



NASTAD™

NATIONAL ALLIANCE OF STATE
& TERRITORIAL AIDS DIRECTORS

Leadership Development

Issue Brief No. 4

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Skills Building Needs and Desired Modalities

In 2008, NASTAD received funding from the Johnson & Johnson Foundation to conduct an assessment of its membership on their leadership and workforce development needs. NASTAD conducted a multi-modal assessment across its membership and their staff in the summer of 2008. One-hundred-fifteen respondents provided a wealth of information on the issues currently impacting their workforce and leadership. In Part 4 of this series reporting the assessment findings, NASTAD explores the needs identified by respondents and the modalities in which they would like to receive training to address these needs.

MANAGEMENT AND LEADERSHIP NEEDS

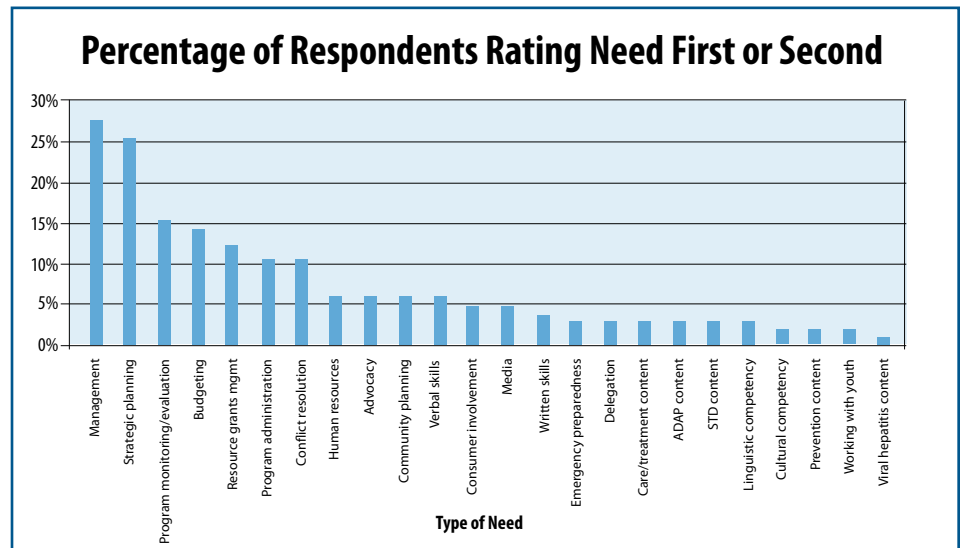
In exploring what AIDS directors and their staff need to build and sustain the leadership and management capacity of their programs, NASTAD wanted to learn what respondents identify as their current management and leadership needs. Among the 115 respondents to NASTAD's online assessment (including AIDS directors, prevention, care and treatment, ADAP, viral hepatitis and other staff), eighty-four percent said there is staff in their program who would benefit from professional leadership development.

When respondents were asked to rank the top five skills they would like to further develop for themselves, needs were ranked fairly evenly across respondents holding various positions within the program, except for management/team building, strategic planning, and quality management, which were ranked the first or second highest priority among a higher percentage of respondents by a wide margin. The next cluster centered on program monitoring and evaluation, budgeting and resource grants management. See Figure 1.

Among AIDS directors, however, management/team building and strategic planning received the most number one rankings, followed by CQI/quality management and conflict resolution/problem solving skills.

In the online assessment, NASTAD asked respondents to indicate whether their

Figure 1



program *directors/coordinators* would benefit from skills development opportunities. Thirty-seven percent said they would, while fifty were not sure. Only seventeen percent said they would not. When asked to comment, responses indicated that there are a lot of different needs among staff as some are highly skilled and some need more training. There was recognition that staff need help with developing skills in creating and enacting a vision. Several comments indicated that a formal opportunity to develop leadership would be good. These themes were echoed in the focus group discussions and key informant interviews.

Training Is Needed in Basic Public Health

Many respondents noted that they or their staff came to work in the health department after building experience as an advocate or working in a community-based setting. Having the breadth of public health expertise to function within the health department presented challenges for these respondents, whereas others may have a specific skills set or training from another discipline, but still felt the need for additional public health grounding.

The other part personally I found that is really challenging is that I don't have the background in epidemiology and in health departments, that is becoming the quintessential part of what they do...if you don't really have the ability to think in those terms, you are basically ignored and I think it should be part of any health department training.

Its funny, now that I'm working in partner services, I'm spending a lot of time learning about public health basics because a lot of people in HIV do not have a public health background. My training is in clinical psychology and I've made the transition to public health, but not everybody can and I feel a lot of times like the HIV world, as bizarre as it sounds, is not really pure public health...

Developing Leadership and Cultivating New Leaders

Visioning was specifically mentioned in survey responses, key informant interviews, and focus group discussions. Some respondents said that they had competent staff, but that these staff did not have the

skills to set visions in motion and others noted a strong sense of responsibility to nurture future leaders.

I didn't get training on leadership. There's no formal training in leadership – you just kind of walk into a job and you're told to do it. And in my case, I walked into a very difficult situation and was told to just fix it and I think that's what you might hear from a lot of people. I see other people in leadership positions and how they have worked and how they have behaved and I've learned from that...you have to be given the opportunity and you have to learn from that.

The worst thing you can do is bring somebody along too quickly and have them in a position where they're not going to be able to compete even with all the support you can think of.

TRAINING CURRENTLY AVAILABLE

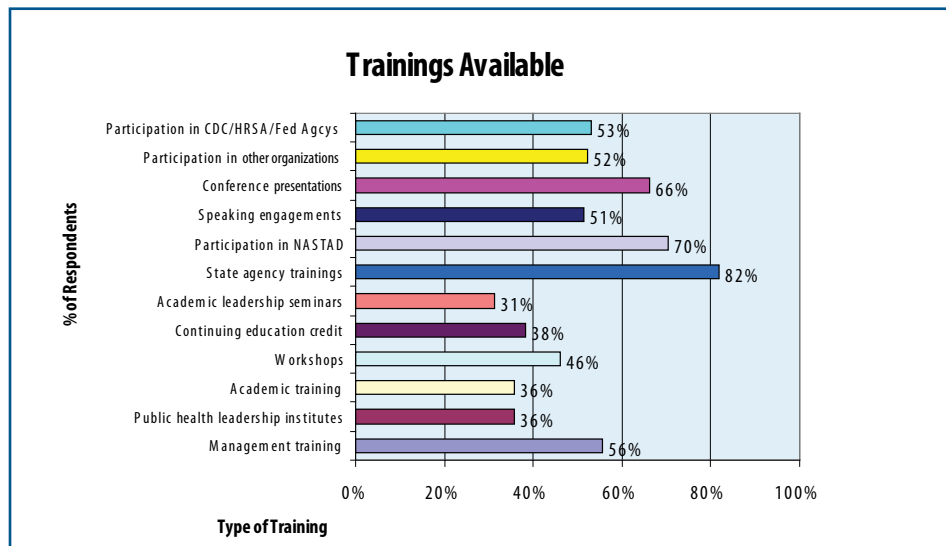
NASTAD asked survey respondents to indicate how they got the training they needed for their current position. Most respondents said they used multiple methods to get their training, with “trial and error” mentioned by the most respondents, followed closely by workshops and conferences and other jobs. Only about one-third of respondents mentioned they received formal training for their job, although thirty-seven percent said they had academic training. Just under half of survey respondents mentioned mentoring as a way they have been prepared for their positions. Other training that prepared respondents for their positions include the public health service, internships, consulting, NASTAD technical assistance, and on-the-job training. See Figure 2.

Respondents were also asked a series of questions about the types of leadership and management skills building that are currently available. On-line assessment respondents had a myriad of leadership training opportunities available to them, with seventy percent of respondents citing participation in NASTAD as something they have available, along with state agency trainings.

Within the *state public health system*/state government, online assessment respondents said that they accessed several different types of training, with computer/information technology training and management training receiving the most mentions and almost twice as many as other types of training. See Figure 3.

In that same vein, survey respondents offered several different kinds of opportu-

Figure 2



nities to their staff, with cultural competency being mentioned by respondents twice as much as other types of training offered to staff. See Figure 4.

Despite these training opportunities, only thirty-three percent of online respondents said that these opportunities have been effective in building the skills of their program. Nineteen percent said they had not been effective, while roughly half deemed these training opportunities of somewhat or mixed effectiveness. When asked to explain their responses, online respondents were either ambivalent, or noted the lack of specific program content as a barrier. Time constraints were also noted as challenges.

OTHER STRATEGIES TO SUPPORT STAFF

In addition to more traditional, formal training opportunities, forty-five percent of respondents said that they have arranged or provided other opportunities to staff to address the workforce environment and morale. These opportunities range from having informal, food-based get-togethers and/or food at staff meetings to supporting flexible working hours and telecommuting. Off-site program retreats were also frequently mentioned as a strategy for improving staff morale, as well as team building activities and trainings on things like sexual diversity and topical brown-bags. Other strategies include:

- Convening staff potlucks prepared and served by managers;
- Compiling inventories of accomplishments annually;
- Supporting peer leadership development activities;

- Ensuring each staff has a professional development plan; and
- Conducting team building focused on communications.

MENTORING AND PEER-BASED OPPORTUNITIES

Peer mentoring or coaching was supported by several on-line respondents – a theme that was echoed in the qualitative focus groups and key informant interviews. The majority of online respondents had positive experiences with mentoring, although a few had poor or mixed experiences and a very few had no experience with mentoring. It seems that most mentoring has happened informally, and the ones that were part of an overall or broader public health department effort were not felt to be very good. Perhaps one reason for this is that mentors may be unfamiliar with the HIV/AIDS and viral hepatitis world in which we operate.

As a new AIDS director I would have liked to have had a mentor for my first year to help me come up to speed on many issues. Although I am further down the road, I would still be able to benefit from the talent and time of a more seasoned AIDS director. Mentoring for other staff in my section with key staff members in other states would also be valuable especially when staff is new or programs (i.e., Adult Viral Hepatitis Prevention Coordinator) are new.

Time constraints were also cited by a few respondents as a challenge for effective mentoring because of competing priorities, limited time and other workload challenges. Another aspect of mentoring that can lead to failure is if the mentoring relationship was too short-lived, or not generally available to all staff.

Figure 3

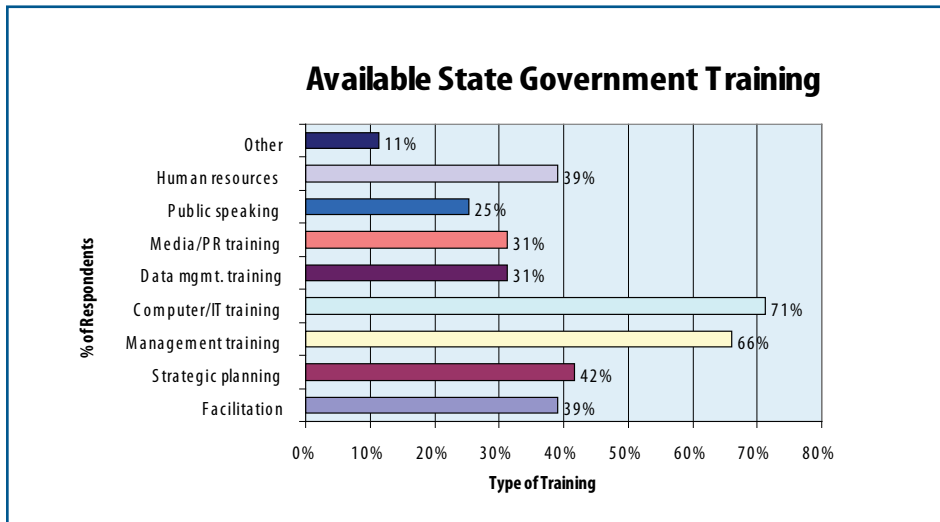
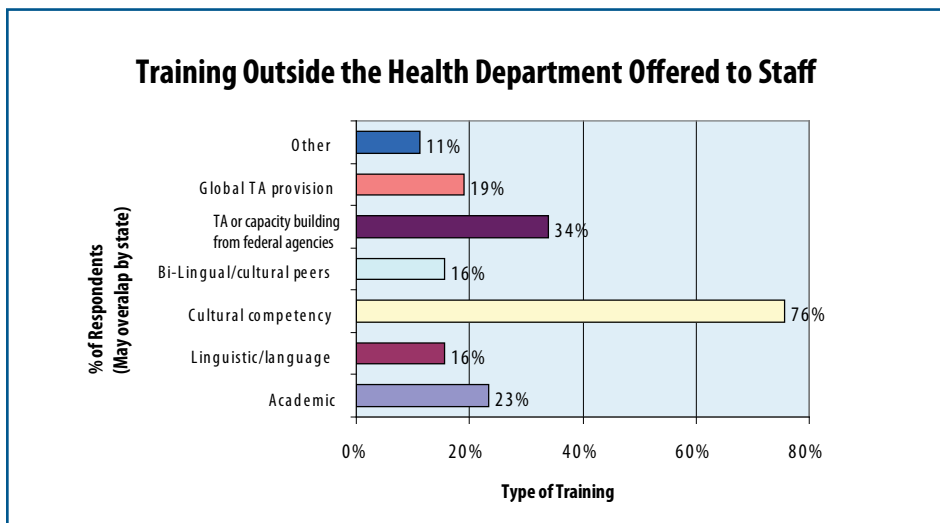


Figure 4



One chief message is that the mentoring relationship has to be specific and clear. Yet a few respondents did not feel it was necessary that it be formal, or a more structured opportunity. Despite the many challenges associated with effective mentoring, the balance of responses indicate its usefulness.

The ability to talk with your colleagues was so essential for me when I came on board because of the isolation within our agency. Even with all my years of experience, I sat here and said, 'What do I do with this?' I am very comfortable picking up the phone and was able to quickly make connections with very key people – I think its important for a coordinator to be able to do that. It doesn't make sense for

all of us to be doing the same work individually. It has helped me develop my leadership even though I had good leadership skills, it helped me to frame hepatitis issues for our administration more quickly that if I had to gather all that information and do the framing on my own.

Respondents clearly find opportunities to communicate with others in their specific and somewhat unique roles in public health HIV/AIDS and viral hepatitis programs important.

There's a somewhat esoteric nature to what we do where there's like a half a dozen people across the country that speak the same language and so the ability for us to talk together fairly frequently is sort of like on-the-job training that I think will last us.

For me, it really felt good to hear similar stories and similar types of issues and being aware that we should work across the board from different states, so I've learned to pull support in other places. I know where I can find support now.

Many respondents said they would welcome the opportunity to receive more mentoring. Forty-five respondents said that peer-based mentoring by staff in other health departments would be useful to them, while 20 said it would not be, and 50 said they were not sure.

Being able to participate in an exchange of ideas and discussions and also feeling like those exchanges of ideas and discussion and problem solving really come to fruition in some way.

THE WAY AHEAD: TRAINING FROM NASTAD

The value of peer connections supported by NASTAD were echoed throughout the assessment. NASTAD asked respondents to comment on the TA they received from NASTAD. Several felt participation in NASTAD has afforded them growth opportunities they would not normally have the ability to access.

[Participation in NASTAD's work groups] helps you to get collective experience of years and years of people doing this work. It allows some of us to stand up with our voice and have an impact on national policy. It gives you a sense of leadership and that you are able to contribute to something that is having an impact on people's lives.

When asked what they would like to see NASTAD provide to further develop their program or staff leadership, online respondents focused their comments on opportunities to connect with their peers in multiple ways, from learning about best practices to networking and discussion both online and "face to face" either via phone, webinar, regional workshops, or one-on-one mentorship.

Respondents Want:

- Best practices/models with contact information throughout the country. Staff could contact other health departments for training or resources.
- Continued communication about what other programs are doing, discussion of trends and program progress via conference calls and meetings.
- Networking with similar staff from other states
- Information shared in brief segments.
- Webinars – a leadership series, perhaps with homework and accreditation.
- National or regional leadership development training for program directors and workers
- More opportunities for regional networking.

Respondents also emphasized their desire for NASTAD to provide support and training in management and leadership skills. These include:

Management:

A system/training addressing the components of program management and modeling of specific examples of what that leadership (job positions) could look like. A self-assessment or analysis tool.

Navigating State Bureaucracies:

Defining skills necessary for working within the larger state system as well as

how to talk with political appointees. Helping health departments mobilize community advocates (to help with things like hiring freezes, budgets etc).

Strategic Thinking:

An opportunity to view leadership in action and know how to use the skills. An inventory of different styles of leadership.

[It would be helpful to have tools] AIDS directors and program managers could use the information in strategic ways to ask, 'So what are your next steps?' And so suggesting those concrete next steps and concrete messages I think is really helpful, particularly with the amount of change in health departments both at the AIDS director level but also program managers.

THE WAY AHEAD: LEADERSHIP DEVELOPMENT TOOLS

This assessment clearly shows that AIDS directors and potential leaders of HIV/AIDS and viral hepatitis programs want and need opportunities to talk about what and how to lead programs, create visions, and inspire their staff. It is not enough that they have a good functional understanding of the epidemic and how programs work. They must also be able to be effective leaders. NASTAD sees incredible potential in the extension of its peer-based technical assistance model, used heretofore to build program skills and capacity, to simultaneously build leadership and management skills and abilities among its membership and emerging leaders. NASTAD has built strong collab-

orations with leadership training centers and plans to facilitate increased sharing among HIV/AIDS and viral hepatitis program staff on the resources available, and opportunities to discuss, effective visioning and leadership.

If NASTAD could play one critical role, it would be to say 'Welcome, here's the link, read this page and it will help you' and then they can navigate. Just make it as simple as possible because I've been there, done that and I understand.

ABOUT THIS SERIES

This Leadership Development Report and Issue Brief series outlines the key findings and recommendations from an assessment of AIDS directors and lead HIV/AIDS and viral hepatitis program staff in 2008 through funding from the Johnson & Johnson Foundation. The entire series includes:

- *Leadership Development Issue Brief #1: Workforce Skills and Competencies*
- *Leadership Development Issue Brief #2: Skills That Strengthen AIDS Programs*
- *Leadership Development Issue Brief #3: Workforce Recruitment and Retention Challenges and Responses*
- *In Focus: Fostering Minority Leadership in Health Departments*
- *Leadership Development Issue Brief #4: Skills Building Needs and Desired Modalities*

ACKNOWLEDGEMENTS

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