National Leadership ACADEMY FOR THE PUBLIC'S HEALTH

CALIFORNIA Leadership ACADEMY FOR THE PUBLIC'S HEALTH

A Project of the Center for Health Leadership & Practice

2019 Alumni Survey and Interviews
Final Report

CENTER FOR HEALTH LEADERSHIP & PRACTICE

A Center of the Public Health Institute

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2019 NLAPH & CaLAPH Alumni Survey and Interviews

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Executive Summary

The National Leadership Academy for the Public's Health (NLAPH) and the California Leadership Academy for the Public's Health (CaLAPH) are designed to build leadership capacity and strengthen multi-sector collaboration for community health initiatives, and to support the systems changes necessary to improve community health and achieve health equity. This report summarizes findings from an online survey and interviews conducted with alumni of all past cohorts of these programs (7 cohorts of NLAPH and 4 cohorts of CaLAPH).

Program impact on participants leadership skills and practices: Academy participants developed skills and knowledge useful for doing their work and increased their competence in leadership skills across all five Academy leadership domains. Participants continue to use Academy tools and concepts. Engagement in the Academy positively impacted participants' work and careers. The Academy helped participants make new connections.

Program impact on teams and cross-sector collaboration: In many communities, the connections and teams formed through the Academy continued to have a lasting impact. The Academy's team structure helped build skills and comfort with cross-sector collaboration. Participating in the Academy improved participants' skills and confidence in engaging other sectors. Having a real-world project deepened leadership learning. Applied projects supported sustainable cross-sector work in many communities and projects had a positive impact on communities.

Program contribution and feedback: Almost all respondents reported that they were highly satisfied with the Academy and would recommend it to their colleagues. Alumni reported that the retreat and coaching were the most valuable components of the Academy. Participants find ongoing communication from the Academy useful. Alumni expressed interest in opportunities for continued support and learning.

Illustrative quote:

> *This program was transformative for me and for our rural community. I credit it with opening doors to national funding opportunities such as the Robert Wood Johnson-funded "Raising Places" effort. It sparked an intellectual curiosity that has expanded my leadership capacity while also nurturing a deep-seated sense of joy and purpose. I can't thank the Academy enough!*

Introduction

The Public Health Institute's Center for Health Leadership and Practice (CHLP) operates the National Leadership Academy for the Public's Health (NLAPH) and the California Leadership Academy for the Public's Health (CaLAPH), which are designed to build leadership capacity and strengthen multi-sector collaboration for community health initiatives, and to support the systems changes necessary to improve community health and achieve health equity. To achieve this, NLAPH & CaLAPH use a combination of in-person and distance learning training methodologies, which include a retreat, site visits, webinars, peer support, networking, and coaching, as well as an action learning project to provide a forum for a "real world" application of skills.

NLAPH and CaLAPH launched their first cohorts in the spring of 2012. This report summarizes findings from an online survey and interviews conducted with alumni of all past cohorts of these programs to describe lasting impacts of participation.

Methods

The Center for Community Health and Evaluation collected feedback from alumni of NLAPH and CaLAPH through an online survey and 60 to 90-minute telephone interviews.

Online survey was administered via SurveyMonkey. Invitations went to alumni from NLAPH cohorts 1-7 and CaLAPH cohorts 1-4 for whom we had email addresses, a total of 449 potential respondents. The survey remained open for 4 weeks, with weekly reminders sent. We received 174 responses (including partial responses), and 148 complete responses to the survey, a response rate of 33%. Every cohort of NLAPH and CaLAPH was represented in responses.

NLAPH Curriculum Model

Close ended survey questions were analyzed in SPSS using descriptive statistics. We also looked for differences in responses between cohorts, number of years out of the program, and differences between NLAPH and CaLAPH. We did not find any statistically significant differences across cohorts, years, or program so the survey results are presented in aggregate throughout this report. Open-ended survey responses were coded and analyzed in Atlas.ti 8, a qualitative analysis software package.

Telephone interviews: CCHE conducted 14 telephone interview sessions with 20 NLAPH/CaLAPH alumni representing 6 separate cohorts of those programs. The same interview guide was used for all interviews. Interviews were recorded and transcribed. Transcripts were coded and analyzed in Atlas.ti 8.

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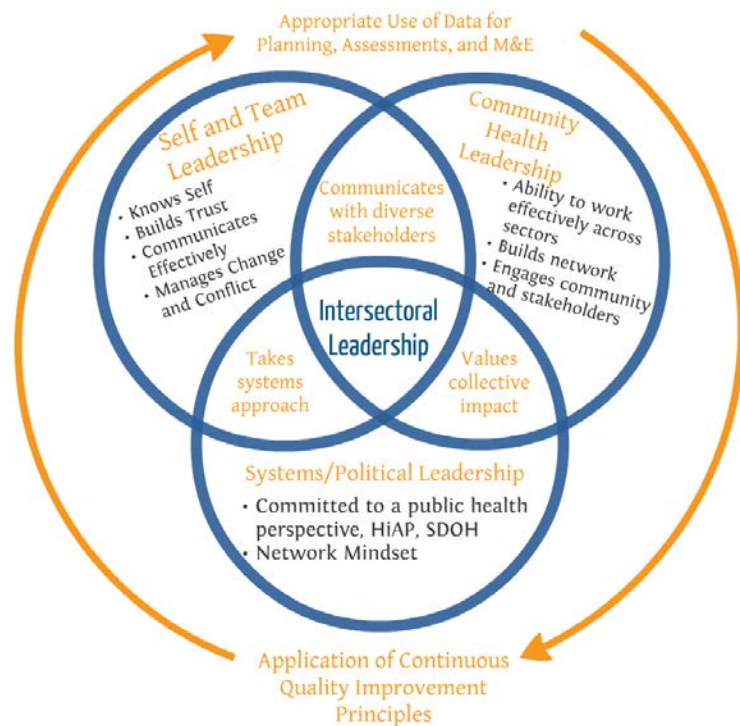
Impact

Program Impact on Participants' Leadership Skills and Practices

Academy participants developed skills and knowledge that were useful for doing their work. 95% of survey respondents said they have continued to apply lessons and tools from the Academy to their work since completing the program. Participants reported that as a result of their Academy participation, they at least somewhat increased their competence in leadership skills across all five Academy leadership domains (individual leadership skills, effectiveness working across sectors, applying continuous quality improvement principles, effective use of data, and a focus on social determinants of health (SDOH) and health equity), see figure below.

Academy impact on Individual Leadership Practices (# of respondents, n=146-148)
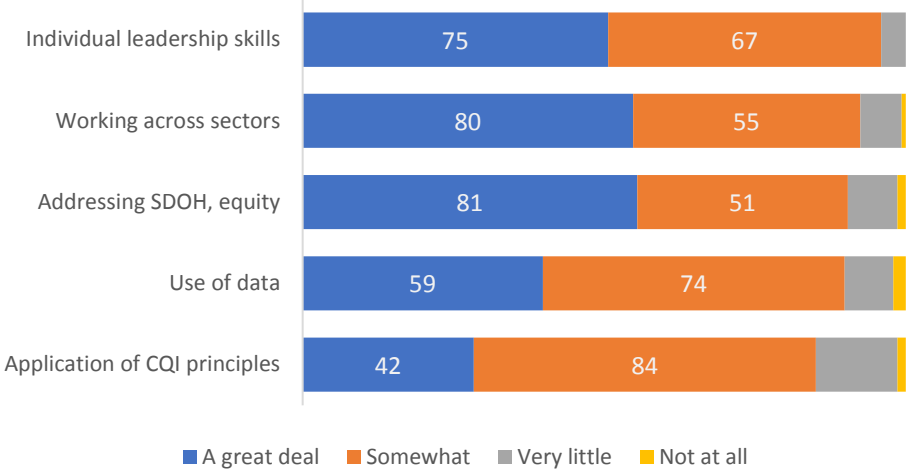
Qualitatively, participants most often reported individual leadership learning related to collaboration, communication, and confidence.

- **Collaboration:** The most frequently described leadership learning was about understanding and using the power of intersectoral collaboration. Participants talked about the importance of developing relationships across sectors and investing time and resources in community engagement. They reported new emphases on doing network analysis, identifying relevant stakeholders, getting the right people involved, and bringing in new partners they had not worked with before. Several participants specifically mentioned that they have developed more comfort with thinking about systems change and strategy verses individual projects.

- **Communication:** Respondents reported that participating in the Academy improved their communication skills and practices. Many people said Academy learning helped them develop more clear and effective communication with their teammates and community stakeholders, often because of their increased awareness of their own preferences and the preferences of others. Several people said they now listen for understanding, regularly think about how to frame messages for different audiences, are more effective at conflict resolution, and think actively about "managing up" within their organizations and within community collaborations.

- **Confidence:** Some respondents discussed how Academy participation had increased their confidence to take on new leadership roles, take on bigger and more complex challenges, or to approach influencers they wouldn't have approached before. About a dozen respondents in interviews and open-ended survey responses said that being part of the Academy conferred heightened legitimacy on their work.

When I started with NLAPH, I was a program manager working on a specific project and now I'm a program manager working on a specific strategy, which is broader. I'm not just working with a few community-based organizations, but I'm working with a larger collaboration that includes housing, workforce development, school districts, and others who are interested in creating a healthier community. I think NLAPH helped me feel confident that I could do that.

I think our acceptance into the leadership academy helped to bring some cachet and helped to in a way legitimize this idea… We could leverage it so that other people would recognize that this is something worth paying attention to because we were selected to participate in a cohort of the National Leadership Academy for the Public's Health.

Participants continue to use Academy tools and concepts. A high proportion of participants could readily name Academy tools and concepts that they continue to use in their work. The most frequently discussed included, in order of frequency: reflective practice, the Big Picture, a focus on social determinants of health and racial equity, Myers-Briggs (MBTI)-related lessons about understanding and adapting to preferences, using data for decisions and telling stories, and cross-sector collaboration.

Almost 90% of survey respondents said they continue to use reflective practice and almost everyone interviewed described reflective practice as an important way that the Academy contributed to their work and collaborations.

People also mentioned other concepts they learned from their coaches (e.g., questioning assumptions or working backward from desired impact), concepts from the retreat (e.g., the learning curve, the balcony and the dance floor, and network mapping), continuous quality improvement, and authentic community engagement.

Several people also gave specific examples of times they have shared Academy tools and concepts with others, so some benefits of the Academy are reaching beyond participants.

There was an exercise called the Big Picture where we made a diagram about the current situation, our stakeholders, our vision, the pathway to change, critical leadership challenges, and other pieces. It was a good exercise for us to think about the desired future state and how to get there—that strategy development. Not only was the product useful, but the process definitely taught me how to think about where we're heading and what assets we bring to the table.

The big thing is health equity. I learned a lot from the initial retreat. It focused a lot on health equity. That was something new to [where I work]. [After the retreat] we worked with our [County government] to implement an Understanding Racism training that's been offered at 128 agencies throughout [the] County to educate people on racism and health equity, and how to address those issues.

Engagement in the Academy impacted participants' work and careers. 82% of survey respondents reported that participating in the Academy had a positive impact on their career. Several interview participants described transformational change in their work or career that they attribute to Academy participation, including some people that specifically said the Academy positioned them for a promotion or career advancement. Respondents also said that the Academy contributed to their professional development, expanded their networks and connections, deepened their community engagement and partnerships, raised their profile (e.g., "I am now seen as an expert on…"), increased their cross-sector collaboration, and positioned them to get new grants or increase budgets. Health equity and social determinants of health were new areas of work for many participants at the time of their participation, and many participants reported their work has changed to include those lenses more prominently.

The Academy helped participants make new connections. Alumni discussed connections that they made with Academy staff, coaches, faculty, and other teams that they were able to learn from. They cited the retreat and introductions by their coach as the main ways they made connections during the Academy. Several noted that they have stayed at least loosely connected with people that they met through the Academy and that they can reach out to them when needed.

Program Impact on Teams and Cross-Sector Collaboration

In many communities, the connections and teams formed through the Academy continued to have a lasting impact. The cross-sector teams that participated in NLAPH and CaLAPH continued to have a lasting impact on collaborative work to advance community health and on individuals' personal and professional development.

Most respondents indicated their teams no longer meet formally on a regular basis, but there were several teams (including one from NLAPH cohort 1) that reported continuing to meet. Many respondents reported that while their team didn't continue to meet separately, their collaboration and work continues in different ways: some teams still work together as part of larger collaborative efforts; some have expanded their team after participation in the Academy to bring in other sectors/partners; and others have continued to connect more informally. When team members did not continue to collaborate, respondents usually cited team members moving to different roles and/or out of the community. There are also examples of team members who changed jobs and still continued to engage with their team.

Aside from the more formal team structure, respondents talked about the strong personal bonds that they had formed with members of their team and many stated that they continued to meet either individually or all together to reflect on their individual and personal goals, give each other advice, and help brainstorm solutions to complex problems. They reported that participation in the Academy helped them strengthen their individual relationships and build trust with other team members through retreat attendance (i.e., having time to connect outside of the office) and coaching (i.e., facilitating the team through conflict and uncomfortable conversations). A few respondents provided examples of how

individual team members have supported each other by leveraging the skills and approach they learned during the Academy, for example:

- Promoting reflection, similar to what their program coach used to do for them, by asking questions and challenging assumptions.
- Helping each other work through problems, by leveraging each other's strengths (e.g., help working through a process flow map).

I just spoke with one of the team members the other day – I was struggling with an issue, and she used all of the tools that we learned to talk me through it and get me to a decision that I probably wouldn't have come to on my own, had I not had her facilitating and guiding me.

When asked about what made their teams effective, respondents commonly shared that they were able to be effective because team members:

- Had a shared passion and commitment to the project and the community.
- Had "positional power"—i.e., they had the authority (and sometimes budgetary responsibility) to make things happen.
- Leveraged team members' strengths.
- Took the time to get to know each other beyond the project work and built trust, which helped them to work through conflict and uncomfortable conversations.
- Aligned the project work with other things that were happening in the community.

I think a clear set of values and deep commitment to social change. We are a very mission driven team and I think that has allowed us to weather some really big challenges and stick together.

Team structure helped build skills and comfort with cross-sector collaboration. NLAPH and CaLAPH teams were required to have one member from public health and teammates who represent other sectors (e.g., education, philanthropy, non-profits, law-enforcement, and business). This embedded cross-sector collaboration into the structure of the team and allowed teams to draw upon a wide range of expertise, resources, and networks. These multi-sector teams were well-positioned to find more innovative approaches to community health needs than one sector working in isolation. Participants regularly reported that having members from multiple sectors was instrumental in accomplishing their project goals and fostering genuine community collaboration. Many respondents said that working in cross-sector teams and learning from that experience positioned them to take on other community health needs with a multi-sector approach later.

NLAPH taught us an entirely different approach. [It taught us to] surround yourself with people who have different opinions and different strengths and that we all capitalize on that. And trust your teammates. I don't have to be making these decisions on my own. We set up a process that was incredibly successful. We're still alive and well and going forward and growing incredible capacity.

Participating in the Academy improved participants' skills and confidence in engaging other sectors. Respondents discussed the Academy's impact on their ability to engage with other sectors in a variety of ways. About 90% of survey respondents indicated that the Academy impacted:

- Their individual ability to work effectively across sectors and their confidence collaborating across sectors to advance community health.
- Their team's ability to engage other sectors in the work.

Respondents reported working with sectors or partners they hadn't before as a result of Academy participation and that their confidence in engaging new partners from existing and new sectors had increased.

Over half of survey respondents said that the collaboration they began with other sectors during the Academy continued. An additional 30% of survey respondents said their cross-sector collaborations continued for some time after the program ended. More generally, the majority of respondents said that there has been an increase in the level of collaboration in their community around health priorities since they completed participation in the Academy.

Many participants talked about how, through participating in the Academy, they learned the value of cross-sector collaboration and the value of working with people with different strengths and areas of expertise. The Academy increased their comfort and skills in engaging other sectors by providing tools and approaches that helped them think more strategically about partnerships. Respondents highlighted:

- Increasing their ability to "look for the win" that is being able to message and engage other sectors based on what is important to them.
- Strategically mapping and thinking about who is already at the table and who is missing that might be able to support the work.
- Thinking through "tensions of turf" and how to navigate those potential conflicts.

Several alumni talked about how participating in the Academy had positioned them to be leaders in cross-sector work in their communities.

I think each person came from a different program area and had different areas of expertise, each was a subject matter expert in their own areas, so when we all came together, we had somebody that we could lean on and ask questions to for different aspects of the projects we were working on. We didn't have group think, we had uniqueness and diversity in the group.

Once the year ended, our team formed a collaborative [in 2014]. So, we're in Year 6 of that now. We have what NLAPH aspired to see – multisectoral partnerships, including the health department, nonprofits, schools, secondary universities, for-profit businesses, service clubs, interested individuals, retirees, military. It's really just a cross section of people that are interested in having a community response to some of these big topic issues that we know we can't do just ourselves. And with zero budget and with zero dedicated positions of any kind, it's truly a grassroots gathering of people to share ideas and use our various spheres of influence to make effective change.

Applied Projects' Impact on Communities

Having a real-world project deepened leadership learning. Alumni consistently said that having an applied project really grounded their learning and helped them build lasting skills—over 90% of survey respondents reported that their project helped to facilitate and advance leadership learning. Interviewees indicated that the applied project component of the program was extremely valuable and differentiated the Academy from other leadership opportunities they have had.

Applied projects supported sustainable cross-sector work in many communities. Most NLAPH and CaLAPH projects made positive contributions to their community through programs, policies, and community mobilizations. About two-thirds of alumni reported that they had completed their project to satisfaction, and an additional 30% reported ongoing work on their project (i.e., 42 respondents). Of those that continued to work on their projects about a quarter were from the most recent cohorts, but 35% (15) were from NLAPH cohorts 1-3, indicating a sustainable, long-term commitment to the work that they started through participation in the Academy.

Most survey respondents (83%) also indicated that their project had positioned them or their team to take on other community health improvement efforts and continued collaboration on community projects, grants, and other priorities. Some teams have formalized their continued work into cross-sector coalitions, and at least two have incubated non-profit organizations so that they could take actions and advocate for policy that they would not have been able to do in their roles as employees of various institutions. Both of these new non-profit organizations have had exciting policy wins and have grown their membership and influence in the years since Academy participation.

Projects had a positive impact on communities. 84% of respondents reported that their project had at least some positive impact on their communities. Many respondents shared specific examples of community impact from programs that they implemented during or after participating in the Academy. Changes included:

Launching **new programs** or offerings to improve community health, such as:
- New and expanded farmers markets and food pantries
- Farm-to-school programs
- Healthy corner stores
- Community gardens
- Improvements to the built environment

Advocating for **policy changes**, such as:
- Health in All Policies
- Tenant protections
- Smoke-free housing
- Tobacco-free parks
- Health component/lenses in the county's general plan, zoning and development codes
- School purchasing/farm-to-school
- Housing equity/minimizing discrimination

Improving the **connectivity of systems**, such as:
- First responders connecting people with social services
- Improving the coordination of services across agencies

Using data to inform decisions, such as:
- Analyzing data about the opioid crisis to ensure a strategic distribution of resources
- Conducting a study on gentrification and health to inform policies on equitable development

Leveraging the work to bring in **additional funding** through grants and increasing programmatic allocations. For example, one team increased their budget from $100k per year to $1M per year to accomplish their community health goals.

A few respondents noted that they've seen improvements in health-related outcomes as a result of their projects, including lower rates of obesity among adults and children, increased well-being of children, lower rates of recidivism, and improved literacy rates. For example:

One team project led to significant increases in medication compliance rates for HIV patients in a high-population county. As a result of their success with their original project, the team has worked together to establish two additional programs. "Test and Treat," which gets new HIV patients from diagnosis to medication within 24 hours, and a pre-exposure prophylaxis program for people at risk of contracting HIV.

One team's state was experiencing a public health crisis with a breakdown in the reimbursement process for vaccinations in public health clinics that was threatening to shutter the entire system.

The team worked with health plans to increase reimbursement rates from below the cost of the vaccines to 118%-126% of cost to cover storage, handling, insurance, and loss.

The team advocated for—and got passed—legislation requiring health plans to reimburse health departments for insured children who came into public health clinics for vaccinations.

The team established a centralized billing office for vaccinations so every participating county could get reimbursement without creating and funding their own billing department. 95% of the state's counties participate, and the office has brought in nearly $25 million in revenue that goes right back to public health clinics to cover the cost of purchasing more vaccines for additional children.

Now the team is replicating the centralized billing system for behavioral health and other services.

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Program contribution & feedback

Almost all respondents—regardless of cohort—reported that they were highly satisfied with the Academy and would recommend it to their colleagues (i.e., 97% said they'd recommend the Academy to their colleagues).

Alumni reported that the retreat and coaching were the most valuable components of the Academy. This is consistent with the feedback that participants provide immediately upon completion of the program.

Retreat: Most respondents said the retreat was one of the most useful components of the program. They reported that the retreat structure and content facilitated their learning (e.g., activities, facilitation, time with their coach, time to plan their projects, exposure to national leaders and other teams). Several people also underscored the importance of the retreat in providing an opportunity, away from their office and community, to strengthen their relationships with their teammates. Several alumni also noted an appreciation for the focus on health equity.

The most vivid in my mind is the retreat. I think it was structured very well. The emotional and intellectual heat was turned up enough to make the learning very deep.

Many participants talked about lasting impact from the Team MBTI exercise at the retreat. They reported that insights into team members' preferences were important for the program year and making progress on their project, and the MBTI concepts continued to influence participants in the period since their participation. Alumni said that they are more aware of what other people need in communication and how to structure their collaborations to leverage complementary strengths and a reduce "blind spots" that limit effectiveness.

Coaching: Participants consistently reported that being paired with a coach was an important part of their leadership growth and project progress. The coaches spent significant time with teams at the retreat, and then continued their relationship with monthly calls and an in-person site visit. Respondents said that coaches added value by teaching them reflective practices, helping them problem-solve for themselves rather than trying to "rescue them," helping deepen the trust and relationships among teammates by facilitating important conversations, connecting them with other people important to their work, and helping them develop metrics for evaluating their projects' outcomes. Many people said that the coach's site visit was important because it helped the coach understand the full context of their work and helped them communicate effectively with key stakeholders. Several respondents noted that they remain in contact with their coach and know they can reach out for advice or ideas any time.

I think having [the coach] actually come [on the site visit] was huge… Having her there was so important for us. The things she was able to do in the moment, to say 'Wait a minute, you need to reframe this conversation. What do you mean by that? Why did you structure that this way?' She was able to surface a lot about how we were playing things small and traditional. That time with her was deeply transformative.

Participants find ongoing communication from the Academy useful. Most respondents still follow program offerings through the Leadership Learning Network, Communities of Practice web discussions, and the Academies' monthly newsletters. 77% of survey respondents said they find monthly communications from CHLP somewhat or very useful. Some alumni participate more actively than others, but almost everyone said they value those communications and learning opportunities. Some participants from the first couple of cohorts said they no longer receive communications from CHLP. There could be an opportunity for targeted outreach to those groups.

Alumni expressed interest in opportunities for continued support and learning. When asked how the Academy could be improved, alumni expressed a desire for more access to the Academy to continue to build on what they learned. Suggestions included:

> **Opportunities for in-person learning:** The most frequent request for changes to the Academy were for additional opportunities for in-person learning. Many respondents wished that the Academy could offer an end-of-program retreat, a reunion retreat, or an advanced "graduate school" Academy cohort to continue to support learning and connection.

> **Access to program and team materials from more recent cohorts:** Several alumni said they would like more frequent updates on other teams'/participants' work and/or access to the materials from all cohorts. Participants from older cohorts noted that the field has advanced since their participation, and they would like access to cutting edge thinking about cross-sector collaboration and community health improvement.

> **Continued access to their coach**: Many alumni said they could have benefitted from additional sessions with their coach after the program year. Some asked for regular contact for 12-18 months after the program, some asked for annual check-ins, and a couple requested an Academy Coach Directory so they could reach out as needed. A few people suggested it would be helpful to have easier access to coaches during alumni web events so that they could ask questions.

> **Expanded webinar offerings for alumni:** A few alumni had requests for expanded webinar offerings, including offering webinars at more than one time so there are more opportunities to participate, expanding content for non-public health sectors and rural community health issues, and incorporating more presentations and updates from alumni into the webinars.

Summary

Findings from the 2019 NLAPH and CaLAPH alumni survey and interviews were largely consistent with trends in the annual cohort-level evaluations of NLAPH and CaLAPH.

Participants reported that, as a result of their participation, they increased their competence across all five Academy leadership domains. Most people are still using skills, tools, and concepts from the Academy and could cite specific examples. Participants reported that having a real-world project for applying what they learned was extremely important—it deepened their leadership learning and positioned them to take on other community health improvement efforts after the program year. Additionally, alumni consistently reported that their work had a positive impact on their communities.

Overall, participants reported high levels of satisfaction with the Academy and would overwhelmingly recommend it to their colleagues. Several alumni ended their interviews expressing a hope that the Academy continues to expand its reach to benefit more teams that are engaging multiple sectors in improving the health of their communities.