



NASTAD™

NATIONAL ALLIANCE OF STATE
& TERRITORIAL AIDS DIRECTORS

Leadership Development Assessment Report Series

August 2009

Leadership Development and Management Needs Assessment

“With declining federal and state funding, leadership skills take on new importance.”

Like public health overall, state and local public health HIV/AIDS and viral hepatitis staff are experiencing restricted and shrinking budgets and the challenges of competing priorities. At the same time, public health HIV/AIDS and viral hepatitis programs are facing workforce deficits resulting from the aging workforce, as well as the loss of competent staff to global HIV/AIDS programs, private industry, and other public health issues. HIV/AIDS and viral hepatitis programs also continue to strive for workforce diversity. Having diverse staff is one key component to appropriately addressing the HIV/AIDS and viral hepatitis epidemics. Yet people of color are underrepresented in public health overall. An Institute of Medicine study found that while underrepresented groups comprise about 25 percent of the overall population, they are only 10 percent of the health workforce.^{1,2}

To better understand these challenges and determine strategies to support workforce, management and leadership development, NASTAD undertook a needs assessment through funding from the Johnson & Johnson Foundation. In April 2008, NASTAD administered a multi-modal needs assessment of its membership, work groups and committees to identify their perspectives on leadership and management, and their needs related to leading their programs in state and local health departments.

This report outlines the key findings and recommendations NASTAD gleaned from this assessment. In conjunction with this report, NASTAD has issued four Leadership Development Issue Briefs and one In Focus fact sheet with additional details and in-depth results from the assessment. These companion materials include:

- 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

METHODOLOGY

A total of one hundred and fifteen (115) people completed NASTAD's online assessment. These respondents were from forty-three states and represented forty-seven of the sixty-five health departments funded by CDC for HIV prevention (four city/local jurisdictions were represented). Among on-line survey respondents:

- 23 were AIDS directors (including those who oversee other public health programs, including STD, viral hepatitis, etc.)

- 24 were HIV prevention managers
- 16 were viral hepatitis coordinators
- 12 were care/treatment managers

Thirty survey respondents participate in the Prevention Networking Group and twenty-seven in the AIDS Drug Assistance Program (ADAP) listserv. Twenty-three respondents participate in the viral hepatitis work group, fifteen in the African American Advisory Committee and four in the Latino Advisory Committee (not mutually exclusive). Twelve survey respondents had no work group involvement. Sixteen respondents have been members of the NASTAD Executive Committee, NASTAD's 20-member elected board which sets policy and provides leadership for the organization. Eighty-four respondents supervise staff and ninety-nine manage programs. Fourteen respondents had only one person in the program in which they work, forty-two respondents had 2-9 staff, seventeen had 10-20, twelve had 20-40, seven had 41-60 and there were three that had between 61 and 100 and three had over 100 staff in their program.

NASTAD convened nine focus groups of more than 70 people and conducted nine individual key informant interviews. Focus groups were convened among participants of NASTAD work group/committees and at national technical assistance (TA) conferences (i.e., the HIV Prevention Leadership Summit, the National ADAP TA Meeting, and a meeting of the Denver Prevention Training Center). Key informants were selected through convenience sampling across the various

NASTAD work groups and committees. The survey included 29 forced choice and open-ended questions and was administered online and analyzed in SPSS. NASTAD performed frequency analysis and cross tabulations of responses for this report. The focus group discussions and key informant interviews were coded to determine themes and identify representative responses. Analysis of survey respondents indicates that virtually all respondents have supervisory responsibilities, making effective leadership skills an important part of their jobs.

FINDINGS

The assessment focused on management and leadership qualities of a strong program; key qualities of effective leadership; challenges and strategies to address workforce challenges, including supporting a diverse workforce; and, the needs and types of training respondents would like to develop their leadership and management skills. Following are several key findings in these areas.

WORKFORCE SKILLS AND PROFICIENCIES

NASTAD asked respondents to identify their own skill level in several program management and leadership areas.³ Respondents said they have fairly good communication skills -- essential for effective leadership in highly collaborative HIV/AIDS and viral hepatitis programs that regularly interface with the public.

Respondents said they were most proficient in:

- Effective written and oral communications
- Program administration
- HIV/AIDS content knowledge
- Resource and grants management
- Community planning

Respondents said they were least proficient in:

- Emergency preparedness
- Working with and engaging youth
- Viral hepatitis content knowledge
- Talking with legislators/effective advocacy
- Linguistic competence
- Media relations

CORE PUBLIC HEALTH COMPETENCIES

Similarly, we asked respondents to rate their competency across several core public health competencies identified by the *Council on Linkages Between Academia and Public Health Practice*.⁴ As in the list above, the most highly rated skills (according to number of mentions of proficient, highly-proficient, combined), were communications, policy development/program planning, and leadership/systems thinking.

However, in the key aspect of leadership and systems thinking, presumably the core public health responsibility most important for leading a program, more AIDS directors rated themselves as proficient or highly proficient than did respondents in other positions within their program. Yet at the same time, we also heard through our qualitative work that leaders are significantly challenged to assert these skills because of the bureaucratic pressures they face on a daily basis.

“The bureaucracy is sometimes so unwieldy and you get mired down in a lot of sort of meaningless stuff and government is really difficult to work in and so I think that government and AIDS in particular doesn’t attract natural leaders anymore.”

SKILLS OF RESPONDENTS’ STAFF

Respondents said their staff are most proficient in:

- Effective written communications skills
- Effective verbal communications skills
- Resource and grants management
- Strategic planning
- Consumer involvement
- HIV/AIDS prevention program content knowledge

Respondents said their staff are least proficient in:

- Emergency preparedness
- Talking with legislators/effective advocacy
- Media relations
- Conflict resolution/problem solving
- Linguistic competence
- Human resource management
- Continuous Quality Improvement (CQI)

WORKFORCE RECRUITMENT AND RETENTION

“[There was a] study of state employee workforce showing that we were losing a tremendous amount of talent to the private sector by not being able to make people competitive offers...”

In order to more fully understand the general and specific challenges those in health departments face in supporting and maintaining a diverse and competent workforce, NASTAD asked a series of questions about recruitment and retention. Online respondents were asked to rate how much an issue impacted their recruitment and retention efforts, and open ended questions in the key informant interviews and focus group discussions probed more specifically into the issues impacting programs.

Most frequently cited challenges for recruiting staff included:

- Poor salary scale
- Restrictions on hiring quickly enough

- Having enough diverse candidates
- Hiring freezes
- Education bias and elitism
- Public health demographics and state capitol locations

Once staff is recruited, programs then face the challenge of keeping, or retaining them in the HIV/AIDS or viral hepatitis program. Among our respondents, the most frequently cited challenges included:

- Poor salary scale
- Loss to private sector/elsewhere in state system
- Little opportunity for growth/promotion
- Health department “culture” that supports/does not support diversity and support for a diverse workforce
- High degree of bureaucratic burden and inertia

“We need to be trying to work around the hiring constraints and try to find incentives for these employees – something that we could help them to grow within their roles, continue to challenge them, as well as provide some incentive with the limited resources we have not to lose employees all at the same time.”

Recommendations for Addressing Recruitment and Retention Challenges

Respondents have tried addressing recruitment and retention challenges through several means, from the very convention to the creative. Strategies included:

- Supporting mentoring
- Reclassifying positions, work from within to change hiring and pay policies
- Conducting special management meetings to address recruitment and retention
- Engaging in transitional planning
- Supporting flex-time
- Conducting reorganizations and realignments
- Developing professional development plans

- Addressing burnout and morale and fostering retention through sharing meals, conducting team-based off-site meetings/retreats, building communication and providing opportunities to provide TA and participate in forums like NASTAD

TRAINING NEEDS

NASTAD asked all respondents to identify and rank the top training needs for themselves and for their staff. We also asked them to identify the most acceptable modality in which to receive training. Across all respondents, leadership/visioning and strategic thinking, supporting a diverse workforce, effective advocacy and support for a diverse workforce were identified needs. Several respondents identified a need for training opportunities in basic public health to round out their skills-set.

Respondents said their needs were highest for:

- ADAP content knowledge
- Management and team building
- Resource and grants management
- Strategic planning
- Budgeting
- Effective verbal communications skills

AIDS director respondents said their needs were highest for:

- Management and team building
- Strategic planning
- Emergency preparedness
- CQI/quality management
- Conflict resolution/problem solving skills

While some of the themes and skills essential for effective public health leadership of HIV/AIDS and viral hepatitis programs transcend HIV/AIDS/viral hepatitis by pertaining to skills necessary across public health (e.g. visioning), others seemed to take on particular importance for HIV/AIDS and viral hepatitis programs (e.g., ADAP content knowledge).

OVERARCHING THEMES

NASTAD identified several overarching themes across all respondents on the topic of leadership and management development. Themes included the following:

- Leadership includes both learned and innate qualities, but must include ability to provide vision. Peer modeling of these qualities is important.
- Diversity, recruitment and retention are impacted by inefficient and strict civil service rules and bureaucratic inertia, poor pay scale, academic elitism, and tokenism and/or racism in some places.
- There is an ongoing need to build basic public health skills and help new health department staff understand and be able to work in health department bureaucracies.
- Attributes of strong AIDS programs include: knowledge, experience, passion/compassion, dedication, flexibility, communication, persistence/resilience, team orientation and strong analytical and writing skills.
- Training new and emerging leaders is needed on leadership strategies and styles for HIV/AIDS and viral hepatitis programs, basic public health, leadership in bureaucracies, effective advocacy, media and communications skills, and valuing diversity.

“We need to know where we are going as leaders in order to determine how to lead someone else. Then you have to have your staff buy into a vision and not just sell it to them but have them tell you how they feel ownership.”

CONCLUSION: THE WAY AHEAD

Supporting multiple venues for health department staff networking and mentoring support (e.g., peer-to-peer exchange) is critically important to address the multi-faceted management and leadership needs identified through this assessment. Moving forward, it will be essential for any organization seeking to develop leadership in state and local health department HIV/AIDS and viral hepatitis programs to attend to several key aspects of leadership training, including visioning, strategic thinking, effective communication skills, and cultural diversity.

Having sustained support and over-time opportunities for leadership and management skills building was repeatedly

mentioned by respondents, yet many respondents also expressed reservations about whether they or their staff could dedicate the time and resources to training on leadership in the current fiscal environment. At the same time, respondents noted the elevated importance of effective leadership in such an environment. This means that what is offered must be of the highest quality and provide tangible benefits.

"[It would be helpful to have tools so that] 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."

NASTAD also heard loudly and clearly that providing venues and opportunities for peer-based mentoring and training is important and that past opportunities provided by NASTAD have been beneficial. NASTAD intends to further support management and leadership skills building for state and local public health HIV/AIDS and viral hepatitis programs and leaders/emerging leaders in those programs. Peer-based opportunities at national and regional meetings and training institutes will be supplemented by on-line opportunities, including webinars and distance education.

"I think leadership development is one of the key components to address to move our programs and initiatives forward."

ENDNOTES

1. *The Public Health Workforce Shortage: Left Unchecked, Will We Be Protected?* APHA Issue Brief, by Courtney M. Perlino, September 2006. Accessed 1/29/09 from: <http://www.apha.org/NR/rdonlyres/597828BF-9924-4B94-8821-135F665E9D45/0/PublicHealthWorkforcelsueBrief.pdf>.
2. *In the Nation's Compelling Interest: Ensuring Diversity in the Nation's Health Care Workforce*. Institute of Medicine, 2004. Accessed 1/29/09 from: http://books.nap.edu/catalog.php?record_id=10885#toc
3. Skills rated on a scale from 1-5, with 1 being basic familiarity and 5 being highly proficient in that particular skill.
4. Council on Linkages between Academia and Public Health Practice. <<http://www.phf.org/link/index.htm>>

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.

National Alliance of State and Territorial AIDS Directors
444 North Capitol Street, NW, Suite 339, Washington, DC 20001-1512
Phone (202) 434-8090 Fax (202) 434-8092 E-mail: nastad@NASTAD.org

Julie M. Scofield, Executive Director
Heather Hauck, Chair