

# *Building Health Department Capacity through Workforce Development*



## **NASTAD's Minority Leadership Program**

In June 2010, the National Alliance of State and Territorial AIDS Directors (NASTAD) launched the Minority Leadership Program (MLP), a year-long workforce development program with the overall goal of supporting and retaining minorities in leadership positions in state and local health departments (HDs). In its pilot year, the MLP provided concentrated learning opportunities and peer-based mentoring for 15 junior to mid-level HIV/AIDS and viral hepatitis health department program staff from racial/ethnic minority communities who possessed the potential and drive to become leaders within their HDs. The MLP program supports the overarching objective of NASTAD's strategic map:

Strengthening the leadership and effectiveness of the public health workforce. The following report highlights the MLP components, as well as the successes and opportunities for improvement identified in year-one.

Through the MLP, participants developed and refined overarching leadership skills (e.g., strategic planning, management) and niche HIV/AIDS and viral hepatitis programmatic competencies (e.g., surveillance, HIV prevention). By the end of the year-long program, participants had networked on an iterative basis with peers and field leaders, engaged in a 360 leadership assessment process and sharpened key skills critical in their success as

public health leaders. Likewise, health departments with participating staff benefited from the MLP as it provided a unique opportunity to develop the leadership skills of their staff, capitalizing on their growth and contributions to programs and teams.

### Development Process

In 2008, NASTAD conducted a health department leadership and workforce development needs assessment with support from the Johnson and Johnson Foundation. NASTAD members and several other health department staff (n=115) provided information on the key areas critical for effective leadership, as well as the challenges in identifying and retaining minority leaders. Based on the assessment findings and an extensive literature review of existing public health leadership programs, NASTAD staff developed the structure for the MLP. Additional input and guidance on program content and structure was obtained through an ad hoc committee of health department staff. In 2010, MLP application letters were sent to health department AIDS directors, inviting them to nominate staff members based on the following set of criteria:

- Exemplary professional work history;
- Interest, willingness and an appropriate professional position to share and communicate their work with health department colleagues and the general public;
- Passion and capacity to exercise leadership in the field of HIV/AIDS and viral hepatitis; and
- Commitment to participate in the entire year-long training program and contribute to the program and take advantage of its benefits.

### Program

*"My project (which has been implemented) created the context for me to use, develop and refine my skills as a leader."  
(Participant, 12-month assessment)*

*"I took a lot of the structure of MLP and applied it to my life. This has made me even more analytical about relationship dynamics and broadened my skill set."  
(Participant, 12-month assessment)*

The program included a mix of on-site and distance learning components, to accommodate health department travel restrictions and availability of resources. Over the course of the 12-month program, the 15 MLP participants selected for the program committed to:

- Attend two face-to-face meetings in Washington, D.C.;
- Participate on four live webinars;
- Complete two electives (self-guided, content-specific tutorials);
- Formulate a final project; and
- Develop and implement a personal/professional development plan.

The final project provided an opportunity for participants to apply the skills covered in the MLP curriculum by developing a project that had direct correlation to their affiliated health departments. Although the participants were not required to implement the projects, several participants implemented their projects with great success. The MLP participants presented their projects to AIDS directors and federal partners at the second face-to-face meeting held in May 2011.

Webinar and elective program content was presented by NASTAD staff, senior health department staff and other public health experts. Webinar topics included:

- Programmatic Strategic Planning
- Program Administration and Human Resource Management
- Communication Part A: Building and Supporting Teams
- Communication Part B: Messaging and Presentation

The electives provided introductory-level content around a range of topics, including:

- Surveillance
- Monitoring and Evaluation
- Working with the Media
- AIDS Drugs Assistance Program (ADAP)

- HIV/AIDS Prevention
- Community Planning
- Viral Hepatitis
- Ryan White Program 101

The first face-to-face meeting was a meeting of MLP cohort participants and the second face-to-face meeting was combined with NASTAD's Annual Meeting. Topics covered in these meetings included:

- Leadership and Vision
- Public Health 101
- Embracing Diversity and Promoting Cultural Appropriateness
- Advocacy and Coalition Building

NASTAD also developed "cluster groups" (participant groups of three facilitated by NASTAD staff through calls and emails) to provide tailored guidance and mentoring. In addition, NASTAD used a NING site to create an online community and a resource library for ongoing dialogue and knowledge sharing among MLP participants and NASTAD.

### Outcomes

*"The MLP helped me to have a clear vision, therefore giving direction to my life work."  
 (Participant, 12-month assessment)*

*"This has been a very rewarding life-changing experience. I am truly grateful for the opportunity."  
 (Participant, 12-month assessment)*



### Program Evaluation Methodology and Limitations

NASTAD staff collected assessment and evaluation data throughout the program through surveys of NASTAD staff, participants and participant supervisors. Surveys included preliminary, six-month and 12-month assessments of participants; preliminary, six-month and 12-month assessments of supervisors; meeting evaluations; webinar evaluations and evaluations for each self-guided tutorial. Surveys included open-ended and closed-ended questions to ensure a range of quantitative and qualitative data could be obtained.

In interpreting the data presented, it is important to note that causality is difficult to determine. However, despite the limitations, the data collected remain helpful in identifying program successes, opportunities for improvement and next steps.

### Program Successes

MLP participant responses to the 12-month assessment indicated that participation in the program contributed to positive changes as public health professionals. For example, the following illustrates participant responses to two 12-month assessment questions:

Rate the degree to which the MLP will help you in becoming an effective public health leader.

	Number of Respondents
Very Helpful	9
Helpful	3
Neutral	0
Unhelpful	0
Very Unhelpful	0

Has participation in this program resulted in you taking on increased leadership responsibilities in your professional life?

	Number of Respondents
Yes	9
No	3
Unsure	0

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Respondents expanded on their answers and shared that this was based primarily on improved communication skills, knowledge around working with groups/teams and increased self-awareness. This was attributed to creating and implementing their MLP final projects, networking and relationship building and MLP learning opportunities (e.g., webinars and presentations by AIDS directors).

Additionally, in order to build health department capacity, it was important for NASTAD that participants share what they learned in the program with their health department colleagues and apply it to their work. For this reason, following the first and second face-to-face meetings, participants were asked: "Do you plan to share what you learned in this meeting with your health department colleagues?" Following both meetings, all respondents answered "yes." One respondent expanded, stating:

*"This meeting helped me to understand the qualities of leadership and different styles of leadership. This will help me to understand how to work with and interact with different leaders at the health department."  
(Face-to-face meeting one)*

Participants shared that the second meeting was especially helpful in developing a macro-level understanding of HIV/AIDS issues and that these insights would be disseminated to health department colleagues through staff meetings and informal discussions.

MLP participant supervisors were also surveyed to obtain feedback on the influence of the program on their supervisees. In a six-month assessment of 11 supervisors:

- Nine (82 percent) indicated that their supervisees were sharing with them what they learned in the MLP; and
- Eight (73 percent) indicated that participation resulted in their supervisees taking on increased leadership responsibilities in their professional lives.

Supervisors shared that the MLP positively influenced the work of participants at the HD through increased knowledge and confidence, as illustrated in the following quotes:



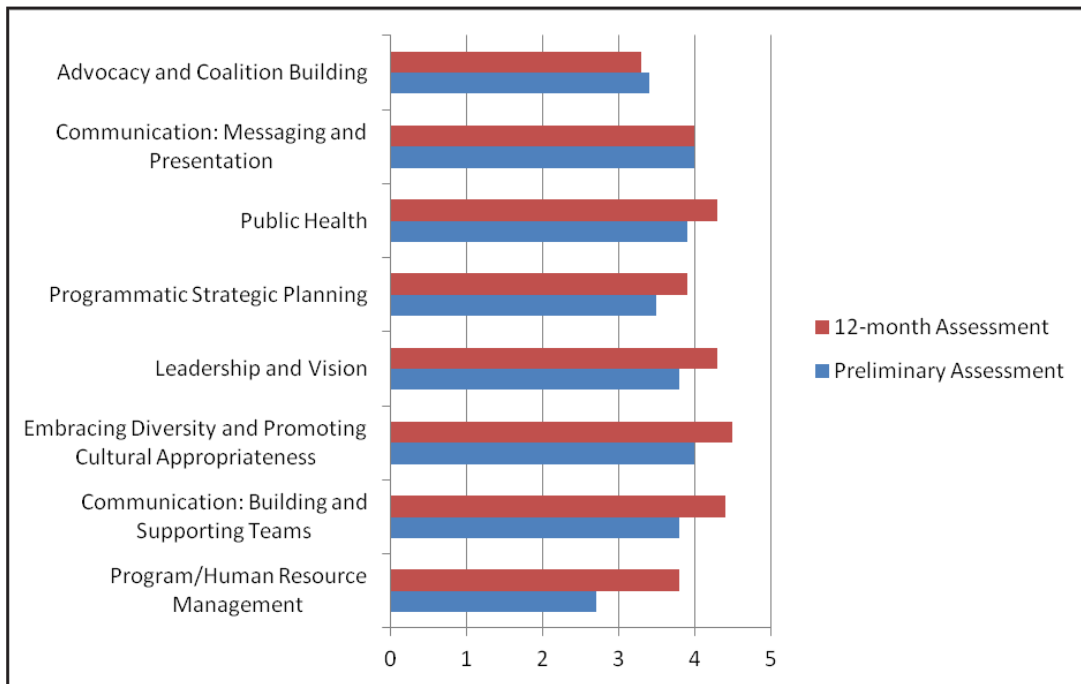
*"[The MLP] is providing new ways in which my supervisee is able to demonstrate new leadership skills at the agency."  
(Supervisor, 12-month assessment)*

*"I feel as though I continue to see [my supervisee] grow. She is using her skills and knowledge to assist her team in their personal/professional growth. [My supervisee] has gained confidence and is 'finding her voice' as a leader."  
(Supervisor, 12-month assessment)*

*"The program is great since it is providing my supervisee with greater confidence in her abilities as a Program Manager. My supervisee is also becoming more assertive and secure in her leadership skills at the agency."  
(Supervisor, 12-month assessment)*

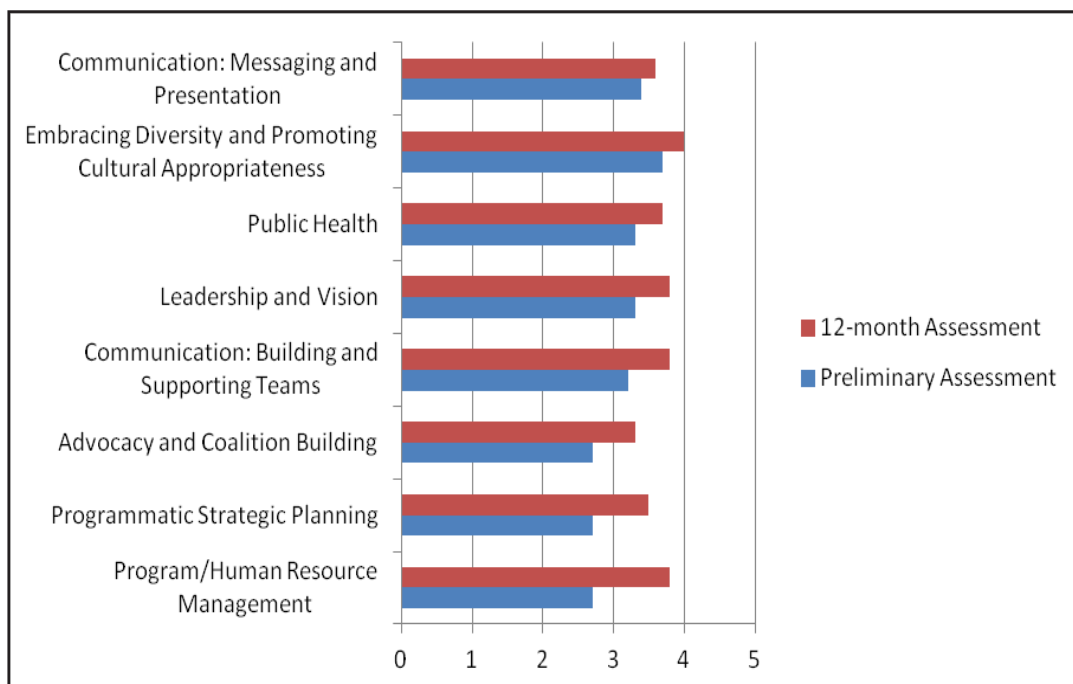
On the preliminary and 12-month assessments, participants were asked to rate their level of knowledge around the topics covered in the MLP webinars and face-to-face meetings. Fifteen participants completed the preliminary assessment while 12 participants completed the 12-month assessment. For this reason, range options were coded numerically (Range: Very poor=1, Poor, Fair, Good, Very good=5) and averaged so the data could be compared. Six out of eight topic area levels of knowledge increased, while one remained the same and one decreased. The largest increases were seen in Program/Human Resource Management (1.1) and Communication: Building and Supporting Teams (.6). Figure one below demonstrates the results.

Figure 1: MLP Participant Level of Knowledge



On the preliminary and 12-month assessments, participants were also asked to indicate their level of confidence in applying their knowledge around the topics covered in the MLP webinars and face-to-face meetings. Again, 15 participants completed the preliminary assessment while 12 participants completed the 12-month assessment. The same comparative process was used as with the previous graph. The largest increases in knowledge were seen in Programmatic Strategic Planning (.8) and Program/Human Resource Management (1.1). Figure two below demonstrates the results.

Figure 2: MLP Participant Level of Confidence in Applying Knowledge



### Health Department Staff Training Needs

MLP evaluation efforts underscore the success of the program; however, the data also highlight particular knowledge and confidence in application gaps at the health department. For example, although Program/Human Resource Management saw the largest increases in the level of knowledge and level of confidence in applying knowledge, these levels are low compared to the other topic areas. Levels of knowledge and, particularly, confidence in application of Programmatic Strategic Planning and Advocacy and Coalition Building skills are low among participants. These data point to further examination and the potential need for increased training opportunities to support staff in these areas.

### Program Opportunities for Improvement

On the 12-month assessment, seven out of ten participants stated that their goals for the program had been met and three noted that their goals had been somewhat met. Participants shared that the primary barriers they faced in meeting their goals were:

- Lack of time;
- Difficulties juggling priorities/obligations; and
- Obtaining support from health department staff.

Although competing priorities and a lack of time will always be issues for program participants, it is important for NASTAD to consider these constraints as program content is refined.

Two additional areas for program improvement include improving communication between participants and their cohort peers and between supervisors and their supervisees and the program. In the six-month evaluation of supervisors, six out of 11 (55 percent) indicated being "very satisfied" or "satisfied" with their involvement in the MLP. In the six and 12-month evaluation of participants:

- Eleven out of 13 (85 percent) and six out of 12 (50 percent) indicated that they were "satisfied" (as opposed to "very satisfied"), respectively, with their level of engagement with the other MLP participants; and

- Ten out of 13 (77 percent) and nine out of 12 (75 percent) indicated that their supervisors were very supportive or supportive, respectively, regarding their participation in the MLP.

The following quote illustrates well a couple program improvement recommendations shared by participants and participant supervisors.

*"[NASTAD should] provide support in how to incorporate MLP into work or how to have discussions about the project with supervisor." (Participant, 12-month assessment)*

### Considerations in Measuring Program Impact

*"Increase the number of minority staff in leadership roles at health departments." (MLP Mission, Logic Model)*

*"AIDS directors must now be accountable to create/offer more opportunities for growth. Without their commitment, the MLP was just a nice project." (Participant, 12-month assessment)*

For the MLP to truly impact the participants and the health departments in which they work, continued support from participating health departments and NASTAD is needed. A few of these needs were shared by participants:

#### Health Department Needs

- Conversation or discussion with leadership regarding role at the health department (e.g., tasks, professional development opportunities); and
- Support from management and support staff.

#### NASTAD Needs

- Communicate relevant information (e.g., professional development opportunities); and
- Provide technical assistance (e.g., young gay men of color, evaluation).

Despite these needs and the difficult circumstances in which health department employees are currently working, participants expressed confidence moving forward. At the second face-to-face meeting, participants were asked to indicate their confidence in implementing skills gained through the MLP:

Indicate how confident you are in your ability to implement the skills you developed through participation in the MLP.

	Number of Respondents
Extremely confident	7
Confident	5
Somewhat confident	0
Not confident	0
Unsure	0

In the 12-month assessment of MLP participants, participants rated all of the MLP components as being "helpful" or "very helpful" in meeting their goals. However, participants indicated that cluster calls, the final project and face-to-face meetings were especially helpful.

NASTAD is in the process of developing more effective evaluation tools and processes. In November 2011, six months following the second face-to-face meeting, an 18-month evaluation survey will be distributed to MLP participants and MLP participant supervisors. It is NASTAD's intention that such data, collected at regular intervals will assist in determining whether the long-term goals of the MLP are being met.

### Next Steps

Based on the extensive monitoring and evaluation that took place during year one of the MLP, NASTAD staff will utilize the data to improve the program for the next cohort of the MLP. The process for reviewing the data and determining areas for modification or change include:

- Discussing the program evaluation during a NASTAD staff retreat;
- Creating MLP leadership team subcommittees to better coordinate activities;

- Conducting phone interviews with AIDS directors and MLP cohort one participants to obtain additional feedback; and
- Inviting MLP cohort one participants to serve as advisors as NASTAD implements the next iteration of the MLP.

NASTAD anticipates launching the second MLP cohort in February 2012. The overall structure and format of the MLP will continue. However, there will be changes and updates to the program, as determined through the evaluation process. Some likely changes include:

- Utilizing NASTAD staff in the content expert role;
- Including mentoring as a part of the program structure;
- Providing more guidance and instruction for the final project and personal development plan;
- Creating an electronic application process;
- More clearly defining specific MLP components (e.g., final project and personal development plan);
- Updating and adding to the self-directed tutorials; and
- Actively engaging the participants' supervisors in the program.

NASTAD will continue working in collaboration with health departments to bolster the public health workforce and promote the next generation of minority health department leaders. The development and implementation of the MLP is a team effort that includes NASTAD staff, health department AIDS directors, national partners and community partners. It is this collaboration that led to the success of cohort one of the MLP and will continue to lend itself to the ongoing success of the MLP.



*Additional program materials, including webinar PowerPoint slides, are available on NASTAD's website ([www.NASTAD.org](http://www.NASTAD.org)).*

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