

## **MCH/CSHCN Director Webcast**

### **Turning Point Leadership Tools:**

#### **Webcast for Title V and MCH Training Program Directors**

September, 2006

PETER VAN DYCK: Good afternoon, everybody. Welcome to the mchcom.com webcast coming to you from Maternal and Child Health Bureau in Rockville, Maryland. This is the latest in our series of monthly interactive Internet webcast for state MCH directors. I'm Peter van Dyck. Before I introduced today's speakers I would like to review some technical information about the webcast. Please note we've been responsive to your suggestions. The speaker's Power Point presentation is now available on the mchcom.com website so you can download the slides before the webcast.

Now, slides will appear in the central window and should advance automatically. Slide changes are synchronized with the speaker's presentations. You don't need to do anything to advance the slides. You may need to adjust the timing of the slide changes to match the audio by using the slide delay control which is at the top of the messaging window.

We encourage you to ask the speakers questions at any time during the presentation. Simply type your question in the white message window on the right of the interface, select question for speaker from the dropdown menu and then hit send. Please include your state or organization in your message so that we know where you're participating

from. Those questions then will be relayed onto the speakers periodically throughout this broadcast. If we don't have the opportunity to respond to a question during the broadcast, we'll email you afterwards. Again, we encourage you to submit questions at any time during the broadcast.

Now on the left of the interface is the video window. You can adjust the volume of the audio using the volume control slider which you can access by clicking on the loudspeaker icon. Those of you who selected accessibility features will see text captioning underneath the video window. At the end of the broadcast that interface will close automatically and you'll have the opportunity to fill out an online evaluation. Please take a couple of minutes to do so. Again, your responses are important to us and help us to plan future broadcasts. And to improve our technical support. So enough of the technical. Now let's get on to the purpose of the webcast.

Again, welcome. It's afternoon here in Rockville. Good morning or afternoon wherever you are across the United States and welcome to the webcast. On the Robert Wood Johnson Foundation's Turning Point initiative. This webcast is jointly sponsored by the bureau's Division of State and Community Health which oversees the MCH grant. The research, training and education which includes the MCH Training Program.

On today's webcast the speakers will first be reviewing the Turning Point toolkit highlighting items that should be of particular interest to you. The toolkit includes more than 100 public health resources, including tools to build skills in collaborative leadership,

social marketing and performance management. Skills that you as public health practitioners and training program directors can use to improve the health of the MCH population. The Turning Point CD-rom toolkit has many things. After reviewing the toolkit, colleagues from Minnesota will be sharing their experiences using the Turning Point materials and developing an Emerging Leaders Network. Several weeks ago all Title V directors and training program directors should have received a copy of the toolkit in the mail. I would like to acknowledge the generous support of the Robert Wood Johnson foundation which made this distribution possible. Now I would like to turn the broadcast over to Laura Kavanaugh from the Training Branch and Michele Lawler from the MCH Block Grant program, who will offer their welcomes and introduce the program. Welcome, folks.

LAURA KAVANAUGH: Thank you very much, Dr. van Dyck. I'm Laura Kavanaugh, chief of the Training Branch at the Maternal and Child Health Bureau. We're excited you're joining us today. From the training program perspective I'm particularly interested in the six practices of collaborative leadership you'll be hearing more about this afternoon and how they interact with the MCH leadership competencies we're currently developing as part of the MCH Training Program. I think the collaborative leadership module addresses several areas critical to all of us in public health leadership positions including assessing the environment, creating clarity, building trust, sharing power, developing people and self-reflection. I'm anxious to get on with the webcast so I'm now going to introduce you to Michele Lawler with the Division of State and Community Health with a welcome from their division as well.

MICHELE LAWLER: Hi, everyone. It's my pleasure on behalf of the Division of State and Community Health to welcome you to today's webcast. We often hear from the states who express an interest in really hearing about strategies that other states are implementing around certain issues or materials that they've developed. The Turning Point CD-rom toolkit provides some very nice resources and useful tools that we think the states will find very helpful. As Dr. van Dyck has said we have mailed out copies to all the state directors, so please let us know if for whatever reason you have not yet received your copy. Today's webcast really provides a nice overview of the Turning Point initiative and the toolkit that's been developed and an opportunity to hear from Minnesota regarding their experiences in using the Turning Point materials. So it's a pleasure to be with you today and without further adieu let me turn it back to Laura who will introduce our first speaker.

LAURA KAVANAUGH: Just so you know in case -- this is what the toolkit looks like it would have appeared in your mailbox via snail mail about a couple of weeks ago. Now I would like to introduce Bobbie Berkowitz the director of the Turning Point program office at the University of Washington We're very happy that today we have three sites. The Rockville office at the Maternal and Child Health Bureau, we'll be turning to the University of Washington and Bobbie and after that Bobbie will turn it over to Minnesota, where there are several staff members there who will be presenting on the Turning Point initiative. Bobbie.

BOBBIE BERKOWITZ: Good morning and good afternoon everybody. Thank you again for joining us today. This has been a wonderful piece of work that we've been involved in for the last ten years and it's my pleasure to share a little bit about it with you. Turning Point is a very large, fairly complicated, complex program and so we're just going to give you a brief overview of the initiative, but mostly want to concentrate on the Turning Point toolkit. So again I'm Bobbie Berkowitz, a professor at the University of Washington in Seattle and I'm going to do both an overview and then introduce you to Danie Watson who will take you on a virtual tour of our toolkit.

We have some slides. You'll see those appear on your screen. I'll take the next one now on why Turning Point. The Robert Wood Johnson and the W.K. Kellogg foundation ten years ago now created the concept of Turning Point for a number of different reasons but primarily they were seeking to understand some troubling problems within our public health sector. Many of these are problems I know that you've dealt with on a regular basis, keeping in mind that most of these problems were present in 1996 when we began, and we've seen some good progress on a number of these. But we were concerned about limitations in our information technology and public health departments primarily both local and state. The need for public health to create an accountability system using performance measures. To develop public health leaders, strategic leaders within the public health system. We wanted to see more integration between healthcare and public health and then the myriad of partners in the system that collaborate on public health concerned, of course, about the declining health status rates at that time and we continue to lag behind many other European countries in terms of the health status of our

population. Concerned again about stable and flexible funding for public health and then finally when the Institute of Medicine produced their 2003 report recommending a number of changes in public health system, we wanted to be in sync with those recommendations and those are some of the reasons Turning Point was developed.

Let's take a look at the purpose of Turning Point. Given those concerns we had and problems we were trying to deal with, here are the purposes of Turning Point. Primarily we wanted to transform the public health infrastructure. Pretty big purpose. Using collaborative model. So using public health, traditional government-based public health but then all of the partners that public health regularly interacts with. We wanted to build relationships in order to create a planning environment that would contribute to health improvement. We wanted to improve public accountability, improve some of those population health outcomes particularly those related to health disparities. Have an impact on health policy. Increase public health technology effectiveness. Build public health research base and finally, enhance the public health workforce and the leaders within the workforce. Now, in order to accomplish this work, which is a pretty big agenda, Robert Wood Johnson foundation provided grants to 23 states and 41 communities over three phases of work.

The first phase was a planning phase for two years where the states and communities developed strategic planning around public health improvement and around these purpose statements. Phase two was an implementation phase where the grantees selected their very best strategies that they discovered during their planning phase and to

implement those strategies and finally phase three was the creation of what we call the national excellence collaborative and these were designed to address public health issues of national significance that neither a state nor a community alone could really take on. So let's take a look at the Turning Point states. Who was involved? You have on your screen a map of the United States. These are the Turning Point states and again, just a reminder that W.K. Kellogg was involved initially in funding the local communities within these states and Robert Wood Johnson foundation funded the state-based initiatives. I'll show you a series of slides. I'm not going to describe each one. While I'm talking, you can take a look at these. These are just a very brief sample of some of the Turning Point outcomes that were produced within individual states and communities, and these slides show you five specific issues that were addressed. Health disparities and we had many states work on those, but Colorado and Minnesota did some particularly interesting work.

The next slide shows the -- another issue we worked on which was promoting a collaborative model and the development of resources for community-based programs. Louisiana and North Carolina showed some real innovation in those areas. The next slide shows you some of the work of building local infrastructure for public health. And Nebraska, South Carolina and Oklahoma had particularly interesting projects. Nebraska, for example, had very little local public health infrastructure, including very few local health departments and today they have local health departments throughout the whole state. So some real innovation in infrastructure development.

The next slide relates to developing a stronger public workforce. New York again Minnesota and Illinois really led the way in terms of public health workforce ideas and projects. And then finally, promoting innovative use of resources. That was one of our big concerns when we started out the lack of stable funding and flexible funding for public health. These four states did some particularly good work in terms of finding flexibility within their current budgets that they could direct toward community-based public health development. Okay, now, just briefly, let's talk about those national excellence collaboratives. As said in the beginning there were five of those. These were areas that we felt and the Robert Wood Johnson foundation felt couldn't be solved by just one state or one local community. We really felt like we needed a whole bunch of people and organizations and content experts and people coming together in a collaborative model to really take a look at these. These collaboratives spent four years on these topics. There were five performance management, information technology, leadership development, the modernization of public health statutes and final social marketing.

The next slide shows you that out of the many really great things that happen in these collaboratives, a set of products and tools were designed to increase the effectiveness and improve the quality of practice in public health and to advance these national priorities. And these five collaboratives brought together not only the Turning Point states, but content experts throughout the United States. States outside of the Turning Point states, multiple organizations and institutions such as HRSA, CDC, ASTHO, and many academic partners. The results of these collaboratives are these products and tools and these are contained in the Turning Point toolkit that you received.

The next part of our broadcast we want to take you on a tour of the toolkit. It's a wonderful resource. As was said before there are hundreds of products and publications in there.

Danie Watson, the president of The Watson Group marketing communications and a long-term member of the social marketing national excellence collaborative is going to give you a tour of that toolkit. So Danie.

DANIE WATSON: Hi there. Technology is such a blessing and a curse. It is so good that we have this chance to get this information to you and so odd always to not be able to see your faces and interact with you properly. But I'm glad to have this chance. So if you could bring up the slide that says resources to make a difference in people's lives I will take you on a tour of this toolkit. I think that it is fitting to mention that we wanted these collaboratives to leave a legacy. They had done all this fabulous work and the toolkit brings the resources together to help practitioners across the country and these are being sent to people around the world are now using this to make a difference in people's lives. Let me show you some of the resources that are contained on it. Next slide, please. I won't repeat that. It's been said already. Most of these resources came from the collaboratives and on those collaboratives you have people from local, state, national and tribal levels working in partnership who knew that specific content field. The toolkit is made so that it functions like a website on a disk. You navigate the information just the same way you would move around on a website. I'm not able to show it to you that way today because the tech folks tell me you wouldn't be able to read what would be displayed on the screen so instead we've made the screen captures and I'll show you. I hope that soon

you'll pop that toolkit into the CD-rom of your computer and see how easy it is for you to use yourself. So what you're looking at now is the home page.

The resources are grouped and cross referenced, then so that you can find what you need when you need it. The disk contains this wide array of resources and we've tried to make it easy for you to navigate and find what is there. Next slide, please. I'm showing you the first way they're grouped. There is just a complete index of tools in alphabetical order. If you know the name of the resource you're looking for you can search for it by name directly here. Such as this first publication that's shown is a summary from two summits. This is a particular interest area for you folks. This is an interesting read because you have both the scholarly view presented in that publication. They talk about the foundational skills and qualities but you also have experienced practitioners who give you an in-the-trenches view of how to successfully teach, implement and sustain collaborative leadership.

Next slide, please. Tools by focus areas, the next way they're grouped. In other words, this is by the subject matter of the national excellence collaborative. If you know that you want tools related to social marketing and you want to see what we have that's available, this is a good place for you to start. Next slide, please. The third grouping names some of the top of mind challenges we face in public health and then suggests resources that might be useful. For example, for increasing physical activity or preventing chronic disease or emergency preparedness I think there are 12 topics and they are sorted by these topics on this page.

Next slide, please. Tools by job, role or task allows you to say okay, I'm an educator or trainer, show me everything you've got related to curricula and training materials and you can see all of them grouped that way here.

Next slide. And no public health tool wouldn't be complete if we didn't sort them by essential Public Health Service and they're organized for you this way. And I don't have a slide for it so bear with me. If you look on the left navigation at the bottom, there is a button that says it's working 21 state success stories. Bobbie touched on that briefly but if you go to that page, you can see the information about initiatives taking place in all kinds of different states as well as the documents that were created that compare states. Compare the public health law in various states or compare performance management measures in various states. I would like now to give you a sampling of what is on here. Show you a few of these products in a little more depth and I'm going to operate based on focus areas by the collaboratives.

Next slide. Let me start with statute modernization. I have to confess to you that I did not find the whole concept of statute modernization just a mouthful when I started with Turning Point and it wasn't the most compelling topic but then I learned that there is such a checkerboard of existing public health law, many of them are terribly antiquated and some very smart people were telling me that they were very concerned about the -- that we didn't have similarity in the laws and they were ready to roll up their sleeves and write a new model act so the law collaborative drafted this Turning Point model state public health

act. I remember they were just finishing up their work and we were at a Turning Point conference must have been in May. I'm thinking 2003 or 2004.

A woman from Alaska who served on the Turning Point law collaborative had been in touch with the attorney general in Alaska. Now Alaska gets 8,000 tour boats arrive in Alaska every year. The cruise boats. They were about to start docking a few weeks hence and the attorney general was on the phone saying we don't have public health law that allows you to quarantine those ships on the heels of the SARS outbreak. Needless to say Deb flew home but they had this work to build on. If you look on the toolkit, you can find out how that story ends because there is a piece in there about how the Alaska law was changed. Now, language from the Turning Point act has been featured or introduced in whole or in part through 103 bills or resolutions in 32 states, of which 39 have passed. So I just want to point out to you also that if you look here it says that this is -- this links you to a PDF document.

The PDF is right on the disk. It opens in a separate window and so some of the resources on here work a little differently and I'll explain that as we go along. Other resources related to public health law, fact sheets, talking points and a comparison of state's laws. The law collaborative is housed at Georgetown and Johns Hopkins university. If you go to the toolkit you'll find the link to the most current information about what they're up to. Next slide, please. Information technology group put together the collaborative, put together a public Health Information Systems catalog. You'll notice it has link to website. This one works a little differently. This one is a link to the info tech net.org website. It is software

applications evaluated by various state, local public health agencies so that you can see what the software choices are, what kind of architecture is needed to support them, and community resources that might be necessary also to support public health activities in the use of the implementation of that technology. This group also put together some information on informatics competencies and a link to what they're up to lately.

The next slide brings us to performance management. The document on the toolkit called from Silos to Systems using performance management to improve the public's health, again this is a PDF right on the disk. And this guide explains the benefits, the practical applications and the four core elements of performance management. Let me show you on the next slide you'll see -- I wanted to take a moment and show you what their work is based around. These four core elements. The performance management framework that they developed. These four core elements are shown here in a page from the publication. You see it starts with -- it goes through standards, measures, reporting of progress and the process for improvement. This is really made for busy leaders and it's a very compact guide and it will give your management team or board a good understanding of what it takes to start and implement managing performance to improve the public's health. This group also developed curriculum and the self-assessment tool, among other things. The performance management collaborative is now housed at the Public Health Foundation and you can find a link on the toolkit for more about their current work.

Next slide, please. This brings me to near and dear to my heart the work of a social marketing collaborative, a group on which I served. The basics of social marketing is a

very good self-tutorial in social marketing. It outlines the found meant always. A good refresher or someone that needs a reminder of how it goes. It's about creating voluntary behavior change to improve health or advance some other social good. It also -- this is also based around the so-called six phases of social marketing as defined in another product I'll show you, which is CDCynergy, social marketing edition on the next slide. CDCynergy special marketing edition. Some of you might be familiar with the series of planning tools and resource libraries developed by the CDC. There are 19 or 20 of them. The social marketing representative we had a representative from the CDC and worked with them. They generously supported the development of this tool and we worked with the academy for educational development to develop a social marketing version. Now, this has more than 700 resources on it and this is one of two exceptions on the disk where it's -- the content was too big and the limitations of the toolkit CD were such that you would have to order this one separately. The social marketing -- but on it there are these step-by-step instructions that follow these six phases of social marketing. We'll walk you through it. As you complete each phase you can insert the results into a document called my plan, managers can also use this to -- it's a good supervisory tool, having someone else in your group completing the social marketing work, you can use that to monitor how they're -- monitor they're progress and review the finished product. The social marketing collaborative is actively doing training and some work including training especially around this disk, the CDCynergy disk. If any of you are attending APHA this year there is a free full-day workshop being offered in how to use CDCynergy and that's on Saturday, November 4 and you can find information about social marketing trainings on the Turning Point website if you look in the upper right-hand corner of the slide there is the Turning

Point program.org website listed and on the front page you'll find the link to social marketing training and resources. That's a free full-day workshop and we hope you'll come and join us for that.

The next slide. Leadership development. I know this is of particular interest to you. I'll spend some time on this and we have other folks in Minnesota eager to tell you more about collaborative leadership tools and experiences as well. This series that you see now the collaborative leadership. This is the format. It is a series of modules that are very flexible. They provide skill building instruction for developing the capacity for collaborative leadership. The seven modules are adaptable for learners with different levels of experience and customized to meet the needs of your group. You can teach around the things where people need the most work and encouragement. Lee Kingsbury with me in Minnesota today will tell you more about how she and the Minnesota team have used this curricula in action in Minnesota. Now, here is the other example of something with the size limitation that didn't permit us to include it on the toolkit. There are videos. The curricula documents are on the disk but there are videos that accompany the curriculum that you would need to order separately if you want them. The ordering link is guess where? On the toolkit.

The next slide, please. There are some other very nifty products available for collaborative leadership and leadership develop. There is a literature review and I wanted to draw your attention to this series of self-assessment questionnaires. Next slide, please. I'll show you here is just one sample page. The self--- this is the self-assessment questionnaire on

building trust. Many people who have used this curriculum find it useful to use these questionnaires with their group first and then use the findings to shape how they deliver the curriculum. And it's intended to be -- the curriculum is intended to allow you to be flexible that way. The curriculum also includes a module entitled fundamentals of collaborative leadership which is the big introduction version if that's all you have time for.

Next slide, please. Another resource that grew out of the leadership development collaborative is one we'll explore in some depth today. This is a web-based tool linked to the website. It is the web-based emerging leaders program development handbook. This grew out of work in Minnesota for very exciting program and I won't -- Lee will tell you more about it but they've had a good deal. If she doesn't brag I'll brag for her. There has been a good deal of success around this program here in Minnesota and the whole concept of just making a real point of leaders -- future leaders don't always know they're future leaders. They need encouragement, identified and cultivated to step into their own. The leadership development collaborative is housed at the national -- you can find a link to that in the most current -- to their most current information is on the toolkit. The next slide, please. This brings us back to the home page and they give you just a taste, a sampling of the more than 100 resources that are on this disk. And just to round out the tour, if you look along the top bar on the home page you'll see basic navigation to ordering information, contact information and information about Turning Point and the collaboratives.

Center bottom you'll see the 21 state success stories highlighted and there are links to our partner organizations, including Robert Wood Johnson foundation. That's the tour of the toolkit and it is now my pleasure to introduce Jill Briggs. She's here with me in Minnesota today and she's the section manager Maternal and Child Health Division of community and family health at the Minnesota Department of Health and she has been exploring the toolkit and has some recommendations for you from the perspective of a practitioner in Maternal and Child Health at a state health department. Thank you and I want to take a quick moment and thank all of you for all you do to protect and promote health. Thank you, Jill.

JILL BRIGGS: Good afternoon, everybody from sunny Minnesota where it's actually almost 80 degrees. That's fabulous when we get that in September. We're all smiling here. We're sitting here in the Department of Health's new building and we're all smiling because it's sunny. I got to sit out in the sun at lunch. My face is almost as pink as my shirt and that's just great. Welcome. I'm just here to be the practical gal. We get these things in the mail and now what do we do? That's what happened to me. I was handed this CD and said here, explore this thing and share with us what you liked about it. So I am really sharing with you. I wasn't acquainted with this project at all specifically and so I got the CD and away I went. I'll share with you what caught my attention. In general, what tends to catch my attention is practical experiences of other states. And practical experiences in things we're all dealing with, similar issues. I don't have time to look up what 50 different states are doing about different issues. It helps me to have a nice, crisp resource that I can look at, get an idea about and move from them and help my staff. Give this state a

call. Give these guys a call. There are two examples ever resources that in a very short time I gleaned from the CD that I'll share with you.

The next page is where I went to immediately, which is the social marketing and public health lessons from the field. Keep it simple here. If you start from that home page place and click on the tools by focus area, then you click on social marketing, you will see that what comes up then is you click on social marketing and there is this part that has public health lessons from the field. Anything that says field on it catches my attention. So I clicked there and took a peek there. What you find is really a well laid out opportunity to quickly see activities happenings in other state. There are 12 case examples. And Florida cares for women is one of the examples. They have their social marketing approach to breast cancer screening. Two pages or less I could glean what they've done from a social marketing perspective. There is a rating screen related to price and product, those things in marketing that are important but are sometimes challenging for our public health brains to remember. So it quickly gets you there and then Maine's efforts around breast and cervical cancer, their marketing program related to those topics is there. Those are two examples.

The next slide, please. The one that caught my attention in addition to the other ones, there is a case study number 12, which is my friends in Vermont. I don't know if they're my friends but they're my colleagues. They're doing a marketing approach to preventing child sexual abuse. When you're in this thing and chugging through it, there are key pieces. They give you a brief synopsis of what the activity was, what the campaign was. They give

you references. They have this rating scale that talks about price and product, evaluation components are clearly explained within these short few pages. So you can cruise through 12 different states' examples and what they did with social marketing. For me what I learned was some real applicable ways that you might approach different health problems and issues. For instance, yesterday I was in a meeting and I really didn't plan this, with my colleagues from the Department of education and the Department of Human Services and I was there from the health department and we were talking about early childhood screening.

Near and dear to all of us. We talked about the challenges we're finding around that glorious word of screening. The head start people talked about what screening was for them and the child checkup folks talked about what screening was for them. And it really ended up this workgroup talked about we need some messages that we all share related to screening and what it is and might mean to parents and providers. And low and behold they said we should have a media campaign and hire a marketing person and at which point I started snickering and said gee, I have to talk in front of this group tomorrow and then I looked at this CD and I learned a lot about marketing. Social marketing and the group actually said hey, bring the CD to our next meeting and we'll take a peek. My point is it's a great tool and a great opportunity to kind of look at real things in our practice world. It actually worked. In the same breath I have to apply it. Now I have to go back and read the things again so I can remember them even better.

The next page, please. The other area I zoomed into when you were at the home page, the front page, is the 21 state stories. I'm always impressed by our collective wisdom. I think we have lots of it, of course. And it caught my attention about the states of change. If you go into that area, those 21 states, you'll see a great index right at the front all 21 states and what they were working on and what area are there. So for instance, if you go in Alaska's piece was about data sharing system and how they worked on developing a web-based data sharing system. We certainly in the last month in Minnesota have been hearing about data sharing and it caught my attention. Let's see what Alaska did and how they worked on this. Our friends in Kansas, Bobbie mentioned this, did some data training and technical assistance. Again, two pages or less I can have a quick synopsis, get a state contact and move from there and have staff go ahead and learn from other folks and make those contacts. Our friends in New York, the one that's highlighted in the CD, our friends in New York actually had some workforce issues. Your trivia question for today is how many people are employed by the New York State Department of Health? New York is out there, you know this probably. There are 5,350 employees and they talk about the issues they're facing about keeping qualified people employed, an aging workforce and what will they do to address some of those issues? One of the pieces that you learn about in the CD is they have a continuing education tool that they've developed and use. So quickly you see some great ideas.

The next page, please. However, the one that I really looked at was in Colorado we have been doing some work on health disparities in Minnesota like Colorado and this is mentioned in their area. We're a fairly healthy state, at least statistically but we have

populations in our state that we have much more work to do. And indeed this is what caught my attention with Colorado and what they're doing around issues of disparities and working with those populations. And they really were looking at development of a system for health surveillance related to health data. So it was really their surveillance system, health disparities and kind of where they're going. I thought they did a great job. Their page is called health disparities, silence no longer. A wonderful, lovely story in the very front page that zooms you into the real stories being told by the people in Colorado.

The second page you won't see on a slide here but I want to mention it. There is a really -- the second page is a really nifty graphic about how they presented their data once they were doing some of this work. So I actually took that and made a copy of that because it's very clear. I could take that tomorrow to my boss and say here is an example of how Colorado used their data to put forward some of the issues that populations were facing. And there were some MCH kind of things weaved within there. So in a quick review, those are my favorites. I'm sure there are more out there. I was a little bit overwhelmed by everything there but starting with something that's familiar and looking at some of the indexes. I think if I was -- if you can only do one thing, take a moment to look at some of the indexes because they're clear and they identify issues in MCH you might find useful to learn from. I hope the sun keeps shining in Minnesota, thanks.

Lee is here. I have to introduce the next person. My colleague is Lee Kingsbury from where I'm from in the Office of Public Health Practice. She'll tell you more about our emerging leaders program. I had some staff attend some of the work in emerging leaders

and she'll also have a little chitchat with Sarah Stoddard. I worked with Sarah when she was still here at the health department and she has done some great moves and is now a second year Ph.D. student at the University of Minnesota in the School of Nursing. And so they're going to take it away and tell you about our emerging leaders program. Go for it, ladies.

LEE KINGSBURY: Thanks, Jill and Danie. It is so fun for me to be here this afternoon to talk to you about the Emerging Leaders Network program here in Minnesota. It is probably my 30 plus years in public health one of the most meaningful programs, the most successful programs that I've been involved with. And so to share that with you today and in the materials that you have now with the CD-rom and the toolkit, is just -- it makes my day today, along with the sun, Jill. So why did we and how did we get involved in this Emerging Leaders Network? There were a number of things that led to this happening. Like everything there were things that were coming together from different parts of the department. From different parts of the state and from our involvement in the Turning Point program. We were involved both with the social marketing collaborative and the leadership development collaborative.

Part of our work with the leadership development collaborative, we did some assessment activities here in Minnesota to find out what needs we had. There were some obvious things going on. As Jill mentioned, we have a very -- some of the worst health disparities in the state or in the country. We have a growing and diversifying population, if not the, we're one of the -- have one of the highest populations of Somali right now. Many

immigrants coming in, even some of our greater Minnesota counties have 30 to 60 languages being spoken in the school districts. And like all of you, we have an aging population. We did an enumeration. Within the next six to seven years. 40% of employees will be eligible for retirement. Of those, that 65% of our managers and 50% of our supervisors. That sort of takes your breath away particularly when the it went to the local level as well and found out that similar things were going on there. At the same time the Minnesota public health association was having a very difficult time recruiting new leaders to take over. They were identifying people who could clearly do the work, but those folks were saying I'm not ready. I just don't feel comfortable yet in taking on this responsibility. So bringing those together, our participation in the Turning Point program, and the leadership collaborative, we said what are we going to do? We really have heard from the leaders here in Minnesota that we need to intentionally begin to identify those new and emerging leaders for the future in public health and not just identify them but somehow support them and provide some kind of training for them. So we brought together people from the Minnesota public health association, the health department and the local health association and decided that we would start our program here in Minnesota and within five to six months we had put out an application, we had designed a curriculum, and we were ready to go with some faculty.

The ELM is an annual competitive leadership development program and we recruit people from all over the state from the public, private and non-profit sectors, from academia. We want a broad cross section of folks who are providing or working in settings that have public health as part of their goals. We bring these -- for four years now 12 to 14 people,

unfortunately we're limited by the amount of money that we have, but we bring these folks together for four two-day retreats. We start on Thursday afternoon and go to Saturday afternoon and we base our curriculum on three things. The collaborative leadership practices that Laura mentioned in the beginning of the program, the six practices that we identified at the national level that needed to have more training. There are many practices and skills that people need to do good collaborative leadership but the six that we're focusing on are those that we felt there weren't in our review of training programs, leadership training programs across the country, these particular six practices needed some more attention and some more education. So we introduced concepts of leadership particularly the collaborative leadership where people are given time to practice new skills, to take part in some challenging situations.

There is guided self-reflection. The goals that we're trying to reach here in Minnesota with this program are to increase the diversity among Minnesota's public health leaders, to build leadership networks across the sectors that I mentioned and my vision personally is to have within the next five years a small cadre of people who have been through this program in each of our regions of the state who would be able to work together to identify issues that cross public, private and non-profit sectors and work on those. The third goal of the program is to enhance the skills and build the confidence of these new folks. Those potential people who have the potential and the aspiration to go further in their leadership. We use the format, the research and adapted the exercises from the modules and from -- we use the research in the literature review that's in the toolkit. We learn from the expert panel that the leadership collaborative brought together to give advice about what makes

successful leadership training and we asked them the question, can you even really train people to be good collaborative leaders? It was a fascinating discussion and the agreement at the end was yes, we can. And we think we can be particularly successful when we identify new leaders and the potential leaders, the emerging leaders and provide them with the opportunities and the skills to be good at collaboration. This is an experiential learning program not like a Ph.D. program. We looked at a lot of different kinds of training on leadership and the programs that exist. So it's the -- it's an experience. We have a lot of options of learning styles that we're very flexible. It depends on the group. We use simulation and role playing, discussion, teamwork, interviews, coaching is a big part of it.

Self-assessment. We use a number of self-assessment tools. There are readings, people are asked to journal and it's a program that for those of us who have been in public health for a while, provide that hope for the future, the energy and the creativity and the innovation and the energy that these folks bring, it's just so enabling for the rest of us to be a part of. So who is it that's in this -- who comes and participates in the emerging leaders program? We're really trying to be as diverse as possible in the folks that we recruit. So we look at ethnicity, professional discipline, practice setting, geographic setting, gender and age and we try and get a really good mix among our 12 to 14 participants across those kinds of characteristics. We've had about -- we have had 124 applicants for 50 slots over the four years that we've been operating the program. About 1/3 of those are from local health departments, a third from state health department and a third from the private and non-profit sectors.

About a third of the participants represent populations of color and 46% had -- are in what you might call leadership positions. Supervisors, assistant directors, we've had researchers, physicians, nurses, health educators, even an elected official. And 70% of the folks who have gone through the program have already accepted new leadership responsibilities. We are a recruitment program for the University of Minnesota, the masters of public health. Every single one of our cohorts has had one to three people who have gone on to get their MPH and you'll meet Sarah in a minute who has gone on to get her Ph.D. Two people from Sarah's cohort received promotions right at the end of their participation in the EL and the last two years the Minnesota public health institution president has been a graduate of the emerging leaders program and four of the folks who are on the leadership team for our public health institution this year are emerging leaders, graduates. And also I'm happy to say that at the state level, there is a new program that's just starting this month and it is called the emerging leaders institute. It is our management analysis development folks at the state here in Minnesota have looked across all state departments and decided an emerging leaders program was necessary. They looked at the curriculum and at what we were doing and they have just opened up this new program. We sort of wish it wasn't called the emerging leaders institute. It's a little too close to our Emerging Leaders Network but we're pretty proud they're using these materials. The handbook that you have now in your hands, the ability to take a look at a handbook that gives you all the information about what we did, the questions we thought about when we were trying to develop the program. The tools and resources that we've been using so the application forms, the actual agendas that we use for the retreats are all

in the handbook. There is a wealth of knowledge there. And I hope if you're interested at all in emerging leaders and supporting emerging leaders, perhaps taking pieces of the program curriculum and adding those. We've had ELM members who have gone back and created leadership teams in their organizations that look at one piece of the curriculum and have discussions about that one piece. But right now what I would like to do is introduce you to Sarah Stoddard who is sitting next to me and Sarah was in the second cohort of the ELN. That was 2004 when she was working at the state health department and Sarah, let's just start by having you tell people a little bit about yourself and why you applied to the EL program.

SARAH STODDARD: I have a mixed background of nursing and public health, public health/nursing. I've worked at both local public health as a public health nurse for Maternal and Child Health and was a nurse and worked with teenagers at school based clinics. Then ended up at the health department as the adolescent health coordinator. I applied to the Emerging Leaders Network while at the Minnesota Department of Health. I had been the coordinator for two years and I struggled with knowing that and wanting to be a good leader and feeling like I really wasn't in any kind of official leadership position. I was reminded and reminded myself I was a coordinator, I wasn't in a management position. I wasn't a supervisor and struggled with feeling like I didn't have a lot of power sometimes to do what I wanted to do. And wanted to develop maybe more skills, better skills in how to be a good leader when maybe I wasn't in an official leadership position. So I guess that's really -- I was interested in collaborative leadership. Everything I had done in my

career really had been very much interdisciplinary, very collaborative. I was intrigued by collaborative leadership curriculum and training.

LEE KINGSBURY: Sarah -- the program intentionally looks for informal and formal leaders to recruit into the program. And so the ideas that Sarah is expressing about being an informal leader in the organization and where is that really was important to us to have people in the program that were in that place. We also were pretty interested in recruiting folks that had the potential and we asked for supervisors to give their support by writing a supervisory letter. What was that like. Did you feel like you got the support you needed?

SARAH STODDARD: My supervisor at the time was extremely supportive of me participating in the program. I think she saw my -- in many ways I probably was a leader already, just not always seeing myself that way. And I think she saw the skills I had and really wanted me to grow and continue to gain maybe more confidence in some of those skills that I had. So actually I think I did even construct some of the letter for her. Like bosses ask you to do, write what you would write and then she took it and, of course, added to it but she was very supportive. The division directors and assistant division director above her were extremely supportive of my participating as well.

LEE KINGSBURY: We do bring the supervisors into the program and ask them to meet with their supervise person and learn what part of the program is to develop a personal leadership development plan. At the end, at the last retreat supervisors come in and are given time to meet and Sarah and others would think about what part of that development

plan to share with their supervisor and to see whether -- and explore together whether there were places to support what they were trying to do and also whether there were places where the organization itself could be doing a better job in terms of promoting collaborative leadership.

SARAH STODDARD: Right.

LEE KINGSBURY: What was the experience like for you?

SARAH STODDARD: For me, I had done a -- previously I had done kind of a leadership program more academic based and in adolescent health and this experience was much different than that. That experience was a little bit more maybe skill-based and I learned advocacy skills. I learned writing skill. It was maybe more skill-based and academic. This one was much more I think a personal growth opportunity. It was really much more with experience. Where was I and where did I want to go personally? Helping me maybe recognize some of the skills I have, some of what I needed to work on. As we had mentioned there is a lot of coaching. A lot of self-reflection, a lot of different ways of -- I remember drawing and having to draw things. Just a lot of creative ways to think about where I wanted to go and what I thought leadership meant and so it was different that way. For me some of that is hard. I'm not always a very -- very good at journaling or being reflective and thinking about more personally what did I want to get out of things. So some of it was challenging and it pushed me to look at myself a little bit more.

LEE KINGSBURY: What effect did that have?

SARAH STODDARD: I think it did. I was thinking about working on my Ph.D. and applying for that. I think it made me a little more purposeful in writing down what goals do I want to have or which goals do I want to meet. Where do I want to be in a certain time? Where am I at now? It was much more purposeful. Things that I have done since that time. It pushed me a little bit to do that.

LEE KINGSBURY: One of the pieces of the program that we emphasized was the network building and there was a network assessment, so tell me a little bit about that. About the experience of assessing your network and I'm interested to know if your network has changed.

SARAH STODDARD: I think for me I had learned that people that you meet along a way or that you interact with sometimes come back and they are important to you and open up other opportunities and I think for me that has been very true and I have met people at one point and then later on in my life had either they've provided an opportunity for me or I've had other interactions with them. So I think for me relationships have always been very important and nurturing those relationships. But with this it just made me a little bit more purposeful maybe in who my network was and how -- who I needed to network with. At the health department there were certain things in my world I could do and certain things I couldn't do especially around adolescent health issues. That's kind of the nature of

working for government, too. So I was a little more strategic in who my network was and who I needed to connect with. There were times that things needed to happen that I couldn't have happen or couldn't be part of happening but I could rely on some of those relationships and some of that network to know that things were getting done. So I think it opened my network up a little bit more. Made me realize the importance of having a larger network and who was in that.

LEE KINGSBURY: How with the leadership development plans?

SARAH STODDARD: Well, I am in the Ph.D. Program. That was one of the big things on my plan. I had to look at what I wanted to do in the next five years, where I wanted to be in the next ten years and it did push me to apply and now am pursuing a Ph.D. So that was - - even I think I even had some goals and things on my development plan that were kind of about my personal life, too. So I've also made changes in some of that. Some of the things that I wanted to do. And yeah, I think I have worked on some pieces of my development plan.

LEE KINGSBURY: Uh-huh. What aspects of the program would you say had the most effect on you? Was there anything take really stands out or experience or—

SARAH STODDARD: I think I enjoyed and took away a lot of the collaborative leadership practices. I think trying to, you know, with working with other people, even if I'm in kind of a primary leadership role, to remember some of those concepts, to remember some of that.

To be a better collaborative leader. I think I did take away the networking piece and the importance of that and especially I'm in my research area now and my program is different than what I've ever done before. And so the importance of connecting and developing relationships with people in that area. I've had to open that door a little bit more. And I think just within our group, our cohort it was an opportunity to meet other people in different sectors of public health and to learn about different opportunities in public health. I had really been in kind of a county government kind of area for much of my public health career and didn't know a lot about some of the non-profit world, some of the health plan. It was just an opportunity to see some other worlds and meet some people in those other roles. So I think that was very -- hear about other people's experiences. It's some of the things I took away.

LEE KINGSBURY: Fun to hear you talk about it. We had a retreat for the three cohorts that had finished the program earlier this year and it -- now that we're getting to enough people to really begin to think about how do we continue to build on the network and broaden it across, I think as Sarah mentioned each one of the cohorts get pretty close because they get to know each other pretty well. Now we're at the point where we'll be bringing the other cohorts together in a more intentional way so that people broaden that across the now by the end of the year be 39 people in Minnesota. Thanks for coming over today.

SARAH STODDARD: Thanks for asking me.

LEE KINGSBURY: Well, I think it's time to go back to Laura maybe and have some questions, open it up for questions for us.

LAURA KAVANAUGH: Thank you very much. We just want to remind you again if you have questions for any of the speakers, please enter your question into the web interface and send it to and we'll respond to questions here. If there happen to be any questions we can't respond to during the webcast we'll respond to you via email. I have one question already that is a question of somebody who is on the webcast who did not receive a copy of the CD-rom in the mail. They were sent to all Title V directors and all training program directors. If you did not receive a copy and you're in one of those positions or you've checked with that person and they didn't see it, please send me an email and I'll make sure we get a copy to you. My email is lkavanaugh @ hrsa.gov. And I'll -- I'm looking to Chris to see if we've received other questions.

CHRIS DEGRAW: One related question. How would they get additional copies of the toolkit in addition to the one sent to them for their personal use?

LAURA KAVANAUGH: Let me turn that question to Bobbie. If they're interested in additional copies, how would they go about getting them?

BOBBIE BERKOWITZ: Actually Danie has that information.

DANIE WATSON: The toolkit is accessible online so you can -- one way to get at things quickly is to go to [Turning Point program.org/toolkit](http://Turning Point program.org/toolkit) shown on the title slide of your handouts. Or just go to the Turning Point home page and if you want additional copies of the toolkit now would be a really good time to send an email to Turning Point and request one because there are -- we just printed another 1,000 or so and when those are gone, they're gone. Although -- then the other thing to keep in mind the tools in here are public domain so there are no restrictions on you duplicating them. In fact, the most recent version of the toolkit and the version that's available online has the artwork to allow you to duplicate the folder and the artwork on the CD-rom. We try to make it as easy as possible for people to, you know, they don't do me any good sitting in the office so let me set them free, send us an email and we'll send you one.

MICHELE LAWLER: Thank you, Danie.

CHRIS DEGRAW: Another question directed at Lee in Minnesota. How many years of -- [inaudible] What type are you looking for?

LEE KINGSBURY: We set a guideline for two years of experience in a public health setting as a minimum. What I can tell you is the people who have participated -- applied to the program have almost always had way more than that. We are not and we try to be pretty clear in our recruitment looking for people right out of their degree getting their degree. So we do really want people that have some experience. We also ask that people

are in currently a work setting that is public health work setting. An organization that has at least as part of its mission public health.

CHRIS DEGRAW: I actually have a question for Bobbie. Our training program, we have training program directors at Schools of Public Health and I feel like we've gotten a flavor of what could happen within a School of Public Health but we also have leadership development training programs that are in some more clinical settings. Not necessarily in Schools of Public Health such as pediatric pulmonary training programs or social work training programs. How might they use these tools to enhance their leadership training program?

BOBBIE BERKOWITZ: I'll give you an example actually that I've been working on here at the University of Washington that is a real example. In our School of Nursing, we have a graduate program called advanced practice community health nursing. Actually our first -- our first three years it was supported by HRSA. As part of that program the graduate students spend each quarter of the two years, they have an internship in the field that are multidisciplinary practice-based internships. For example, in the fall quarter I'll have five graduate students at the Washington State Department of Health. Along with those practice-based field experiences, they have a seminar, this again is both years, and the seminar uses the curriculum for collaborative leadership. The idea is to -- each quarter the leadership is focused on a different aspect. So one quarter it might be on organizational development and one quarter it may be on policy. So the focuses are different. They're aligned with the kinds of experiences the students are having and then the topics are the

six practices of collaborative leadership. The students are in their internships. They come together in these seminars and apply the leadership concepts to what they've seen in the organizations, the clinics, wherever they happen to be practicing and so far we've been doing that for going on three years now using the curriculum and it really has worked well. The nice thing about the curriculum being web-based now or on the CD-rom is that you can download all of those materials, for instance, for us we have distance students. You can download all of these materials and so students that are in distance areas can access all of the materials on the CD-rom. It's really been very helpful.

LAURA KAVANAUGH: Great. Thank you very much, Bobbie. Do we have any additional questions, Chris?

CHRIS DEGRAW: That's all.

LAURA KAVANAUGH: I'll give you a couple of minutes to ask any additional questions. We'll give you a few moments since we are running right on time. And if there are -- after a couple minutes if there aren't any additional questions, we can wrap it up. Actually one of the things around -- I'll ask another question while we wait. I know in each of the areas there were experts that you were part of these collaborative groups that developed the materials. Can you give us some examples in the collaborative leadership tools?

LEE KINGSBURY: Yes, this is Lee and I can tell you that we worked with Louise Miller, who runs a learning designs consultant. She's a learning designs consultant, was a health

educator by trade. A professor who did the literature review for us and has written pretty extensively on collaborative leadership. Two other people from the community initiatives who do a tremendous amount of training and training design. And were so creative with the exercises and the experiential part of the modules. We had someone from Columbia University working on the self-assessments and Sarah Griffin from the School of Public Health at the University of South Carolina and then Betty Beck Meier from the national Turning Point program office. We had a great team.

LAURA KAVANAUGH: Sounds like it. Thank you, Lee.

LEE KINGSBURY: Thank you.

LAURA KAVANAUGH: Okay. I don't think we have any additional questions. I'll turn it back over to Dr. van Dyck.

PETER VAN DYCK: Thank you very much to all our participants and to all you folks out on the web. We really appreciate this seminar and hearing about this and thanks to the University of Illinois, our contractor at the Center for Advancement of Distance Education at the University of Illinois in Chicago in the School of Public Health for making all the technology work and being able to pull in all the three sites. I think the technology worked great today. Today's webcast, as with all our mchcom.com webcasts will be archived and available within a couple days on the website. It's mchcom.com, we encourage you to let your colleagues know about the website and hope you and them as well will find it useful.

We would like to make these webcasts as responsive to your information needs as possible, so if you have suggestions or topics that you'd like addressed in the future, let us know, send us your comments and you can email those to us at [info@mchcom.com](mailto:info@mchcom.com).

Thank you again for all of you in the audience and thank the participants. We look forward to your participation again next month. Thank you again and good afternoon.