Driving Community Health – Working Effectively With Other Sectors: Program Model

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Begin with the end in mind…..

IMPACT

Collaborative Leadership Defined

Research suggests that "the future of collaborative leadership depends on the ability of leaders to engage and collaborate with the business, government, and social sectors."

2013 Harvard Business Review, Lovegrove and Thomas

"Collaboration needs a different kind of leadership; it needs leaders who can safeguard the process, facilitate interaction and patiently deal with high levels of frustration."
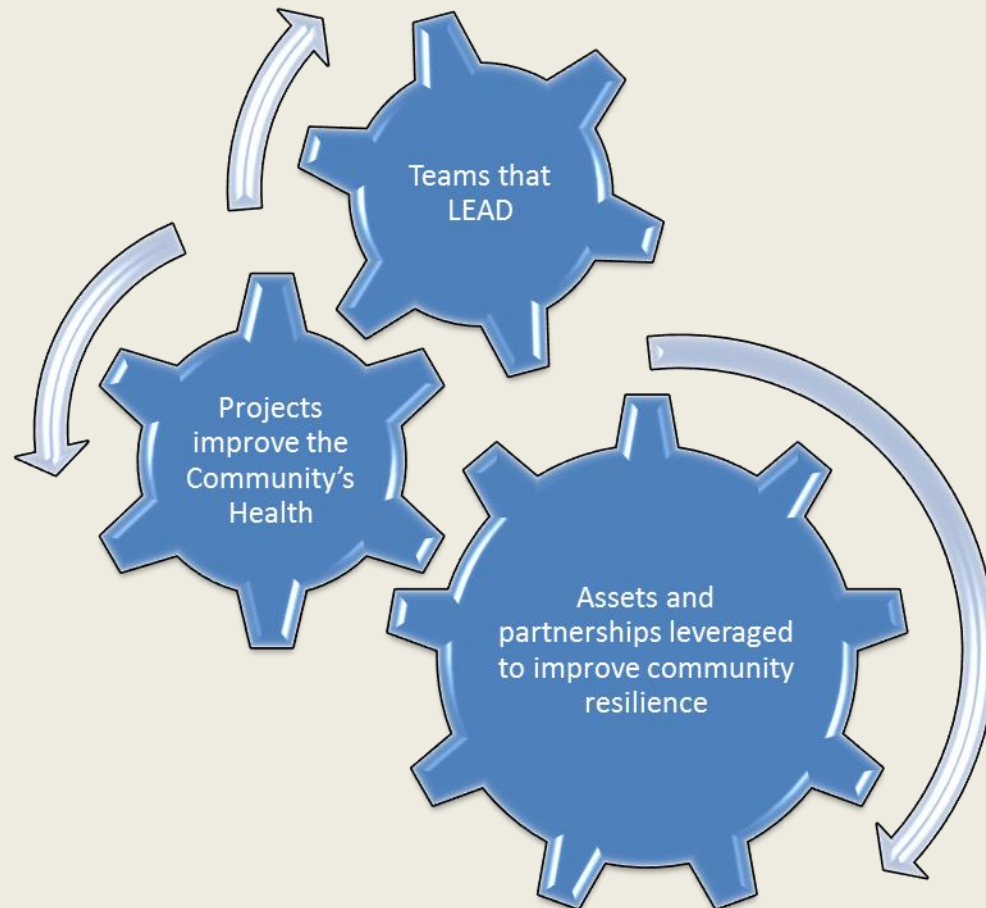
Chrislip and Larson

Goals

- Drive the adoption of evidence-based policies

- Align medicine and public health

- Improve health outcomes and move towards greater health equity in our communities through sustainable policy and systems change
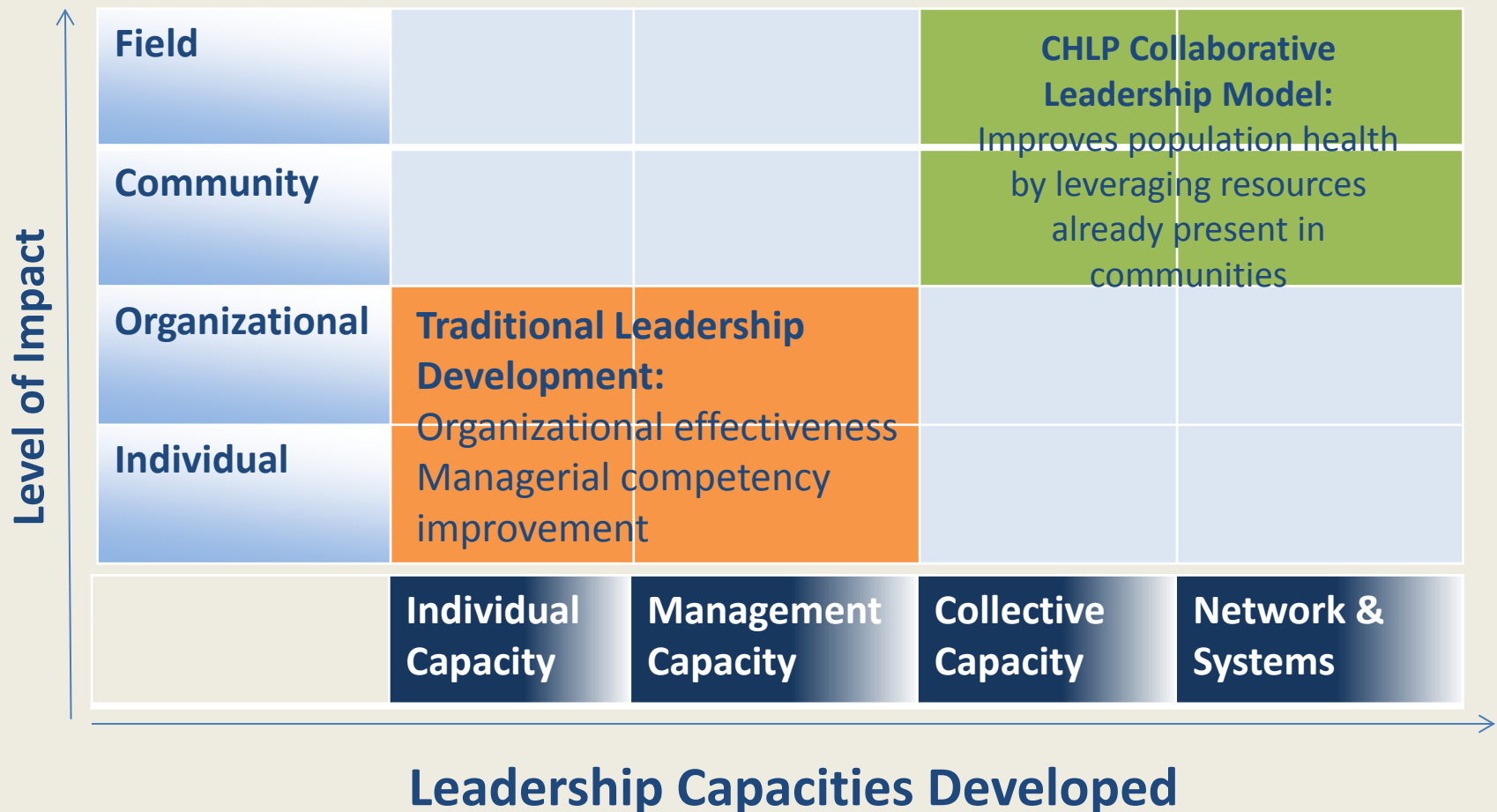
Collaborative Leadership for a New Health Environment

GroupHealth®

NATIONAL Leadership ACADEMY FOR THE PUBLIC'S HEALTH

Teams that LEAD

Projects improve the Community's Health

Assets and partnerships leveraged to improve community resilience

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Designed for Community Impact

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Level of Impact

	Individual Capacity	Management Capacity	Collective Capacity	Network & Systems
Field			CHLP Collaborative Leadership Model: Improves population health by leveraging resources already present in communities	
Community				
Organizational	Traditional Leadership Development: Organizational effectiveness Managerial competency improvement			
Individual				

Leadership Capacities Developed

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Collaborative Leadership Paradigm

From Theory to Practice

- Teams are constituted as multi-sector groups
- Action Learning Health Improvement Project- Teams come with community defined health issue to address
- In-person workshops & trainings
- Coaching to support Reflective Learning
- Team Dynamics Analysis
- Collaborative Leadership learning occurs as a team around shared leadership challenges

Collaborative Leadership Model

Intersection between
- Self/Team
- Community
- Systems/Political

Unified through
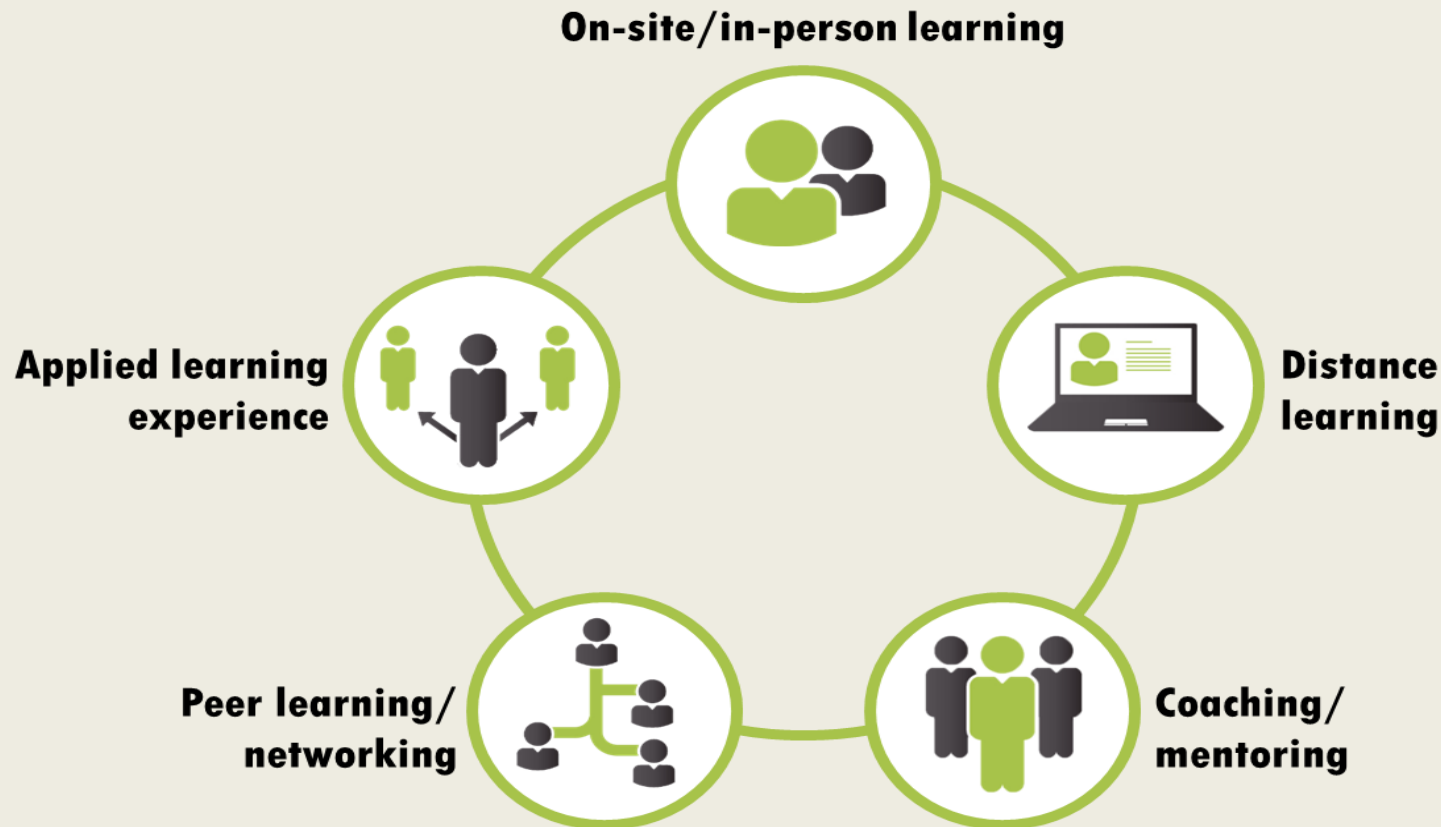- Data for Planning Assessments and Monitoring & Evaluation
- CQI

Leadership development program components

On-site/in-person learning

Distance learning

Coaching/mentoring

Peer learning/networking

Applied learning experience

NLAPH Teams by Location 2012 – 2015

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On the road to impact

RESULTS

Program Evaluation

NLAPH PROGRAM EVALUATION

Data source	Data collection method
NLAPH participants – individual	Pre/post individual assessment survey
	Mid-term participant feedback survey
	Participant interviews (sample)
NLAPH participants – team	Pre/post team assessment survey (completed collaboratively)
NLAPH coaches	Coach assessments of team readiness and progress (mid-term and final)
	Coach interviews
Program documents	Document review: • Team applications • Participation data • Post-retreat and webinar feedback surveys • Big Picture and Leadership Learning documents

Expanded Evaluation

EXPANDED EVALUATION

Method	Purpose
Environmental scan and literature review	Identify the scope and structure of leadership development programs similar to NLAPH
Key informant interviews with staff/leaders of community health leadership development programs	Identify best practices for leadership development programs aimed at improving community health
Key informant interviews with other thought leaders, funders, and program planners	Gather expert opinions about leadership competencies needed to effectively engage in community health improvement work and best practices for leadership development programs
Site visits with NLAPH alumni (in-person team interview) Site visits were co-funded by the Kresge Foundation and the Robert Wood Johnson Foundation	Assess the impact of participating in NLAPH and gather perceptions of critical leadership capacities and NLAPH components that contributed most to their learning
NLAPH alumni survey	Assess the impact of participating in NLAPH and the California Leadership Academy for the Public's Health (CaLAPH), also run by CHLP

Critical Leadership Competencies

Passion & commitment
Desire to learn & grow
Belief that you can have an influence
Authentic & open
Demonstrate resilience
Show courage & willingness to take risks
Have passion (& compassion) for the community
Have connection to the community

Institutional support
Dedicated time to participate
Take risks & practice what is learned
Real world opportunity to apply learnings

Prerequisites

Collaborative ability
Awareness of own styles, strengths & challenges
Communication skills
Strategically building teams & networks
Promoting dialogue & listening effectively
Managing change & conflict
Valuing collective impact

Vision & systems thinking
Systems thinking
Establish a vision
Apply continuous quality improvement principles

Technical skills
Influence policy
Use data to drive decisions
Content expertise

NLAPH Program Outcomes

Spotlight on NLAPH outcomes

NLAPH participants consistently report that participation has an impact on their growth as a leader, team development and progress on the experiential learning project (i.e., Applied Health Leadership Project (AHLP)).

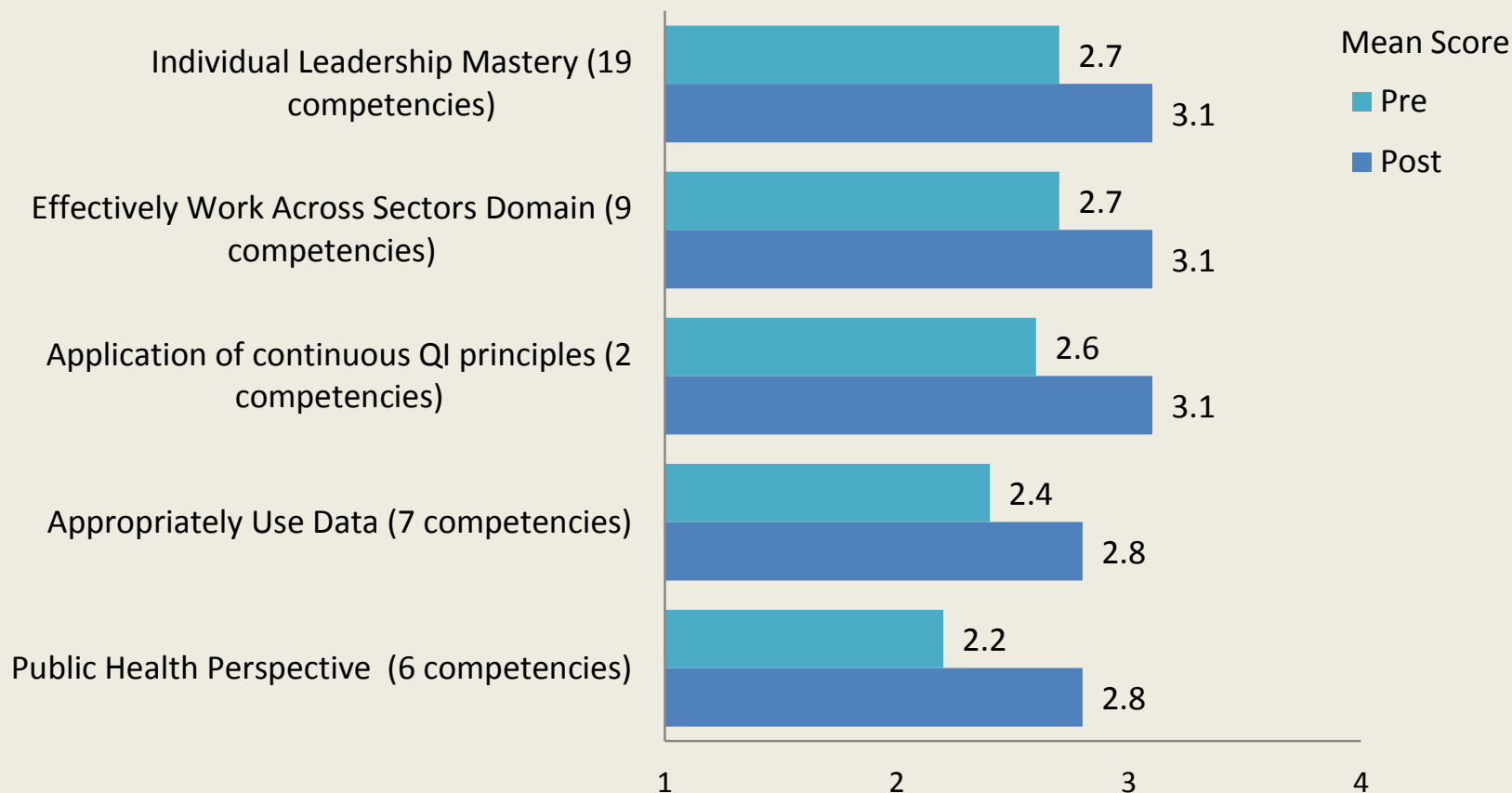| Contribution of NLAPH to development and project progress	Average rating*	
	Cohort 1	Cohort 2
Your growth as an individual leader	3.5	3.5
Your team's development as a team	3.6	3.7
Progress or success in your team's project	3.5	3.5

*Scale: 1—not at all, 2—very little, 3—somewhat, 4—a great deal

Improvement in leadership domains

NLAPH Cohort 2 (2013) Participants' Self-reported Level of Improvement in Each Domain

Mean Score
- Pre
- Post

Domain	Pre	Post
Individual Leadership Mastery (19 competencies)	2.7	3.1
Effectively Work Across Sectors Domain (9 competencies)	2.7	3.1
Application of continuous QI principles (2 competencies)	2.6	3.1
Appropriately Use Data (7 competencies)	2.4	2.8
Public Health Perspective (6 competencies)	2.2	2.8

- Ability to communicate, collaborate, and lead change *with* the community
- Ability to bring the *right* partners together to move the work forward
- Ability to frame the message for diverse audiences in order to gain support and build a movement

- Enhanced ability to build a strategic vision and bring people together for a shared purpose
- Expanded networks & ability to work across sectors
- Ability to engage in systems thinking and understand work through a public health lens
- Ability to understand own style, strengths and engage in reflective practice

Program Impact

Ability to communicate, collaborate, and lead change *with* the community

The way that we worked, there was constant input from the community. It was community driven. The community had a lot of input and they were leaders of the project versus us taking the lead ... they know their community so well; they should drive the bus... and recognize that they are leaders.

Ability to frame the message for diverse audiences in order to gain support and build a movement

Prior to this when I was talking about chronic disease, I would just give a whole litany of problems. But now I learned a new language where instead of just making people feel bad about a situation, there's actually a solution and not only a solution for a few people, it's a solution that the entire community can get involved in. So for me [that awareness has] made it so much better to give these presentations because I don't have to stop at just this is where we're at; I can say this is where we're going.

Thank you!

"We're living it, but if not for NLAPH getting us to sit down and talk about those things strategically, we wouldn't be doing it. It's been huge. If it wasn't for NLAPH, none of this – none of this – would be happening."

FOR MORE INFORMATION ABOUT NLAPH:
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