REGION **V PUBLIC HEALTH**
TRAINING CENTER

Empowering the Leader Within:
Strengthening Individual Leadership Skills to Strengthen the Public Health Workforce

Michigan Premier Public Health Conference
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Presenters

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Funding Statement

Objectives

- Discuss the current state of leadership training needs in Michigan and across the region

- Describe the **Region V Public Health Leadership Institute** and **Leading Through Change** series

- Explore opportunities to expand leadership development in Michigan and beyond

Agenda

- Region V Public Health Training Center (RVPHTC) introduction
- Background - context and importance
- RVPHTC's leadership offerings
- Evaluation and continuous improvement
- Implications for workforce development
- Discussion

RVPHTC Introduction

Regional Public Health Training Centers

PHTC NETWORK

PUBLIC HEALTH TRAINING CENTER NETWORK

6 SOUTH CENTRAL PHTC
Tulane University

Arkansas, Louisiana, New Mexico, Oklahoma, Texas

7 MIDWESTERN PHTC
University of Iowa

Iowa, Kansas, Missouri, Nebraska

8 ROCKY MOUNTAIN PHTC
University of Colorado

Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming

9 WESTERN REGION PHTC
University of Arizona

Arizona, California, Hawaii, Nevada, U.S. Affiliated Pacific Islands

10 NORTHWEST PHTC
University of Washington

Alaska, Idaho, Oregon, Washington
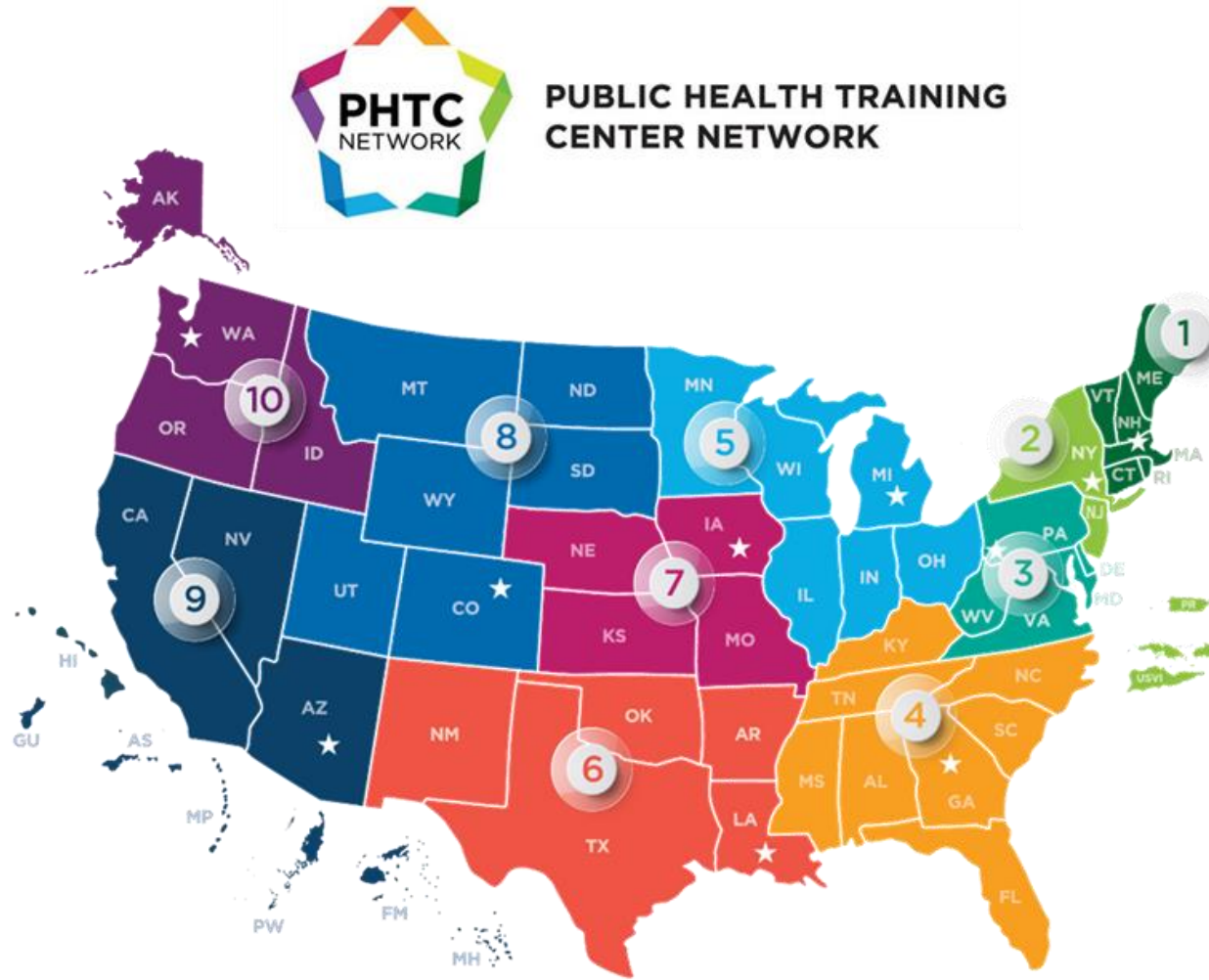
1 NEW ENGLAND PHTC
Boston University

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

2 REGION 2 PHTC
Columbia University

New Jersey, New York, Puerto Rico, U.S. Virgin Islands

3 MID-ATLANTIC REGIONAL PHTC
University of Pittsburgh

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia

4 REGION IV PHTC
Emory University

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee

5 REGION V PHTC
University of Michigan

Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin

Region V Public Health Training Center

We seek to strengthen the skills of the **current and future public health workforce, primarily those in governmental public health**.

We serve practitioners in Indiana, Illinois, Michigan, Minnesota, Ohio, and Wisconsin.

Housed at the University of Michigan School of Public Health, Department of Epidemiology

Who's here today?

Poll Everywhere

1. **How long have you been in a leadership position, whether in title or not?**
    *   I am not currently in a managerial/leadership role but I am interested in pursuing one
    *   0-1 years
    *   2-4 years
    *   5-7 years
    *   8+ years

1. **What is one skill you would like to gain as a leader?**

Ways to participate:
*   Go to PollEv.com/regionvphtc486

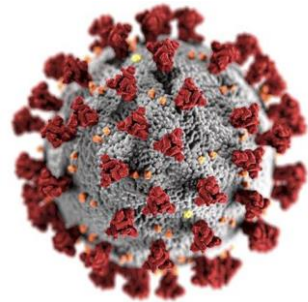*   Text REGIONVPHTC486 to 37607 to join the session

*   Scan QR code below:

Background

State of the Field

Pre-COVID-19	Pandemic	Now
• Disinvestment • Not enough FTEs to meet needs • Public unaware of what public health is and does	• Insufficient staff and capacity… • Staff leaving the field • Burnout • Public mistrust	• Influx of federal dollars but insufficient guidance, capacity • Outstanding effects from COVID-19 • Training needed in technical and adaptive skills

de Beaumont Foundation (2021, 2022); Leider et al. (2023); SteelFisher et al. (2023)

Region V Leadership Needs, 2021 PH WINS

RV Top Needs, all staff/agency sizes*:
1. Budget & Financial Management
2. Systems and Strategic Thinking
3. Community Engagement
4. Change Management
5. Policy Engagement
   *JEDI (Tiers 2 & 3)

Training need =
high importance but
low proficiency

Tier 2	Training need at individual competency level by tenure						
Domain	**Competency**	**0-5 yrs**	**6-10 yrs**	**11-15 yrs**	**16+ yrs**	**RV**	**National**
JEDI	<u>Support development of a diverse public health workforce</u> (e.g., diverse in terms of race, ethnicity, gender, age, sexual orientation)	33%	28%	24%	28%	**29%**	22%
Change Mgmt.	<u>Modify programmatic practices in consideration of internal and external changes</u> (e.g., social, political, economic, scientific)	37%	32%	26%	29%	**31%**	27%

For more info/data: https://debeaumont.org/phwins/2021-findings/

Setting the Stage - Additional Findings

Strategic Workforce Analysis: Identifying Skills and Gaps Among Frontline Public Health Workers Amidst Transformation

- Analyzed 2021 PH WINS data for Region V staff, focusing on small LHDs and Tier 1 staff

- Relevant Findings:
  - Small LHDs tend to be staffed by more employees with an Associate's degree; fewer employees with Bachelor's, Master's, or doctorate degrees; and fewer employees with a specialization in public health at any level
  - Although the domains in which health departments experience training gaps are similar across small and other LHDs, **the intensity of skill gaps is higher in small LHDs**
  - While a PH degree was not associated with fewer skill gaps, **tenure was associated with fewer skill gaps, implying that people learn on the job**

Karnik et al. (2024)

Setting the Stage - RVPHTC 2023 Regional Training Needs Assessment

Percent reporting a Strategic Skill training gap for their workforce	RV	MI
Assess the drivers in your environment that may influence PH programs	27%	23%
Modify programmatic practices in consideration of internal and external changes	27%	23%

Dashboard & Report:
https://www.rvphtc.org/training-needs-assessment/

Region V Findings - percent reporting a Core Competency training gap (not all respondents were asked all questions):
- Change Management domain, top 3 competency training gaps:
  - Manage uncertainty: 60%
  - Consider potential unintended consequences of decisions: 50%
  - Engage staff in the change process: 36%

RVPHTC Leadership Offerings

RVPHTC's Leadership Offerings

Region V Public Health Leadership Institute (RVPHLI)

- **Format:** 6-month cohort-based program (multimodal)
- **Audience:** governmental public health and primary care professionals in Region V states
  - **Eligibility:** 5+ years experience in the field, must work in a Region V state
- **Time commitment:** 40 contact hours
- **Focus:** adaptive leadership at different levels (individual, interpersonal, organizational, systems)
- **Frequency:** offered once annually since 2023

Leading Through Change (LTC) series

- **Format:** 3-part series (three 90-minute live sessions, along with pre- and post- work)
- **Audience:** public health professionals in Region V and beyond
  - **Eligibility:** preference for those in governmental settings
- **Time commitment:** 5.5 contact hours
- **Focus:** change leadership, Public Narrative: Self, Us, and Now framework
- **Frequency:** offered 1-2 times annually since 2021

Both are free and 100% virtual.

RVPHLI Components

- **Program runs once annually, from January - June 2025**
  - 3 sessions in Jan.
  - Bi-weekly sessions Feb. - June
  - Thursdays from 10am-12pm ET (9-11am CT)

- **13 live 2-hour virtual sessions**
  - Didactic
  - Interactive exercises, case studies, etc.
  - Peer group discussion
  - Recorded for later viewing

- **Independent study**
  - Curated offerings from RVPHTC, other sources
  - Leadership self-assessment
  - Read & reflect
  - Discussion prompts

- **Three 90-minute live coaching sessions**

Program Objectives
- Practice adaptive leadership skills to guide organizational, community, and systems change

- Identify approaches for creating a culture of learning within their agencies

- Apply strategies to foster a supportive workplace culture for a diverse workforce in their agencies

RVPHLI Curriculum

**Part 1 - Introduction & Change Leadership**

1. Program Overview & Rapport Building
2. Leadership: Navigating Change & Complexity
3. Change Leadership Approaches to Facilitating a More Resilient and Adaptive Workforce
4. Common Goals and Challenges for Public Health and Primary Care
5. Managing External Pressures and Internal Decision Making

Part 2 - Systems Change

1. Public Health Learning Agenda for Systems Change: Defining Your Challenge & Desired Impact
2. Building Power Alongside Community to Improve Health Outcomes
3. Assessment for Workforce Development
4. A Dynamic Action Model for Policy, Systems, and Environmental Change
5. The Politics Behind Policy, Systems, and Environmental Change

Part 3 - Organizational Change

1. Building Belonging in Our Organizations and Communities
2. Mentorship: How to Give and Seek Out Guidance for Growth
3. Closing Session: Cultivating a Culture of Learning
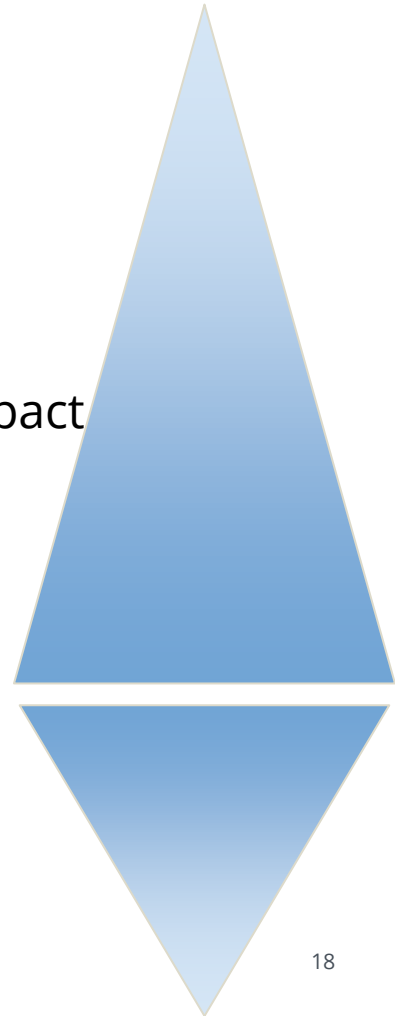
LTC Components

- **Program runs twice annually, once each spring and fall**
  - Bi-weekly sessions

- **3 live 90-minute virtual sessions**
  - Didactic
  - Interactive exercises, case studies, etc.
  - Peer group discussion
  - Recorded for later viewing

- **Independent study**
  - Leadership pre-assessment
  - Read & reflect
  - Discussion prompts

Series Objectives
- Describe change management and adaptive leadership

- Identify strategies to continuously learn and adjust in their leadership role

- Anticipate the needs of team members and partners during times of transition

- Describe how to engage individuals, teams, and partners to achieve program and organizational goals

LTC Curriculum

Session 1: Story of Now: The State of Public Health Leadership
- [Public Narrative: Self, Us, and Now framework](#)
- Adaptive leadership
- State of the field of PH, urgent challenges
- Appreciative inquiry

Session 2: Story of Self: Why Adaptive Leadership
- Adaptive leadership-change management connection
- Qualities of an effective leader
- Imposter syndrome
- Using values, storytelling to motivate action towards an urgent challenge

Session 3: Story of Us: Navigating Changes to Team & Partner Dynamics
- Trauma-informed leadership, creating safe environments
- Prioritizing inclusive partnerships
- Values, experiences, or aspirations of a group ("us") for an appeal to motivate others

Now

Us

Public
Narrative

Self

Evaluation and Continuous Improvement

Approach

- *Gathering a variety of input throughout is key!*

RVPHLI

- Pre, mid, post program surveys issued to RVPHLI participants
- Post-surveys issued to participants, staff, planners, presenters after each session

LTC series

- Pre-skill self-assessment
- Post-surveys issued to participants, staff, presenters after each session

Demographics: RVPHLI & LTC All Time

RVPHLI (Cohorts 1 & 2)

Completions: 74 out of 78 (95%)

Certificates earned: 68 out of 78 (87%)

Demographics, of 78 Enrolled:
- States:
  - IL: 12
  - IN: 12
  - **MI: 15 (19%)**
  - MN: 14
  - OH: 12
  - WI: 13
- Work setting:
  - Gov. PH: 63%
  - FQHC: 17%
  - Other clinical: 12%
  - Other: 8%

LTC series (Past 3 Offerings)

Completions: 104 out of 267 (39%, attended 2/3 of sessions each series offered)

Certificates earned: 4 (CE available first instance only)

Demographics, of 104 Completions:
- States:
  - IL: 11
  - IN: 8
  - **MI: 23 (22%)**
  - MN: 12
  - OH: 6
  - WI: 15
  - Outside Region V: 29 (28%)
- Work setting:
  - Gov. PH: 73%
  - FQHC: 1%
  - Other clinical: 5%
  - Other: 21%

RVPHLI Cohort 2: Program Objectives

Program Objectives (n=36, max 4.0)	Avg
Practice adaptive leadership skills to guide organizational, community, and systems change	3.3
Identify approaches for creating a culture of learning within their agencies	3.3
Apply strategies to foster a supportive workplace culture for a diverse workforce in their agencies	3.3

RVPHLI Cohort 2: Growth Pre to Post

Leadership Statement (n=36, max 5.0)	Pre Avg	Post Avg
I have a working definition of leadership	3.9	4.6
I prefer to stay in my lane in the context of organizational change	2.9	3.0
I take risks by acting beyond my role	3.0	3.6
I intervene in ways that feel risky in order to create change	3.1	3.8
I know how I can contribute productively in stressful or ambiguous situations	3.8	4.3
I regularly interact with others on my team and cross-functionally to learn from their perspectives	4.0	4.5

LTC Spring 2024 Cohort: Series Objectives

Series Learning Objectives (n=14, max 5.0)	Avg
Describe change management and adaptive leadership	3.4
Identify strategies to continuously learn and adjust in your leadership role	3.5
Anticipate the needs of team members and partners during times of transition	3.4
Describe how to engage individuals, teams, and partners to achieve program and organizational goals	3.4

RVPHLI Cohort 2 & LTC Spring '24 Cohort: Common Metrics

Statement (max 5.0)	RVPHLI Avg (n=36)	LTC Avg (n=14)
My understanding of the subject matter has improved as a result of having participated in this training	4.5	4.3
I have identified actions I will take to apply information I learned from this training in my work	4.5	4.4
The information was presented in a way I could clearly understand	4.5	4.3
I was satisfied with this training overall	4.6	4.2

Testimonials & Feedback

RVPHLI, Cohort 2

"I have nothing but praises to say about my experience as a participant in Cohort 2 of the RVPHLI. It is hard to believe that this training was provided to me at **no cost to myself or my agency**, as the **information provided was high-quality, relevant, and important to the public health workforce**. I appreciated having the opportunity to **expand my network and meet fellow professionals who are also working in public health and primary care**. It is sometimes a challenge to explain the challenges, inequities, and barriers that we see in our work to anyone who does not also work in public health, so to be able to come together with this cohort gave me a **sense of camaraderie**. The **Adaptive Capacity Profile Self-Assessment** and report that was provided to **help me better understand my behaviors** during change and disruptions... "

Leading Through Change, Spring 2024

This class was a valuable recommendation following my completion of a course in Trauma Informed Care with patients. I found the **practical approach** and the insightful information provided to be very beneficial. The **group discussions and case studies encouraged the application of knowledge to real-life situations**, which was particularly appealing. Moreover, I **appreciated the leadership and community-focused approach that honored the talents and abilities of the group**, rather than relying on an authoritative leader.

Continuous Quality Improvement – RVPHLI Cohort 1

RVPHLI Continuous QI	
Evaluation Finding	**Changes Made**
Participants (post-session surveys): **vary breakouts beyond by state**	Breakouts by: **public health/primary care, urban/rural, combining states, random groupings**
Participants (midpoint): **more content focused on leadership in practice, more time for discussion**	Informed presentations in second half of the program to **present concepts within examples of relevant context, more time for discussion**
Planning committee (after-action survey): **difficulty finding various shared files**	**Noted file location, organization** via email and during meetings
Staff (after-action survey): **need key takeaways slide to summarize session**	Emphasized Key Takeaways slide in planning outline, **added to slide template, used as recap in next session**

Continuous Quality Improvement – LTC Spring 2024

Leading Through Change Continuous QI	
Evaluation Finding	**Changes Made**
Participants (post-session surveys): **more explanations, examples to contextualize new concepts**	Adjusted agenda segments for sessions 2 and 3 to **incorporate recaps and new examples, connect to past and upcoming content**
Participants (post-session surveys): **more time to discuss in breakouts and as a large group**	Adjusted agenda segments for sessions 2 and 3 to **allow for more discussion time**
Participants (post-session surveys):	Emphasized Key Takeaways slide in planning outline, **added to slide template, used as recap in next session**

Implications for Workforce Development

Implications of Findings

Insights from Findings

- RVPHLI and Leading Through Change are two cohort-based offerings that strengthen knowledge and competency growth around change management, people management, etc.
- There is a continued need to leadership training and workforce development for emerging leaders in public health and primary care, especially in small and under-resourced jurisdictions

Limitations

- Virtual learning comes with challenges
- Limited number of participants per cohort
- Not project-based

Future Directions

- Continue to offer RVPHLI twice more (2025, 2026), reaching another 76-78 leaders (possibly with CE in 2026)
- Continue offering LTC twice annually, with a revamp for spring 2025 (possibly with CE available)

Discussion

Small Group Discussion

In small groups, take 10 minutes to discuss the following questions:

1. **What is a current leadership issue or challenge you're facing?**
   - Is it interpersonal, organizational, or systems level?
   - How could you overcome it?

1. **Given the programs we shared, what other leadership training content or modalities would you want?**
   - What skills are you / your staff in need of?

Be prepared to share one thing from your discussions.

Wrap Up

Apply / Enroll Today

RVPHLI 2025

January - June
Thursdays from 10am-12pm ET

Learn more and apply:

https://www.rvphtc.org/leadership-institute/

Accepting applications through 11:59pm ET on Oct. 31.

LTC Fall 2024

Nov. 4, Nov. 18, Dec. 2
10-11:30am ET

Learn more and apply:

https://www.mitrainingcenter.org/courses/ltcsw1124noce

Call to Action – Explore the Resources Below

Trainings from the RVPHTC:
- [Management and Mentorship Strategies for Supervisors (5-part program)](#)
- [Moving from Team Member to Manager](#)
- [Managing Change: The Essential Leadership Skill](#)
- [Leadership and Whole-Systems Change](#)
- [Developing a Firm Foundation for Your Leadership Journey](#)
- [Cross-Sector Leadership & Health Equity](#)

PHTCN Trainings & Resources: https://phtcn.org/

https://www.rvphtc.org/training-library/

Publications
- Karnik H, Zemmel DJ, Kulik PKG, Power LE, Leider JP. Strategic Workforce Analysis: Identifying Skills and Gaps Among Frontline Public Health Workers Amidst Transformation. J Public Health Manag Pract. 2024 Nov-Dec 01;30(6):E297-E305. doi: [10.1097/PHH.0000000000002006](https://doi.org/10.1097/PHH.0000000000002006). Epub 2024 Jul 22. PMID: 39072417.

Get in touch

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