



# Impact of the National Leadership Academy for the Public's Health: A cross-case analysis of 21 participating teams

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Center for Community Health and Evaluation

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To find this report and the related summary of findings visit:

<https://www.grouphealthresearch.org/about-us/ghri-centers/center-community-health-and-evaluation/cche-learning/#NLAPH>

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# I. Introduction

## History of Public Health Leadership Training

Training individuals to be effective leaders in the business sector gained traction in the years following the Second World War. But the call for public health leadership development did not come until 1988 when the Institute of Medicine (IOM) published *The Future of Public Health*, a detailed study of America's public health system.<sup>1</sup> While it acknowledged advancement within the public health system and recognized the dedication and effort of public health workers nationwide, the report revealed disarray of leadership in the public health field and shed light on the need for leaders of all disciplines to come together in collaborative action to restore public health capacity.<sup>2</sup>

Key federal agencies and national professional organizations, convened by the Centers for Disease Control and Prevention (CDC), came together to respond to the IOM's call to action.<sup>2</sup> In 1991, CDC funded the Public Health Leadership Institute (PHLI) through a cooperative agreement with the Western Consortium for Public Health, which later became the Public Health Institute (PHI) in Oakland, California. This was the first national leadership venture of its kind. Following this initial investment, CDC went on to support the development of numerous state and regional public health leadership institutes throughout the country. In 2000, the CDC funded the second iteration of PHLI—the National Public Health Leadership Institute (NPHLI)—in partnership with the University of North Carolina at Chapel Hill's School of Public Health.<sup>2</sup> During this time alumni networks were also formed to support ongoing leadership learning.

In 2003, the IOM followed up its original report with *The Future of the Public's Health in the 21st Century*.<sup>3</sup> This report again noted achievements but also emphasized that the United States led the world in health expenditures but still lagged behind many of its peers in health status. The IOM called for collaboration, stating that, "government public health agencies, as the backbone of the public health system, [were] clearly in need of support and resources, and could not work alone. They must build and maintain partnerships with other organizations and sectors of society, working closely with communities and community based organizations, the health care delivery system, academia, business, and the media."<sup>4</sup> One of the most recent IOM reports, *Primary Care and Public Health: Exploring Integration to Improve Population Health*,<sup>5</sup> echoes this call by noting that organizations and disciplines that have historically operated independently must recognize that through collaboration, significant and sustained improvements in the health of individuals, communities, and populations can be produced.<sup>5</sup>

In response to IOM's present day call for collaborative public health leadership development, the Center for Health Leadership and Practice (CHLP), a project of the Public Health Institute in Oakland, California, developed the National Leadership Academy for the Public's Health (NLAPH), which was funded by CDC and launched its first cohort in 2012. NLAPH brings together teams of leaders from multiple sectors to actively engage their communities in achieving health equity and improving population health.

## About NLAPH

The National Leadership Academy for the Public's Health (NLAPH) is a one-year applied leadership training program. NLAPH is designed to build leadership capacity and strengthen multi-sector collaboration within community health initiatives. NLAPH provides training and coaching that allows teams of practitioners from public health and other sectors to develop the leadership skills needed to improve the health of their communities and achieve health equity through policy and systems changes.

NLAPH combines in-person and distance learning to engage teams located throughout the country. Nationally known organizations and experts help design and deliver the skill-based curriculum, which includes meetings, webinars, peer support, networking, and coaching. Teams engage in an action learning project to provide a forum for “real world” application of skills.

The NLAPH logic model outlining the components of the Academy and the intended outcomes is included as **Appendix A**. For more information about NLAPH, please see CHLP's website, [www.healthleadership.org/program\\_nlaph](http://www.healthleadership.org/program_nlaph).

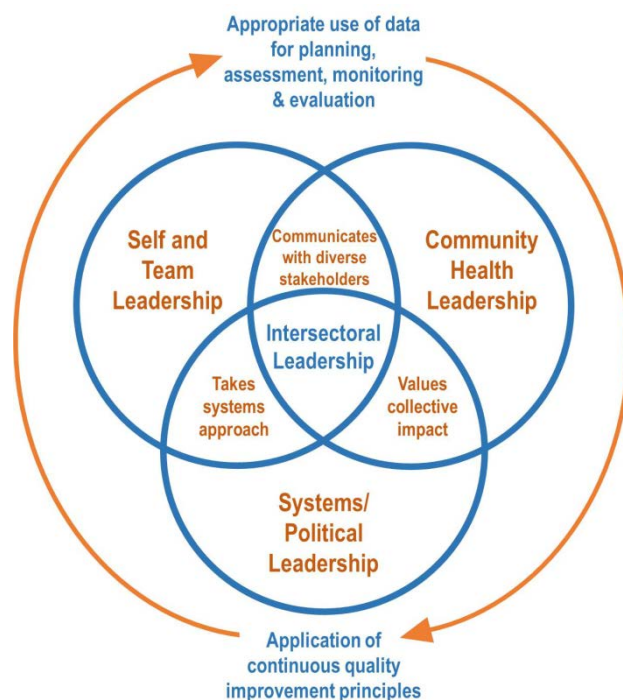
Because today's public health challenges are complex and rapidly evolving, NLAPH uses an emergent design to respond to the needs of its participants and a continuous quality improvement (CQI) framework to respond to feedback and make mid-course corrections. To inform both the emergent design and CQI process, CHLP has embedded an ongoing program evaluation into the NLAPH model.

The Center for Community Health and Evaluation (CCHE) has conducted an ongoing program evaluation since NLAPH launched in 2012. The Robert Wood Johnson Foundation (RWJF) provided funding for an expanded evaluation to assess the longer-term impact of NLAPH on development of critical leadership capacities and the capacity of communities represented by participating teams.

From the 40 teams that participated in NLAPH's first two cohorts in 2012 and 2013, 21 teams were selected to participate as case studies for the evaluation. The sample purposely included teams that faced challenges in order to identify factors that influenced progress.

This report presents findings from the expanded evaluation, including the longer-term impact of NLAPH on individuals and teams and the communities in which they work, the contribution of NLAPH to areas of impact, and the factors that influenced progress and success.

### The NLAPH curriculum model develops leadership at three levels



## II. Methods

The RWJF-funded evaluation built off of the ongoing program evaluation. For the program evaluation, CCHE collected data throughout the NLAPH program year using varied methods to assess impact of the NLAPH training on participants and the communities in which they work.

The methods used for the program evaluation of the first two NLAPH cohorts are outlined below.

### NLAPH PROGRAM EVALUATION

Data source	Data collection method	Sample & response rate
NLAPH participants – individual	Pre/post individual assessment survey	Cohort 1 (n=80): Pre=80; Post=70 Cohort 2 (n=81): Pre=80; Post=76
	Mid-term participant feedback survey	Cohort 1: 65 responses Cohort 2: 67 responses
	Participant interviews (sample)	Cohort 1: 18 individuals Cohort 2: 19 individuals
NLAPH participants – team	Pre/post team assessment survey (completed collaboratively)	Cohort 1 (n=20): Pre=20; Post=19 Cohort 2 (n=20): Pre=20; Post=19
NLAPH coaches	Coach assessments of team readiness and progress (mid-term and final)	Cohort 1 (n=20 teams): 20 (mid-term only) Cohort 2 (n=20 teams): 20 (mid-term & final)
	Coach interviews	Cohort 1: 8 individuals Cohort 2: 7 individuals
Program documents	Document review: <ul style="list-style-type: none"> <li>• Team applications</li> <li>• Participation data</li> <li>• Post-retreat and webinar feedback surveys</li> <li>• Big Picture and Leadership Learning documents</li> </ul>	N/A

To inform future program development, NLAPH program staff and RWJF were interested in building on the existing evaluation to assess the longer-term impact of NLAPH. The key questions that this expanded evaluation sought to answer were:

- Q1. What is the impact of leadership training on the development of critical leadership capacities?
- Q2. What has been the impact of the leadership training on the capacity of communities represented by participating teams?
- Q3. What factors influenced success of teams in developing leadership capacities?

The sample for the expanded evaluation included alumni from NLAPH's first two cohorts (referred to as cohort 1 (C1) and cohort 2 (C2)). From the 40 teams that participated in 2012 and 2013, 21 teams were selected to participate as case studies in the evaluation. The sample

purposely included teams that faced challenges to look at factors that influenced progress. A list of the teams included in this analysis is included in **Appendix B**.

The data collection approach used a comparative case study design that was based on: team interviews/site visits, external stakeholder interviews and review of other team data collected through surveys, coach interviews, and previous interviews with team members. Aspects of this expanded data collection effort were co-funded by the Robert Wood Johnson Foundation and the Kresge Foundation.

The data collection methods used to answer these expanded evaluation questions are summarized below.

### EXPANDED EVALUATION

Method	Description	Sample
Site visits with NLAPH alumni (in-person team interview)  Site visits were co-funded by the Kresge Foundation and the Robert Wood Johnson Foundation	Assess the impact of participating in NLAPH and gather perceptions of critical leadership capacities and NLAPH components that contributed most to their learning. Site visits were conducted 5-16 months after program completion.	21 NLAPH Cohort 1 and 2 teams
Community stakeholder interviews	Assess post NLAPH impacts on community health improvement efforts. To select informants, the evaluation team asked teams, during team interviews/site visits, for recommendations of stakeholders who did not participate in NLAPH but were familiar with the team's work and might be able to comment on changes in NLAPH participants' skills or behaviors.	4 of the 7 Cohort 1 teams (9 interviews) 7 of the 14 Cohort 2 teams (12 interviews)
NLAPH alumni survey	Assess the impact of participating in NLAPH one-year post-participation.	43 NLAPH Cohort 1 & 2 participants

## Analysis for Expanded Evaluation

Based on the data outlined above, the evaluation created in-depth case studies for the 21 teams in the sample. These case studies included data from the ongoing program evaluation as well as the expanded evaluation (up to 16 data points for any one team).

Using these 21 in-depth case studies, we conducted the cross-case analysis, which is the basis for this report. For each team, we identified and coded:

- Categorical **descriptive information** (history of team, history of project, project content/topic, whether they were part of a larger coalition, level of intervention (city, county, state), setting (urban/rural), NLAPH coach) (see **Appendix C**).
- **Level of impact** in the three outcomes of interest (i.e., individual leadership learning, team development and collaboration, and project/community impact). Impact was rated as high (3), medium (2) or low (1) for each outcome. A composite score was also calculated to rate overall impact, which was the sum of the ratings for each outcome category. Composite scores ranged from 3 to 9, with a mean of 6.4.
- **Success factors and challenges**. 13 factors—characteristics of individuals, teams and community context—were identified using an immersion/crystallization approach,<sup>6</sup> which emphasizes gaining an in-depth knowledge of the data to identify key themes. The factors were things that stood out as characteristics of the most successful teams and/or were barriers or challenges for teams that struggled to make progress.

Using this list of factors, the evaluation team coded each of the 21 case study reports, identifying whether the factor was present for each team as a success factor and/or a challenge and the strength of the influence of that factor (rating on a four point scale—strong success factor, success factor, challenge, strong challenge). A factor could be identified as both a success factor and a challenge for any given team. In some cases not enough information was available to rate a team on a specific factor, in which case it was coded as “NA” (not available). Summary of data completeness for each variable is provided in **Appendix D**. One success factor on “team’s use of reflective practice” was eliminated due to high levels of missing data (note: reflective practice was also a key outcome for individual leadership learning and was included and discussed more in that section). As a result, 12 success factors/challenges were included in further analyses.

- **NLAPH contributing factors**. 9 factors were identified as ways that NLAPH contributed to the participants’ progress and success. The process used for coding paralleled the process outlined for success factors and challenges described above. Similar to the process describe above, we looked at data completeness for NLAPH contributing factors. The contribution of providing “credibility” to the team and its work was eliminated due to missing data from a large number of teams. As a result, 8 contributing factors were included in further analysis.

Two members of the evaluation team individually coded each in-depth case study report to ensure consistencies and minimize individual bias. Coding meetings were held to compare codes and reconcile any differences. There was a high degree of agreement between individual coders.

After coding was complete, the evaluation team looked at the relationships between the outcomes (individual leadership learning, team development and collaboration, and project/community impact) and the descriptive information, key factors influencing success (success factors/challenges), and NLAPH contributions.

**Descriptive information:** An assessment of distribution across the categorical variables determined that the variability of the responses within most of the categorical variables was not high enough to delve deeper into further analysis. For example, only 3 of 21 teams in the sample were not part of a larger collaborative effort. No additional statistical analyses were conducted for these variables, and none were identified as critical components for understanding success. (See Appendix C for more details)

**Success factors and challenges & NLAPH contributing factors:** To assess the strength of association between each success/challenge factor and outcome, we performed Chi-Square analyses for all 21 teams combined. Each of the outcomes was tested for associations with each of the factors. The factors were each analyzed separately for associations with each outcome, first as success factors, and then as challenge factors. Chi-squared analyses were also used to assess the strength of association between NLAPH contributing factors and outcomes. This analysis was useful for understanding how and to what extent factors are related to each outcome.

Additionally, for the success factors and challenges, we investigated whether certain variables could be combined because they statistically measure the same thing. We used Principle Component Analysis to judge whether the groupings of success/challenge factors created by this method did consolidate the full set of factors into meaningful groups. While we did not use these groupings in further statistical analyses, the results were useful for thinking about how the factors were related to each other.





### III. Impact of NLAPH participation

This evaluation assessed the impact of participation in the NLAPH for three outcomes: individual leadership learning, team development and collaboration, and the applied health leadership projects' impact on the communities in which they were implemented.

For each of the outcomes, each team's level of impact was rated as high, medium or low. **Five of 21 teams were rated as having a high level of impact on all three of the outcomes.** The majority of the other teams had mixed ratings across the three outcomes—i.e., rated differently as having high, medium or low level of impact depending on the outcome. Twelve of the 21 teams were identified as having a high level of impact on at least one outcome. See Appendix E for more details on how individual teams were rated across the three outcomes.

After all teams had been rated, areas of impact were identified for each of the outcomes. The areas of impact that were identified and the ratings for level of impact for each outcome are summarized below and discussed in more detail in the sections that follow.

#### Areas of NLAPH impact and ratings of impact for each outcome

Outcome	Areas of impact	Team impact rating (● = one team)
 <b>Individual leadership learning</b>	Intersectoral skills Communication skills Application of public health lens Self awareness & reflective practice	High ●●●●●●●●●● Medium ●●●●●●●●●● Low ●●●●
 <b>Team development and collaboration</b>	Team development & sustainability Intersectoral collaboration Network expansion	High ●●●●●●●● Medium ●●●●●●●● Low ●●●●●●●●
 <b>Project/ community impact</b>	Policy impact Impact on coalitions/collaboratives Program impact	High ●●●●●●●●●● Medium ●●●●●● Low ●●●●●●





## Impact on Individual Leadership Learning

To assess NLAPH’s impact on individual leadership learning during the program year, evaluators examined improvements in five domains of leadership capacity and ability (detailed below) as reported in baseline and follow-up self-reported surveys. The expanded evaluation allowed the evaluators to follow up with participants 6 months or longer after participation to see what learning had been sustained and applied to their work.

The NLAPH curriculum focuses on five competency domains:

1. Individual leadership mastery
2. Ability to work effectively across sectors
3. Application of a public health lens when considering health issues
4. Application of continuous quality improvement principles
5. Appropriate use of data for planning, assessment, monitoring, and evaluation.

These five domains represent a total of 43 discreet competencies that NLAPH seeks to develop or strengthen among participants. (See **Appendix F** for a full list of the 43 competencies)

When ratings for the individual competencies were rolled up into an overall score for each domain, participants’ mean scores significantly increased from baseline to post-participation in all five domains. In the Cohort 2 post-participation survey, at least 60% of participants indicated “some” or “a great deal” of improvement in each of the five domains. The greatest reported gain was in the domain of “ability to work effectively across sectors”, with 51% reporting a great deal of improvement. “Individual leadership mastery” and “commitment to a public health perspective” also had considerable gains, with just under half of participants reporting a great deal of improvement.

For individual leadership learning, teams were rated as having had a high or medium level of impact when there was evidence of individual leadership learning for all or most team members, and low if individual leadership learning was limited to just one team member or not reported by any team members.

Individual leadership learning impact rating (●= one team)

High ●●●●●●●●

Medium ●●●●●●●●

Low ●●●●

Among teams that were rated as having a high or medium level of impact on individual leadership learning, several specific areas of impact emerged:

- **Intersectoral skills**, including building networks, collaborative skills, community engagement, collective impact
- **Communication skills**, including framing the message, listening skills, providing feedback
- **Understanding of public health lens**, including social determinants of health, health equity, Health in All Policies, systems thinking
- **Self-awareness & reflective practice**, including understanding of styles and confidence



## Intersectoral skills

One of the fundamental components of NLAPH is its emphasis on intersectoral collaboration. The program seeks to foster an understanding that public health issues are not solely the responsibility of the public health department, but impact a myriad of stakeholders, including private business, non-profits, educational institutions, health care delivery systems, hospitals, and community members. Over half of the teams demonstrated significant learning and increased skill in engaging multiple sectors in their work. The structure of NLAPH provided a supported space for individuals to engage in cross-sector work within their team. Through this structure they developed confidence and skills in working cross-sectorally, which they could then apply to involving outside stakeholders in their projects. Many individual participants highlighted this as a key skill they had developed through NLAPH.

“The issues around multi-sectoral collaboration are hard, and NLAPH helped us understand how to approach that.”

“My ability to understand and utilize the gifts available within other sectors has been greatly enhanced through this process.”



## Communication Skills

Effective communication is one of the leadership competencies taught in the NLAPH. Participants reported that NLAPH improved communication among team members, within their individual organizations, and with external stakeholders. For some participants, NLAPH also contributed to an increased understanding of the importance of communicating directly with community members in order to better understand what people want and need.

“I think it reiterated for me, it’s about relationships, communication, and getting out of your office. There’s no magic bullet. It’s hard work and it’s going to always be hard work.”

Two concepts covered during the NLAPH program year particularly resonated with participants. One of the most often cited ideas among NLAPH participants when describing the program’s impact on their communication skills was “framing the message” for different audiences. Participants found this to be an important tool for advancing their projects and gaining stakeholder support.

“Drawing on some of the information from the Academy, I’ve become very mindful...of framing the message of what it is I want people to be able to take away from what we’ve discussed, what we’ve planned, and how we’ve arrived at a particular decision.”

Another concept that “stuck” with participants is “listening leadership,” in which leaders inform decision-making based upon the articulated wishes of the community.

“It is still grounded in the community. The meetings are in the community. [The project] is with the community, not for the community. The view of ‘I am going to fix you’ does not work... You are not telling them what needs to happen, you are working with them.”



## Application of a Public Health Lens

NLAPH also contributed to an increased understanding of public health concepts, which was especially valuable to team members representing sectors other than public health. For many of them, participating in NLAPH was the first time they had ever been exposed to concepts such as social determinants of health, health equity, health in all policies, or systems thinking. For others, including public health representatives, the program offered an opportunity to develop more sophisticated approaches to striving for improved health equity in their communities

“Health care only makes up a small portion of the community’s health. Being able to address social determinants of health makes so much more of a difference. The organizations need to know how to work together. I didn’t come into NLAPH having given any thought to those things. I learned a lot and now I share those ideas with others.”

“I think more now about the fact that inequities exist and that they are often the result of social situations that can be changed, and that it takes multiple groups to come together to change them. Like a lot of people out there, I just hadn’t given it very much thought before. The different lessons we learned together has brought it to the forefront of my mind.”

Some participants reported that they had improved their ability to engage in systems thinking. Some described it as “getting out of our silos,” while others demonstrated a new understanding of how their work fit into the lived experience of their community or which systems needed to be changed in order to accomplish their project goals.

“The topics of systems thinking and collective impact were quite helpful to me. I was able to apply them in my day to day job duties.”

“We began to realize that the leadership is all about systems change and relationships and more at the higher level, and that’s where we finally moved ourselves.”



## Self-awareness and Reflective Practice

Throughout the program year, participants were encouraged to be reflective and to be intentional about considering the styles and perspectives of others. NLAPH develops this leadership skill through readings, coaching calls, and a number of exercises at the NLAPH retreat early in the program year. For example, at the retreat, teams participated in a team Myers Briggs Type Inventory (MBTI) exercise in which they received individual profiles and a profile describing the team as a unit. This exercise helped them better understand how they might best work together and how to leverage their respective strengths or overcome interpersonal challenges. This exercise, coupled with ongoing guidance from NLAPH coaches, often influenced individuals’ perceptions and attitudes when interacting with others.


“We’d see, ‘right, you’re an introvert!’ But after a few weeks it was just how we knew each other to be. [MBTI] helped with initial team-building. It was nice to share at the beginning.”

“Some of the discussions we had were really a light-bulb moment for me and how I needed to change my style [to communicate effectively with another person].”

Reflective practice is deeply ingrained in the NLAPH model. Reflective practice is “the capacity to reflect on action so as to engage in a process of continuous learning.”<sup>7</sup> NLAPH coaches used regular conference calls and a site visit as opportunities to encourage reflective practice among participants.

“One of the things that was most valuable from this experience was the reflection component and the coach. Those two felt like the most valuable for me.”

“I think we’ve been very active around the reflective practice piece. Not just looking intellectually at different models about it, but also trying to really practice it in a way that works. We start off every meeting with a reflection to ground us in our values and how does this work play out in our team members work as they go out in their day to day work. We end our meetings in a reflective way, too. ...and we always end on some sort of evaluation note so that we’re continuously building an evaluative approach and the reflective practice ties in really nicely with CQI.”

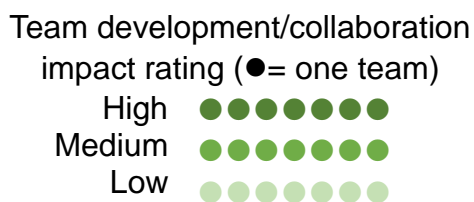


### Impact on Team Development and Collaboration

In addition to exploring the impact of participation on individual leadership learning, the evaluation also assessed how participation impacted the team as a collective unit.

NLAPH emphasizes an intersectoral team approach to participation. Team members typically represent multiple sectors present within the team’s community. The intended outcome of this requirement is that team members will strengthen their level of collaboration with one another. As a result of increased skill and confidence, the team would then increase its ability to effectively engage in intersectoral collaboration in their community. For most teams in the sample, participants reported that participating as part of a team helped them engage more deeply with the program, and led to stronger interpersonal relationships among team members, which produced better team functioning.

The 21 teams were again rated as having high, medium or low levels of impact on team development and collaboration. The teams were evenly distributed across the ratings, with seven teams in each group. For teams that were rated as having a high or medium level of impact, several specific areas of impact emerged:



- **Team Development** (i.e., the ways in which participants built their relationships with one another and co-contributed to the team’s work as a unit)
- **Intersectoral Collaboration** (i.e., working across sectors to engage relevant stakeholders and leverage the strengths and disciplines of different actors within the community)
- **Network Development** (i.e., increasing the size and depth of individual and collective networks)



## Team Development

Teams were tasked with producing a set of team development goals through a consensus-building process and collaboration with their coach. In post-participation surveys, almost all respondents indicated that NLAPH had contributed to their team's development at least somewhat, and two-thirds of teams reported that it contributed a great deal.

Most NLAPH team members in this sample knew each other prior to NLAPH participation, and many had done some level of previous collaboration. Most of the 21 teams were also part of or aligned with a larger coalition or collaborative. However, most often, this was the first time that all team members worked together as a group.

Analyses of the baseline and post-participation surveys indicated that, on average, teams had more self-rated positive characteristics after the program year than they had at the beginning. For Cohort 2 teams, ratings were most improved, to a statistically significant degree, for:

- Achieving an agreed upon decision-making style within the team;
- Team communication system existing that supports accountability;
- Team members comfortable holding each other accountable to decisions and action items;
- Existing team collaboration sufficient to achieve local project goals.

Teams that had higher levels of impact on team development successfully strengthened their interpersonal relationships within their team during NLAPH. This resulted in higher performance as a group.

*“The four members on the team are from different organizations and sectors. By bringing us together, we learned a lot about each other's objectives and perspectives on the initiative. From our discussions, individuals stopped pointing fingers and instead started giving credit to the successful efforts going forward. Community work is hard work, and until you actually try to do it, it's easy to blame other groups on not moving forward quickly. Through our work together, respect and appreciation grew among us.”*

Most teams in this sample had stable membership throughout the course of NLAPH and reported strong team development and functioning. Teams that did not have stable or consistent participation by all team members tended to be rated as having low levels of impact both on team development/collaboration and on the project/community.

An important characteristic for long-term team success was effective sustainability planning. NLAPH teams used a number of different strategies for strengthening and sustaining collaboration in their communities after NLAPH. One team worked to get two of its team members elected to the board of the most influential coalition in their region. Other teams either created or joined independent non-profit entities in which to house their ongoing work and separate their funding from their respective organizations. Some teams shared NLAPH curriculum components (readings, webinars, and tools) with others in their communities to foster the spread of common understanding and language among various community actors. One team even recruited their NLAPH coach to join their coalition after the program year.



### Intersectoral collaboration

As mentioned above, NLAPH requires an intersectoral team approach to participation. Team members typically represent multiple sectors within the team's community. The intended outcome of this expectation is that team members will strengthen their level of collaboration with one another and, as a result, the team will increase its ability to effectively engage in intersectoral collaboration in their community. Several teams demonstrated that NLAPH participation did improve their ability to effectively collaborate across sectors. Examples of teams improving intersectoral collaboration include:

- One team brought together a nursing school, public schools, a large integrated health care system, the municipal parks and recreation department, and the YMCA to transform the way community centers throughout the city operated based on evidence-based practices. Outgrowths of their work on that project helped them develop the intersectoral outreach skills to also successfully lobby for smoke-free parks legislation and healthy eating, active living (HEAL) designation for their city.
- One team had members from the planning department, the public health department, a medical school, an infrastructure engineer, and a non-profit organization that promoted physical activity for health. In addition to their work helping to pass city and county design legislation, the team also secured wins in zoning and redevelopment, and in creating a web exchange for sharing active design best practices among cities throughout the country.

“Our intersectoral collaboration has been greatly enhanced by our participation in NLAPH. It helped us to think outside the box and to understand why everyone should be involved and who is missing from our conversations. Our framework is now more clearly defined by the inclusion of all sectors of our community.”



### Enrichment of personal and collective networks

A common outcome of NLAPH participation for teams was that they broadened their collective networks by establishing new relationships and strengthening existing relationships with external stakeholders. Some teams were already skilled at network building, while for others it was a relatively new experience. Teams reported that engaging with other organizations, decision makers, and community members was an important component of their work together as a team. Many NLAPH teams developed and strengthened stakeholder relationships during the program year.

“It got us to think of different stakeholders than the usual targets... And finding allies in people you didn't think would be allies, (people) you said you would tap into, but didn't really see or understand they had other relationships.”

“We learned to take those strengths that each individual has and use them to move the work along. So if we know [a team member] is very good at reaching out to a certain person or a certain field because he has connections or a better way of reaching out to them, we use that. When we need [another team member] to come in with the [health care system] behind her to get into a meeting, we use that... Instead of having to call thirty times to get a meeting, we're saying who can we use that's going to call one time or use their network to get us that meeting so we don't have to go back and forth.”







The seven NLAPH teams that had an impact on policy worked on policies at many different levels: organizational policies (6 teams), city/county policies (3 teams) and statewide policies (1 team). The activities implemented as part of NLAPH cut across the policy development spectrum from identifying the problem and potential solutions, building political will, enacting specific legislation, and monitoring and ensuring effective implementation of enacted policies.

Examples of policy impact from these seven teams include:

**Vaccine reimbursement and distribution:** One team successfully lobbied major health care plans to raise reimbursement rates for safety net patients so that private practices and public clinics could at least break even when delivering vaccines. This project was also instrumental in changing state policies for vaccine reimbursement.

**Staffing changes and resource allocation to better support educational attainment:** Throughout the county, organizations and businesses have implemented policies and activities because this team was able to demonstrate the link between education, health and income. These changes have secured additional staff to support at-risk students and secured additional funding to support educational attainment

**Smoke-free housing:** A team collaborated with developers and property owners to designate existing and new multi-unit dwellings as Smoke-Free Housing. As of February 2015, the NLAPH team helped achieve this designation for more than 3,000 units.

**Increasing age for purchasing tobacco products:** One team successfully pushed for passage of “Tobacco 21” legislation, which rose the minimum age for purchasing tobacco to 21 years. The law has been implemented throughout this major U.S. city and there are fines and other sanctions for non-compliance by retailers.

**Smoke-free parks:** NLAPH team members lobbied successfully to pass a no-smoking policy for all city parks.

**Vending machine policies:** A team Implemented healthy vending machine policies at community centers throughout the community.

**Workplace wellness policies:** As of January 2015, 12 organizations had worked with the coalition—including NLAPH team members—to formally develop workplace wellness policies including standards for nutrition, physical activity, and tobacco-free campuses.

**Active design guidelines for new development:** The team created an “active design appendix” document for the county design guidelines, which explained active design principles and how design could contribute to or reduce health disparities. The team's active design logo was attached to each section of the county's zoning code and design guidelines. The logos were formally adopted into the code and guidelines by the county board of supervisors. All new development and uses must comply with County's Code and Design Guidelines.



## Coalitions or collaboratives

The six NLAPH teams that used a coalition strategy to advance their work fell into two categories: representatives of a larger, pre-existing coalition who were carrying out a subset of the coalition's work (4 teams), and teams that served as the conveners and leaders of new coalitions (2 teams). Examples of each type of strategy are presented below.

### Leveraging pre-existing coalitions

The following are examples of how NLAPH teams leveraged and built upon the work being led by a pre-existing coalition.

**Place-based interventions:** Prior to NLAPH participation, the team had already been working together as part of a larger interdisciplinary partnership to address root causes of inequity in their city. All NLAPH team members now hold senior leadership positions within the city, and are able to strategically work together to influence decisions regarding allocation of health resources, city planning/zoning, and approaches to community health.

**Addressing overweight/obesity and chronic illness:** The NLAPH team was comprised of members from a multi-sectoral coalition formed in 2009, which two of the team's members now co-chair. The coalition has several successful community wellness initiatives, including three carried out by the NLAPH team focused on healthy eating, workplace wellness policies, and youth leadership development training.

**Coalition work in a geographically large and rural region:** Each NLAPH team member was a recognized leader in the community and were active participants in a regional partnership. The partnership was a non-profit regional membership coalition comprised of nearly all the agencies and individuals in the health and human services field in the region. The partnership's purpose was to create collective impact by working together toward common goals. Three of the four NLAPH team members served on the Board of Directors for the partnership. They continued to recruit new members to the coalition. Their NLAPH work led to completion of a community health improvement plan (CHIP) and several Healthy Eating/Active Living initiatives that have increased access to healthy foods in the region and provided some support to make the region more bicycle friendly.

**Healthy Eating/Active Living:** NLAPH team members were actively involved in a coalition whose mission was to increase residents' ability to engage in physical activity and eat a nutritious, balanced diet. The coalition had more than 100 active partners, which included local governments, businesses, media, academic institutions, and faith-based organizations. NLAPH team members worked on three specific community initiatives during the program year. All three programs were very well received in the community and had high rates of participation.

## Convening new coalitions

The following are examples of how NLAPH teams created or convened new coalitions.

**Health Equity:** The NLAPH team worked to support the development of a permanent statewide alliance for health equity in order to develop a shared vision, action plan, new partnerships, and increase collective impact outcomes. Since completing NLAPH, the team added six more members to its central planning team. The team leveraged other grant funding to support their work. Using these resources, they conducted six trainings across the state and sent 10 team members to a regional summit for the purpose of recruiting coalition members. They successfully established the coalition and hosted more than 80 coalition members at the inaugural summit, which was held three months after the end of the NLAPH program year. The annual coalition summits are expected to continue.

**Asthma:** This NLAPH team was tasked by the county to form a coalition to enhance the county's capacity to deliver quality asthma education sessions. The team successfully formed the coalition and a steering committee, established a mission statement and governing principles, collaborated on funding opportunities, and agreed upon four primary action areas. Members of the NLAPH team continued to lead the coalition, which has continued to grow. The coalition will host its 3<sup>rd</sup> annual summit in May 2015. Coalition work led to corporate policy change at a major drug-store chain, stronger relationships between public health and local hospitals, and a reduction in asthma patient emergency room visits after four months for those who received an in-home trigger assessment.



## Programs

A number of NLAPH teams in this sample achieved community impact by developing and implementing programs tailored to address specific community needs. These programs covered a variety of topical areas including healthy eating/active living (HEAL), youth leadership development, access to care, prescription drug disposal, maternal and child health, and educational attainment. Each of the following examples represents programmatic outcomes or impacts created by NLAPH teams' work:

**Community center HEAL programming:** This NLAPH team set out to introduce and implement evidence-based programming across four community centers. This included: a 5-2-1-0 curriculum (5 servings fruits/vegetables per day; no more than 2 hours screen time, at least one hour physical activity, no sugar sweetened beverages) for youth who visit the community centers; individual case management for youth and adults at the community centers; fruit, vegetable, and physical activity prescriptions; community gardens; vending policies; and the implementation of a system for tracking knowledge and behavior status among community center visitors. NLAPH team members are now seen as a resource in the community for program development, and are serving on the boards of other organizations. In December 2014, the city received official HEAL designation, primarily as the result of NLAPH team members' efforts.

**Designating “Healthy Options” restaurants:** The NLAPH team recruited restaurants in its two-county region for an initiative to create menu items that meet particular requirements. Restaurants that met those standards could earn designation as a “Healthy Options” restaurant, and display the “Healthy Options” logo on their windows, menus, and other marketing materials. Sixteen local restaurants were designated “Healthy Options” restaurants, and were offering healthier menu choices. Recruitment efforts were continuing after the completion of NLAPH.

**Youth Leadership Development:** The NLAPH team successfully garnered funding for the development and implementation of a Youth Leadership Academy. Nine Academy Scholars ages 15-18 participated in the inaugural cohort. They met with experienced mentors and instructors over six Saturdays and collaboratively developed and implemented a community project. The Academy is planned as an ongoing program, with a new cohort of Scholars selected for participation each year.

**Community Solutions Teams:** This NLAPH team created seven “Community Solutions Teams” to address a number of community health needs. Four of those teams successfully moved projects into the implementation phase by the end of the NLAPH program year. Their work focused on improved dental access for safety net populations, prescription drug disposal program, maternal/prenatal education, lead screenings for children, and Friday Night Play Night events.

**Educational attainment:** The NLAPH team developed a number of programs designed to increase educational attainment. The programs have been implemented both in the public school district and in partnership with community organizations, including the local United Way. As a result of this work, much of the community is now operating from a set of shared goals to impact the social and economic factors that drive truancy and drop-out rates; they were also working to better align community resources. Data suggest that the support system is now capturing students who would otherwise not have received the support necessary to guide them towards on-time graduation. The county’s on-time graduation rate is 81%, compared to the state rate of 76%. Another 9% of students continue in school after missing on-time graduation. That leaves the school district with a drop-out rate of 10%, compared to 13% for the state as a whole.

**Farmers’ market:** NLAPH team members are trying to increase access to a local farmers’ market, both for those with disabilities and for those who may feel like they don’t belong there. Team members helped the market acquire a truck to sell local farm products in unserved neighborhoods. In addition, one team member led the effort to produce a Farmers’ Market Almanac featuring stories, photos, recipes, and poems honoring the area’s farmers and others who participate in the market.

## IV. Characteristics of individuals, teams and projects that influenced success

Through the cross-case analysis, 12 factors were identified as key contributors to team's success (see next page for a list and definition of these factors). The analysis indicated that each of these 12 factors could be either a success factor or a challenge, or, for some teams, both a success factor and a challenge.

As a result, each factor was independently assessed as a success factor and as a challenge. The evaluation looked at the frequency with which each factor was identified as a success factor and/or a challenge and then studied the association between each factor and the three outcomes (i.e., individual leadership learning, team development and collaboration, and project/community impact). This section first provides a summary of the analysis, and then discusses each of the factors individually.

### Most commonly identified success factors and challenges

The most common success factors found across all 21 teams were that: the team had sufficient **content expertise** to implement the project; individuals on the team were **mission driven** and had a personal commitment to the work, and positive **team functioning** (of their NLAPH team) contributed to their progress in the three outcomes. These three success factors were always a success factor for 9 of the 10 highest rated teams, while the 3 teams with the lowest overall score for level of impact across the three outcomes faced challenges in these areas.

The most common challenges across all 21 teams were: **positional power** to influence the change the team sought; **institutional support** to participate in NLAPH; having a **long term perspective** about the work (i.e., sustaining/continuing beyond NLAPH); and effectively **aligning with timing and context** of the environment in which they were working.

### Associations between factors and outcomes

To assess which factors might help to predict the success of teams, the evaluation conducted Chi-squared tests to look at the strength of the association between each factor and the outcomes. As mentioned earlier, the factors were analyzed separately as success factors and challenges. The table on the next page provides a summary of the associations that were statistically significant.

When a success factor was significantly associated with an outcome, it meant that teams that had higher level of impact for a given outcome were more likely to have demonstrated the success factor.

When a challenge was significantly associated with an outcome, it meant that teams that had lower level of impact for a given outcome were more likely to have identified that factor as a key challenge.

**12 factors were identified as influencing team’s level of impact** either as a success factor, a challenge or both. While all of these factors were important, the **following table identifies the factors that were significantly associated with each of the outcome areas**. For example, teams that had high individual impact were more likely to have had a positive relationship with their NLAPH coach than teams with lower levels of impact; whereas teams that had lower levels of impact on individual learning were more likely to have experienced challenges of being mission driven/committed to the work, lacking positional power and politically savvy, and were more likely to have faced challenges aligning their work with context and timing. **These factors may help to predict teams that will thrive and those who will struggle.**

Success Factor		Individual impact	Team impact	Project impact	Overall success
Content expertise	Team members had content expertise to address the project issue/topic			▲	
Mission driven/commitment	Team members had a personal commitment to the work	▼		▲ ▼	▼
Team functioning	Team worked together effectively to participate in the program and implement the project		▼		▼
Positional power	Team members were in a position to make the changes they sought and/or implement programs or policies	▼	▲ ▼	▲ ▼	
Politically savvy	Team members knew who to meet with, how to leverage team members’ skills and connections, navigate power dynamics and political processes to promote change	▼	▲	▲ ▼	
Coach fit	NLAPH coach experience and input was valued by the team and contributed to outcomes	▲		▲	▲
Intersectoral skills	Team members had skill and experience working intersectorally prior to participating in NLAPH		▲	▲ ▼	
Institutional support	Team members had the ability and permission to devote time to the program and the opportunity to apply learnings to their work			▲ ▼	▲ ▼
Long-term perspective	Team thought strategically about how to leverage and sustain the work for long-term impact			▲ ▼	▲ ▼
Community centric	Team understood community assets and needs, engaged the community in the project and had community buy-in			▼	
Aligning with context & timing	Team aligned work with the context, effectively responded to challenges and took advantage of opportunities	▼			
Established relationships	Team members had the relationships necessary in the community (external to the team) to implement their project				



As the table on the previous page shows, 11 of the 12 success factors were significantly associated with at least one of the outcomes. Positional power and politically savvy had strong associations with all three outcomes—often both as a success factor and challenge. Coach fit, mission driven/committed, and intersectoral skills all had strong associations with two outcomes.

A composite score of the three outcomes—the sum of the individual rankings for each of the three outcomes—was used as a proxy for **overall success** of the team. The following factors were associated with overall success:

- Coach fit, institutional support, and long-term perspective were more likely to be success factors for teams with higher overall success scores.
- Individuals not being mission driven/committed to the work, poor team functioning, lack of institutional support and long-term perspective were more likely to be challenges for teams whose overall success scores were lower.

The factors that were associated with each outcome may help to inform future programmatic decisions. The analysis of this sample suggests that to see more progress in these outcomes, NLAPH may need to help teams build these skills/characteristics and overcome the most noteworthy challenges identified for each outcome area.

**Individual leadership learning:** For the 8 teams where impact on individual leadership learning was ranked high, most of the teams consistently possessed a high percentage of the 12 success factors. One team had all 12 success factors present, and the majority had 10 or more. Teams rated medium were much more mixed, more than half the time these teams had both success and challenge factors present.

Individual leadership learning impacts were most strongly associated with coach fit as a success factor, and challenges related to being politically savvy, having positional power, effectively aligning context & timing, and being mission driven.

**Team Development & Collaboration:** For the 7 teams where impact on team development and collaboration was ranked high, the teams consistently possessed at least 10 of 12 success factors and faced fewer challenges. One team had all 12 success factors present. Teams for which impact on team development and collaboration were rated medium or low were much more mixed in terms of the prevalence of success factors and challenges—more than half the time these teams had both success and challenge factors present for two or more factors.

Team development and collaboration outcomes were most strongly associated with the success factors politically savvy and intersectoral skills and with challenges in team functioning. Positional power was strongly associated with impact in team development and collaboration as both a success factor and a challenge.

**Project/community impact:** The 10 teams rated high for project outcomes consistently had almost all of the success factors present. Teams rated medium and low were missing success factors far more often, and, for teams rated low, there were no more than 4 success factors for any team. Overall there were a large number of factors that were strongly associated with project success both as success factors or challenges, while only a few are clearly related with *either* success *or* challenges in this area.



## Discussion of individual factors

The following section explores each of the individual factors in more depth and provides examples that illustrate their importance to teams' level of impact for each outcome.

### Content expertise

The majority of teams (17/21) indicated that the content expertise held by members of their team contributed to their success in both leadership learning and project work. Given that teams were required to identify a project in their application, it's not surprising that teams would have been assembled with the necessary content expertise to execute the project. The areas of content expertise aligned with the content of the projects (e.g., asthma, breastfeeding, healthy eating/active living, preparedness, etc.)

While content expertise was a success factor for the vast majority of teams, for about a quarter of the teams, lack of content expertise was a barrier. For several teams, lack of content expertise was connected to a lack of experience working in/with communities.

Content expertise was the most frequently present success factor across all 21 teams. Because it was such a common characteristics of teams, it was not surprising that it was typically not a characteristic that differentiated teams that had higher levels of impact from those with lower levels of impact. However, content expertise was **strongly associated as a success factor with project impact**. Teams with expertise related to their project topic were able to make more progress. All 10 teams that were rated as having a high level of project impact had this as a success factor.

For one team that worked on asthma awareness and prevention, the combined expertise of a pharmacist, an environmental mitigation specialist and a public health expert led to a new prevention strategy that spanned from the emergency room to citizens' homes. Their coach reported that they had "excellent technical knowledge of asthma, policy & legislative changes."

### Mission driven/commitment

Over three-quarters (16/21) of teams demonstrated that their members had a strong personal commitment to the work and were mission driven, making this one of the most frequently identified success factors. One team exemplified this well, illustrating a strong commitment to developing a common vision and to understanding what the end goals would look like for each player and their own mission: "This is an all voluntary group of professionals who value a certain set of things that we hold in common and we value what we believe we can bring as professionals to this community, to move this community forward. We share certain commonalities that help hold us together as a team."

**Challenges** with individuals not exhibiting a personal commitment to the work were present in more than half of the teams rated as having medium and low levels of impact on **individual leadership learning**. In most cases, the challenge was that someone had been directed to participate by a supervisor rather than volunteering or being recruited by someone outside their organization. For example, two members of one team were appointed by supervisors. These participants did not feel personally driven to succeed nor did they deeply embrace the work. One team member stated: "I was just going based on my supervisor saying 'This is what we are going to do. I'd like you to be a part of this.'"

Team members being mission driven was strongly associated as both a **success factor and a challenge with impact related to projects/communities**. Generally, teams who were intrinsically motivated were able to benefit more from NLAPH. Appointed team members often showed less commitment to the work and were less engaged in NLAPH. Not surprisingly, motivated, passionate, committed individuals and teams were able to have higher levels of impact result from their project.

### Team functioning

While content expertise and mission driven relate to characteristics NLAPH participants had prior to NLAPH, another very common success factor (present in over 75% of the teams) was team functioning—the effectiveness of the NLAPH team working together to participate in the program and implement the project.

“The support and encouragement of my team members strengthened and further enhanced my leadership skills, self-confidence, and risk-taking. Having team member support regardless of outcome cannot be measured.”

While for the majority of teams this was a success factor, for a third of the sample, this factor was rated as a challenge. For 5 teams it was a significant challenge, and for another 2 it was both a success and challenge factor.

Team functioning was the one factor that was identified as a **key challenge for team development and collaboration**. Teams that rated low in this area had significant challenges in team functioning. Conversely, of the 14 teams that were rated high or medium for this outcome, only one team identified team functioning as a challenge. The key challenges related to team functioning were changes in team membership and uneven participation (some team members putting in less time and effort) in NLAPH.

Six teams faced a change in their membership over the course of NLAPH. This often caused setbacks in team development and project progress.

One team reported that they had uneven participation with one member “dropping off the map” early in the year and never re-engaging. This resulted in one team member having to complete the bulk of the work on their key project deliverable. Another team reported that half of their team did not adequately participate.

“We felt when we laid out the expectations that everyone was committed and it was unfortunate to see [the other two team members] didn’t find protected time to come to [NLAPH] meetings even when we set them up in advance... We’re like, ‘We need your commitment because that makes it difficult not only for the project but also from an individual growth standpoint.’”

## Positional power

Teams with positional power were in a position to make the changes they sought and/or implement programs or policies. When positional power was absent, the challenges teams faced covered several key areas: a lack of control over decision making; other interests taking over the agenda (e.g., grantmakers or a larger collaborative); constrained ability to use or control resources; and lack of political support/will to make the desired changes. There is a robust correlation between positional power and all three outcomes.

**Positional power was a key challenge** for teams that had less impact in **individual leadership learning**. One individual from a team working in the field of healthy eating/active living reported lack of power and support for individuals to fully engage in the program and to drive the work forward.

“Several members of the team are at different decision making levels which require them to get the support of directors above them. In addition, each member of the team is voluntary (unpaid). It is their work responsibility; however, differing organizational objectives set the priorities of their assigned task and this presents challenges.”

Positional power was **strongly associated with impact related to team development and collaboration and project/community as both a key success factor and challenge**. All teams which were rated as having high levels of impact in both of these outcomes had this as a success factor. If a team or its individual members does not have positional power, it could negatively influence the team dynamics and become a barrier for the team to implement the project

For a team to be effective, the right people needed to be involved. Depending on the level of the intervention, having people in positional power may not mean engaging the director of an agency. It may be more important to engage the person who is implementing a program and knows exactly what resources are needed and what will make the work happen. Involving the on-the-ground implementers was a key ingredient of positional power for a couple of teams.

However, when the people who have the power to make decisions are not involved, it can also prevent progress. For one team working on emergency preparedness, the public health representative on the NLAPH team was promoted within the organization and transitioned off of the NLAPH team. The project was being implemented at the health department. As a result the team lost the positional power to continue moving the collaborative project forward.

The teams and projects that were most successful worked to identify and execute projects that were aligned with decisions and changes that the team members had more control over. However, there were examples of teams who worked to overcome their lack of positional power by engaging partners, decision makers, and influencers that could help move their project forward or leveraged participation in a larger collaborative effort to drive change.

## Politically savvy

Teams that were identified as politically savvy were able to leverage team members' skills and connections. By doing this they were able to effectively navigate power dynamics and political processes to promote change.

For several teams that experienced **lower levels of impact on individual leadership learning, this was a challenge**. This finding is consistent with the ongoing program evaluation of NLAPH, which consistently has found that the competencies related to understanding and influencing policy are consistently rated the lowest at the beginning and end of the program. For example, a team working on emergency preparedness had difficulty garnering political support for their project: “The local Health Commissioner is not one that gets down in the weeds ... I don't know the best way to approach that without overstepping my boundaries.”

Being politically savvy was **strongly associated with a higher level of impact on team development/collaboration and project/community impact**. Almost all of the teams rated as having a high level of impact on these two outcomes had this success factor and none faced challenges related to this factor. Conversely, none of the teams who were rated as having low level of impact on these outcomes had this as a success factor and the majority faced challenges.

The high performing teams illustrated that they are experts at determining who to engage, navigating decision making processes, and garnering political and organizational support for their work

“...They talked about involving everybody in your community into this big effort. That just doesn't work. You don't involve everybody in the community. You involve the people that are appropriate for the work so you have a fighting chance to get the job done. The ones that have deviated from that, they have put forth a great deal of energy but at the end of the day it has not really been successful.”

From the beginning, highly effective teams paid attention to power dynamics and politics in order to move forward the change they wished to promote.

“Because of the politics on the public health side, it felt important to have people [on the NLPAH team] who could get additional buy-in [from public health] if we were going to grow this alliance in the state.”

Teams that had more impact in these outcomes focused on framing their messages for different audiences and knew when to push for decisions and when to wait. They also knew when to promote their work and when to “fly under the radar.” Additionally, teams that had more of an impact knew the players in their community or operating environment well. One team member said, “We knew enough about the landscape to be the puzzle masters.” This can be especially important in climates/contexts that are less supportive of public health initiatives generally.

“The political environment is so conservative...Recognizing this we had to approach it neutrally. We had to approach it as bipartisan—everyone benefits from this.”

## Coach fit

An NLAPH coach is assigned to work with individual teams. The coaches' role is to help teams apply the curriculum content and tools to their team's leadership learning work and project development. They meet with the teams through in-person meetings and monthly coaching calls. When teams felt that their coach was a good "fit" for their team, they were able to develop a positive working relationship with their coach. This made it more likely that the coach's experience and input was valued by the team and contributed more significantly to their leadership learning and project work.

The **key success factor associated with high impact on individual leadership learning** was coach fit. A strong coach fit supported the individual in finding the most personally significant ways to engage with NLAPH through the curriculum, team participation and project work. The strategies coaches used to promote leadership learning were almost exclusively focused on prompting reflection and making connections between the project work and the teams' and individuals' leadership learning goals.

Coach fit was also a **significant success factor for teams that had higher levels of impact on project/community**. NLAPH's model is that coaches use the project as a vehicle for applied leadership learning. The coaches need to understand the project and the context in which teams operate in order to effectively help them apply the content of the curriculum. Coaches often play a role in refining the scope and scale of the project, encouraging teams to make sure they have the right partners and perspectives engaged, and facilitating team discussions to help them overcome challenges they are facing. For example, coach expertise supported one team as they endeavored to apply equity concepts in project work.

"Our coach's mastery of the concepts of equity, systems change and visionary leadership [guided our thinking.] ... The coaching was critical. It was the thing that made the difference. The coach challenged us to think differently and innovatively [about our project]."

## Intersectoral skills

Almost all of the teams with **high levels of impact related to team development/ collaboration and project/community** had intersectoral skills as a **success factor**. This skill set was often developed during NLAPH, but for this to qualify as a success factor the team had to demonstrate skill and experience working across sectors prior to NLAPH participation.

Teams that demonstrated this skill set provided examples of how building strong relationships can lead to inter-organizational or cross-sector collaboration and indicated that their success would not have been possible without the benefit of those strong relationships. One example of a team who demonstrated this skill explained their approach:

"It is important to have business at the table when working to improve health and education even though it might not be easy. Especially at first. It takes time and effort for different sectors to learn each other's culture and language and to build relationships that will enable widespread and sustainable change to occur."

## Institutional support

While engaging in intersectoral work in complex political environments, many individuals in NLAPH were navigating the work without institutional support. Almost half of the teams indicated that institutional support was a challenge. Teams shared that it was hard to make time for NLAPH participation as they were often pulled away by their job duties. It was a fundamental barrier to project progress and learning if one's supervisor was not supportive of program participation.

All teams that had **high levels of project/community impact had this as a success factor**, while it was present in only two of the teams rated as having medium and low impact.

"I have to say that our employers [helped] too. They gave us the time and wanted it to work because it benefited not just each of our agencies, but the community as a whole. They encouraged us to do it... As a group, if we needed something, they were willing to give us that time."

While there was not a statistically significant association between institutional support and individual leadership learning, lack of institutional support was identified as a challenge for even some of the teams that had higher levels of impact on leadership learning (3 of the 8 teams that were rated as having high levels of impact on leadership learning reported institutional support as a challenge). Lack of institutional support can inhibit an individual's ability to apply what they are learning and overcome the challenges that they may be facing in their programmatic work.

## Long-term perspective

In having a long-term perspective, teams were thinking both about what was needed to build on and sustain the work beyond NLAPH and about long-term impact of their project. All teams rated as having high levels of project/community impact had this success factor, while all but one of the teams rated low faced a challenge related to this factor. This was a statistically significant **success and challenge factor related to project/community impact**.

For one team, their project goals showed that they were thinking long-term from the start of their NLAPH participation. The team's goals included the development of a "sustainable collaboration model, addressing a national network of resources/conduit to grant funding opportunities, and making a business case for the project." Ultimately, this team established a separate fiscal entity to support the work going forward; one other team in this sample also took this approach.

"The work is social equity and health equity which can be a model to use for other communities that face the same hardship. We were thinking beyond just our needs here locally and about going statewide. The work is happening in other communities"

## Community centric

Teams that were identified as community centric understood community assets and needs. They engaged the community in the project and had community buy-in. This factor was a **significant challenge for teams that had lower levels of project /community impact**. The majority of teams that were rated high in this outcome had this as a success factor, and none discussed significant challenges. However, a third of the teams faced challenges with this factor; all of these were teams that had been rated as having medium or low levels of project/community impact. One team was committed to involving community members as co-creators of solutions to the problems their community faced.

“Public participation and engagement around the concept of health leadership or the ability to thrive, the ability to create the future that we want [is important to us.] We've collectively probably engaged over 4,000 residents in the last two years”

## Aligning with context & timing

Aligning with context and timing is referring to a teams' ability to effectively respond to changes in circumstances such as new challenges or opportunities. This factor proved to be a prevalent and significant **challenge for teams rated as having low impact on individual leadership learning**. As a challenge, it is highly connected to challenges related to positional power.

The environment and context in which teams were working provided both challenges and opportunities for their work. The ability to respond effectively to an opportunity was a success factor for several teams. However, external factors often inhibited teams' progress and may have impacted the ability of individuals and teams to engage in leadership learning.

While not significantly associated with project impact, examples of this type of team response illustrate how much of an impact a change in context or circumstances can have. For example, one team's project was to work on lead abatement strategies. Mid-way through their work the CDC's thresholds for lead were changed, which fundamentally shifted their work. A similar change occurred in the field of vaccinations where a substantial change to federal vaccine funding for children disrupted the team's plans and changed the focus of their work.

## Established relationships

While not significantly associated with any of the outcomes, the extent to which team members had the necessary relationships in the community to implement their project was important. It was an identified success factor for over half of the teams in the sample, and a challenge for about a third of the teams (including all of the teams that had the lowest overall success scores). This success factor was highly correlated with positional power, politically savvy, and intersectoral skill. Many of the themes discussed for those factors are also relevant here.



## V. NLAPH contribution to impact

In addition to assessing program impact and the characteristics of the individual, team and project that influenced progress, the evaluation sought to understand how NLAPH had contributed to the teams' impact on the three outcomes (individual leadership learning, team development/collaboration, project/community impact).

Immediately post-NLAPH participation, the majority of participants from Cohorts 1 and 2 rated their overall satisfaction with NLAPH high. The majority of participants also agreed that that NLAPH contributed to their growth as an individual leader, their team's development as a team, and progress on their project. When asked to rate the contribution of various components of the program, participants consistently reported that the program's team-based approach, coaching support, and the national retreat contributed most to their development as a leader.

### NLAPH contributions

Based on the analysis, 8 contributions were identified as important for further analysis (see descriptions on the next page). All 8 of these contributions were identified as having significantly impacted 50% or more of teams in this sample (n=21).

Looking across all teams, the three most common NLAPH contributions were that it provided **dedicated time**, the **team approach** helped strengthen relationships and further collaboration, and that one or more aspects of the **curriculum** exposed them to new ways of thinking or influenced how they approached their work.

### Associations between factors and outcomes

To assess which contributions may help to predict the success of teams, the evaluation conducted Chi-squared tests to look at the strength of the association between each contribution and the outcomes. The table on the next page provides a summary of the associations that were statistically significant—meaning that the association was unlikely to occur by chance alone. When a factor was significantly associated, outcomes were predictable: For the NLAPH contributions, teams that had higher level of impact for a given outcome were more likely to have identified that contribution as significant to their progress.

**Individual leadership learning** was most strongly associated with contributions of the **coach** and the **curriculum**. This means that teams that were rated as having high impact on individual leadership learning were more likely to also have the coach and curriculum contribution rated highly. This is not surprising since both are key components of the NLAPH model and how content is delivered to participants.

**Team development and collaboration** were most strongly associated with the **team approach** and the **curriculum**. This means that teams that had more impact on team development and collaboration were also more likely to have discussed the required team approach and the curriculum as having contributed to their progress overall.

**Project/community impact** was most strongly associated with **dedicated time**, **team approach**, and the **applied learning model**. Teams that were rated as having high levels of project/community impact were also more likely to have these three NLAPH contributions rated highly.

NLAPH contributed to teams' progress in a variety of ways. Eight factors were identified as having contributed to over half of teams' progress. The following table describes the contributing factors, and identifies the factors that were significantly associated with each of the outcome areas. For example, teams that had high individual impact were more likely to have identified the curriculum and their NLAPH coach as having had a significant contribution to their work/development. These factors highlight the key components of the NLAPH model that contributed to progress.

NLAPH contributing factor		Individual impact	Team impact	Project impact
Dedicated time	Participating in NLAPH gave individuals and teams the time and permission to focus on leadership learning, work with their team, and implement their project. This "dedicated time" allowed teams to focus on the work.			●
Team-approach	NLAPH's requirement that individuals participate as a team was often identified as a key contribution of NLAPH in that it provided structure to strengthen collaboration within and outside of the team and supported learning.		●	●
Curriculum	NLAPH included a broad-based curriculum that focused on the 5 domains and 43 competencies discussed above. Many teams discussed one or more aspects of the NLAPH curriculum that had an impact on how they worked together and individually.	●	●	
Coach	The NLAPH coach, when effective and well-matched with the team, was able to promote leadership learning, team development, and help teams move forward on their projects.	●		
Applied learning	NLAPH used an applied learning model for teams to apply what they were learning in the real world. Teams noted that learning and team development were furthered by having an applied learning project to implement what they were learning.			●
New relationships & networks	Through participating in NLAPH several teams formed new and/or deepened relationships within their team, with their coach and with others in their networks.			
Focus/framing for project	Participation in NLAPH helped to focus or frame the teams' projects. Often this would have to do with limiting the scope and scale or reframing the project to align with concepts being taught in NLAPH (e.g., systems thinking, engaging community, etc.)			
Enhanced or accelerated work	Participating in NLAPH helped the project move faster than it would have otherwise and/or enhanced/accelerated an effort that was ongoing. NLAPH allowed unfunded work to happen or enabled teams to leverage ongoing work.			

## Discussion of NLAPH contributions

The following section explores each of the NLAPH contributions in more depth and provides quotes that illustrate their importance to teams' progress. They are discussed in order of frequency in which they were identified as having made a significant contribution to teams.

### Dedicated time

One of the strongest themes about how NLAPH impacted teams was that it provided dedicated time for participants to spend together working on leadership development and their projects. Participants indicated that having regular, structured time away from their other job responsibilities to focus on this work was a strong contributor to their team's development and ability to effectively collaborate. Participants had dedicated time to focus on NLAPH curriculum and their project at the NLAPH retreat, regularly scheduled team meetings, monthly conference calls with their NLAPH coaches, and during their coach's site visit to the teams' home communities. As noted previously, team members had varying degrees of institutional support to spend time and energy on NLAPH-related work. Not surprisingly, teams that consistently and frequently spent time together working on leadership learning and their projects tended to be rated highly for both team development/collaboration and project/community impact.

"I really appreciated the time we built in to spend together to work through stuff. None of us are being paid to do this...so we can't easily get together if we don't have to. So it made us spend the time and learn each other's strengths and work closely together. I think that was very positive for our community."

"NLAPH forced the four of us to create monthly meetings. That was so useful. We got so much done during that time. We understood how to move our [organizational] leadership better because of conversations we had during that time. It was like a learning lab for us to talk through new concepts. We don't have other times to work on that self-reflective practice."

### Team approach

The formation of intersectoral teams to work together on both a project and for the purpose of collaboratively developing leadership skills and capacity is an integral part of the NLAPH structure. Most formal leadership development is done at the individual level or among units or "teams" within a given organization. NLAPH brought together practitioners from different sectors and disciplines, creating an environment where participants were learning from the NLAPH experience and from each other. Participants reported that the benefits of doing this work as an intersectoral team included, "*getting out of our silos*", "*learning each other's languages*", and "*taking advantage of each other's strengths*." Several teams discussed the importance of the team working together to meet project milestones, which they indicated made them more effective. Not surprisingly, the contribution of NLAPH's team approach was significantly associated with level of impact related to the team's development and their ability to effectively implement their project.

“It was the opportunity to build trust behind the scenes so that when we showed up in these different meetings with each other, the trust was already there—there was an understanding there—we’d already worked through some issues. And I really do believe that it had an impact. I can’t prove it to you, but I really do believe that because of our different leadership roles and the effect that we’re able to have and the people we’re able to influence, that it did make a difference that we were attempting this program together.”

“Our learning together was fantastic. By learning together, we could reflect and share common experiences. ‘Wow, wasn’t that interesting what [their coach] said? We had been there to hear it together. It was way better for us that it was done together as a team.’”

## Curriculum

The NLAPH curriculum was significantly associated with level of impact for both the individual and team outcomes. The component of the curriculum that was identified the most frequently as having influenced how individuals and teams do their work was the “Framing the Message” webinar—identified by alumni from over half of the teams included in this sample. Other aspects of the curriculum that were identified by more than a quarter of the teams included:

- Leading up, down, across: The concept that exerting leadership is not necessarily tied to one’s formal authority or position in an organizational hierarchy. Effective leaders influence executives, peers, and subordinates.
- Intersectoral leadership, cross-sector focus: The NLAPH curriculum frames intersectoral leadership as “boundary-spanning”. Participants are encouraged to engage across sectors in order to utilize all of a community’s assets when addressing public health issues, rather than relying on the health department to do everything.
- Reflective practice: Time away from actively working on a public health issue to reflect upon how one thinks and acts for the purpose of improving leadership skills and increasing leadership capacity.
- Big Picture tool: Similar to a logic model, this tool is designed for NLAPH teams to lay out the predicted arc of their work by identifying project goals, the context of the operating environment, the rationale for doing the work, potential stakeholders, key activities that will produce a pathway to change, leadership learning priorities, indicators of success, and intended outcomes.
- Understanding styles, including use of the MBTI during the retreat: NLAPH participants are prompted to consider the benefits of understanding that people perceive, think, and understand the world in different ways, and that different styles or personality types will be able to contribute most effectively when put in a position to utilize their strengths.

The areas of the curriculum that were most frequently cited as having made lasting contributions to how individuals and teams work are closely aligned with the areas of impact related to individual leadership learning discussed in an earlier section.

“The academy helped us to be a little bit more thoughtful of each other, holding us accountable to reflection, group process, understanding our various leadership styles so I think it helped us negotiate a pretty critical phase of partnership development that could have been stormier, had we not known each other's Myers-Briggs and had the opportunity to be in Atlanta together and spend some time, have some dedicated time for reflection and a thoughtful process. So faster, more efficient, more thoughtful are all things the academy contributed to our process.”

“It helped us be more strategic about intersectoral relationships... it helped us recognize that just having people at the table isn't what we want. We want people at the table who can actually move the work forward. We need them to have an asset that they can contribute. That wasn't as evident prior to participating in NLAPH.”

## Coach

As was described above when discussing “coach fit” as a success factor, the NLAPH coach is assigned to work with individual teams. The coaches' role is to help teams apply the curriculum content and tools to their team's leadership learning work and project development. The coach contribution was mostly strongly associated with individual leadership learning. This makes sense given that the strategies coaches used to promote leadership learning were almost exclusively focused on prompting reflection and making connections between the project work and the teams' and individuals' leadership learning goals.

“The [coach] relationship was useful in helping us reflect on our progress and holding space [for us] to discuss our efforts with someone that was thinking about work from an “outside” partner perspective. Additionally, the monthly check-in gave the team some infrastructure in which to hold working meetings.”

## Applied learning model

The Applied Health Leadership Project is the applied learning component of NLAPH. Therefore, it makes sense that teams for which project impact was high would also report that the applied learning model was a key contributor to their progress. Participants consistently reported that having a real-world project to serve as a vehicle for applying their leadership learning was an important and effective part of the NLAPH model. NLAPH staff and coaches were more effective at getting teams in Cohort 2 to focus on reflective practice and leadership learning than they were for Cohort 1 teams, but teams from both cohorts reported leadership growth and skill development as a result of their project work.

“The work is the glue, and in the space of doing it, you find more things you have in common than you don't. And then you focus on the things you have in common to help people that need your support. So I don't know if we would have had that context prior to the (project) work.”

“I think helpful to us was the fact that we already had a project we were committed to but it wasn't terribly defined yet. It was a project that needed shape but it wasn't that we were just getting together and saying here we are, how can we go out and express our leadership? I think we came together around something but it really needed to be focused, so we needed all the disciplines and the skills and the coaching.”

### New relationships & networks

While also not significantly associated with any of the outcomes, NLAPH's curriculum, coaches, and action learning projects all contributed to teams' efforts to expand their networks and engage in more intersectoral collaboration. NLAPH's contribution to helping teams build new relationships and networks was identified by over half of the teams as a factor that influenced their success. Several examples of this are provided in the section on impact on team development/collaboration.

"I think that [NLAPH] was a launching point for me. I've had conversations and shared ideas with people in other sectors that I otherwise wouldn't have talked to. I have a much richer network because of this experience."

### Focus/framing for the project

While also not significantly associated with any of the outcomes, NLAPH prompted many teams to make changes to the scope, focus, or implementation strategy of their project. This was identified as a key contribution for over half of the teams in the sample. These changes were often prompted by discussions with their coach. Some teams shifted from attempting a regulatory approach to a community collaboration model, some narrowed the scope of their aspirations so they could make a more significant impact on a smaller target population, and others completely changed the focus of their work after being encouraged by their coaches to engage more directly with the community to learn what was really needed. Stronger teams were able to make mid-course adjustments to their planned activities effectively, while teams that had lower levels of team functioning tended to have difficulties making adjustments.

"We gave up that project as our focus midway through the year. Month-by-month, prodded by the skillful questioning of [our coach], and challenged by the NLAPH exercises, the team came to realize that our organizations are in the middle of an unprecedented situation... Although none of us belong to a traditional education institution, our organizations are catalyzing changes in educational attainment through emphases on middle school attendance, workforce development, equity and accessibility, and collective impact."

### Enhanced or accelerated work

Just under half of the teams included in this sample discussed NLAPH's contribution as having enhanced or accelerated their work. This is closely linked to teams having dedicated time to focus on leadership learning and project implementation. For teams that identified this as a key contribution, some of their progress likely would have happened anyway, but NLAPH enabled them to do the work efficiently, effectively and more inclusively.

"All of us had particular projects we were working on, and we infused all the leadership learning skills that we learned in the training. I felt that really made our projects more meaningful."



## VI. Summary of findings

NLAPH is a one-year applied leadership training program. It provides training and coaching to promote the ability of each participating team to develop intersectoral leadership skills and improve the health of their communities. In its first two cohorts, NLAPH built leadership skills and strengthened intersectoral collaboration among participating teams. By strengthening skills and collaboration, NLAPH improved teams' capacity to tackle complex population health issues in their communities.

“The NLAPH experience has helped our fellows and coalition strategically select new partners, frame our message, maintain a strategic focus, and rein in our expectations. We have learned to manage meetings transparently, become comfortable with dialogue and disagreements, and reflect on and capture our learning moments and accomplishments. NLAPH planted seeds [in our community] that will yield many healthy harvests for years to come.”

In its first two cohorts, NLAPH demonstrated that it has the potential to have an impact on leadership capacity, intersectoral collaboration and community health improvement efforts. About a quarter of teams in this sample were able to achieve high levels of impact in all three outcome areas. More typically, teams had a stronger impact in one or two outcomes (i.e., some teams had more of an impact on how they work—individual leadership learning or team development—and others had more of an impact on the community through their project).

For a one year program focused on leadership learning, it is often unrealistic to expect to see a substantial impact on the community. Yet, with this sample of NLAPH alumni, 10 teams were rated as having high project/community impact. Projects had the most impact when:

- Projects were appropriately scoped so that it was feasible to make progress during the year.
- Team members had the ability to facilitate the changes they sought—i.e., they had the positional power to carry out the project and/or the relationships needed to do so.
- Projects built upon and leveraged existing work. Almost all of the teams in this sample were part of a larger collaborative effort and were implementing a project as part of the work of the larger coalition. Teams that had something to build on were generally able to make more progress than teams starting a completely new effort.

Teams began participation in NLAPH with a wide range of experience working on community health issues independently and together as a team. Engaging a diverse cohort of teams led to the mixed results seen here—with some teams having impact in all three outcomes and others struggling to fully engage in the program. In training and capacity building programs, there is often a trade-off between building capacity and achieving results. The communities and teams that most needed to develop the capacity to engage in this work were not be able to achieve the same level of impact as a team that came in with a lot of relevant skills and experiences. NLAPH demonstrated that it can successfully engage a diverse cohort and help all teams achieve incremental progress. The teams that needed to focus on building capacity and relationships scoped their project to invest their time and energy in doing that. The teams that



entered NLAPH with higher capacity determined how they could leverage and strengthen their existing work.

NLAPH's coaching model has been critical to its success in working with diverse cohorts. The coach helped teams appropriately scope their project and determine what aspects of the curriculum were the most relevant and useful to their work. This assistance in translating the curriculum to the context, interests, and skills of the team allowed for every team—regardless of where they were starting from—to make progress toward engaging effectively in intersectoral community health improvement efforts.

NLAPH's required team approach also helped participants engage more deeply with the program and led to stronger interpersonal relationships among team members. Most NLAPH teams included multiple sectors, including a representative from the public health department. For effective teams, this collaboration helped public health representatives learn how to engage and work with other sectors on community health improvement efforts and it helped other sectors understand public health concerns and consider their role in creating healthier communities. Working as part of an intersectoral team led to individuals and teams engaging in a deeper level of intersectoral collaboration and network development in their community.

There were many success factors and challenges that influenced the level of impact that teams were able to achieve. Many of these are characteristics of individuals and teams that may be difficult to assess before they engage in the program. However, one critical challenge that prevented individuals and teams from benefiting fully in NLAPH was institutional support. When institutional support was a challenge, participants were not able to invest dedicated time to NLAPH and teams were less likely to have a high level of impact. Dedicated time (at the national retreat, coach site visit, regular team meetings, and coaching calls) to engage the NLAPH curriculum and work on projects was critical to teams' ability to make progress toward their leadership learning and project goals.

Through NLAPH, participating teams throughout the United States strengthened their ability to work across sectors to address complex population health issues. Among NLAPH participants, there was an increased appreciation for the necessity of collaboration and understanding that no one individual, organization or sector alone can create significant and sustained improvements in the health of the community. As the Institute of Medicine emphasized in its recent reports on public health,<sup>4,5</sup> partnerships and coordinated, collaborative work will be required support the policy and systems change necessary to improve community health and achieve health equity.

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# Impact of the National Leadership Academy for the Public's Health: A cross-case analysis of 21 participating teams

*Prepared by the*  
Center for Community Health and Evaluation

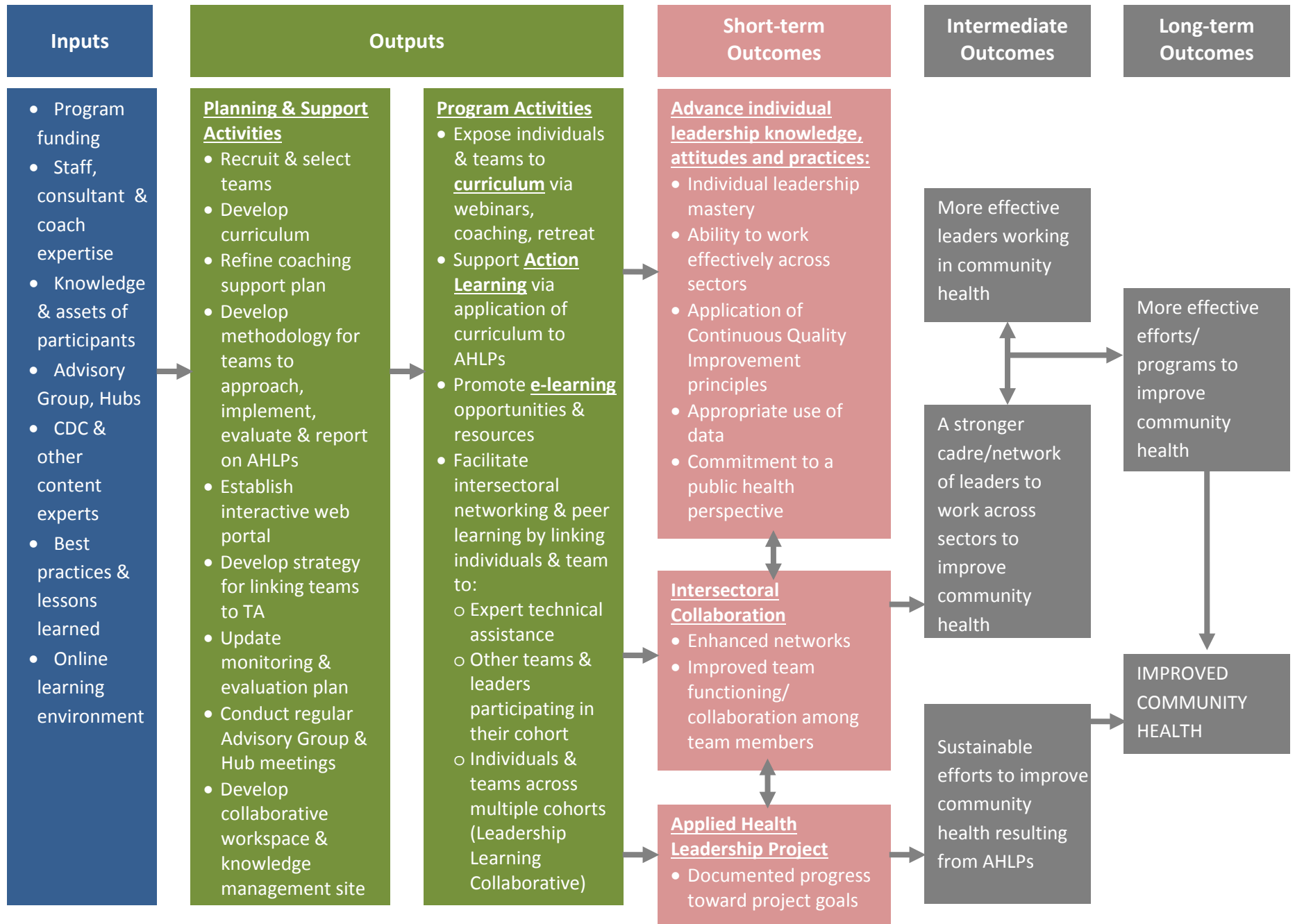
To find this report and the related summary of findings visit:  
<https://www.grouphealthresearch.org/about-us/ghri-centers/center-community-health-and-evaluation/cche-learning/#NLAPH>

July 2015

## APPENDICES

- A. Logic Model
- B. List of 21 teams included in sample
- C. Descriptive data for teams in the sample
- D. Data availability: Success factors & challenges, NLAPH contribution
- E. Distribution of individual team impact ratings
- F. NLAPH competencies by domain

## Appendix A: NLAPH Logic Model



## Appendix B: List of 21 team included in sample

### Cohort 1 Teams

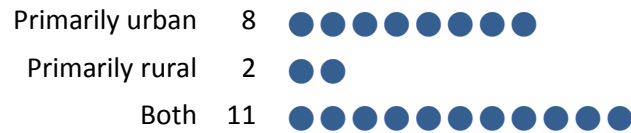
AZ: Maricopa Flu Immunizations  
CA: Los Angeles Emergency Preparedness  
GA: Fulton Asthma  
ID: Central District Childhood Obesity (Boise)  
NE: Panhandle Obesity/Breastfeeding  
NJ: Burlington Lead Poisoning  
OH: Stark Opiate Task Force

### Cohort 2 Teams

CA: Design 4 Active Sacramento  
CO: Community Center Collaborative  
GA: Savannah Community Assessment Leadership Enterprise  
IL: Alliance for Building Community  
IL: Champaign County Volunteer Team  
MI: Metro Detroit Health Partnership  
NJ: Greater Mercer Public Health Partnership  
NY: Queens Tobacco Control Coalition  
OH: Cuyahoga County Place Matters Team  
OH: Summit County Home Delivery Model Team  
OR: Native American Future Generations Collaborative  
VA: Eastern Shore Healthy Communities  
WA: Partners for a Healthy Spokane!  
WI: Thrive - Wisconsin's Alliance for Health Equity

## Appendix C: Descriptive data for teams in the sample (n=21)

### Geographic setting



### Team history



### Part of a larger collaborative/coalition



### Project history



Note: one team had a multi-faceted project that included both new and existing elements, so is double counted here.

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### Level of intervention



### Primary project topics



Note: one team had a multi-faceted project that included healthy eating/active living, access to health services, maternal and child health, and substance abuse prevention strategies

## Appendix D: Data Rating Availability

Although we had retrospective longitudinal data for each team (range 6-16 data points per team) as is shown below, not all teams had data pertaining to the success factors and NLAPH contributions that emerged. For example, if reflective practice was not mentioned substantively in any interviews or surveys, nor the site visit, there was insufficient data to make a rating.

The most consistently present success/challenge factors across the 21 teams were: positional power, team functioning (21/21 teams), and institutional support, long term perspective, content expertise (20/21 teams). We had the least data for making ratings for coach fit (7 teams with insufficient data to rate) and intersectoral skill (6 teams with insufficient data to rate).

As mentioned in methods, the success factor/challenge related to reflective practice was eliminated from further analysis because of the extent of insufficient data across teams (9 teams were not rated); reflective practice was considered as an impact on individual leadership learning rather than a success factor.

Available data by Success Factor	# teams with data
Team functioning	21
Positional power	21
Content expertise	20
Institutional support	20
Long-term perspective	20
Mission driven/commitment	19
Politically savvy	17
Community centric	17
Established relationships	17
Aligning with context & timing	16
Intersectoral skills	15
Coach fit	14
Reflective practice	12

Available data by NLAPH contribution	# teams with data
Dedicated time	21
Team approach	21
Curriculum	21
Coach	19
Applied learning model	19
Focus/framing of project	19
Accelerated/enhanced work	17
Credibility	7

For NLAPH contribution, the most consistently present contributions rated were dedicated time, team approach and curriculum (21/21 teams). Coach, applied learning model, and focus/framing of the project were rated for the vast majority of teams (19/21). Similar to reflective practice as a success factor, NLAPH's contribution to giving the teams credibility was eliminated from additional analysis due to insufficient data across teams (14 teams were not rated).



## Appendix D: Descriptive data for teams in the sample (n=21)

### Geographic setting



### Team history



### Part of a larger collaborative/coalition



### Project history



Note: one team had a multi-faceted project that included both new and existing elements, so is double counted here.

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### Level of intervention



### Primary project topics



Note: one team had a multi-faceted project that included healthy eating/active living, access to health services, maternal and child health, and substance abuse prevention strategies

## Appendix E: Distribution of individual team impact ratings

Cohort	Original rating of impact for selection	Individual impact	Team impact	Project impact	Composite impact score	Comments
C2	HIGH	●	●	●	9	5 teams were rated as having a high level of impact in all three outcomes
C2	HIGH	●	●	●	9	
C2	HIGH	●	●	●	9	
C2	HIGH	●	●	●	9	
C2	HIGH	●	●	●	9	
C1	HIGH	●	●	●	7	3 teams were rated as having a high level of impact in 2 of the outcomes
C2	HIGH	●	●	●	8	
C2	HIGH	●	●	●	7	
C1	HIGH	●	●	●	7	4 teams were rated as having a high level of impact in 1 of the outcomes
C1	HIGH	●	●	●	6	
C2	HIGH	●	●	●	6	
C2	LOW	●	●	●	5	
C1	HIGH	●	●	●	6	2 teams were rated as having a medium impact on all 3 outcomes
C2	HIGH	●	●	●	6	
C1	HIGH	●	●	●	5	4 teams were rated as having a medium level of impact on 2 outcomes and low on 1 outcome
C2	LOW	●	●	●	5	
C2	LOW	●	●	●	5	
C2	LOW	●	●	●	5	
C1	LOW	●	●	●	4	2 teams were rated as having medium impact on 1 outcome (individual) and low impact on 2 outcomes
C1	LOW	●	●	●	4	
C2	LOW	●	●	●	3	1 team was rated as having a low impact on all 3 outcomes

● High ● Medium ● Low

## Appendix E: NLAPH Competencies by domain

### I. Individual Leadership Mastery

- Exercise effective leadership within an agency or organization
- Leverage awareness of one's own styles, strengths & weaknesses
- Effectively utilize skills & ability of team members
- Demonstrate integrity and act ethically
- Build trust among team members & partners
- Effectively promote communication channels
- Frame messages effectively for different audiences
- Engage others in meaningful dialogue
- Build an effective team
- Create a shared vision/goals for teamwork
- Utilize effective decision-making/problem solving processes
- Employ strong project management skills
- Identify/obtain external resources/expertise
- Effectively use conflict management techniques
- Assess the interests of stakeholders
- Identify community change strategies
- Lead others in implementing community change
- See the big picture
- Utilize knowledge of "the context" to shape project goals

### II. Ability to Effectively Work Across Sectors

- Work with partners outside own sector
- Assess & strategically develop networks
- Facilitate linkages between organizations/movements
- Identify key stakeholders
- Understand & use community engagement strategies
- Work with ethnically/racially diverse communities
- Adapt practices based on the cultural context
- Engage organizations in community health projects
- Promote sharing of talent, resources & rewards

### III. Application of Continuous Quality Improvement Principles

Utilize reflection & feedback to support CQI

Appropriately adjust course based on new data

### IV. Appropriate Use of Data for Assessment, Planning, Monitoring, and Evaluation

Obtain/collect high quality data

Identify evidence-based strategies

Identify indicators of progress

Use quantitative data to develop plans & make decisions

Assess/prioritize community health needs & assets

Use evidence & best practices to promote systems/policy change

Evaluate & communicate project outcomes

### V. Commitment to a Public Health Perspective

Address SDoH through approach to community health improvement

Promote health equity

Obtain political support for projects

Lead in politically charged environments

Understand the legislative process

Influence policy