

Background

Program Description: The National Leadership Academy for the Public’s Health (NLAPH) is a team-based applied leadership program that uses ‘real world’ community health improvement projects to provide opportunities for participants to apply new leadership skills and approaches in a multi-sector operating environment. **NLAPH Components:** The program used a combination of in-person and distance learning activities, including webinars, a multi-day national retreat, team-based coaching on an action learning project, and web-based network development. The curriculum for the Academy’s first cohort was developed through an emergent design process.

NLAPH Competency Areas: NLAPH aimed to develop capacity in five domains.

Domain	Competency Area
I. Individual Leadership Mastery	<ol style="list-style-type: none"> 1. Self-awareness 2. Builds trust 3. Communicates effectively 4. Builds teams 5. Manages change and conflict 6. Takes systems approach
II. Ability to Work Effectively Across Sectors	<ol style="list-style-type: none"> 7. Builds networks 8. Engages community & diverse stakeholders 9. Values collective impact
III. Application of Continuous Quality Improvement Principles	<ol style="list-style-type: none"> 10. Seeks and applies learning
IV. Appropriate Use of Data for Assessment, Planning, Monitoring & Evaluation	<ol style="list-style-type: none"> 11. Gathers, collects and utilizes high quality data for planning and decision-making 12. Effectively uses data to influence others
V. Commitment to a Public Health Perspective	<ol style="list-style-type: none"> 13. Aware of and committed to Social Determinants of Health, Health in All Policies, health equity 14. Is politically savvy

Cohort 1 Teams: The 80 individuals and 20 participating teams represented 15 different states (Figure 1).

- Individual participants had an average of 11.4 years of experience within their current sector
- 36% led their organization or coalition; 41% led a division or department
- Over half of participants identified public health as their discipline (61%)

Action Learning Projects: As part of participation in NLAPH, teams selected a project in which they would be able to apply new leadership skills. These projects ranged in geographic scope (see Figure 1) and topic area. The most commonly addressed health issues were obesity, emergency preparedness, immunization and substance abuse.

Figure 1: Project Location & Geographic Scope



Evaluation: The Center for Community Health and Evaluation (CCH) served as the NLAPH evaluator. Throughout the year, data were collected from multiple sources to assess NLAPH implementation and the resulting accomplishments. Data collection included: baseline and follow-up surveys of individual participants and teams; participant interviews; post-webinar and retreat surveys; surveys and interviews of the coaches and program advisors; and review of program documents.

NLAPH Implementation

Overall, participants had high levels of satisfaction with program components. They particularly appreciated when offerings were interactive and used practical examples.

National Retreat: At the end of the program, 77% of respondents (n=68) “strongly agreed” that the 2½ day retreat contributed to their growth as a leader. Of the sample of 18 participants who were interviewed, 13 specifically named the retreat as a very valuable component of the program, and six of them said it was *the most* valuable component of the program.

Webinars: The vast majority of respondents (n=67) to the follow-up survey stated that:

- The webinars were relevant to their growth as a leader (92%)
- The webinars helped to increase their effectiveness as a leader (88%)
- Attending the webinars was a valuable use of time (89%)

Coaching: Coaching support helped the teams apply a leadership frame to their applied community health projects. Participants indicated that face-to-face time with their coaches was very beneficial.

- The majority of team leads (81%) agreed that the coaching model effectively supported their team.
- 82% of all respondents (n=68) agreed that their coach had contributed to their growth as a leader.

Network Development: Over 80% of respondents (n=68) indicated that NLAPH contributed to at least moderate growth of the size and strength of their *local professional network* through working with their local teams. Participants also reported modest growth in their *national professional network*, which they attributed to access to their NLAPH coach’s networks and contact with other teams at the national retreat.

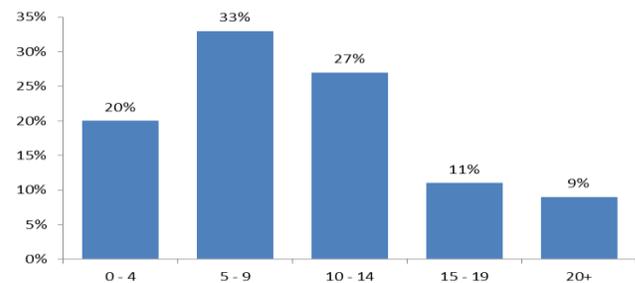
NLAPH Outcomes

The evaluation assessed outcomes in three areas: (1) leadership development, (2) team development/intersectoral collaboration, and (3) project progress.

(1) Leadership Development: 75% of teams indicated that they had made more progress in leadership learning than they had expected. Results from the cohorts’ self-reported abilities for each competency, at baseline and follow-up, showed statistically significant improvement ($p \leq 0.001$) on all 23 competencies across the four competency domains for which pre/post data were available.

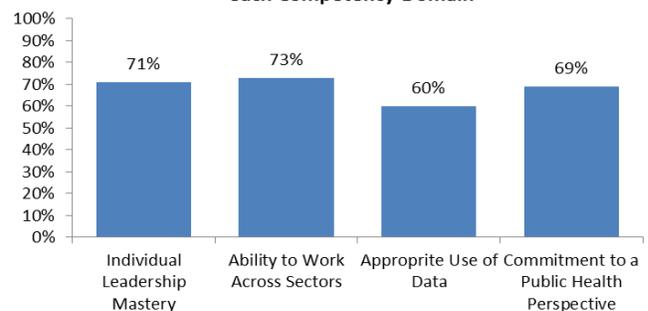
All participants reported increased abilities in at least some competency areas. On average, individual NLAPH participants improved in 8.5 out of 23 competencies (see Figure 2).

Figure 2: Number of 23 Competencies Improved (pre/post) by % of Participants



When looking at competency improvement by domain, at least 60% of individual participants showed improvement in all four domains (see Figure 3).

Figure 3: % of Individuals with Improvements in each Competency Domain



In interviews, 17 of 18 participants reported individual growth as a direct result of Academy participation. Examples included increased capacity for collaboration, leading without formal authority, more comfort taking the lead, stronger skills, and better systems thinking.

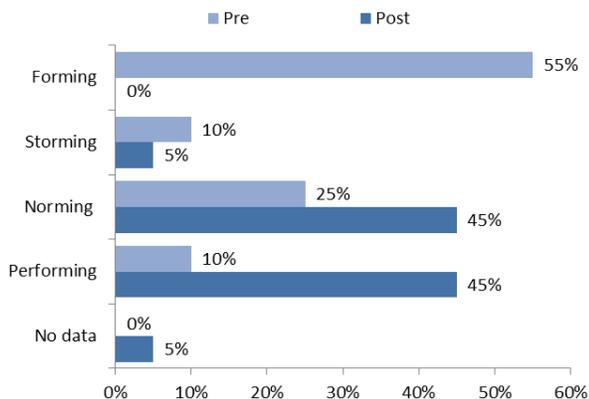
NLAPH Coaches agreed that the majority of teams (17/19) had made the expected level of progress in leadership learning. Successful teams were seen as having been able to establish stakeholder relations, leverage team member skills and strengths, and adopt clear project and leadership goals.

(2) Team Development/Intersectoral

Collaboration: In the follow-up survey, the majority of respondents indicated that NLAPH had contributed to their “team’s development as a team” at least somewhat, with 66% saying that it contributed “a great deal” (n=68).

Team development: Most of the teams had stable membership throughout the course of NLAPH participation (15/19) and were able to advance their teams’ stage of development and strengthen their team’s functioning (see Figure 4).

Figure 4: Stage of Team Development (pre/post) by % of Teams



Additionally, analyses of the baseline and follow-up survey responses indicate that teams had more self-rated positive characteristics at the end of the Academy than at the beginning of the program year. Team ratings were most improved, to a statistically significant degree, for:

- Achieving an agreed upon decision-making style within the team (diff: .69, p≤0.001)
- Team communication system existing that supports accountability (diff: .40, p=.011)
- Team members comfortable holding each other accountable to decisions and action items (diff: .33, p=.010)
- Existing team collaboration sufficient to achieve local project goals (diff: .43, p≤0.001)

At the conclusion of the Academy, the majority of teams reported that they will continue to work together on their NLAPH project (16/19) and intend to work together on a different project in the future (12/19).

Intersectoral collaboration: 84% (16/19) of teams reported that participation in NLAPH at least somewhat impacted their team’s ability to successfully engage other sectors in their project (with 37% saying it impacted it a “great deal”). The increased ability to work across sectors was credited to the ability to bring in key stakeholders and increased collaboration among team members.

(3) Project Progress: In the follow-up *individual* assessment, the majority of respondents (n=68) indicated that the NLAPH had contributed to progress on or success in their team's project at least somewhat, with 59% saying that it contributed "a great deal".

In the follow-up *team* assessment, almost 56% of teams reported that they made more progress on their project than they expected, with an additional 16% saying they made about as much progress as was expected.

Participants who were interviewed identified contributing factors as: time spent working with their team, improved collaboration in their local environment, NLAPH training components (retreat, coaching, and webinars), and access to the networks of their teams and coaches.

The specific project areas where the most teams made either a great deal of progress or were able to complete during NLAPH included:

- Identifying key stakeholders necessary for project success (80%)
- Developing a project action plan or workplan (74%)
- Achieving team consensus on community health improvement project and goals (69%)

One participant stated: *"I think we did a better job [because of NLAPH participation]. This project had to be done, regardless, but I think the quality is much better because of the Academy. It would have been a more seat-of-the-pants effort without the Academy."*

At the end of the Academy, NLAPH Coaches indicated that, from their perspective, 14/16 (88%) teams for which data were available made expected levels of progress on their project.

Coaches indicated that teams that made progress on their projects had strategically mapped out what needed to be done and had identified and taken concrete action steps.

One key area where NLAPH—particularly the coaches—contributed, was to help teams establish a more realistic scale and scope of their project. In the follow-up team assessment (n=19), nearly half (9/19) of the teams reported that their project had changed significantly in scope or scale during the course of participation in the Academy.

Common issues that required project change were identified in participant interviews. They included "projects had to adjust to reality," changes in funding environments, changes in political environments, and teams discovering that they needed to act as part of a larger existing coalition working on similar issues. For example, one participant stated: *"We had a grander idea. We were hoping to do [the intervention] in the community and through school-based delivery as well. But now we're doing it in an almost modular approach. We'll operationalize the childhood [intervention] first, and then repeat with other efforts."*

Conclusion

In its pilot year, NLAPH was successful in advancing participants' leadership skills, strengthening team functioning, increasing intersectoral collaboration, and helping teams make progress on their community health improvement project.

Based on the evaluation results, CCHE made a series of recommendations for program improvements to better serve future cohorts. NLAPH staff have already begun implementing improvements in their work with Cohort 2, which began in January 2013.