# LAPH 2022

Evaluation Results from the 11th Cohort of the Leadership Academy for the Public's Health

The Leadership Academy for the Public's Health (LAPH) is a year-long applied leadership development program that supports multi-sector teams from across the county in advancing their leadership skills and achieving health equity in their community. LAPH is operated by the Public Health Institute's Center for Health Leadership and Impact (CHLI) and funded by the Centers for Disease Control and Prevention (CDC). The first cohort launched in 2012 and eleven cohorts have completed the program thus far. This report focuses on the results from the program's eleventh cohort, which launched in December 2021.
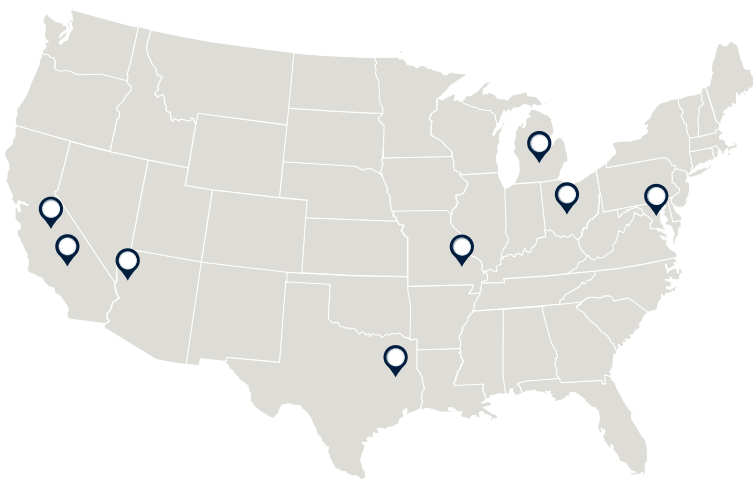
Cohort

The 2022 cohort consisted of eight teams, made up of 35 individuals. The teams were comprised of 3-6 members. Each team had one member from governmental public health, with the other members representing various other sectors in their community. Each team worked on an applied project in their community as part of program participation. The participating teams were:

- Cultiva La Salud - Safe Routes to School
- The East Texas ACE Task Force
- The Latino Coalition Against COVID-19
- Madison County Environmental Roundtable
- Michigan Health Equity Team

- Mohave County Childhood Immunization Team
- The Prince George's County Behavioral Health Advisory Group
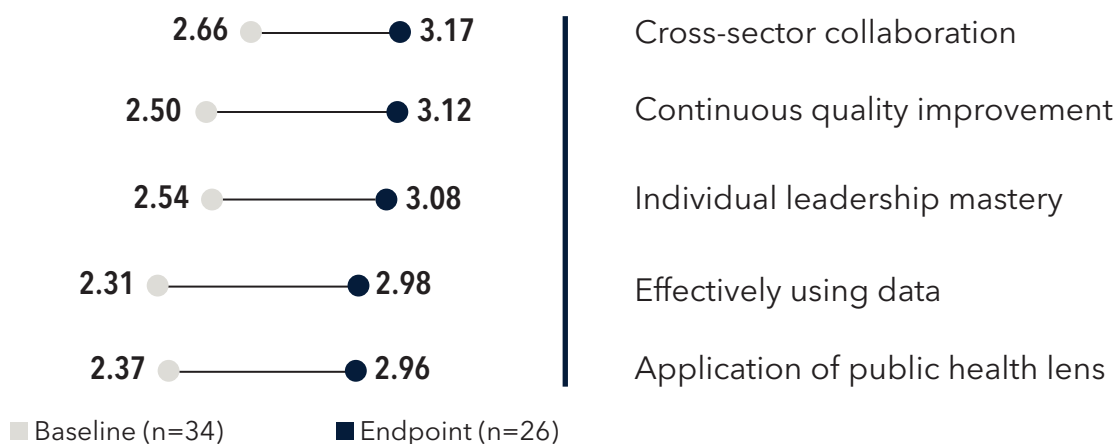- Union County MOVES Coalition

Evaluation

The Center for Community Health and Evaluation (CCHE), part of the Kaiser Permanente Washington Health Research Institute, serves as the evaluation partner for LAPH. In 2022, data was collected through interviews of team coordinators (n=7) and pre and post surveys of both individual participants (baseline n=34, endpoint n=26) and teams (n=7). The team survey was completed collaboratively by the team. This evaluation brief provides a summary of the results.

Program Impact

The LAPH curriculum focused on developing competencies in five domains: individual leadership mastery; ability to work effectively across sectors; application of continuous quality improvement (CQI) principles; appropriate use of data for planning, assessment, monitoring and evaluation; and application of a public health lens when considering health issues. Each domain was defined by individual competencies considered to be important for effective community health leadership—with a total of 20 competencies (ranging from two-five competencies per domain). The chart below shows the average score by domain at baseline and endpoint. Respondents were asked to rate their current leadership abilities for each competencies on a scale from 1 to 4. The ratings were as follows: 1-needs improvement, 2-adequate, 3-very good, 4-outstanding.

Baseline	Endpoint	Domain
2.66	3.17	Cross-sector collaboration
2.50	3.12	Continuous quality improvement
2.54	3.08	Individual leadership mastery
2.31	2.98	Effectively using data
2.37	2.96	Application of public health lens

■ Baseline (n=34)   ■ Endpoint (n=26)

In a comparison of the results of the baseline and endpoint assessments the cohort showed improvement in all competencies, with a statistically significant improvement in 19 of the 20 individual competencies. Participants also showed significant improvement when comparing results by all five domains. The four individual competencies that showed the greatest improvement were:
- To identify health disparities in your community
- To use evidence and best practices to promote systems change
- To effectively utilize the skills and abilities of team members
- To address social determinants of health through your approach to community health improvement

Program Impact

100% of teams reported they plan to keep working together on their LAPH project after the program ends.

96% of respondents reported that LAPH contributed to the strengthening of their individual leadership skills. 96% of respondents also said that LAPH contributed to their team's development as a team.
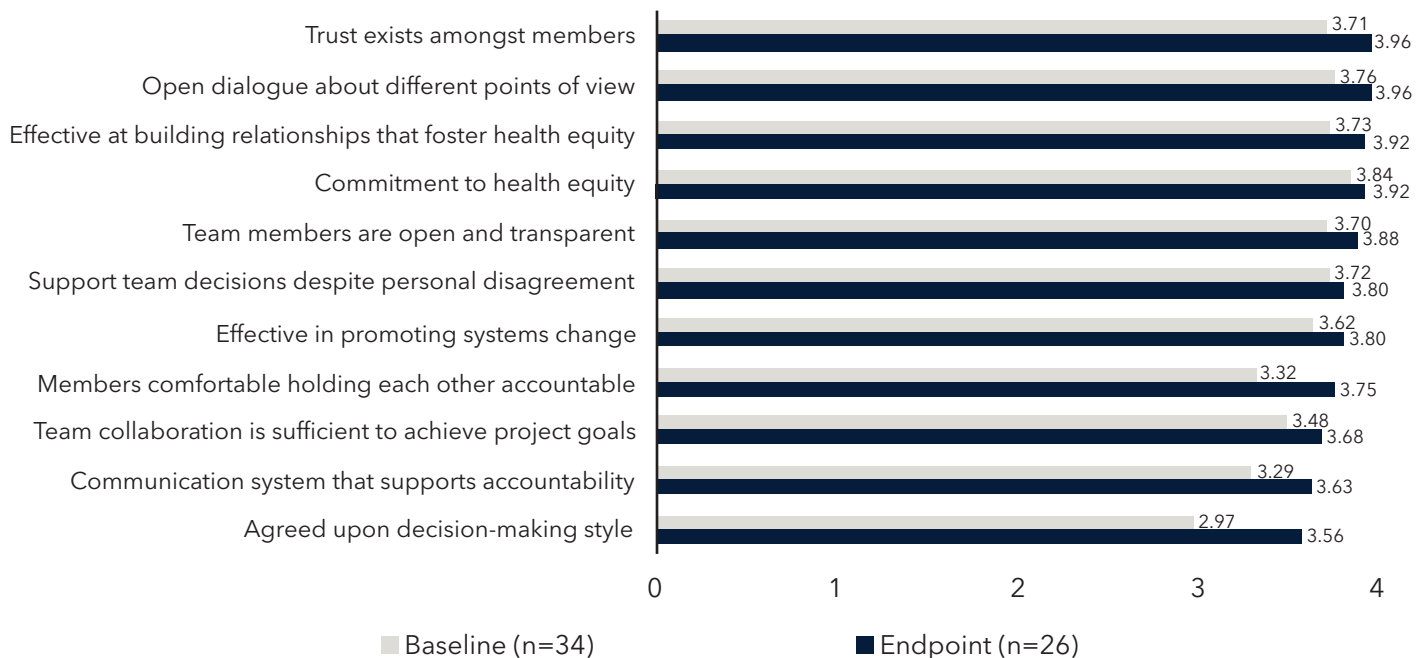
Team Accomplishments

When interviewed, team coordinators spoke about the accomplishments they were most proud of during their LAPH experience. Some notable team accomplishments are highlighted below.

East Texas ACE Task Force	Michigan Health Equity Team	Prince George's County Group
• Hosted ACEs conference featuring 20 presentations, attended by more than 100 people.	• Started a podcast emphasizing the voices of community health workers.	• Received federal funding for their Applied Health Leadership Project.

Team Development and Cross-Sector Collaboration

LAPH requires a cross-sector team approach to participation. The intended outcome of this requirement is that team members will strengthen their level of collaboration with one another and, as a result, individuals and the team will increase engagement in cross-sector collaboration within and outside of the team. Participants rated their level of agreement with 11 characteristics of a well-functioning team higher at the end of the program than at baseline. The ratings were as follows: 1-strongly disagree, 2-somewhat disagree, 3-somewhat agree, 4-strongly agree.

Characteristic	Baseline (n=34)	Endpoint (n=26)
Trust exists amongst members	3.71	3.96
Open dialogue about different points of view	3.76	3.96
Effective at building relationships that foster health equity	3.73	3.92
Commitment to health equity	3.84	3.92
Team members are open and transparent	3.70	3.88
Support team decisions despite personal disagreement	3.72	3.80
Effective in promoting systems change	3.62	3.80
Members comfortable holding each other accountable	3.32	3.75
Team collaboration is sufficient to achieve project goals	3.48	3.68
Communication system that supports accountability	3.29	3.63
Agreed upon decision-making style	2.97	3.56

Program Impact

Networks and Partnerships

All seven teams reported occasionally or regularly involving partners that they did not previously work with in planning, policy, and problem solving.
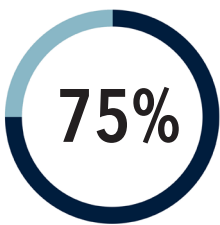
All seven teams reported that they leveraged the individual networks of their team members somewhat or a great deal.
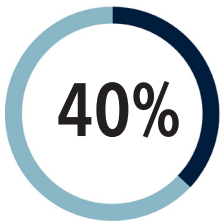
Six of seven teams reported that LAPH impacted their ability to successfully engage new partners somewhat or a great deal.

Network Growth

75% of respondents said they had expanded their professional network as a result of participating in the program.

40% of respondents said that they had been able to develop new professional relationships with other LAPH participants outside of their team somewhat or a great deal.

> " The program taught me the importance of thinking outside of the box and working with others, especially those with a different demographic background, discipline of specialty, and beliefs to keep learning how to be an effective change agent. "
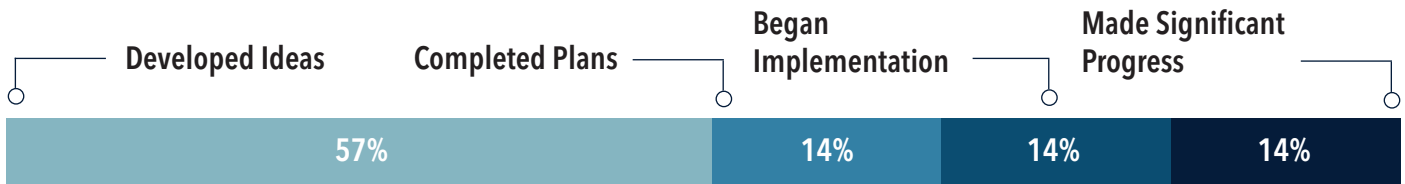
Stages of Group Development

In the baseline and final assessments, teams were asked about their stage of development based on Bruce Tuckman's Stages of Group Development. This cohort followed the trend of previous cohorts and moved to further stages of development over the course of the program year.

	Baseline				Final			
Team 1	**F**	N	S	P	F	N	S	**P**
Team 2	F	**N**	S	P	F	**N**	S	P
Team 3	**F**	N	S	P	F	N	S	**P**
Team 4	**F**	N	S	P	F	N	S	**P**
Team 5	F	**N**	S	P	F	N	S	**P**
Team 6	F	N	**S**	P	F	N	S	**P**
Team 7	F	N	S	**P**	F	N	S	**P**

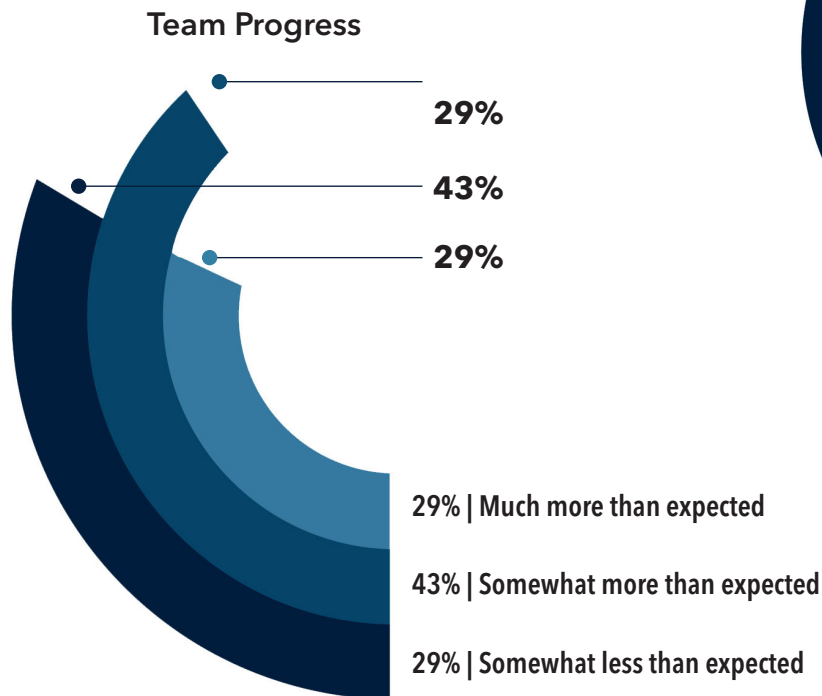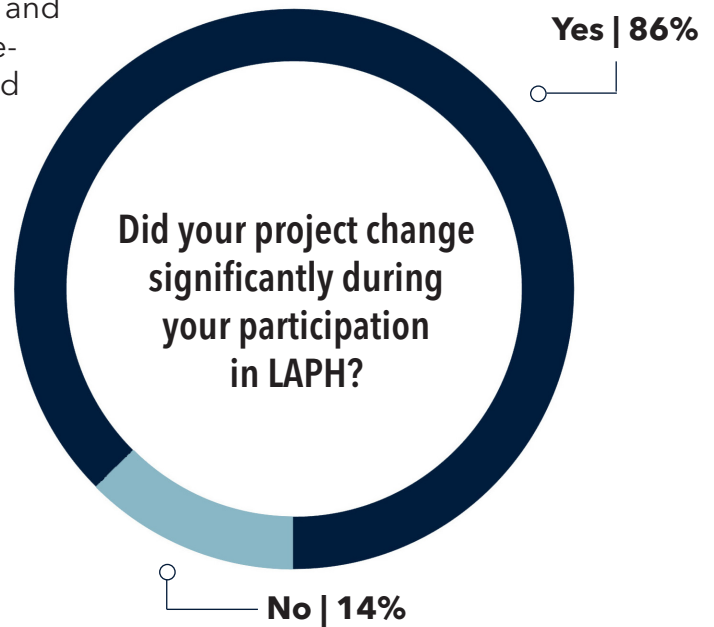▢ Forming　　▢ Norming　　■ Storming　　■ Performing

Program Impact

Team Progress

LAPH uses an applied learning model to provide a real-world experience for participants to apply what they learn. At the outset of the program, teams identify an Applied Health Leadership Project that they will focus on during the year. Teams use the project as a vehicle to practice what they are learning. Program staff and coaches also assist teams in making progress on their identified project. At the end of the program teams were asked how far they had progressed with their project (figure below).

> [Our coach] kept our team grounded using personal experience and theoretical modeling to help move our team forward.

Developed Ideas	Completed Plans	Began Implementation	Made Significant Progress
57%	14%	14%	14%

Teams were asked how much progress they had made during the LAPH program. 29% made much more than expected, 43% made somewhat more than expected, and 29% made somewhat less than expected. No teams reported having made about the progress they expected or much less than the progress they expected. 86% of teams reported making excellent or good progress specifically with their team leadership goals.

Team Progress

29%

43%

29%

29% | Much more than expected

43% | Somewhat more than expected

29% | Somewhat less than expected

Did your project change significantly during your participation in LAPH?

Yes | 86%

No | 14%

The most common reasons given by respondents for changes to their project were a new opportunity emerging, being influenced by LAPH documents, and team priorities changing.

Program Impact

Health Equity

Teams were asked where they place themselves on the stages of change model regarding health equity. The majority of teams said they were at the action stage at the end of LAPH, having moved further along the stages of change model from baseline where the majority of teams were in the awareness or desire stages.. In interviews team coordinators mentioned that participation in LAPH had helped them broaden their understanding of health equity and improve their abilities leading to them serving a more diverse population.

Baseline

29%	43%	14%	14%	0%
Awareness ➡	Desire ➡	Preparation ➡	Action ➡	Maintenance
0%	29%	0%	72%	0%

Endpoint
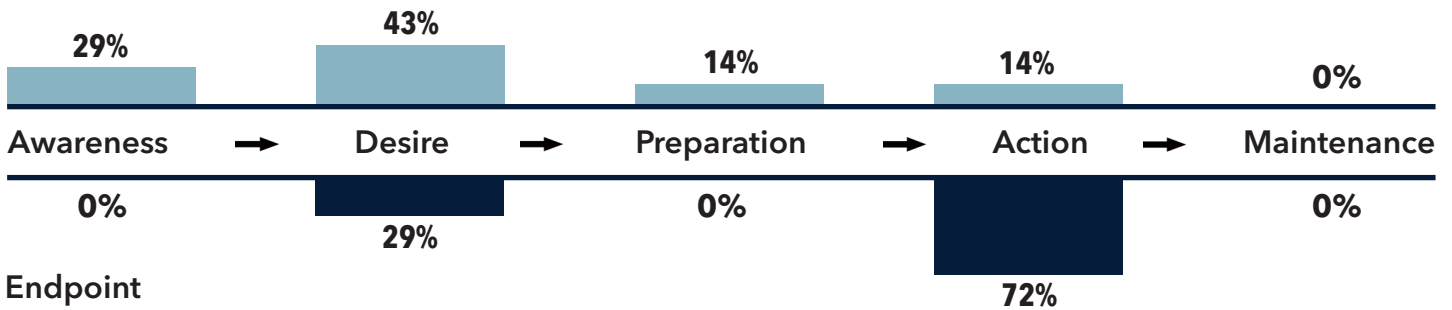
Respondents were asked the ways in which LAPH helped:

Build Key Leadership Skills	Transfer Learnings to Team's Work	Engaging New Partners
• Team-building • Strategic learning • Communication/ presentation skills • Re-framing messages	• Became more involved in community work • Used personality assessment to understand group dynamics • Improved message framing	• Assisted teams in identifying and meeting new partners • Led them to think about partnership in new ways

Coaching

Each team was provided with a coach who provided individualized support and expertise. In interviews team coordinators mentioned specific examples of support they received from their coaches including one team's coach bringing in another coach to provide extra assistance to the team. LAPH participants indicated the coaching was helpful as coaches aided in keeping the teams on track, provided guidance, and helped the teams in creating a plan.

96%
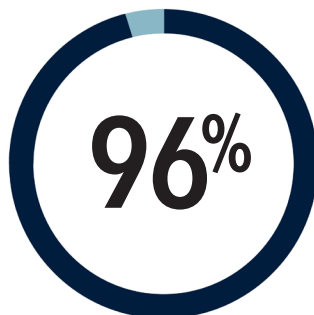
of respondents agreed that:

- the LAPH coaching model effectively supported their team.
- their coach was a good fit for their team.
- their coach added value and contributed to their team's outcomes.

Participant Satisfaction

LAPH participants reported feeling very satisfied with participation and would recommend the program to their colleagues. Participants rated their overall satisfaction an average of 8.5 on a 10-point scale (with 10 being very satisfied). This high level of satisfaction was similar to previous cohorts.

8.5

> **[LAPH] gave me the opportunity to learn skills that I didn't have before and to have the space to put those skills to use.**

100% of respondents have applied new skills or knowledge acquired through this program to their individual work (outside of LAPH).

96% of respondents are confident that they will be able to apply the skills and knowledge learned during LAPH to their work in the future.

96% of respondents reported they would recommend this program to colleagues.

Program Components

The components of LAPH are designed to complement and build upon each other; participants receive a "package," not any of the components individually. To assess the relative contribution of the various components to participant outcomes, on the final assessment, participants were asked to rate the extent to which each LAPH component contributed to their growth as a leader. For all components the majority of respondents agreed that they had contributed to their growth as intersectional leaders.
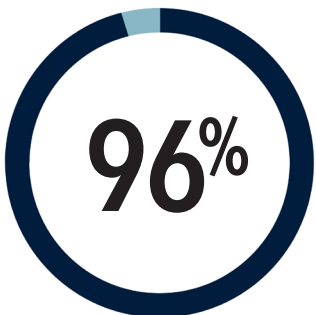
96% of teams agreed that the following components contributed to their growth as an intersectional leader:

- Applied Health Leadership Project
- LAPH coaching support
- Webinars

Highest Rated Webinars

- Framing the Message
- Media Advocacy as a Tool for Narrative Change
- Got Data: Tools & Tips for GIS Mapping

Summary

As LAPH continues to adapt and innovate in an ever-changing public health environment, cohort insights provide guidance on how best to target resources and effect change. When interviewed team coordinators noted the unique nature of the LAPH program, which differed from other leadership programs because of its webinars, tools, and national reach. Additionally, all teams felt the work they had done in the program will have a positive impact on their community.

Based on continued evaluation results from the first eleven cohorts of LAPH, the program components that appear to be critical to facilitating learning and progress are the formation of a cross-sector team to participate in the program, virtual face time (the retreat & coach site visit), coaching support, and practical applications of content through the applied project and leadership learning tools.

> " [Because of LAPH] I have learned how to effectively elevate the voices of communities and lived experiences of others. "

For More Information

LAPH Program

Karya Lustig, Deputy Director
Center for Health Leadership and Impact,
Public Health Institute
klustig@healthleadership.org

Carmen Nevarez, Center Director
Center for Health Leadership and Impact,
Public Health Institute
crnevarez@healthleadership.org

Program website:
https://leadershipacademy.health/

LAPH Evaluation

Maggie Jones, Director
Center for Community Health and Evaluation
Maggie.e.jones@kp.org

Abbie Lee, Evaluation & Learning Associate
Center for Community Health and Evaluation
Abbie.n.lee@kp.org

Kayla Elladae, Evaluation & Learning Associate
Center for Community Health and Evaluation
Kayla.a.elladae@kp.org