Adaptive Leadership Evaluation Report

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TABLE OF CONTENTS

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ADAPTATIVE LEADERSHIP EVALUATION EXECUTIVE SUMMARY

The Need

Healthcare safety net organizations and their staffs face increasingly complex challenges due to a variety of forces that significantly compromise prevention and treatment service delivery, reduce quality of care, and weaken local health systems critical for improving and preserving health. Whether in response to the COVID-19 pandemic or the opioid epidemic — or in attempts to reduce the range of health disparities experienced by vulnerable populations, including mothers and children and people living with HIV/AIDS, among many others — safety net organizations and their workforce need the knowledge, skills, and ability to adapt to change and succeed in challenging environments.

The Solution

Adaptive Leadership is a practical framework for managing organizational change, developing leadership and workforce capabilities, strengthening community partnerships, and navigating changing political, social, and economic climates that have an impact on the delivery of public health and healthcare services. With the support of HRSA through the NOSLO (National Organizations for State and Local Officials) program, NACCHO has developed and facilitated both in-person and e-learning courses on Adaptive Leadership to increase the capacity of health staff, including public health practitioners and healthcare providers, and their partners to strengthen their workforce development, performance improvement, and service delivery.

The Results

In 2020, NACCHO conducted an evaluation via surveys (n=162) and key informant interviews (n=4) of those who engaged in Adaptive Leadership trainings between 2014 and 2019.

Participants

Summary Figure 1. Number of Organizations Trained in Adaptive Leadership by HRSA Region

Region 1:	10
Region 2:	5
Region 3:	9
Region 4:	9
Region 5:	38
Region 6:	7
Region 7:	14
Region 8:	7
Region 9:	11
Region 10:	11
Total Orgs:	121

● HRSA Region ◇ Organizations Trained

Course participant-respondents represented **healthcare and medical service organizations** (19%), including healthcare providers (medical systems, health centers, healthcare coalitions), Emergency Medical Service (EMS) entities, and Medical Reserve Corps (MRC) units; **public health agencies** (76%), including local and state health departments; and **education** (2%), including a medical school and public school systems. Other organizations (2%) included a national nonprofit and local municipal governments.

Summary Figure 2. Types of Organizations Trained in Adaptive Leadership

Education, 3
Other, 3
Healthcare and Medical Services, 23
Public Health Agencies, 93
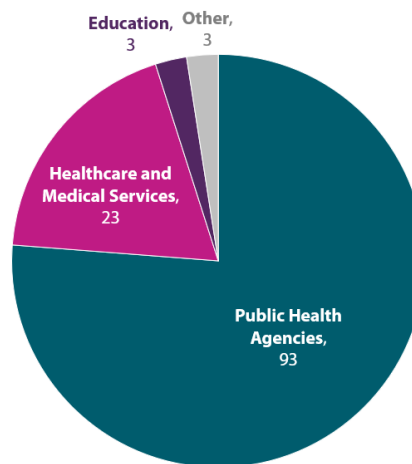
KEY FINDINGS

- **Adaptive Leadership is relevant to staff at all levels in an organization**, including executives (e.g., CEOs, health officials, executive directors), mid-level management (e.g., program directors, project managers, supervisors), and front-line workers.

- Adaptive Leadership is **relevant across areas**, including change management, strategic planning, health equity, quality improvement, community engagement, partnership development, mental health, and emergency preparedness, among others.

- **A majority of staff (86%) across all levels found the course's concepts and skills helpful and relevant to their work**. Adaptive Leadership skills were most important in situations that require engaging in difficult conversations, building partnerships, developing programs, working in times of stress or crisis, and making decisions with those in authority.

- While participants **confidence engaging in course concepts was high, applying the skills learned to practice was even higher**. *(See full report, figures 4 & 5, pages 11 & 14, for skill areas.)*

- A majority of staff reported that Adaptive Leadership training **supported their professional journey** (81%) and **professional relationships** (50%).

- Adaptive Leadership **fosters self-awareness and self-reflection**. Most (65%) reported that Adaptive Leadership improved their ability **to identify personal work avoidance behaviors and diagnosing root causes of personal resistance.**

- **Supervisor support was the most significant barrier to participation**, both in allowing for sufficient time to engage in the course and to apply course concepts and strategies in practice.

- **Participants need additional resources to support their leadership development**. Specifically, respondents requested case studies/examples, webinars, refresher trainings, team coaching opportunities, and peer connections – all areas that NACCHO is looking to address.

INTRODUCTION

NACCHO launched the Adaptive Leadership initiative, a co-funded deliverable supported by both CDC and HRSA, in winter 2014. Adaptive Leadership is a practical framework that helps individuals and organizations adapt to change and succeed in challenging environments. The framework can be beneficial in managing organizational change, implementing community health improvement planning, developing leadership and workforce, strengthening community partnerships, and navigating changing political, social and economic climates. Through this initiative, NACCHO offers an eLearning course and in-person trainings. The initiative aims to increase the capacity of health staff, including public health practitioners and healthcare providers, and their partners to strengthen their performance improvement, workforce development, and services delivery.

NACCHO's Adaptive Leadership initiative has five key learning objectives. Training participants learn how to:

1. Partner with those who have authority and power, and better leverage their own power for change;

2. Understand and break through a persistent, recurring challenge that keeps surfacing in their organization, team, or community;

3. Strengthen their ability to lead adaptively in multi-stakeholder environments rife with issues of trust, political sensitivities, resistance, conflict, and distress;

4. Experiment with new ways of operating and partnering to address complex challenges; and

5. Deepen their own leadership capacity for creating lasting change, personal risk-taking, and learning.

An evaluation was conducted to assess outcomes of the initiative. Specifically, NACCHO evaluated training participants' confidence in Adaptive Leadership concepts and skills, their use of these concepts and skills in public health practice, and the impact of the initiative on their professional and personal leadership journeys.

KEY FINDINGS AND RECOMMENDATIONS

The following findings and recommendations are based on the evaluation results:

- **Adaptive Leadership is relevant to the work of people at any level of an organization.** The participants, ranging from leadership positions and upper management to middle management and frontline staff, noted the value of the course, though what participants took away from the course varied and aligned by position. Therefore, it is recommended that the curriculum be developed to meet the differing needs of those users.

- **The relevance of Adaptive Leadership is an important motivator for participating in a training.** Individuals who chose not to participate in an Adaptive Leadership training lacked awareness of this value. For non-participants, the perspective that Adaptive Leadership is not relevant to their work was the number one factor for not participating. This value should be emphasized in communications about future training opportunities.

- **Adaptive Leadership concepts and skills are important to health work, including seeking out multiple interpretations of a challenge; identifying stakeholder values, loyalties, and losses; using leadership versus authority; and diagnosing root causes of stakeholder resistance.** In addition, respondents shared stories about the ways getting on the balcony and recognizing productive zones of disequilibrium applied to their work. Adaptive Leadership skills were most important in situations that require difficult conversations, including building partnerships, developing programs, working in times of stress or crisis, and making decisions with those in authority.

- **Training participants experience barriers to applying some Adaptive Leadership concepts and skills, including using leadership versus authority and engaging in courageous conversations.** Generally, the prescriptive nature of respondent's working environments presented a challenge in being adaptive. In addition, using leadership versus authority is one of the most challenging concepts to apply, despite it being recognized as important. For some, the intentionally underpinning using leadership or authority was difficult to grasp or to implement in a fast-paced environment. Respondents were least likely to engage in courageous conversations, which was sometimes a result of the individual's natural adversity to conflict. Although this concept is one way the Adaptive Leadership training provides examples of action, another approach may be more effective.

- **Adaptive Leadership builds confidence to apply new skills.** Most respondents learned new knowledge, skills, or tools from participating in an Adaptive Leadership training. In particular, they learned and built confidence to analyze resistance to change, whether it be stakeholder or personal resistance. Furthermore, Adaptive Leadership enabled respondents to refine their skills, even though they may have used them prior to participating in the training.

- **Adaptive Leadership fosters self-awareness and self-reflection.** Sixty-five percent of respondents reported Adaptive Leadership improved their ability to be self-reflective about their behavior. In support of this finding, many reported a high level of confidence relevant skills, including identifying personal work avoidance behaviors and diagnosing root causes of personal resistance. In addition, most respondents use these skills often, even though they did not identify them as most important to their work.

- **Training participants need additional resources to support their leadership development.** Specifically, respondents requested case studies/examples, webinars, refresher trainings, team coaching opportunities, and peer connections (e.g., a mentorship program, regular meetings with cohorts).

- **Linkages between Adaptive Leadership and relevant frameworks and public health topics can bolster its relevance to the field.** In particular, respondents are interested in connections with the following topics: change management, strategic planning, health equity, quality improvement, community engagement/partnership, mental health, emergency preparedness, opioid prevention, and environmental health.

METHODS[1]

Survey

NACCHO employed a mixed methods approach to this evaluation. In January 2020, a survey was distributed to 560 individuals that participated in an Adaptive Leadership training within the previous six years (2014–2019), which included staff from NACCHO, LHDs, and other public health and healthcare organizations. NACCHO staff that did not participate in an Adaptive Leadership training also received select survey questions. The overall response rate was 31% (Table 1).

Table 1. Response Rate, by Survey Recipient Group

Survey Participant Group	Participated in Training	Number Receiving Survey	Response Rate
All	*Yes*	*560*	*31%*
Non-NACCHO Staff	Yes	454	29%
NACCHO Staff	Yes	82	35%
	No	24	44%

[1] Survey respondents, interviewees, and questionnaire respondents (that participated in a training) are referred to as "respondents." When comparisons are discussed, NACCHO staff that participated in a training are referred to as "participants," and NACCHO staff that did not participate in a training are referred to as "non-participants."

Respondent Demographics

Figure 1. The percent of respondents in the position within their organization

- Top executive: 23%
- Executive or senior management: 25%
- Mid-level management: 28%
- Frontline or programmatic staff: 24%

n=143
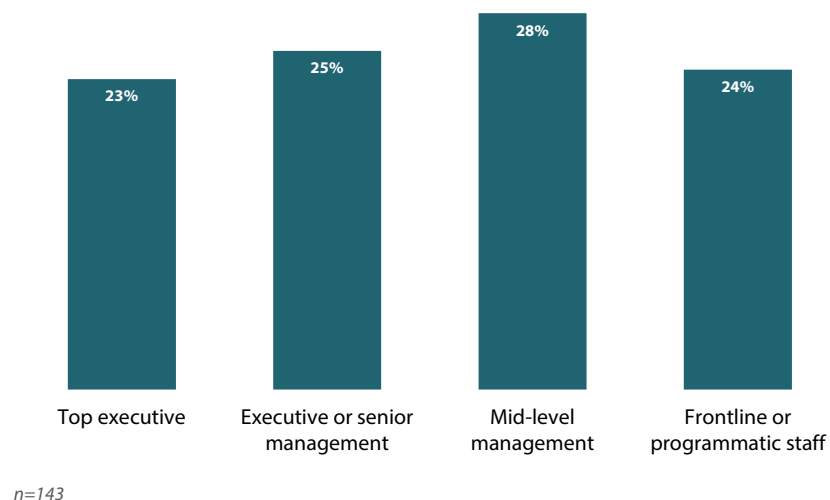
Respondents are most likely to be between 35 and 45 years old and hold a master's degree. Respondents are equally as likely to hold a frontline, mid-level, senior, or top position within their organization (Figure 1). However, they tend to supervise at least one person, with 68% reporting they are either a supervisor or a manager.

Individual Interviews

After the survey closed, a purposive sample of non-NACCHO staff survey respondents was invited to participate in key informant interviews to provide additional information about their responses and training experience. The sample was selected based on respondent's organization type, position held in the organization, and primary program area. Interviews took place during the coronavirus (COVID-19) pandemic, and as a result, very few invitees agreed to be interviewed. Phone interviews were conducted with four training participants from May to June 2020. All interviewees worked at health departments but represented different organizational demographics and training experiences (Table 2).

Table 2. Interviewee Organizational Demographics

State	Location Type	Training Type	Training Year	Primary Program Area
FL	Urban county	In-person	2019	Community Health Assessment/Planning
IL	Rural county	E-learning	2019	Local health official
MD	Urban county	In-person	2019	Mental/Behavioral Health (excluding substance use)
WI	State	In-person	2019	Health education

All interviews were audio recorded with the verbal consent of respondents. Audio recordings were transcribed. Qualitative data analyses were performed using NVivo 11.

Questionnaire

Due to the low response from interview invitees and the limited diversity of interview participants, NACCHO administered a short questionnaire with five open-ended questions from the interview guide. The survey was distributed in July 2020 to 141 individuals (non-NACCHO staff) that responded to the original survey but did not participate in an interview. This questionnaire was intended to collect similar depth of information as the interviews but about only select priority topics. A total of 21 individuals responded, for a response rate of 15%. This low response rate is likely due to invitees having limited capacity due to being engaged in COVID-19 response activities. Responses to this questionnaire were coded for similar themes discovered in the individual interviews. They were then incorporated into the sample; results discussed below include these responses.

RESULTS

Motivations to Participate in Training

Value of Training on Adaptive Leadership

Respondents noted their initial perceptions of Adaptive Leadership were positive. In particular, Adaptive Leadership provided a unique lens through which to approach and understand leadership. Furthermore, the concepts and skills learned throughout the training are relevant to people across positions of an organization; it empowers respondents to be a leader even if they are not in a formal position of authority.

> "I wanted to learn to become a better leader and change-maker in my workplace, despite not having a true 'leadership role.'"

Regardless of whether the training was taken online (i.e., e-learning) or in-person, respondents highlighted the value of the peer advising, which involves a specific protocol for presenting a challenge and receiving group feedback. Respondents were able to receive feedback on real life problems through a peer advising process based on Adaptive Leadership concepts. In some cases, this feedback was implemented almost immediately. In particular, one respondent said, "The constructive feedback which was provided immediately after explaining my case was extremely helpful. I learned that I sometimes expect others to think the way I think, which can be judgmental.

After listening to my peers in the training, I was able to receive very critical, yet valuable perspectives from individuals who were not privy to specific incidents or the other members of the committee. This helps because the responses provided were not biased." Because this aspect was so beneficial to their learning, respondents specifically noted that everyone in e-learning trainings should have the opportunity to present.

> "This provided a different way to approach leadership versus some of the other trainings I've had where leadership implies that you hold a management position or that you are in a position with some sort of power. It felt more applicable because I was not in a management position at that time."

Facilitators and Barriers to Participating in a Training

Figure 2. The percent of respondents (including non-participants) reporting factors as encouraging or discouraging to participation in an Adaptive Leadership training

	Encouraged	Neither	Discouraged
Relevance of adaptive leadership concepts to my work	74%	23%	2%
My desire to advance to a leadership position in my organization	62%	36%	2%
My awareness of adaptive leadership concepts	58%	38%	4%
Cost of adaptive leadership training	50%	43%	7%
Spending time to participate in adaptive leadership	45%	38%	17%
Having access to leadership trainings in other ways	43%	50%	7%
Influence of my supervisor to participate	24%	70%	6%

n=116–162

Adaptive Leadership's relevance appears to the most important factor in someone's decision to participate or not. In particular, three-fourths of respondents were encouraged to participate in a training because of its relevance to their work (Figure 2). Notably, 67% of non-participants that are not interested in a training indicated Adaptive Leadership's relevance (or lack

thereof) was discouraging, while 55% of non-participants that are interested in a training reported this factor was encouraging. This comparison highlights that when someone understands the initiative's relevance to themself, they want to participate; when they do not understand its relevance, they do not want to participate.

The second most important facilitator seems to be the individual's desire to advance in a leadership position. Just one-third of survey respondents indicated this factor had no effect on their motivation to participate, and this factor presented a large disparity when comparing interested and non-interested non-participants. Among the non-interested, 50% indicated this factor was discouraging; conversely, 55% of interested non-participants indicated it was encouraging.

This factor is not entirely unrelated to understanding the relevance of Adaptive Leadership. Non-interested non-participants shared their reasoning for the lack of interest. Some responses highlight that people believe the training is relevant just to those who want to be in a professional leadership position: "I am not interested in being a leader. I prefer to keep developing skills on being a better worker bee." In addition, two-thirds of participating respondents are individuals that supervise one or more people (i.e., in a position of authority/ leadership). This further suggests the two factors (relevance and desire to be in a leadership position) are closely related.

APPLICATION OF ADAPTIVE LEADERSHIP CONCEPTS AND SKILLS

Importance of Adaptive Leadership in Health Work

Figure 3. The percent of respondents reporting they learned new knowledge, skills, or tools to improve their work

No, 2%

Not sure, 13%

Yes, 86%

n=159
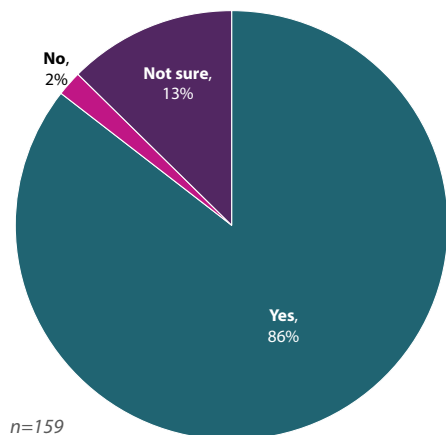
Nearly 9 in 10 respondents learned new knowledge, skills, or tools from participating in an Adaptive Leadership training (Figure 3). The Adaptive Leadership skills most important to participants' current work are:

1. Seeking out multiple interpretations of a challenge

2. Identifying stakeholder values loyalties, and losses

3. Making choices between relying on own authority and exercising leadership

4. Diagnosing root causes of stakeholder resistance

Notably, the concepts deemed most important differed among respondents at different organizational positions within their organization. The skill to make choices between relying on own authority and exercising leadership is the most important for executives (i.e., top executive or executive/senior management) but did not emerge as in the top four for either frontline/programmatic staff or mid-level management. Meanwhile, identifying technical versus adaptive challenges and identifying personal work avoidance behaviors are considered important skills for frontline/programmatic staff but not for executives or mid-level managers. Diagnosing root causes of personal resistance emerged as the least important skill for executives and mid-level managers, while creating professional relationships that embrace productive conflict was the least important for frontline/programmatic staff.

Respondents highlighted that Adaptive Leadership skills were most important in situations that required difficult conversations. The most common external situation mentioned was in building partnerships; internal situations included developing programs, working in times of stress, and making decisions with those in authority.
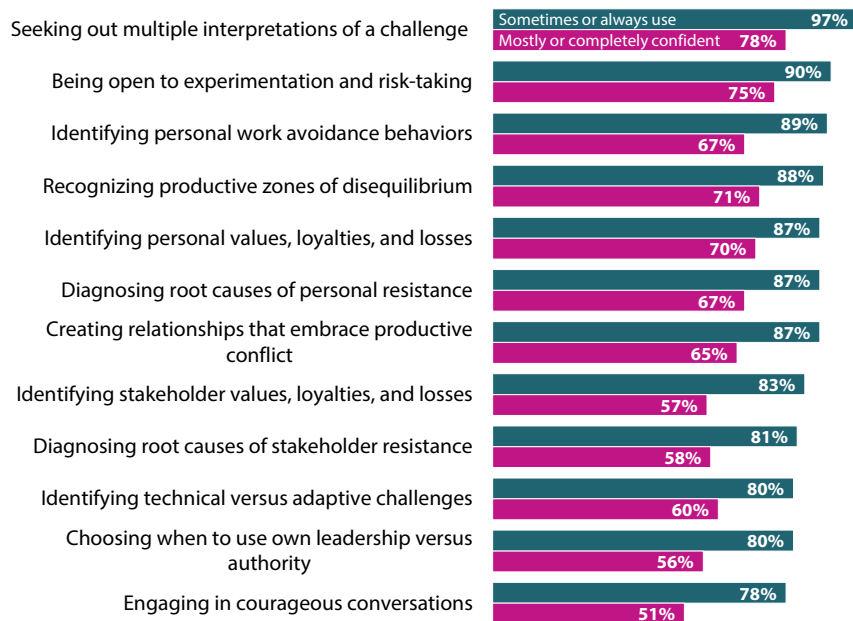
Use of Concepts and Skills in Health Departments

Of respondents that learned something new, 77% used what they learned to improve their work. Respondents who participated in a recent training (e.g., 2019, 2018) were less likely to have applied their learnings than those who participated in earlier years (e.g., 2015, 2014). This suggests newer participants may not have had the opportunity for application, or they may not be practiced enough in applying the concepts/skills to recognize they had used them.

Figure 4. The percent of respondents reporting use of skills and have confidence in their ability to use them in their work

Skill	Sometimes or always use	Mostly or completely confident
Seeking out multiple interpretations of a challenge	97%	78%
Being open to experimentation and risk-taking	90%	75%
Identifying personal work avoidance behaviors	89%	67%
Recognizing productive zones of disequilibrium	88%	71%
Identifying personal values, loyalties, and losses	87%	70%
Diagnosing root causes of personal resistance	87%	67%
Creating relationships that embrace productive conflict	87%	65%
Identifying stakeholder values, loyalties, and losses	83%	57%
Diagnosing root causes of stakeholder resistance	81%	58%
Identifying technical versus adaptive challenges	80%	60%
Choosing when to use own leadership versus authority	80%	56%
Engaging in courageous conversations	78%	51%

n=144–148

Seeking multiple interpretations of a challenge is the most commonly used skill—and one of the most important—according to respondent reports (Figure 4). This concept of "getting on the balcony" to get a wider view of the situation resonated with many respondents. For example, one shared a story about how applying this skill supported their program and service development process. They intentionally "got on the balcony" to view their service delivery from a new perspective. In addition, their team has integrated the skills learned through the Adaptive Leadership training into their service

> **One respondent shared a story about funding their health department received for a pilot project. COVID-19 disrupted their plans, so they were considering giving the grant money back to the funding organization. The respondent used Adaptive Leadership skills to have the difficult conversation with their leadership team about this decision. The leadership team had emotional ties to the project, and so the respondent was able to consider the stakeholders' values, loyalties, and losses related to the decision, and that facilitated their confidence in having the conversation with leadership.**

delivery, remembering to take a step back and consider how their service delivery impacts and is impacted by social determinants of health factors in the community.

A few respondents noted that recognizing productive zones of disequilibrium—the fourth most commonly applied skill—was particularly valuable. For one, their organization was planning to restructure. Some colleagues were looking forward to it, while the idea stressed others out. They said, "I shared what I had learned about that, and our catchphrase for the next year became embracing the gray. By being in this gray zone, we're challenging ourselves to think and act differently. Accepting change and how that can look can spark innovation."

Another respondent applied this concept during their health department's COVID-19 response. They said they were able to better recognize signs of stress for each of their team members. Then, they focused on "aligning tasks with how people are able to function or not function under stress." This has produced positive results, with their team members working more effectively and better avoiding burnout.

The least commonly used skills are using leadership versus authority and engaging in courageous conversations. However, compared to frontline/ programmatic staff, executives are much more likely to make choices about using their own leadership or authority. Conversely, frontline/programmatic staff are more likely to use skills related to self-reflection, including diagnosing root causes of their own resistance and identifying their own values, loyalties, and losses.

> ## "I think when we're looking at things that are really critical that might impact the lives of folks, we get on the balcony to make sure we're not missing anything."

Respondents highlighted that Adaptive Leadership enabled them to refine their skills, even though they may have used them prior to participating in the training. The initiative heightened their awareness of the skills, resulting in an increase in intentionality in their application. In addition, it provided a framework by which interviewees were able to talk about the skills, their application, and their value: "When you have a framework to view your work, you can say why you're looking at things the way you are and that builds confidence."
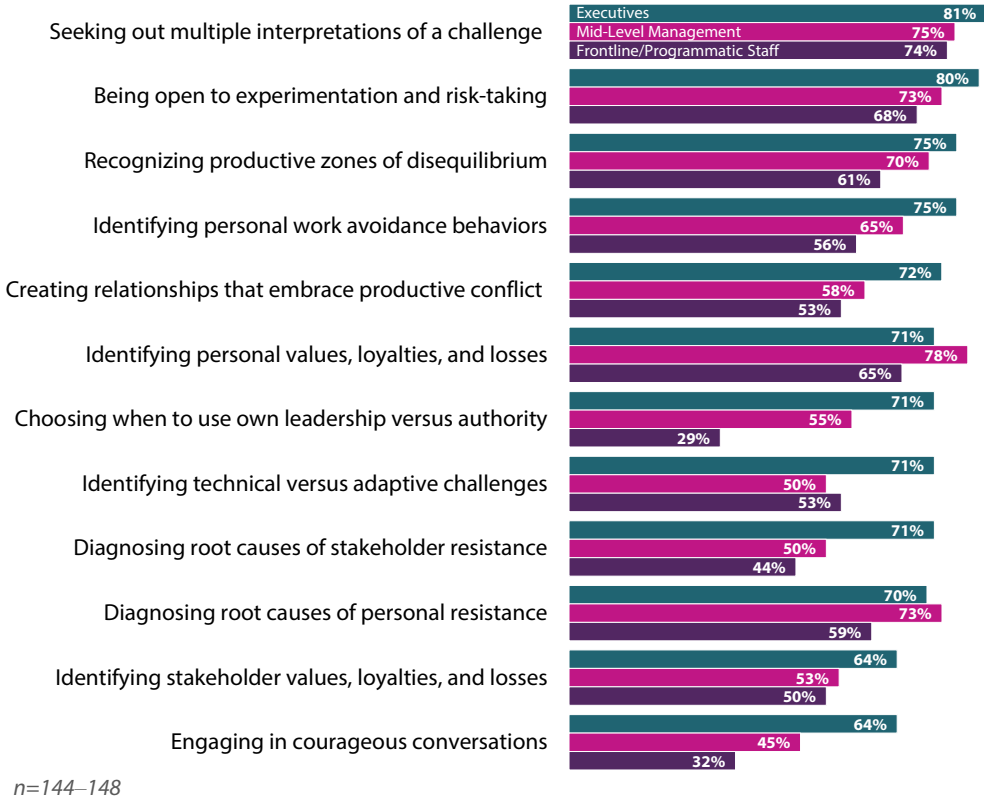

> ## "I have developed ways of operating with volunteers and have had to change this in the response. There was and is a huge resistance to let go of processes that I have developed over years. Some I have kept based on analyzing them and finding them still relevant. Others I have not. Like on-boarding of volunteers has always been much more personal and now it is not."

Confidence in Participant Use of Concepts and Skills

Although most respondents regularly apply concepts and skills learned through the Adaptive Leadership initiative, their confidence in using them varies (See Figure 4 on page 11). In particular, respondents are confident in their ability to seek out multiple interpretations of a challenge; this was also identified as the most important skill to respondents' work. However, the three other most important skills (identifying stakeholder values, loyalties, and losses; using leadership versus authority; and diagnosing root causes of stakeholder resistance) appear to be challenging to apply.

Figure 5. The percent of respondents reporting confidence in their ability to apply skills, by organizational position

Skill	Executives	Mid-Level Management	Frontline/Programmatic Staff
Seeking out multiple interpretations of a challenge	81%	75%	74%
Being open to experimentation and risk-taking	80%	73%	68%
Recognizing productive zones of disequilibrium	75%	70%	61%
Identifying personal work avoidance behaviors	75%	65%	56%
Creating relationships that embrace productive conflict	72%	58%	53%
Identifying personal values, loyalties, and losses	71%	78%	65%
Choosing when to use own leadership versus authority	71%	55%	29%
Identifying technical versus adaptive challenges	71%	50%	53%
Diagnosing root causes of stakeholder resistance	71%	50%	44%
Diagnosing root causes of personal resistance	70%	73%	59%
Identifying stakeholder values, loyalties, and losses	64%	53%	50%
Engaging in courageous conversations	64%	45%	32%

n=144–148

When comparing across positions within an organization, executives are more likely to be confident in applying skills than frontline/programmatic staff (Figure 5). In particular, using leadership versus authority had the biggest discrepancy—with only 29% of front-line/programmatic staff, 55% of mid-level, and 71% of executives that feel mostly or completely confident in applying this skill. Furthermore, engaging in courageous conversations was one of the skills respondents were least confident in applying, regardless of organizational position.

Respondents reported the barriers to heightened confidence they experienced. Notably, many respondents did identify the difference between leadership and authority; however, they could not confidently articulate the ways they plan for using each—rather, they indicated using one versus the other came naturally and without thought, as a result of being in leadership positions for many years. For some, the lack of confidence in applying this skill seemed to be a function of the hierarchical environment in which some respondents work. One respondent said, "Our department has settled into an incident command structure that has naturally resulted in an authoritative climate to achieve goals at the moment." Similarly, another indicated "I think this is hard for me because of my 'middle' management position and sometimes not really knowing if I have the 'power' for certain things or not."

Generally, respondents felt the highly regulated and prescriptive nature of government was a challenge to using Adaptive Leadership with confidence. In addition, for respondents who are conflict adverse, skills related to conflict were challenging to apply; they felt more practice engaging with conflict would help bolster confidence.

Participant Impacts of Adaptive Leadership Training

Figure 6. The percent of respondents reporting the outcome of Adaptive Leadership Training

Outcome	Percent
Supported my professional leadership journey	81%
Improved my ability to be self-reflective about my behaviors	65%
Supported my personal leadership journey	54%
Strengthened my professional relationships with others	50%
Shared adaptive leadership concepts with others	47%
Changed my approach to work	44%
Strengthened my personal relationships with others	23%
Other	3%
None, adaptive leadership did not have an impact	1%

n=144

"We had challenges in hiring a Marketing and Media Specialist, so I ended up wearing two hats for the majority of the year. In two transitions of the position to new staff, I found myself resisting letting go and changing my role. I engaged in journaling about changes that were taking place, as well as changes that needed to take place. I reviewed my own feelings about those changes and listed reasons I might be resisting adapting to the change in roles. I was then able to make a list of steps to take and started moving forward with the changes rather than staying stuck in resistance."

Most respondents reported that their participation in Adaptive Leadership supported their professional leadership journey and/or improved their self-awareness (Figure 6). In addition, a total of **67 respondents have shared Adaptive Leadership concepts with approximately 1,600 people.** On average, they have shared Adaptive Leadership with 22 people each.

Respondents grew as leaders, professionally and personally, by gaining new perspectives and better understanding the complexities of relationships. One

respondent shared, "The adaptive leadership course has helped me understand the various layers that exist in a professional (and personal) relationship. I've learned and applied how to interweave the loyalties and morals of others with my own to make a project or team more successful. In terms of more sensitive conversations, I think it's imperative to understand where other folks are at and how do we make this work together? Sometimes that means having a blunter conversation, respectfully, or pressing a bit more on your own ideas and thoughts to get group consensus on an outcome-driven plan."

Another highlighted the value of their increased awareness work avoidance behaviors. In Adaptive Leadership, the concept of work avoidance is typically tied to feelings of loss or inadequacy. The respondent shared they noticed their resistance to tackling challenges emerging during COVID-19 response. When they catch themselves avoiding work, it is often because an overwhelming problem has presented itself. They said, "I get up from my desk and spend two or so minutes away from my computer. I'm able to come back and that refreshes me. Then, I can dive into that challenge that seemed insurmountable at the time."

One respondent that indicated Adaptive Leadership had no impact said, "Although the training was very well done and I learned a lot, I find it hard to internalize and systematically apply the concepts learned in day-to-day. We get busy and don't take the time to deliberately incorporate concepts into our work."

Similar impact results are experienced regardless of training type, except for in three areas. Respondents that participated in an in-person training were more likely to experience strengthened personal relationships, compared to respondents that participated in an e-learning course. Meanwhile, those that participated in e-learning offerings were more likely to improve their ability to be self-reflective and to share concepts with others.

STRATEGIES FOR BOLSTERING THE APPLICATION OF ADAPTIVE LEADERSHIP

Resources and Supports Needed

More than half of respondents selected three resources they deemed would be helpful in supporting their use of Adaptive Leadership concepts and skills: case studies/examples, webinars, and additional virtual training on Adaptive Leadership practices. Between 40% and 50% of respondents indicated reading materials, conference sessions, additional in-person training, and connections with peers would be helpful. Although peer connections was not a top selected resource, some respondents specified a mentorship program or "buddy system" would be beneficial. Very few respondents noted one-on-one technical assistance as a support they desired, but some noted that team-based experiences, such as team coaching, would be valuable.

Although not included in the survey, many respondents mentioned (in interviews or the questionnaire) that intermittent follow-up resources after the initial training would be a helpful reminder to be intentional about applying Adaptive Leadership. These include a refresher training a few years later, a quarterly newsletter with case studies and relevant literature, or a regular meeting with cohorts to facilitate open dialogue about how concepts have been applied by peers. Several respondents even said this evaluation was helpful in reminding them about the concepts and skills.

Complementary Frameworks

More than half of respondents indicated they were interested in linkages between Adaptive Leadership and change management, strategic planning, health equity, and quality improvement frameworks. Interviewees and questionnaire respondents mentioned several other frameworks they wanted to see linked to Adaptive Leadership, including Appreciative Inquiry, community engagement/partnership, and various personality type (e.g., Emergenetics) and leadership style frameworks. For example, one respondent mentioned linkages to different personality types or leadership styles could help build confidence in using skills not typically used by that type. They

highlighted their discomfort with conflict and barriers in feeling confident to engage in it as an empath; having information about how their personality can approach conflict using Adaptive Leadership concepts would help their build confidence.

Public Health Topics Addressed

Respondents were asked which public health topics they wanted more information on how to use Adaptive Leadership to address. The most commonly selected topics were mental health, emergency preparedness, opioid prevention, and environmental health.

DISCUSSION

Overall, Adaptive Leadership concepts have applications to the work of people across positions within an organization. Previous research has shown that LHD staff at all levels (i.e., non-supervisory and supervisory) need improved proficiency in skills related to change management, while supervisors, in particular, need improve proficiency in systems/strategic thinking. The Adaptive Leadership framework provides a systems perspective to identifying and managing change in uncertain times. However, there appears to be a lack of awareness about the relevance of Adaptive Leadership to the work of non-supervisory staff.

The results show that the training participants have difficulty converting the Adaptive Leadership concepts into actions and behaviors. A few respondents shared examples of instances when they have used the concepts and skills, but most were unable to articulate their application of specific concepts. Furthermore, those that did provide examples may have misinterpreted the intent of the concepts. For example, the framework is meant to be used to prepare for conversations, such as when developing partnerships or engaging the community. Specifically, Adaptive Leadership is grounded in anticipating and working with resistance by recognizing the forces within a system, such as values and loyalties, that generate resistance. In other words, the framework can be used proactively. However, some participants shared stories that did not necessarily align with this purpose. For instance, some participants seemed to apply concepts reactively; others—like the participant that shared how getting on the balcony supported service delivery—seemed to apply concepts by analyzing perspectives internally but not having the external conversations. This suggests the training needs to provide opportunities to practice the skills and create a plan of action, as well as to create resources that dig deeper into the nuances of the concepts' application to partnership development, program development, and other situations relevant to public health practitioners.

One success of the training is the focus on self-awareness and self-reflection. Participants appear to be comfortable applying these types of skills (e.g., identifying personal work avoidance behaviors, diagnosing root causes of personal resistance). However, compared with executives, frontline/programmatic staff appear to identify these skills as more important and use them more. The training should continue to build upon the self-awareness components but give more emphasis to these particular concepts for executive and senior management staff.

Recommendations and results from this evaluation will be used to develop an evolution plan to expand NACCHO's Adaptive Leadership portfolio by developing more customized trainings that focus on implementation for key audience segments. These trainings will narrow in on the unique needs of different audience groups, as well as be used to focus on implementation in the case of key need areas for leadership (e.g., partnership development and change management).

LIMITATIONS

Several limitations should be considered when using the results of this evaluation. Respondents may have provided incomplete, imperfect, or inconsistent information for various reasons. All data are self-reported and are not independently verified.

Data collection efforts may be subject to social desirability bias in that respondents might have been inclined to over-report favorable views. In particular, NACCHO staff conducted the data collection, and while participants were told their views would only be shared in aggregate, it is possible they were not be entirely honest with NACCHO staff and tried to portray themselves in the best light. In addition, the low survey response rate can give rise to non-sampling bias. Specifically, training participants that opted not to respond to the survey may have had a more negative experience with Adaptive Leadership than those that did respond.

Some results presented may be affected by respondents' familiarity with the constructs measured. For example, more survey respondents may be familiar with change management frameworks than other frameworks noted in the survey. As a result, a higher proportion of respondents would have selected that option. In addition, responses to some items could be a function of emerging/hot topics in public health or the primary program area of the respondent. For example, many survey respondents selected emergency preparedness as a topic that could be addressed by Adaptive Leadership, and 20% of respondents worked primarily in emergency preparedness.

Finally, comparisons noted are not tested for statistical significance.

APPENDIX
Glossary of Adaptive Leadership Concepts and Skills

Act politically: Incorporate the loyalties and values of the other parties in you adaptive challenge. Assume that no one operates solely as an individual but represents, formally or informally, a set of constituent loyalties, expectations and pressures.

Adaptive Challenge: The gap between the values people stand for (that constitute thriving) and the reality that they face (their current lack of capacity to realize those values in their environment.

Adaptive Work: Holding people through a sustained period of disequilibrium during which they identify what cultural DNA to conserve and disregard, and invent or discover the new cultural DNA that will enable them to thrive anew.

Authority: Formal or informal power within a system, entrusted by one party to another in exchange for a service. The basic services, or social functions, provided by authorities are direction, order, protection, expertise.

Below the neck: the nonintellectual human faculties; emotional, spiritual, instinctive, kinetic.

Courageous Conversation: A dialogue designed to resolve competing priorities and beliefs while preserving relationships.

Dance floor: Where the action is. Where the friction, noise, tension and systemic activity are occurring. Ultimately, the place where the work gets done.

Dancing on the edge of your scope of authority: Taking action near or beyond the formal or informal limits of what you are expected to do.

Disequilibrium: The absence of a steady state, typically characterized in a social system by increasing levels of urgency, conflict, dissonance and tension generated by adaptive challenges.

Getting on the balcony: Taking a distanced view. The mental act of disengaging from the dance floor, the current swirl of activity, in order to observe and gain perspective on yourself and on the larger system. Enables you to see patterns that are not visible from the ground.

Formal authority: Explicit power granted to meet an set of service expectations, such as those in job descriptions or legislative mandates.

Interpretation: Identifying patterns of behavior that can help make sense of a situation. Interpretation is the process of explaining raw data through digestible understandings and narratives. Most situation have multiple possible interpretations.

Informal authority: Power granted implicityly to meet a set of service expectations, such as representing cultural norms like civility or being given moral authority to champion the aspirations of a movement.

Intervention: Any series of actions on a particular action, including intentional inaction, aimed at mobilizing progress on adaptive challenges.

Leadership with authority: Mobilizing people to address an adaptive challenge from a position of authority. The authority role brings with it resources and constraints for exercising leadership.

Leadership without authority: Mobilizing people to address an adaptive challenge by taking action beyond the formal and informal expectations that define your scope of power. Lacking authority brings with it resources and constraints for exercising leadership.

Losses: The potential losses a stakeholder faces when choosing to work with you on the adaptive challenge. Fear of loss often shows up as resistance. Consider what is most important to your stakeholder and anticipate what losses people risk by getting involved. Common losses include competence, identity, comfort, reputation, status, time, resources.

Loyalties: The loyalties stakeholders have to consider when choosing to work with you on the adaptive challenge. These are loyalties to their home organization and to the groups they represent (constituents, advocacy groups, etc.). It is important for your stakeholders to retain their identity and honor those loyalties. Loyalties may exist across organizations as well, between individuals or in cases of existing or past partnerships and relationships.

Observation: Collection of relevant data from a detached perspective and from as many sources as possible.

Productive Zone of Disequilibrium: The optimal range of distress within which the urgency in the system motivates people to engage in adaptive work. If the level is too low, people will be inclined to complacently maintain their current way of working, but if it is too high, people are likely to be overwhelmed and may start to panic or engage in sever forms of work avoidance.

Regulating the heat: Raising or lowering the distress in the system to stay within the productive zone of disequilibrium.

Scope of authority: The set of services for which a person is entrusted by others with circumscribed power.

Technical challenge: Challenges that can be diagnosed and solved, generally within a short time frame, by applying established know-how and procedures. Technical problems are amenable to authoritative expertise and management of routine processes.

Technical work: Problem defining and problem solving that effectively mobilizes, coordinates and applies sufficient expertise, processes and cultural norms.

Values: Values are deeply held beliefs that inform decision making and motivate behavior. When looking at values, it is important to examine behaviors in addition to what an individual says or an organization states in their mission and vision. Examine where people and organizations spend their time, money and energy to gain insights into their values.

Work avoidance: The conscious or unconscious patterns in a social system that distract people's attention or displace responsibility in order to restore social equilibrium at the cost of progress in meeting an adaptive challenge.

This glossary is adapted from *The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and the World*. Ronald Heifetz, Alexander Grashow, Marty Linsky, Harvard Business Review Press.

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