

2017 Model Practices

Applicant Information

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Model Practice Title

Please provide the name or title of your practice: *

"Coffee With The Commissioner," Engaging the Public Health Workforce in Governance, Leadership and Organizational Culture

Practice Categories

Model and Promising Practices are stored in an online searchable database. Applications may align with more than one practice category.

Please select all the practice areas that apply.: *

☐ Access to Care

☒ Advocacy and Policy Making

☐ Animal Control

☐ Coalitions and Partnerships

☒ Communications/Public Relations

☐ Community Involvement

☒ Cultural Competence

☐ Emergency Preparedness

☐ Environmental Health

☐ Food Safety

☐ Global Climate Change

☐ Health Equity

☐ HIV/STI

☐ Immunization

☐ Infectious Disease

☐ Informatics

☐ Information Technology

☐ Injury and Violence Prevention

☐ Marketing and Promotion

☐ Maternal-Child and Adolescent Health

☒ Organizational Practices

☒ Other Infrastructure and Systems

☒ Organizational Practices

☐ Primary Care

☒ Quality Improvement

☐ Research and Evaluation

☐ Tobacco

☐ Vector Control

☐ Water Quality

☒ Workforce

Other::

Is this practice evidence based, if so please explain. :

Winnable Battles

To keep pace with emerging public health challenges and to address the leading causes of death and disability, CDC initiated an effort called Winnable Battles to achieve measurable impact quickly. Winnable Battles are public health priorities with large-scale impact on health and known effective strategies to address them. Does this practice address any CDC's seven Winnable Battles? If so, please choose from the following: *

- | | | | | |
|---|--|--|----------------------------------|---|
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> HIV in the U.S. | <input type="checkbox"/> Nutrition, Physical Activity, and Obesity | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Healthcare-associated Infections |
| <input type="checkbox"/> Motor Vehicle Injuries | <input type="checkbox"/> Teen Pregnancy | <input checked="" type="checkbox"/> None | | |

Overview: Provide a brief summary of the practice in this section (750 Word Maximum)

Your summary must address all the questions below:

- Brief description of LHD- location, demographics of population served in your community
- Describe public health issue
- Goals and objectives of the proposed practice
- How was the practice implemented/activities
- Results/Outcomes (list process milestones and intended/actual outcomes and impacts.
 - Were all of the objectives met?
 - What specific factors led to the success of this practice?
- Public Health impact of practice
- Website for your program, or LHD.

750 Word Maximum

The Nassau County Department of Health (250 employees) serves more than 1.3 million residents on Long Island, New York. Nassau County is the immediate Eastern neighbor of New York City, and as such is a suburban community with significant health disparities, as well as socio-economic disparities. "Coffee With The Commissioner" is meant to energize, incentivize, and organize the public health workforce, engage the public health workforce in governance and policy-making, instill an organizational culture which places emphasis on serving our residents with innovative, evidence based, and efficient public health services, and create leaders from within. The goals of achieving a motivated workforce who have opportunity to add to the organization beyond their civil service title are achieved by giving a forum with highest departmental management for open, frank discussion and exchange of thoughts, questions, suggestions, and even complaints. When employees from different bureaus hear the stories and thoughts of colleagues in different bureaus a sense of belonging, collaboration, and organization is created. Changes that occur as a result make the workforce stronger, and a sense of organizational culture and pride is fostered. This translates to a better experience for the public and our partners in various sectors of public health. Specific goals include: 1) Instilling an organizational culture in which ALL health department employees play an active role in governance by being motivated to develop innovative ideas, address concerns, cross-train, work and learn with other department members. 2) Engage all employees in public health policy-making, and organizational and strategic planning. 3) Incentivize employees to cross-train, and consider expanding their horizons into different roles within our department. 4) Develop leaders and leadership skills within our workforce and participate in succession planning 5) Improve delivery of services to the public by having a workforce with a sense of pride and ownership of the product. Practice was implemented a few years back with meetings scheduled between the Commissioner, and 5 employees chosen randomly (based on availability.) The only non-random aspect was that no bureau would have more than one employee at each meeting, so that there would be no "chilling" effect by employees who work together, and learning from other Bureaus would be maximized. So far, the feedback has been extremely positive, and changes have occurred as a result of these meetings, including but not limited to the re-establishment of defunct civil-service titles, new employee recognition awards, large percentages of our employees volunteering for strategic planning sub-committees, numerous awards and accolades, and with regard to the impact of this initiative on our performance and outcomes in the community, we scored our highest ever rankings in the annual Wisconsin Health Rankings. The success of this program has been due to the willingness of senior department administration to listen, consider, and engage each and every employee along with employee willingness to speak open and freely. These meetings are non-punitive in any manner. The resulting improvement in morale and governance has improved the customer experience for our residents, improved partner relations, and helped create a sense of innovation and efficiency which in large part has led to our many NACCHO Model Practice awards. We use an internal website (webconnect) for internal communications, and many of the ideas from this initiative are listed there, including photos of employees being acknowledged for their successes! Ideas which directly impact the public go on our county website.

Responsiveness and Innovation

A Model Practice must be responsive to a particular local public health problem or concern. An innovative practice must be (1) **new to the field of public health (and not just new to your health department)** OR (2) **a creative use of an existing tool or practice**, including but not limited to use of an Advanced Practice Centers (APC) development tool, The Guide to Community Preventive Services, Healthy People 2020 (HP 2020), Mobilizing for Action through Planning and Partnerships (MAPP), Protocol for Assessing Community Excellence in Environmental Health (PACE EH). Examples of an inventive use of an existing tool or practice are: tailoring to meet the needs of a specific population, adapting from a different discipline, or improving the content.

- Statement of the problem/public health issue
- What target population is affected by problem (please include relevant demographics)
 - What is the target population size?
 - What percentage did you reach?
- What has been done in the past to address the problem?
- Why is the current/proposed practice better?
- Is current practice innovative? How so/explain?

- Is it new to the field of public health

OR

- Is it a creative use of existing tool or practice:

What tool or practice did you use in an original way to create your practice? (e.g., APC development tool, The Guide to Community Preventive Services, HP 2020, MAPP, PACE EH, a tool from NACCHO's Toolbox etc.)

- Is the current practice evidence-based? If yes, provide references (Examples of evidence-based guidelines include the Guide to Community Preventive Services, MMWR Recommendations and Reports, National Guideline Clearinghouses, and the USPSTF Recommendations.)

2000 Word Maximum

"Coffee With the Commissioner" is based on concepts present in the Assessment Protocol for Excellence in Public Health (APEX PH,) and the subsequent Mobilizing for Action through Planning and Partnerships (MAPP.) For example, main components of APEX PH include "building LHD leadership," "Operational Planning," "Plan Development," and "Assessing LHD capacity for delivering services." As addressed in the goals and objectives above, these APEX PH concepts essentially define what we aim to achieve with our initiative. The public health issue (statement) is, how can we best engage each employee in the health department to practice within the mission and goals of our department , while inspiring future leadership, innovation, efficiency, collegiality, and ultimately improved performance in the community? We have 2 targets, our workforce, and the public. Success in successfully engaging the former will translate into health outcomes in the latter. The data supports that this is occurring! While APEX PH addresses many of the issues in our problem statement, today we operate with the more modern MAPP concepts aligned. As seen in MAPP, Strategic Planning is a vital component of our department, and is a prerequisite for applying for Public Health Accreditation (we are in the process of) Our initiative invites each employee into the process, and offers them seats in strategic plan sub-committees(of their choice,) which are run by mid-managers with the hope that the absence of senior management will embolden employee participation. While the concept of agency leadership communicating with, and empowering the workforce as a whole but on small group basis may not be new, we cannot find any documentation of a Local Health Department using such a method. We hope that this can serve as a successful model which others can use to help guide their agency into the future! It has been our plan to have every single employee participate (except those on the executive staff who meet with the Commissioner very frequently.) Due to employee turnover we have a constantly changing denominator, but we have met with the majority of our employees, and we are on the verge of a point when we are on the second time around for all employees.

LHD and Community Collaboration

The LHD should have a role in the practice's development and/or implementation. Additionally, the practice should demonstrate broad-based involvement and participation of community partners (e.g., government, local residents, business, healthcare, and academia). If the practice is internal to the LHD, it should demonstrate cooperation and participation within the agency (i.e., other LHD staff) and other outside entities, if relevant. An effective implementation strategy includes outlined, actionable steps that are taken to complete the goals and objectives and put the practice into action within the community.

- Goal(s) and objectives of practice
- What did you do to achieve the goals and objectives?
 - Steps taken to implement the program
- Any criteria for who was selected to receive the practice (if applicable)?
- What was the timeframe for the practice
- Were other stakeholders involved? What was their role in the planning and implementation process?
 - What does the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s)
- Any start up or in-kind costs and funding services associated with this practice? Please provide actual data, if possible. Otherwise, provide an estimate of start-up costs/ budget breakdown.

5000 words maximum

The main goals of the project are as follows: 1) Instilling an organizational culture in which ALL health department employees play an active role in governance by being motivated to develop innovative ideas, address concerns, and cross-train, work and learn with other department members. 2) Engage all employees in public health policy-making, and organizational and strategic planning. 3) Incentivize employees to cross-train, and consider expanding their horizons into different roles within our department. 4) Develop leaders and leadership skills within our workforce. 5) Improve delivery of services to the public by having a workforce with knowledge of, and a sense of pride and ownership of the product. The entire workforce was made aware of the process via annual departmental meetings, as well as through word from executive staff members who learned of it at schedule meetings. All NCDOH members (except executive staff members who already directly meet with the Commissioner on a bi-weekly schedule) are included and expected to attend. Groups are randomly chosen with the exception that no two employees from the same bureau are picked for each meeting. At the meetings coffee, tea, water and sometimes fruit, or other snacks are provided to make each employee feel welcomed and comfortable, and create a sense of camaraderie. 90 Minutes is the scheduled time, but the Commissioner tries to keep an extra hour available should the discussions warrant more time, or if the specific meeting members wish to continue on. While this is an internal initiative for our LHD, the discussions and subsequent understanding of the organizational culture and mission helps our employees engage the public and it empowers them to seek external collaborations. It fosters innovation which serves all of our residents and community partners. Perhaps more important, it has taken down long-standing silos within our department. We have numerous examples of bureaus within our department working together. Food-related outbreaks are now managed in collaboration by our communicable disease epidemiologists, along with our restaurant sanitarians. Early Intervention screeners frequently visit WIC sites for EI screening of WIC babies and older siblings (a NACCHO Model Practice Award Winner!), and Tuberculosis and STD staff are able to cross over and assist in potential Ebola and Zika case investigations. A great success is the number of employees who describe learning what other bureaus of our department actually do, and as a result some employees have sought to try a new job, or advance their education. This is an ongoing initiative, and one of its main merits is that there is no need to end it as long as it remains productive. Upon having every single employee meet with the Commissioner in this setting, the groups are shuffled, and meetings continue. This allows for inclusion of new employees, updates from past meetings, and continued strategic planning. As the NCDOH has approximately 250 employees, an estimated 2 year cycle is in place for the entire department to participate. Once achieved, the goal is to continue on indefinitely. Aside from negligible costs the Commissioner bears of coffee, water, cups, etc, only time is required. Time is valuable, but the time spent meeting well justifies it.

Evaluation

Evaluation assesses the value of the practice and the potential worth it has to other LHDs and the populations they serve. It is also an effective means to assess the credibility of the practice. Evaluation helps public health practice maintain standards and improve practice. Two types of evaluation are **process** and **outcome**. Process evaluation assesses the effectiveness of the steps taken to achieve the desired practice outcomes. Outcome evaluation summarizes the results of the practice efforts. Results may be long-term, such as an improvement in health status, or short-term, such as an improvement in knowledge/awareness, a policy change, an increase in numbers reached, etc. Results may be quantitative (empirical data such as percentages or numerical counts) and/or qualitative (e.g., focus group results, in-depth interviews, or anecdotal evidence).

- What did you find out? To what extent were your objectives achieved? Please re-state your objectives.
- Did you evaluate your practice?
 - List any primary data sources, who collected the data, and how (if applicable)
 - List any secondary data sources used (if applicable)
 - List performance measures used. Include process and outcome measures as appropriate.
 - Describe how results were analyzed
 - Were any modifications made to the practice as a result of the data findings?

2000 Words Maximum

Please enter the evaluation results of your practice (2000 Words Maximum): *

The initial stages of "Coffee With the Commissioner" have been successful based on responses of employees, by their cross-bureau work, and their responses to employee surveys. Our objectives (as stated above) were met including: 1) Instilling an organizational culture in which ALL health department employees play an active role in governance by being motivated to develop innovative ideas, address concerns, cross-train, work and learn with other department members. 2) Engage all employees in public health policy-making, and organizational and strategic planning. 3) Incentivize employees to cross-train, and consider expanding their horizons into different roles within our department. 4) Develop leaders and leadership skills within our workforce and participate in succession planning 5) Improve delivery of services to the public by having a workforce with a sense of pride and ownership of the product. A large number of our employees joined Strategic Planning sub-committees following Coffee With the Commissioner meetings. Others enrolled in Masters of Public Health or Certificate programs after learning how to potentially advance their careers. Employees sat for different civil service exams in different but qualifying titles to create workforce flexibility and potential upwards mobility for the employee. We have implemented numerous changes as a result of the meetings, including an employee acknowledgement program based on milestones. Many employees now participate on Strategic Planning Committees who did not before. Employees often follow-up these meetings by scheduling private meetings with the Commissioner to discuss their own advancement and any innovations, complaints or anything else they feel can better the department and themselves as providers of public health services to our residents. as part of our Public Health Accreditation application process we are surveying employees regarding their own satisfaction, and experiences within the department including this initiative. Now that the initiative has been successful, we are in the process of formally evaluating each specific aspect of the initiative. The successes of the program however are evidenced by the fact that every single "coffee With the Commissioner" meeting of 2016 lasted longer than its allotted time. Modifications will be made based on formal evaluation. Ultimately, we are able to show the success of our department's reach on the community by our highest score ever this year in the annual Wisconsin Health Rankings. Nassau scored 1st in all of New York in Health Factors, 2nd in Health Outcomes, and 2nd in Health Behaviors. While these statistics are admittedly multi-factorial (some of which are out of our control,) we believe the engagement of every health department employee in the ownership of delivery of preventive and public health services has had an impact on the way our work is done in the field. A certain pride, a positive approach to public health, and an owned approach has allowed NCDOH to thrive statistically and practically. We remain open to suggestions from our employees on improving the process.

Sustainability

Sustainability is determined by the availability of adequate resources. In addition, the practice should be designed so that the stakeholders are invested in its maintenance and to ensure it is sustained after initial development (*NACCHO acknowledges that fiscal challenges may limit the feasibility of a practice's continuation.*)

- Lessons learned in relation to practice
- Lessons learned in relation to partner collaboration (if applicable)
- Did you do a cost/benefit analysis? If so, describe.
- Is there sufficient stakeholder commitment to sustain the practice?
 - Describe sustainability plans

1500 Words Maximum

Please enter the sustainability of your practice (2000 Words Maximum): *

We have learned much from "Coffee With the Commissioner," including but not limited to: 1) The public health workforce in general wants the opportunity to participate in governance. 2) The workforce has great interest in learning about what colleagues in other bureaus within the department do. 3) The workforce wants to be challenged, engaged, and offered opportunity for improving the delivery of public health services. 4) There are a lot of innovations, concerns, and even complaints in the minds of the workforce that management was unaware of, and thus unable to correct prior to this initiative. Changes are made when possible based on employee input. Along these lines, given a direct opportunity to communicate with senior management, most employees appreciate the chance, and do participate. 5) Instilling a strong organizational culture takes work, but pays off as employees pass along the mission in their work with the public. 6) Collaboration begins at the top. By meeting with senior management with a tone of collaboration and teamwork, employees understand that collaboration (with internal and external partners) is of great value to them. They are enabled and empowered to exchange ideas, and even compromise when necessary. 7) Many leaders emerge when challenged, and it is a big mistake to passively fail to address leadership potential. 8) Perhaps most important, we have seen that the workforce can drive an LHD positively or negatively, and an engaged, involved workforce will be an LHD's strongest asset!

Additional Information

How did you hear about the Model Practices Program?: *

☒ I am a previous Model Practices applicant

☒ At a Conference

☒ NACCHO Website

☐ Public Health Dispatch

☒ Colleague in my LHD

☐ Model Practices brochure

☒ NACCHO Exhibit Booth

☐ NACCHO Connect

☐ Colleague from another public health agency

☒ E-Mail from NACCHO

☐ NACCHO Exchange