



Background

The National Leadership Academy for the Public's Health (NLAPH) is a one-year applied leadership training program. NLAPH is designed to build leadership capacity and strengthen multi-sector collaboration within community health initiatives. NLAPH provides training and coaching that allows teams of practitioners from public health and other sectors to develop the leadership skills needed to improve the health of their communities and achieve health equity through policy and systems changes.

NLAPH combines in-person and distance learning to engage teams located throughout the country. Nationally known organizations and experts help design and deliver the skill-based curriculum, which includes meetings, webinars, peer support, networking, and coaching. Teams engage in an action learning project to provide a forum for "real world" application of skills.

The Center for Community Health and Evaluation has conducted an ongoing program evaluation since NLAPH launched in 2012. The Robert Wood Johnson Foundation (RWJF) provided funding for an expanded evaluation to assess the longer-term impact of NLAPH on development of critical leadership capacities and the capacity of communities represented by participating teams.

From the 40 teams that participated in NLAPH's first two cohorts in 2012 and 2013, 21 were selected to participate as case studies for the evaluation. The sample purposely included successful teams and teams that faced challenges in order to identify factors that influenced progress.

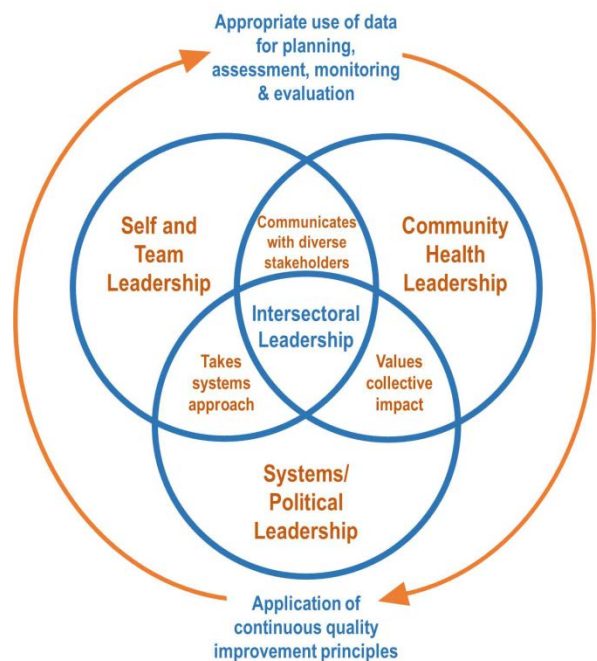
This summary presents findings from the expanded evaluation, including the longer-term impact of NLAPH on individuals and teams and the communities in which they work, the contribution of NLAPH to areas of impact, and the factors that influenced progress and success.

Impact of NLAPH participation

The expanded evaluation focused on three NLAPH outcomes: individual leadership learning, team development and collaboration, and each team's applied health leadership project's impact on the communities in which they were implemented.

For each outcome, a team's level of impact was rated as high, medium, or low. **Five of the 21 teams were rated as having a high level of impact on all three of the outcomes.**

The NLAPH curriculum model develops leadership at three levels



More typically, teams had a stronger impact in one or two outcomes (i.e., some teams had more of an impact on how they work—individual leadership learning or team development—and others had more of an impact on the community through their project).

Teams began participation in NLAPH with a wide range of experience working on community health issues independently and together. As anticipated, engaging a diverse cohort of teams led to mixed results—with some teams having impact in all three outcomes and others struggling to fully engage in the program. In programs like NLAPH, there is often a trade-off between building capacity and achieving results. The communities and teams that most needed to develop the capacity to engage in this work were not able to achieve the same level of impact as a team that came in with a lot of relevant skills and experiences.

NLAPH has demonstrated that it can successfully engage a diverse cohort and help all teams achieve incremental progress. Less experienced teams scoped their projects to invest their time and energy in building capacity and relationships. Increased community capacity was found to be an impact of NLAPH participation. Those that entered NLAPH with higher capacity determined how they could leverage and strengthen their existing work.

The NLAPH experience has helped our fellows and coalition strategically select new partners, frame our message, maintain a strategic focus, and rein in our expectations. We have learned to manage meetings transparently, become comfortable with dialogue and disagreements, and reflect on and capture our learning moments and accomplishments ... NLAPH planted seeds [in our community] that will yield many healthy harvests for years to come.

Areas of NLAPH impact and ratings of impact for each outcome

Outcome	Areas of impact	Team impact rating (● = one team)
 Individual leadership learning	Intersectoral skills	High ●●●●●●●●
	Communication skills	Medium ●●●●●●●●
	Application of public health lens	Low ●●●●
	Self awareness & reflective practice	
 Team development and collaboration	Team development & sustainability	High ●●●●●●●●
	Intersectoral collaboration	Medium ●●●●●●●●
	Network expansion	Low ●●●●●●●●
 Project/ community impact	Policy impact	High ●●●●●●●●
	Impact on coalitions/collaboratives	Medium ●●●●●●
	Program impact	Low ●●●●●●



Individual leadership learning

Several specific areas of impact emerged among participants reporting high levels of impact on individual learning:

Intersectoral skills, including building networks, collaborative skills, community engagement, and collective impact work

Communication skills, including framing the message, listening skills, and effectively providing feedback to others

Understanding the public health perspective, including social determinants of health, health equity, Health in All Policies, and systems thinking

Self-awareness and reflective practice, including increased understanding of and appreciation for different styles and increased confidence in skills and abilities

Health care only makes up a small portion of the community's health. Being able to address social determinants of health makes so much more of a difference. I didn't come into NLAPH having given any thought to those things. I learned a lot and now I share those ideas with others.



Team development and collaboration

NLAPH emphasizes an intersectoral team approach to participation. Besides public health, team members typically represent multiple sectors present within the team's community, including health care, planning, and nonprofit organizations such as United Way. Most participants in NLAPH Cohorts 1 and 2 reported that participating as a team helped them engage more deeply with the program and led to stronger interpersonal relationships, which led to better team functioning.

For teams that were rated as having a high or medium level of impact on team development and collaboration, several specific areas of impact emerged:

Team development, including the ways in which participants built their relationships with one another and co-contributed to the team's work as a unit

Intersectoral collaboration, including working across sectors to engage relevant stakeholders and leverage the strengths and disciplines of different actors within the community

Network development, including increasing the size and depth of individual and collective networks



Projects and communities

The 21 teams implemented projects across a variety of health-related issues, including projects that addressed social determinants of health, engaged the community, implemented prevention strategies, addressed environmental hazards, improved the health care delivery system, or focused on emergency preparedness.

Fifteen of the 21 teams were rated as having **high** or **medium** levels of impact on their project/community, meaning they had made positive and meaningful contributions to their communities through their project work. Those teams consistently used one or more of three strategies to carry out their project work:

- Developing and implementing **policies** (7 teams)
- Developing and strengthening **coalitions/collaboratives** (6 teams)
- Developing and implementing **programs** (6 teams)

Ten of the teams were rated as having **high** project/community impact; the consistent elements among high impact projects were that:

- They were appropriately scoped so that it was feasible to make progress during the year
- Team members had the ability to facilitate the changes they sought—i.e., they had the positional power to carry out the project and/or the relationships needed to do so
- Projects built upon and leveraged existing work. Almost all of the teams in this sample were implementing a project as part of a larger collaborative effort

Below are examples of community impact resulting from the projects that NLAPH teams implemented:

Policy

Vaccine reimbursement and distribution: One team successfully lobbied major health care plans to raise reimbursement rates for safety net patients so that private practices and public clinics could at least break even when delivering vaccines. This project was also instrumental in changing state policies for vaccine reimbursement.

Smoke-free housing: A team collaborated with developers and property owners to designate existing and new multi-unit dwellings as Smoke-Free Housing. As of February 2015, the NLAPH team helped achieve this designation for more than 3,000 units.

Coalitions or collaboratives

Place-based interventions: Prior to NLAPH participation, the team had already been working together as part of a larger interdisciplinary partnership to address root causes of inequity in their city. All NLAPH team members now hold senior leadership positions within the city, and are able to strategically work together to influence decisions regarding allocation of health resources, city planning/zoning, and approaches to community health.

Addressing overweight/obesity and chronic illness: The NLAPH team was comprised of members from a multi-sectoral coalition formed in 2009, which two of the team's members now co-chair. The coalition has several successful community wellness initiatives, including three carried out by the NLAPH team focused on healthy eating, workplace wellness policies, and youth leadership development training.

Community work is hard work, and until you actually try to do it, it's easy to blame other groups for not moving forward quickly. Through our work together, respect and appreciation grew among us.

Programs

Community Solutions Teams: This NLAPH team created seven “Community Solutions Teams” to address a number of community health needs. Four of those teams successfully moved projects into the implementation phase by the end of the NLAPH program year. Their work focused on improved dental access for safety net populations, prescription drug disposal program, maternal/prenatal education, lead screenings for children, and Friday Night Play Night events.

Farmers’ market: NLAPH team members are trying to increase access to a local farmers’ market, both for those with disabilities and for those who may feel like they don’t belong there. Team members helped the market acquire a truck to sell local farm products in unserved neighborhoods. In addition, one team member led the effort to produce a Farmers’ Market Almanac featuring stories, photos, recipes, and poems honoring the area’s farmers and others who participate in the market.

NLAPH contributions

NLAPH contributed to participants’ leadership development through coaching, the team structure, and a curriculum that introduced concepts and tools for adapting leadership practices to their project work. Another important NLAPH contribution was allowing participants to have time away from other job responsibilities to focus on leadership learning and work on their projects.

Coaching and Curriculum

NLAPH’s coaching model has been critical to its success in working with diverse cohorts. The coaches helped teams appropriately scope their projects and determine what aspects of the curriculum—which explored many leadership concepts—were the most relevant and useful to their work. This assistance in translating the curriculum to the context, interests, and skills of the team allowed for every team—regardless of where they started—to make progress in intersectoral community health improvement efforts.

Team approach

NLAPH’s required team approach also helped participants engage more deeply with the program and led to stronger interpersonal relationships among team members. The team component of NLAPH provided a supportive structure within which participants could develop comfort and skills to engage in cross-sectoral work. Most NLAPH teams included representatives from multiple sectors, including the public health department. For effective teams, this collaboration helped each sector understand and appreciate the work of the others and develop stronger networks in their communities.

Factors influencing progress and success in NLAPH

The evaluation identified 12 factors that influenced a team's level of impact. Each of these 12 factors were either a success factor (when present) or a challenge (when absent), or for some teams, both a success factor and a challenge.

Going forward, the application process could incorporate lessons learned about success factors and challenges to screen for these characteristics:

Mission driven and personal commitment.

Across the 21 teams, individuals who were intrinsically motivated got more out of NLAPH, while less motivated participants, such as those appointed to participate, often showed less commitment to the work and were less engaged. Programs may consider ways to screen for self-motivation in the application process.

Institutional support. Support from participants' organizations was a critical predictor of success. This was a key barrier for teams who experienced more challenges and made less progress during NLAPH. Ensuring strong institutional support for participants may be a way to increase the proportion of teams who have high levels of impact.

Content expertise and positional power.

Content expertise was a common characteristic among past NLAPH participants, but deserves ongoing attention since it is strongly correlated with the team's ability to have community impact. Positional power to make the changes that they sought was a significant factor predicting success. As these factors were generally tied to the focus of the applied health leadership project, programs should consider ways to ensure the appropriate people to make changes happen are engaged in the team at the outset.

Support during the program was also critical to success. The two key factors that facilitated or prevented progress were effective **team functioning** and the fit and contribution of the **NLAPH coach**. Continued attention should be paid to the team-coach matching process and to supporting team functioning throughout the program year.

Factors that influence a team's level of impact

Content expertise	Team members had content expertise to address the project issue/topic
Mission driven/commitment	Team members had a personal commitment to the work
Team functioning	Team worked together effectively to participate in the program and implement the project
Positional power	Team members were in a position to make the changes they sought and/or implement programs or policies
Politically savvy	Team members knew whom to meet with, how to leverage team members' skills and connections, and how to navigate power dynamics and political processes to promote change
Coach fit	NLAPH coach experience and input was valued by the team and contributed to outcomes
Intersectoral skills	Team members had skill and experience working across sectors prior to participating in NLAPH
Institutional support	Team members had the ability and permission to devote time to the program and the opportunity to apply learnings to their work
Long-term perspective	Team thought strategically about how to leverage and sustain the work for long-term impact
Community centric	Team understood community assets and needs, engaged the community in the project and had community buy-in
Aligning with context & timing	Team aligned work with the context of their environment and effectively responded to challenges and took advantage of opportunities
Established relationships	Team members had the relationships necessary in the community (external to the team) to implement their project

The extent to which the team members are **politically savvy** is another important factor. Teams had a greater impact when they knew how to leverage team members' skills and connections, and navigate power dynamics and political processes to promote change. This continues to be an area in which NLAPH teams need and desire additional support.

Conclusion

NLAPH strengthened the ability of practitioners to work in teams across sectors to address complex population health issues. Among NLAPH participants, there was an increased appreciation for the necessity of collaboration and understanding that no one individual, organization, or sector alone can create significant and sustained improvements in the health of the community.

According to the Institute of Medicine, the policy and systems changes needed to improve community health and achieve health equity depend on community-level collaboration.^{1,2} Most of the 21 teams in this sample were able to use the time and skills associated with NLAPH participation to engage in coordinated and collaborative work and had an impact in their communities.

To read the full report and learn more visit:

<https://www.grouphealthresearch.org/about-us/ghri-centers/center-community-health-and-evaluation/cche-learning/#NLAPH>

¹ Institute of Medicine. *The Future of the Public's Health in the 21st Century*. Washington, D.C.: National Academies Press, 2003.

² Institute of Medicine. *Primary Care and Public Health: Exploring Integration to Improve Population Health*. Washington, D.C.: National Academies Press, 2012.