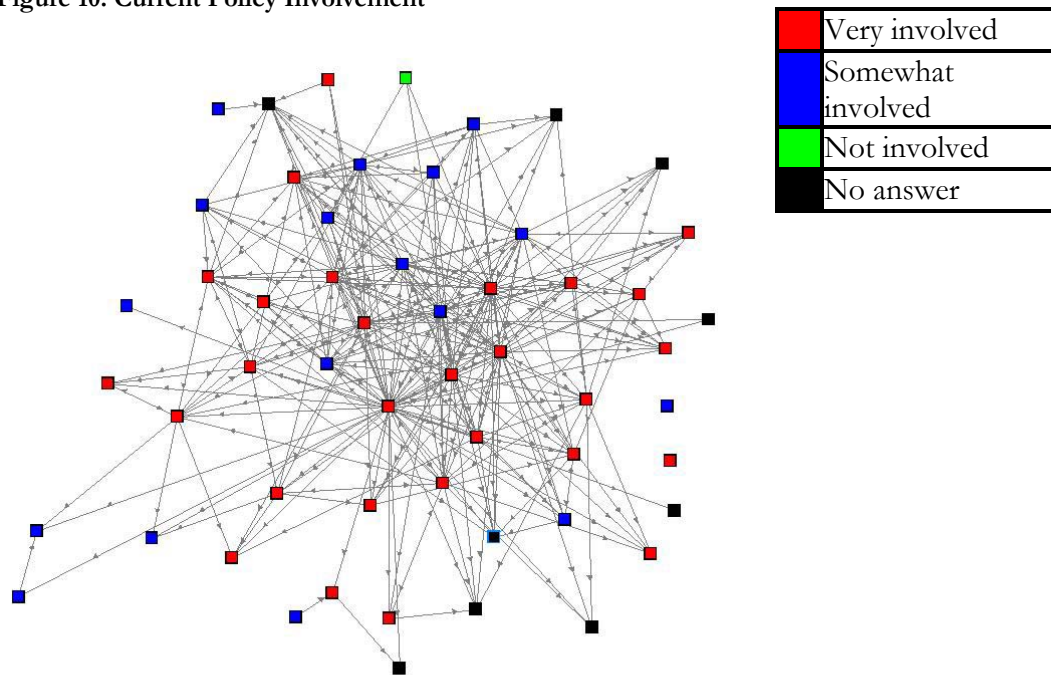
Comments:

- There is less of a clear pattern here than in the map of the first priority. Physical activity still appears quite strong, but healthy eating is definitely more prevalent.
- Looking at the two top priorities together, **physical activity and healthy eating are clearly the most common** risk factors people are addressing in their current work.
- The other risk factors are represented, but are for the most part not grouped together. It appears that again the network is well-connected across risk factors and that those working on one risk factor connect regularly with those working on other risk factors.
- In both priorities, it is notable that **very few people chose “most or all”**. In many network maps “most or all” is the prevalent choice. With Go for Health Windsor-Essex it seems there is a higher focus on the individual risk factors in people’s individual work, and that cross-risk-factor work may be done by a combination of people and organizations rather than within one organization. This tactic may provide the network with additional sources of input, energy and inspiration. On the other hand, the partnership may wish to pay particular attention to the overall picture to ensure no risk factor becomes lost or tangential to the main action areas.

Current Level of Policy Involvement

As the partnership moves further into policy work within the Healthy Communities Framework, it is helpful to know whether or not those involved in the partnership have a background in policy work. A definition of policy was provided and the question asked was “**What is your current level of involvement in policy development?**” Policy could be at any level from policy within an organization right up to federal-level policy. Figure 10 shows the answers to this question.

Figure 10: Current Policy Involvement



Comments:

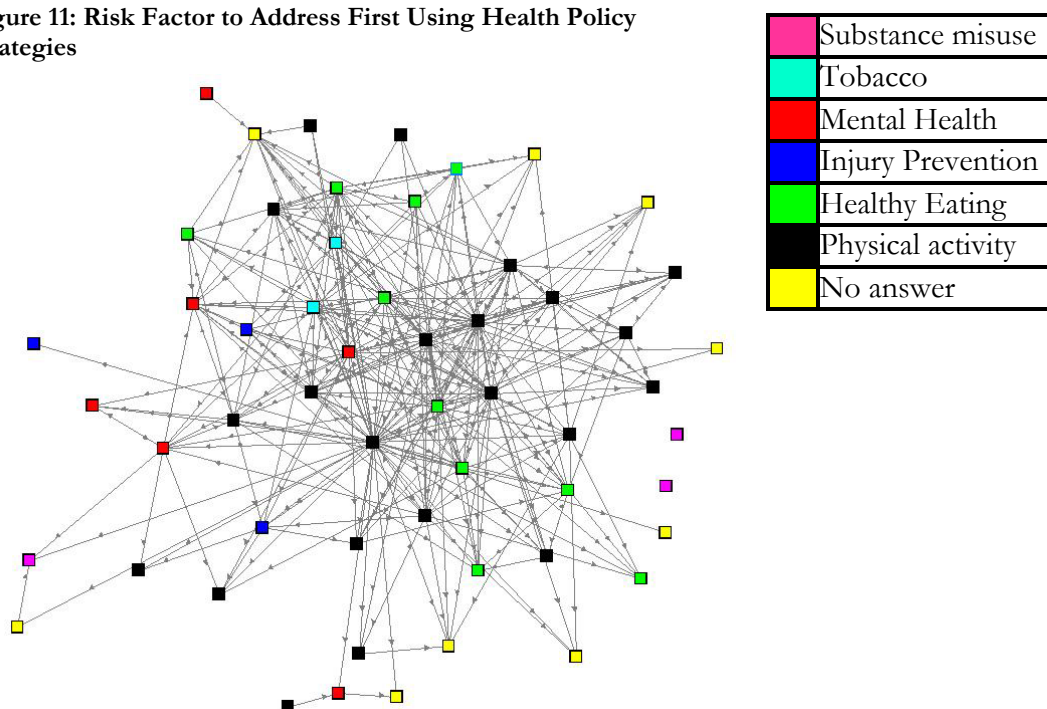
- The **vast majority of survey respondents were at least somewhat involved in policy development.** In the network core, there is a mix of those who said they were very involved and those who said they were somewhat involved. A few respondents did not answer this question. Only one respondent said he or she was not at all involved in policy.
- **For policy work, this is a very promising initial picture:** it would be a less positive situation if, for example, those who made up the core group were only somewhat involved or not involved in policy development. As it is, there is existing expertise in those who said they were very involved, which the partnership may draw upon, as well as room to expand the experience and expertise of those who are only somewhat involved.

Risk Factor to Address First Using Health Policy Strategies

The survey asked “What risk factor do you think is the most important for Go For Health Windsor-Essex to address using health policy strategies?” People could rank up to three risk factors.

This map (Figure 11) shows people’s choices of the **top** risk factor to address through health policy strategies.

Figure 11: Risk Factor to Address First Using Health Policy Strategies



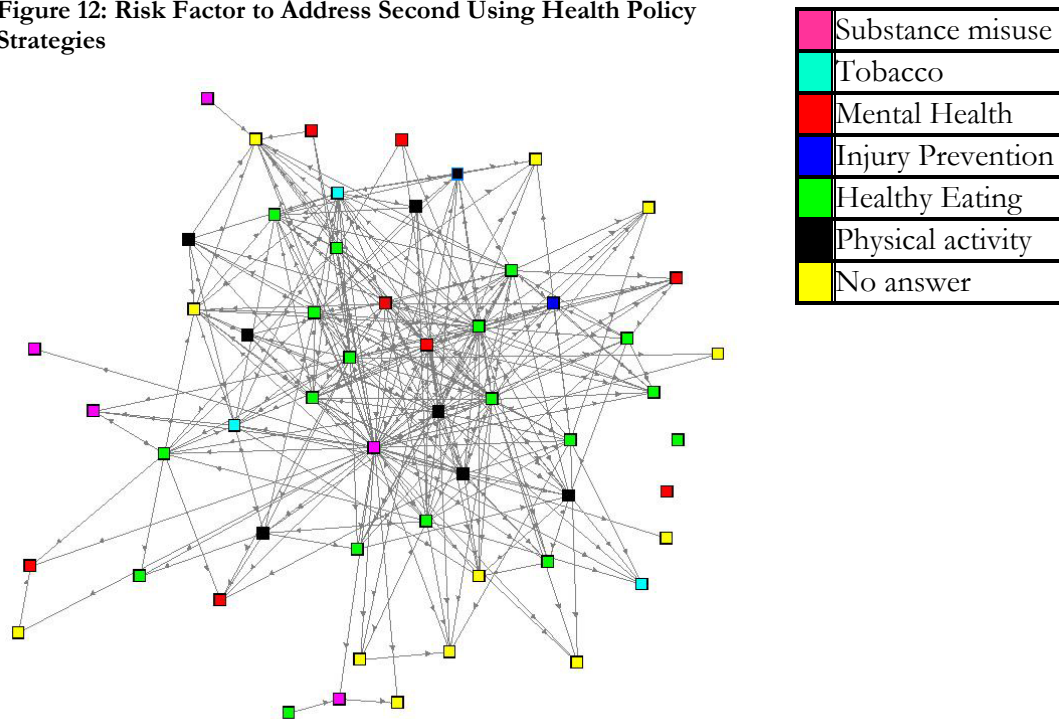
Comments:

- Again physical activity looks most prevalent, followed by healthy eating, particularly in the core area of the network. There is quite a dense network among those risk factors – given their strength in people’s current work priorities (Figures 2 and 3) it appears that **physical activity and healthy eating are good topics on which to launch additional policy work.**
- The other risk factors were more peripheral, especially substance misuse. However, there might be some strategic points of collaboration with one of the other more prevalent risk factors which might help incorporate these risk factors more closely into the overall work of the network.
- Tobacco was sparsely chosen. This is a common pattern in partnerships’ network maps and there could be a number of plausible explanations: tobacco control work may be done by others who now work more on other risk factors; tobacco networks may be separate; etc.
- Mental health is not quite as strong a priority here as it was in survey respondents’ current work, although there is one very strongly connected respondent right in the middle of the core who did choose mental health promotion and who might, though their connections, be able to coordinate or strengthen action on this risk factor.

Risk Factor to Address Second Using Health Policy Strategies

This map (Figure 12) also addresses the question “What risk factor do you think is the most important for Go For Health Windsor-Essex to address using health policy strategies?” but shows the second-ranked choice instead of the top-ranked choice.

Figure 12: Risk Factor to Address Second Using Health Policy Strategies



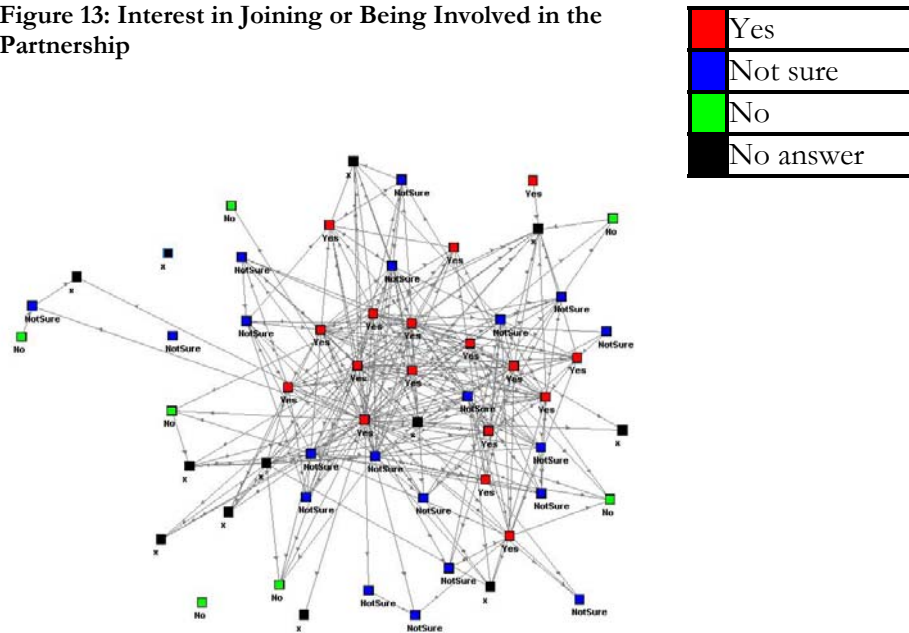
Comments:

- Healthy eating is clearly survey respondents' dominant choice. Physical activity was the second most popular choice, with the other answers given much less frequently.
- Again tobacco control and substance misuse appear sparsely and peripherally.

Interest in Joining or Being Involved in the Partnership

This maps (Figure 13) shows answers to the question “Are you or someone from your organization interested in joining or being involved in (e.g., policy identification, policy promotion, policy development, policy implementation) with Go For Health Windsor-Essex?”

Figure 13: Interest in Joining or Being Involved in the Partnership



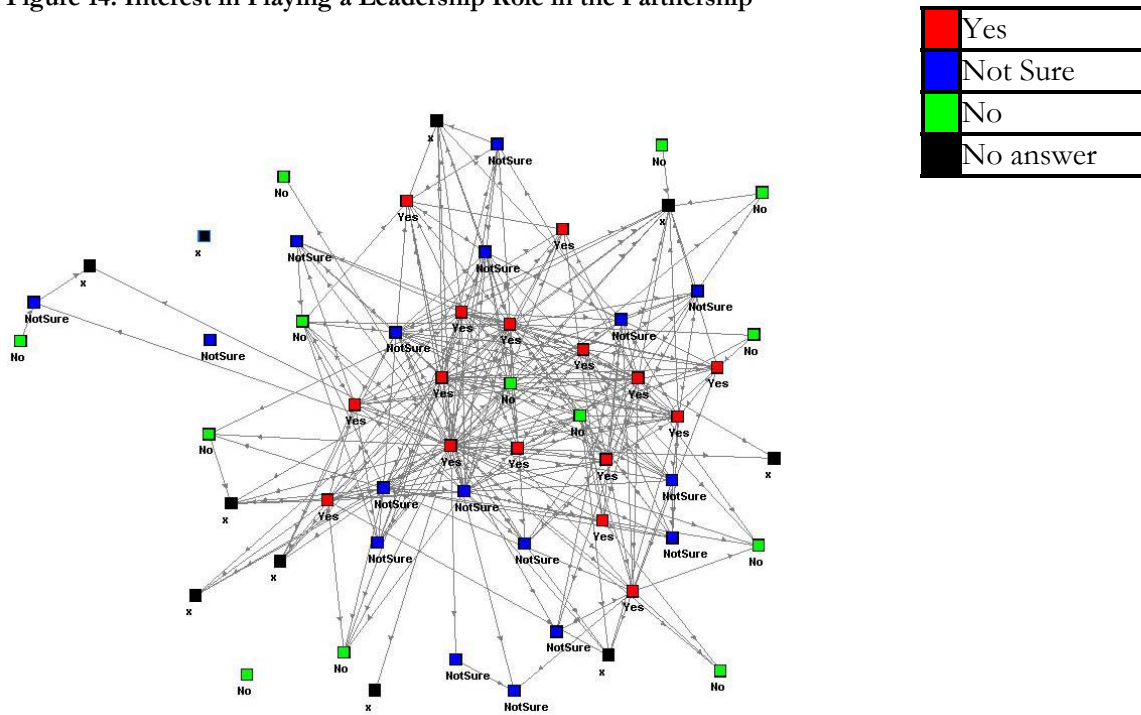
Comments:

- **There was a great deal of interest in joining the partnership:** there is a group of Yes (red) answers in the core, some blue “not sure” answers appearing more around the edge of the core and peripherally, and only a few green No answers on the edges.
- Note that the question asked about “you or someone from your organization” so people may in fact be volunteering others instead of voicing their own interest.

Interest in Playing a Leadership Role in the Partnership

As well as participation, the survey also asked a question about leadership: “Are you or someone from your organization interested in participating in a leadership role with Go For Health Windsor-Essex?” Figure 14 shows the responses to this question.

Figure 14: Interest in Playing a Leadership Role in the Partnership



Comments:

- There is still a strong preponderance of Yes answers among the network core, from which we can surmise that **those who wish to lead are for the most part already included.**
- There are a few more No answers than in the question about partnership participation. This is appropriate and expected: people might be well-placed and interested in participating, but satisfied with that role and unable or unwilling to assume a larger role in leadership.
- Again, note that the question asked about “you or someone from your organization” so people may in fact be volunteering others instead of voicing their own interest.

Conclusions

Go for Health Windsor-Essex has a diverse, well-functioning network that is particularly strong in the physical activity risk factor. There are opportunities to strengthen its diversity by working to include additional members from the environment, aboriginal, mental health and recreation sectors and for the physical activity proponents to work with the injury prevention and healthy eating proponents to strengthen coordinated action in those areas. The network should have no difficulty coordinating work to address all six risk factors in the Healthy Communities Framework.

Health Nexus would be pleased to work with Go for Health Windsor-Essex to further explore the possibilities in its network mapping data as Healthy Communities work proceeds.