



NASTAD™

NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS

Leadership Development In Focus

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NASTAD Leadership Development In Focus Minority Leadership in Health Department HIV/AIDS and Viral Hepatitis Programs

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 Summer, 2008. One-hundred-fifteen respondents provided a wealth of information on the issues currently impacting their workforce and leadership. This Issue Brief points a spotlight on the particular challenges faced by racial/ethnic minority leaders in state and local health departments, in their own words.

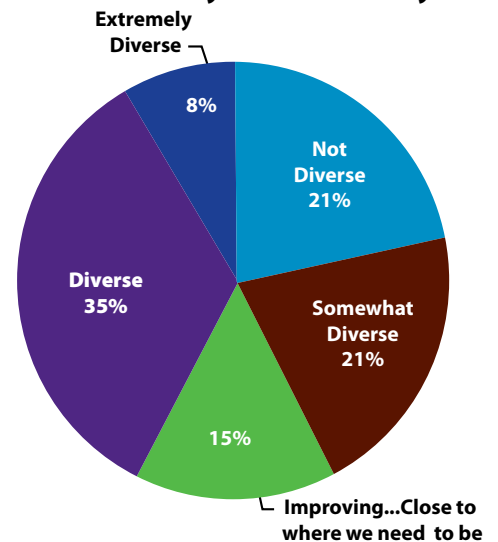
CURRENT WORKFORCE DEMOGRAPHICS

As the HIV/AIDS and viral hepatitis epidemics have evolved, the fact that they disproportionately impact gay men, other men who have sex with men, and communities of color makes it imperative that the programs seeking to address these epidemics be reflective of the perspectives of these communities. While true in general for public health, it has become a particularly strong litmus test in the highly-stigmatized epidemics of HIV/AIDS and viral hepatitis. Therefore, on-line respondents were asked to comment on the extent to which their staff, *as a whole* is diverse and reflective of the epidemic in their jurisdiction by race/ethnicity, gender, sexual orientation and age.

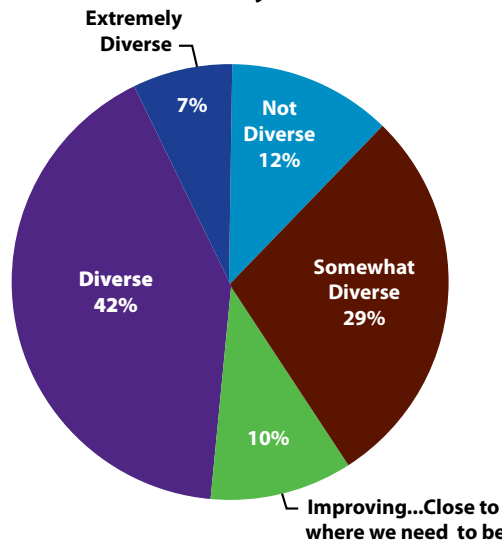
Across the categories that we provided to signify diversity within their staff, the respondents were fairly evenly split in terms of how diverse they felt their staff

to be across the spectrum. Cumulatively across race/ethnicity, gender, sexual orientation and age, on average, just under half of respondents rated their staff as diverse/extremely diverse, and roughly a quarter rated their staff as somewhat diverse. Across the categories, respondents felt their staff was more diverse by age and gender, and slightly less so by race/ethnicity and sexual orientation. Specifically for racial/ethnic diversity of senior management, only six said that their senior management was extremely diverse and twenty-two said it was diverse (a total of 25 percent of respondents, combined). Note: Results do not necessarily indicate individual health departments, as there may have been several respondents from the same jurisdiction.

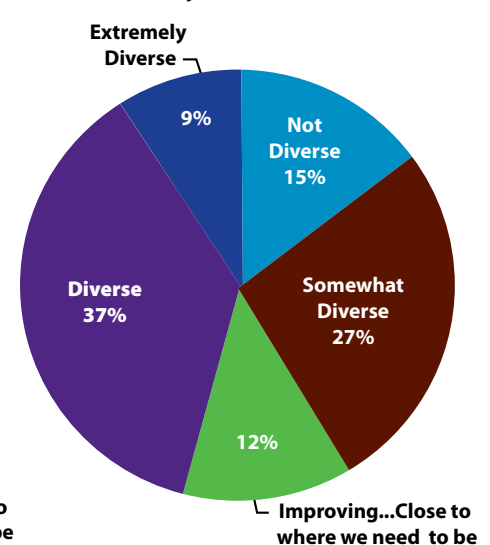
Staff Diversity: Race/Ethnicity



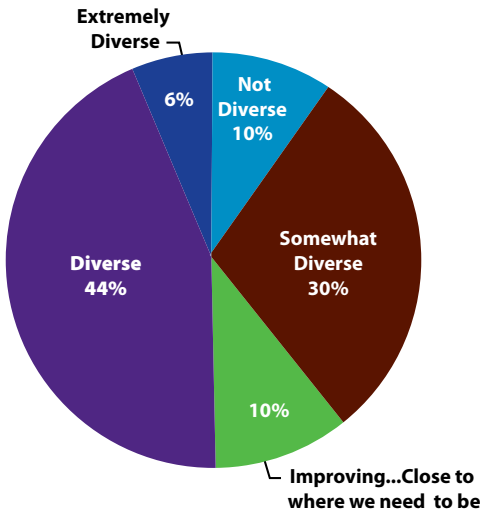
Staff Diversity: Gender



Staff Diversity: Sexual Orientation



Staff Diversity: Age



LEADERSHIP CHALLENGES FOR RACIAL/ETHNIC MINORITIES IN HEALTH DEPARTMENTS

We asked respondents to identify the challenges they face in recruiting, retaining and developing a diverse workforce. We received considerable responses both to our online survey, and through our qualitative work on this subject. (See also, Leadership Development Issue Brief #2.) Some respondents talked about the particular challenges they face as racial/ethnic minorities in government bureaucracies. While not evaluated across all health departments, the general sense among assessment participants was that there were fewer challenges to working and thriving in health departments in more urban health departments that are generally more racially and ethnically diverse than in more rural or less diverse states. The following section highlights this theme more fully.

Elitism in Recruitment

One challenge echoed across respondents was the idea that elitism disadvantage the recruitment of minorities persists in some health departments. Respondents said that preference for applicants from elite academic institutions and/or with specific advanced degrees (e.g. medical degrees) prevents those who can only access education and experience through local community colleges and community-based work from competing for positions.

Specific civil service rules in most health departments were also cited as a barrier to getting in the door for many minority candidates.

Bureaucratic Barriers

Several respondents talked about the bureaucracy itself as a barrier to supporting a diverse workforce. They expressed frustration that the red-tape of a bureaucracy is overwhelming, but more specifically, that the structure and way a bureaucracy functions is culturally specific and not necessarily inclusive of multiple cultural models of operating and relating.

Leadership that we are talking about is a very white paradigm. If you want more diversity, you have to help people recognize this ...[it makes] it important to be giving people in state service the leadership skills to fit within the parameters of a state bureaucracy.

My point is about the system not letting me do something so I have to operate within that system. The conversation is always about trying to make the system change when the system is not going to change. It is going to be that way and was organized for initially good reason. So how do you operate within that to create leadership?

If you don't really have the ability to do things in [epidemiologic/public health] terms, you are basically kind of ignored. ... It should be part of health department training to make you more familiar with these epidemiologic basics. I think they want you to speak the language but at the same time they never help you to get it.

Isolation and Internalized Racism

Respondents identified challenges they face in recruiting, retaining and developing diverse racial/ethnic minority and gay/lesbian/bisexual/transgender staff. We received considerable responses, and, in some cases, very specific and pointed experiences and perspectives about working in the health department *as a minority*. These health department leaders expressed frustration that they feel held to a different standard than their contemporaries, and feeling isolated in their roles at the health department.

On top of the sexual minority thing...it is hard for gay men [of color] ...it has been my personal experience that once you are [in the health department], there is such a huge degree of isolation that is very hard [to overcome]... I cannot go to another black male to get mentoring because there's no-one there...it reinforces the challenges we have.

...and that's what you identify as a barrier when we've gotten to a position of upper level management, or senior program management, is being given the responsibility to do that job without fighting or without working twice as hard or being questioned about decisions.

To a certain degree, as a person in a management position, I feel as though I am scrutinized more and my decisions are more subject to overall discussion than what would be the norm. I don't know if it's something that we internalize or not... it seems to be so subjective.

I hate to think that is based on race but you have no other indication. You have to realize that most of us are the only people of color sitting around those tables. You have to realize that when we're sitting around those tables, and the decisions are being made, we need to be in there, but we also need to feel that we're on the same level as everyone else - that we're on the same playing field. Most of the people in my health department have mentors... but it's a constant battle that we are constantly trying to fight, trying to survive.

Diversity and Leadership is not Clear-cut

When NASTAD asked respondents to talk about the importance of leadership in creating a diverse workforce, it became clear that what diversity is and should be for HIV/AIDS programs is not commonly defined or understood across those working in state HIV/AIDS and viral hepatitis programs. As in broader cultural milieu, how to measure and evaluate a "diverse" workforce is not clear-cut. Some think about diversity in clearly demographic terms, most usually describing or talking about whether there is racial/ethnic diversity. Yet other respondents urged a broader perspective to take into account the types of skills and training needed

to effectively work and lead state public health programs.

The kinds of skills and sensibilities for being able to interact with others that I need in a state health department is very different from what's needed as a front line health provider. We need to expand our definition of what diversity is and I also think we need to look at ways of meaningful and manageable ways of growing staff.

STRATEGIES TO SUPPORT DIVERSE HEALTH DEPARTMENT LEADERSHIP

Respondents pointed to opportunities for peer networking, mentoring, and modeling the importance of diversity to mitigate and address the aforementioned leadership challenges.

Aggressively Seeking Diverse Expertise

One thing that many respondents talked about was the fact that despite the bureaucratic challenges and arcane hiring rules, health department HIV/AIDS and viral hepatitis programs have made strides in developing a diverse workforce. At the same time, many acknowledged the need to work within their communities to bring more diverse expertise into health department HIV/AIDS programs.

We have leaders who could talk to us about hepatitis, TB and HIV who are epidemiologists and who are reflective of our community and our culture. It is a question of the majorities moving out of that space because they are the ones who can provide access and if we want to move forward it is about knowing how to have the space utilized for communities that are highly impacted – African Americans – so they can be represented. The expertise is out there – the challenge is around accessing this.

Connecting with Mentors

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. Most mentoring has happened informally, and those programs

that were connected to a broader health department effort were not deemed useful. Perhaps one reason for this is that broader contexts do not connect people with mentors immersed in the work of HIV/AIDS and viral hepatitis programs. 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. One respondent stated that mentoring was his highest priority as a supervisor. In some cases, this is the path to upward mobility within the health department.

I think what the NASTAD African American Advisory Committee has provided for us is the opportunity to see that it is possible to move up and that there are people in other states that are holding positions of authority and making a difference.

For mentoring to work, respondents said that time constraints must be dealt with and the mentoring relationship has to be specific and clear, although a few respondents did not feel it was necessary that mentoring take place in a formal or structured setting. The following reflects the sentiments of many respondents towards mentoring:

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 it is 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.

Supporting Peer Networking

The value of peer connections reflects the importance of providing venues to allow program staff to communicate with others sharing their specific and somewhat unique roles in public health HIV/AIDS and viral hepatitis programs.

There's things that I've taken advantage of for many years, like the calls with peers that all have the same issues that we all find in common – there's a somewhat esoteric nature to what we do where there's like a half a dozen people across the coun-

try 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.

And several felt participation in peer mentoring opportunities has afforded them growth opportunities in a “safe space” to raise questions that they wouldn't normally have access to.

Participation in NASTAD's peer networking 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.

There is really no course of action you can take about certain issues other than to go through the chain of command and so 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. This is before standing on my own and taking the battles on my own and feeling like now I don't have to take those as much by myself. There are other people I can call who will keep it under wraps and I can still move forward.

Providing Opportunities to Grow

Many respondents talked about the importance that participation in national organizations like NASTAD have played in helping them grow as leaders, as well as in being mentors and inspiring others to become leaders in the future. Being able to lead and participate in national-level policy and program development is another creative way to give people in health departments opportunities in resource-constrained and inflexible bureaucratic structures.

Participation in NASTAD allows some of us to stand up with a voice, and have an impact on policy nationally. It gives us a sense of leadership and pride at being able to contribute to something impacting people's lives, [in particular,] addressing the barriers and some of the conceptual issues that we need to look at if we are going to make a dent in HIV or viral hepatitis.

Being allowed to step up to the plate and say what you think is a big part of developing leadership.

Modeling the Importance of Diversity

Yet at the same time, there is recognition that diversity, however it is defined, is an important consideration for the HIV/AIDS and viral hepatitis workforce in not only having culturally competent staff, but also to gain credibility with community and within the public health system. Furthermore, bringing staff on who have experience working at the community level helps build credibility.

Often the good leaders are found among those working in the community for a very long time. I know that from my own experience. People trust you a little more if they know you've been out the other end. That's not always the case; people are quick to forget where they came from. Overall, there is a level of trust and bridge building that becomes important. There's two attitudes – one is it doesn't matter what color you are, I'm a public

health professional and I serve anybody and I don't need any special expertise to reach the black community...and I may have thought that way at some point in time, you know, 20 years ago, but I've been changed and I understand the need for cultural sensitivity or competency. But I've seen it too many times now ...the public knows that I'm the white straight guy, but the fact that I've empowered a black leader and a Hispanic leader gives me the credibility all the way up the ladder.

THE WAY AHEAD: LEADERSHIP DEVELOPMENT

In order to support development of diverse leadership within state and local health departments, NASTAD is integrating leadership development goals and activities across its domestic and global portfolios. Specific and dedicated training opportunities for minority staff in state health departments are being offered through NASTAD, and NASTAD continues to link its members and their staff to other opportunities to develop diversity and cultural humility¹ among its current and future leadership.

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 program staff in 2008 through funding from the Johnson & Johnson Foundation. The entire series includes:

- *Leadership Development and Management Needs Assessment Report*
- *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*
- *Leadership Development Issue Brief #4: Skills Building Needs and Desired Modalities*
- *In Focus: Fostering Minority Leadership in Health Departments*

ENDNOTES

1. Cultural Humility is a concept championed by Tervalon and Murray-Garcia viewing building cross-cultural knowledge as an ongoing, lifelong process of self-reflection and self-critique to understand differences: http://info.kp.org/communitybenefit/assets/pdf/our_work/global/Cultural_Humility_article.pdf.

ACKNOWLEDGEMENTS

The National Alliance of State and Territorial AIDS Directors (NASTAD) represents the nation's chief state health agency staff who have programmatic responsibility for administering AIDS health care, prevention, education and support services programs funded by state and federal governments. NASTAD thanks the Membership Committee, and 2008 Officers, led by then Chair, Tom Liberti (FL) for their guidance on this work. This Report was prepared by Lynne Greabell, Director, Service and Support, with analytical and editorial assistance from Sophia Nur, Intern, Racial and Ethnic Health Disparities, and Lynn Shaull, Associate, Prevention/Racial and Ethnic Health Disparities. The Report was produced through funding from the Johnson & Johnson Foundation.

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