



Department
of Health



New York State Public Health Corps (NYSPHC) Fellowship Program

Educational Series:

Change Management: Navigating Public Health
Changes in Your Community

May 10, 2023

Agenda

- NYSPHC Educational Series Overview
- Change Management: Navigating Public Health Changes in your Community
- Questions
- Program Updates

Educational Series

NYSPHC Educational Series



The New York State Public Health Corps (NYSPHC) Educational Series is excited to offer live monthly educational sessions addressing the Core Competencies of Public Health!

Educational sessions will take place on the second Wednesday of every month from 12-1 PM

Learning Objectives:

To provide program participants with opportunities to expand their skill sets and knowledge on emerging public health activities, programming, and state priorities. The *EH Wins* evidence-based core competencies provide the foundation for the NYSPHC education and training sessions for program participants to ensure an effective and knowledgeable public health workforce.

Topics to be covered:

Budget and Financial Management

Policy Engagement

Data-Based Decision Making

Justice, Equity, Diversity, Inclusion (JEDI)

Change Management

Grant Writing



Tentative Dates (12-1PM):

December 14, 2022
January 11, 2023
February 8, 2023
April 12, 2023
May 10, 2023
July 12, 2023

Each meeting will be 60 minutes long with about 40 minutes of content and 20 minutes of Q&A or discussion. Registrants will be provided with an agenda and learning objectives prior to the learning session. Recordings of the meetings will be posted to the [Training Resource Center website](#).

Registration details coming soon!

Questions? Please contact your Regional Fellowship Placement Coordinator for more details.

- Sessions on core competencies and public health topics
- Guest speakers from NYSDOH, institutions of higher education and more



Department
of Health



PRESENTATION

Change Management in Public Health

Prepared
For:

NYSPHC Fellowship
Program

05/10/2023

- Change Management and Organizational Change Management (OCM)
- Drivers for public health change
- Variables to consider when deciding how and when to make a change
- Challenges when implementing a change
- Crucial steps in change management and a successful implementation

What is Change Management? What is OCM?

NYSPHC Core Competency:

- **Change Management:** Assessing the drivers in one's community to modify programmatic practices that may influence public health programs and services.

Organizational Change Management (OCM) Industry Definitions:

- “the application of a structured process and set of tools for leading the people side of change to achieve a desired outcome.”
 - Prosci ([Definition of Change Management \(prosci.com\)](https://prosci.com))
- “the practice of applying a structured approach to transition an organization from a current state to a future state to achieve expected benefits.”
 - ACMP ([Change Management - The Association of Change Management Professionals \(acmpglobal.org\)](https://acmpglobal.org))
- “Change management represents a domain of principles and practices that enable stakeholders of change to adopt the mindsets, behaviours and capabilities required for that change to deliver full business value. It focuses on people.”
 - CMI ([What is Change Management? - Change Management Institute \(change-management-institute.com\)](https://change-management-institute.com))

Where did OCM come from?

Psychology!

3-Step Model Lewin

- Unfreeze
- Change
- Refreeze

Transtheoretical Model Prochaska and DiClemente

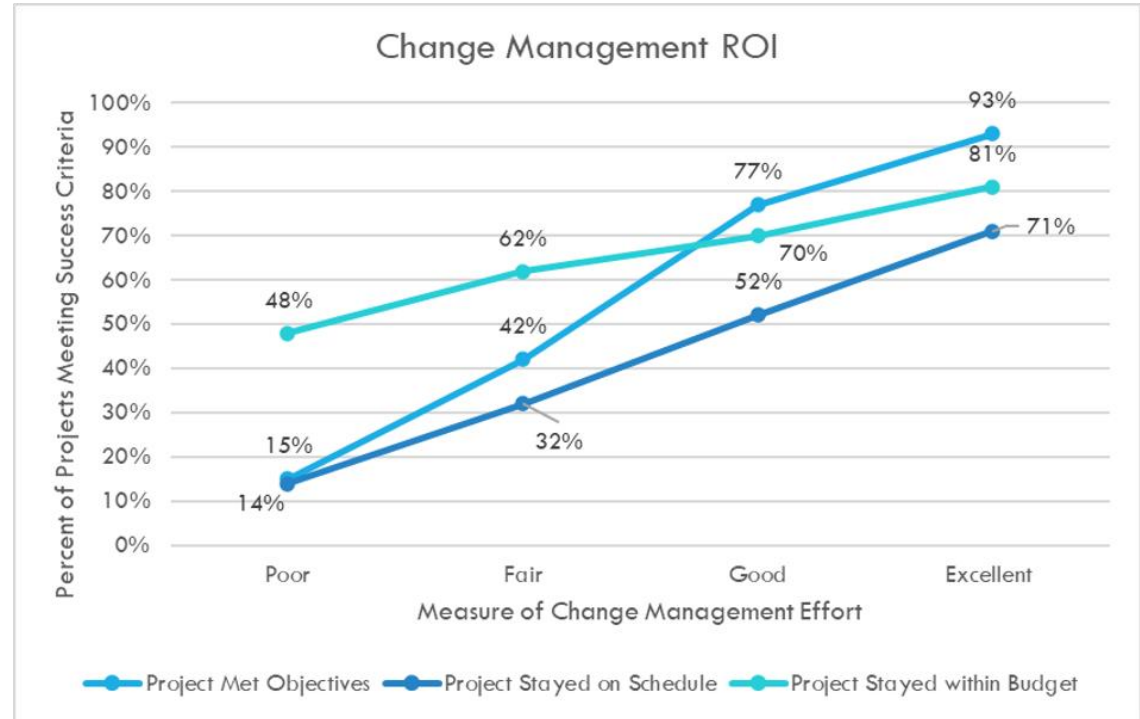
- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance

Five Stages of Grief Kubler-Ross

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

Organizational or **community change** is accomplished & facilitated through **individual change!**

- Improves results of the project:
 - Schedule
 - Budget/Resources
 - Benefits



Internal Drivers:

You or your community are the driving force behind making the change, and responsible for its success.

- Results of Community Health Assessment or Surveillance
- Public Interest or Desire
- LHD (or NYSDOH) Policy Changes
- LHD (or NYSDOH) Budget Fluctuations

External Drivers:

You have little or no control over the change, but you are responsible for making it successful.

- Federal, State, Local Policy Changes
- Federal or State Budget Fluctuations
- Emergent public health crises

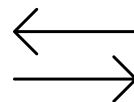


Observations:

- Higher rates of post partum infection and mortality clinical delivery settings
- Physician behaviors moving from autopsy to delivery
- A post-autopsy odor remained on physician's hands even after washing hands with soap and water



Hypothesis: Get rid of the smell, get rid of the infections



Change: Physician's will begin scrubbing with chlorinated lime solution instead of just soap and water



Results:

- Decrease to less than 3% maternal mortality
- No sustained behavior change among physicians



What went wrong?

- Did not collaborate with administrators and other physicians
- Values and Beliefs of physicians at the time:
 - Disease was caused by Miasma and Dyscrasia
 - As "gentlemen" it was offensive that they could be perceived as "dirty"

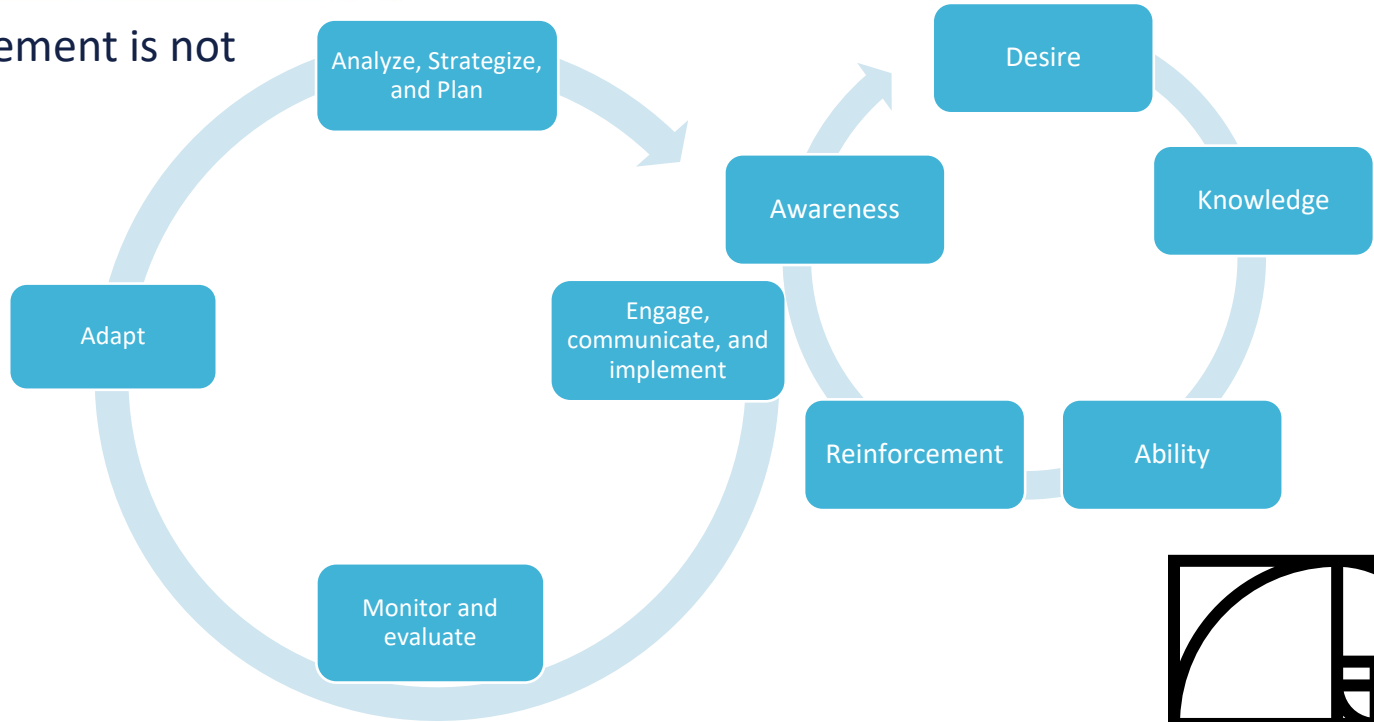
Variables to Consider

- Perception of the proposal by all stakeholder groups
 - Expectations and value alignment
 - What is compelling to this audience?
 - Storytelling - emotions
 - Data – Evidence
 - Source – Credibility
 - Messaging - consistency
 - Effects of mitigating or confounding factors on the outcome?
 - What other factors will impact change adoption?
- Who is your change team and what are their roles?
 - Communicators
 - Liaisons
 - Advocates/Champions
 - Change networks
 - Decision makers

- Think about things from your stakeholder's perspectives:
 - Barriers – what makes it hard to adopt even if they want to?
 - Risks – things that may come up that will make it difficult to adopt or sustain in the future
 - Capacity for change
 - Culture/history of change
- “Wicked Problems” there is not a simple or single pronged solution.
 - What are the confounding variables?
 - Is this a multi-layer change and are all levels being addressed?
 - Societal
 - Political
 - Community
 - Individual

Change Management Cycle

➤ Change management is not a straight line.



Remember your five Ws (& the H)

WHAT

What is changing

What does the future state look like

What are the benefits & drawbacks

WHO

Who is going to be impacted by the change

Who is responsible for the change

Who can we go to with questions

WHY

Why are we making this change

Why are we taking this approach

Why aren't we doing something else instead

WHEN

When are we expected to change

When will we get more information

When will we see the outcomes

HOW

How do we do this, will there be training

How does this achieve the desired health outcome

How are we going to measure progress

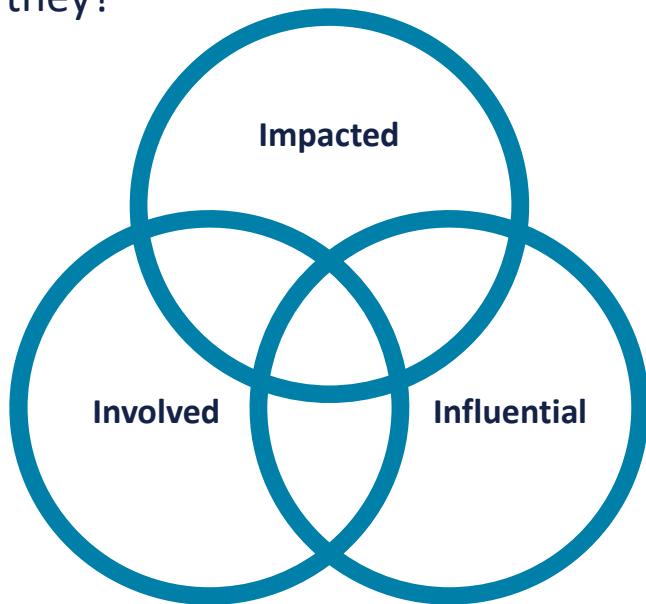
WHERE

Where is this change (Local, State, Federal)

Where in our practices will this have an effect

Where else will we need to make changes

- What is a stakeholder and who are they?



- What do you need to know about your stakeholders?
 - Values
 - High-level, permeating values
 - Expectations
 - Related to the process, policy, practice or change you are implementing
 - How the change will impact them
 - Current state(s) and future state(s)
 - Indirect consequences
 - Perceived risks, barriers, & concerns
 - Areas of resistance
 - Capacity

Why we do it

- People want a voice
- People appreciate transparency
- Stakeholders can help generate solutions & identify challenges
- Snowball effect/word of mouth

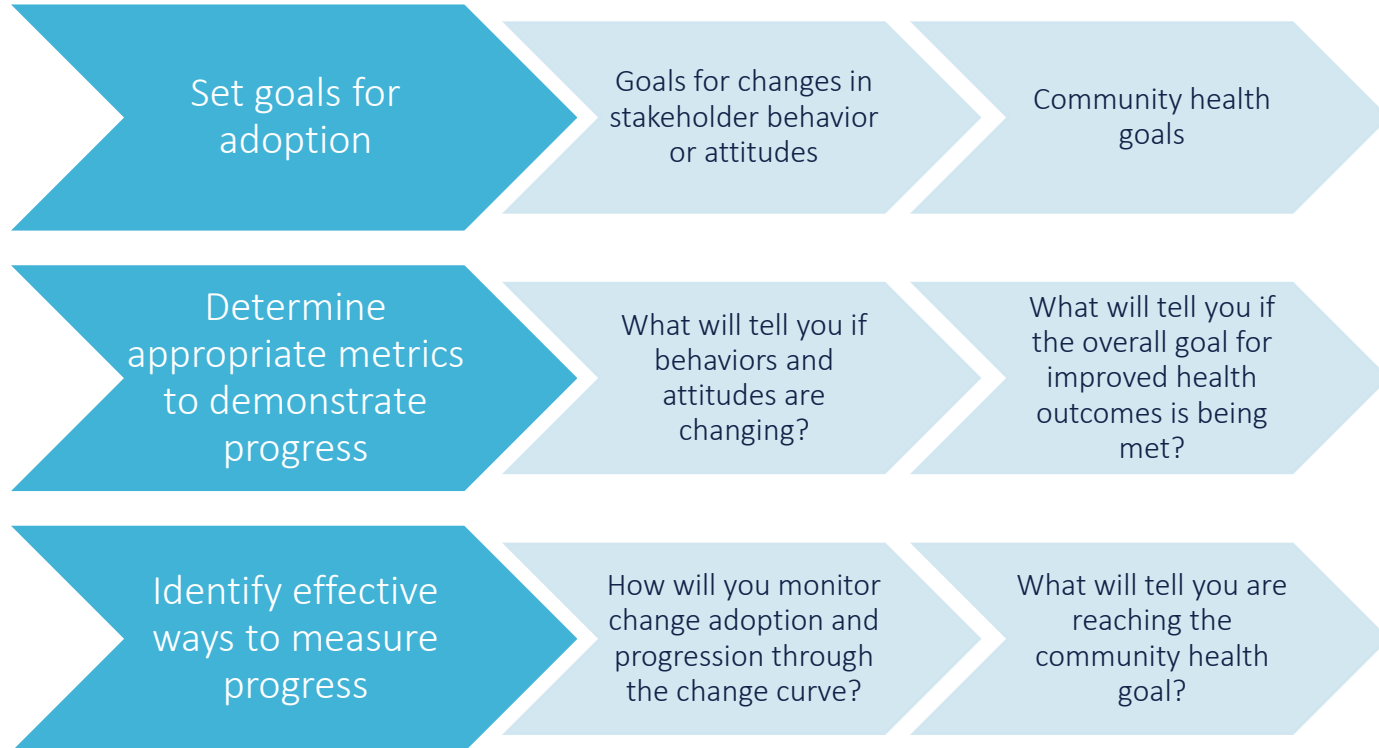
What we do

- Provide information
- Gather feedback
- Build coalitions & partnerships
- Foster buy-in
- Offer instruction, guidance, & training

What comes next

- Respond to what we hear
- Act on what stakeholders tell you
- Establish feedback loops

Step Four: Monitor the Change Impacts



Step Five: Adapt your Strategy and Re-engage

What did you learn from your stakeholders?

Values and expectations

Barriers and risks

Change impacts

What can you do with this information?

Alter the change management strategy

Adapt the implementation approach

Adjust expected outcomes

Do you need more feedback or information?

Surveys or focus groups

Site visits or town halls

Collaborations

Real World Examples Implementing Change Management



Kate Ott, MPH
Director of Preventative
Health Services
Ontario County Public Health



POLICY CHANGE AT THE LOCAL LEVEL

This is Not a Success Story

Kate Ott, MPH



PROBLEM

- Smoking Rates
 - Low, in general
 - Disparately high in low SES population

PROPOSAL

- Local regulation to require tobacco images be kept out of the view of children in convenience stores.
- Rationale
 - Convenience stores are a common outlet for tobacco products
 - Children who frequent convenience stores are exposed to colorful images that promote tobacco use
 - Children frequently exposed to tobacco advertising are more likely to start smoking

PARTNERS

- Health Department
- Legislative Body
 - Health and Human Services (HHS) - standing committee
- Tobacco Action Coalition of the Finger Lakes
- American Lung Association

PROCESS

- At standing committee the Public Health Director
 - Defined the problem.
 - Presented the data gleaned during our Community Health Assessment.
 - Recommended a local statute to require tobacco products be covered and tobacco advertising removed.

A vibrant space battle scene from Star Wars. In the upper left, a massive orange and yellow explosion radiates energy. A bright yellow energy beam streaks across the scene. Several X-wing fighters are engaged in combat, with one in the foreground prominently displaying red and white stripes on its wings. The background is a dark starfield with a planet's horizon visible.

VICTORY!

- All 6 members of HHS were supportive.
- Recommended a public hearing during a full meeting of the legislative body.

PUBLIC HEARING

- Statements from:
 - Public Health Director (20-minute presentation)
 - Concerned high school student (letter)
 - Tobacco Coalition of the Finger Lakes (3 min.)
 - American Lung Association (3 min.)
 - School Superintendent (3 min.)
 - Representative for convenience store owners (3 min.)
- Media was present

OUTCOME

- Tabled until the next meeting (3-weeks later)
 - Not all members were present
 - Chairman wasn't present



REJECTED

When You Crash and Burn

- Frustration and Anger

- This is so unfair!
- They are so short sighted!
- They don't care about our residents.
- They care more about economics than people.
- They don't respect women (yes, I went there).

They They They
They
They They

Get this out of your system quickly because you need these people.

They They They

So Many Questions

What if It's Not Them?

Remember our partners?

1. Health Department
2. Legislative Body
3. Tobacco Action Coalition of the Finger Lakes
4. American Lung Association

Who did we overlook?

- Members of the target population
 - Personal stories are often more effective than data sets
- Community champions
 - Respected leaders who live and work in the community
- Convenience store owners or managers
 - Though unlikely bedfellows, conversations may have led to a suitable compromise

Was Our Data Timely and Local?

- Derived from the NYS Prevention Agenda Dashboard.
- Local data is hard to acquire.
- Collecting primary data is labor intensive.
 - Surveys?
 - Focus groups?

Were We in It to Win It?

- Motivation
 - Checking a box on our CHIP for NYS?
 - Looking for bragging rights?
 - Doing something to the community vs. with the community?
 - Did the target population even value this change?

LESSONS

- Planning
 - A logic model would have ensured we had the right partners, did all the leg work, and were better prepared.
- Data isn't enough
 - Soft skills (communication, trust, relationships, passion, etc.) are imperative to creating change.
- Logic sometimes loses to:
 - Economics
 - Personal beliefs and biases
 - Politics
 - Timing
 - Conflicts of interest

More impressed
with the depth of
your conviction
than the height of
your logic will
people be.



**May the Force be
with you,
Thank you!**

Diane Oldenburg
Associate Public Health
Educator
Oswego County Health
Department



Recruit, Train, Retain: Restructure of a Local Health Department with the Help of NYS Public Health Corps Fellowship

Oswego County Health Department

NYSDOH Public Health Corps

April 2023



Gaps Identified During the COVID-19 Pandemic

Data Collection and Analysis

Clinical Staff

Public Information

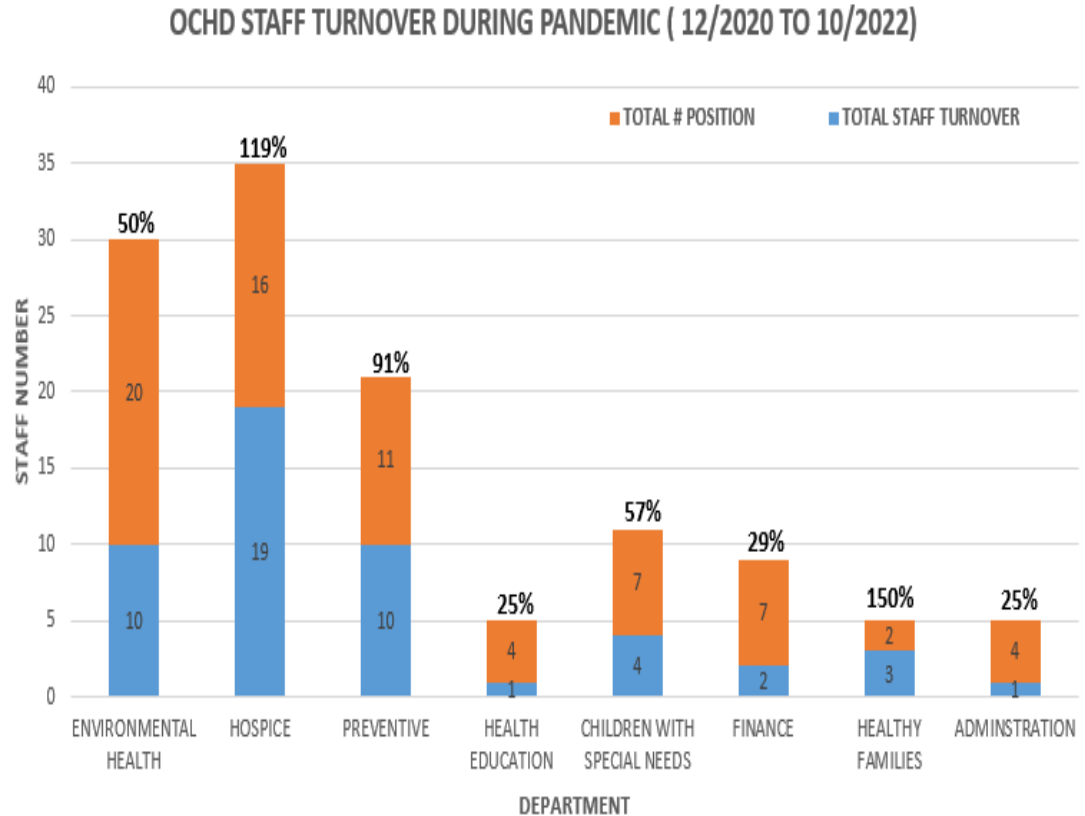
Support Staff

Staff Turnover



Gaps Identified: Staff Turnover

- 70 total LHD positions
- 50 LHD staff changes from December 2019 – October 2022
- 71% LHD staff turnover during pandemic

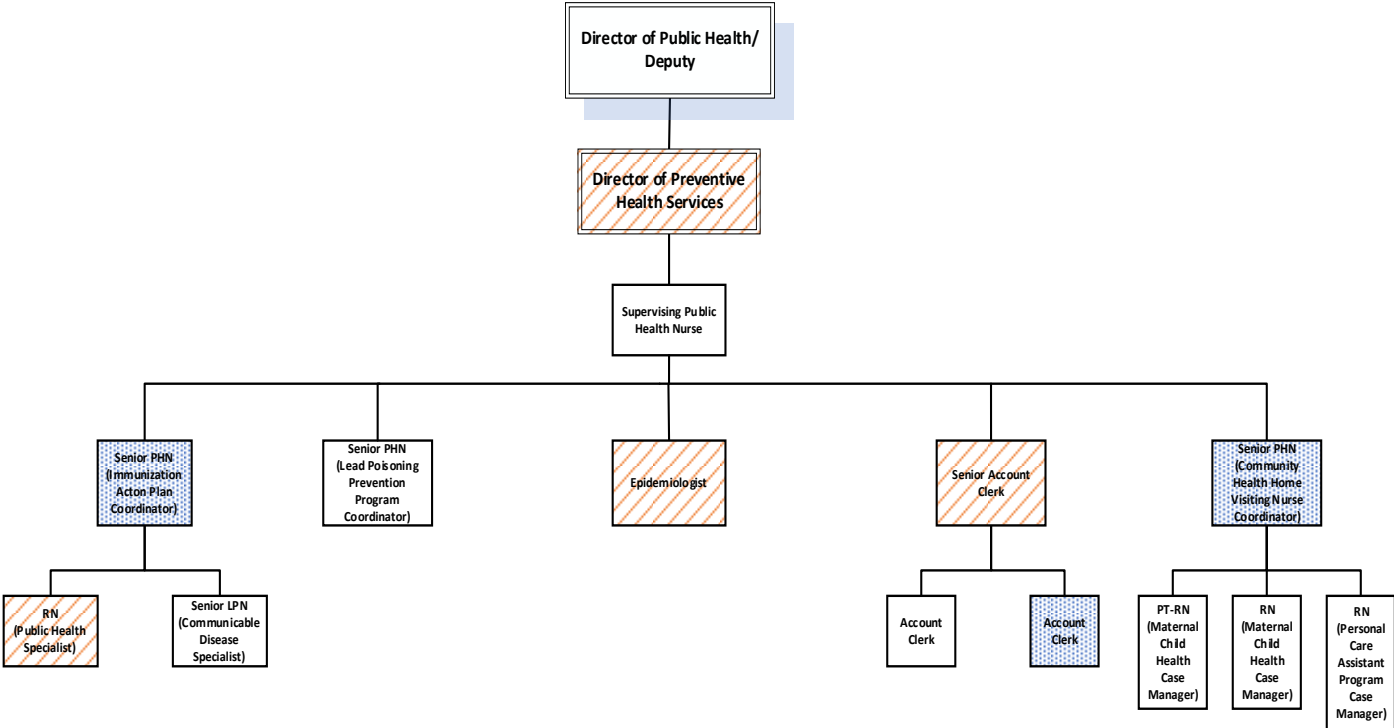




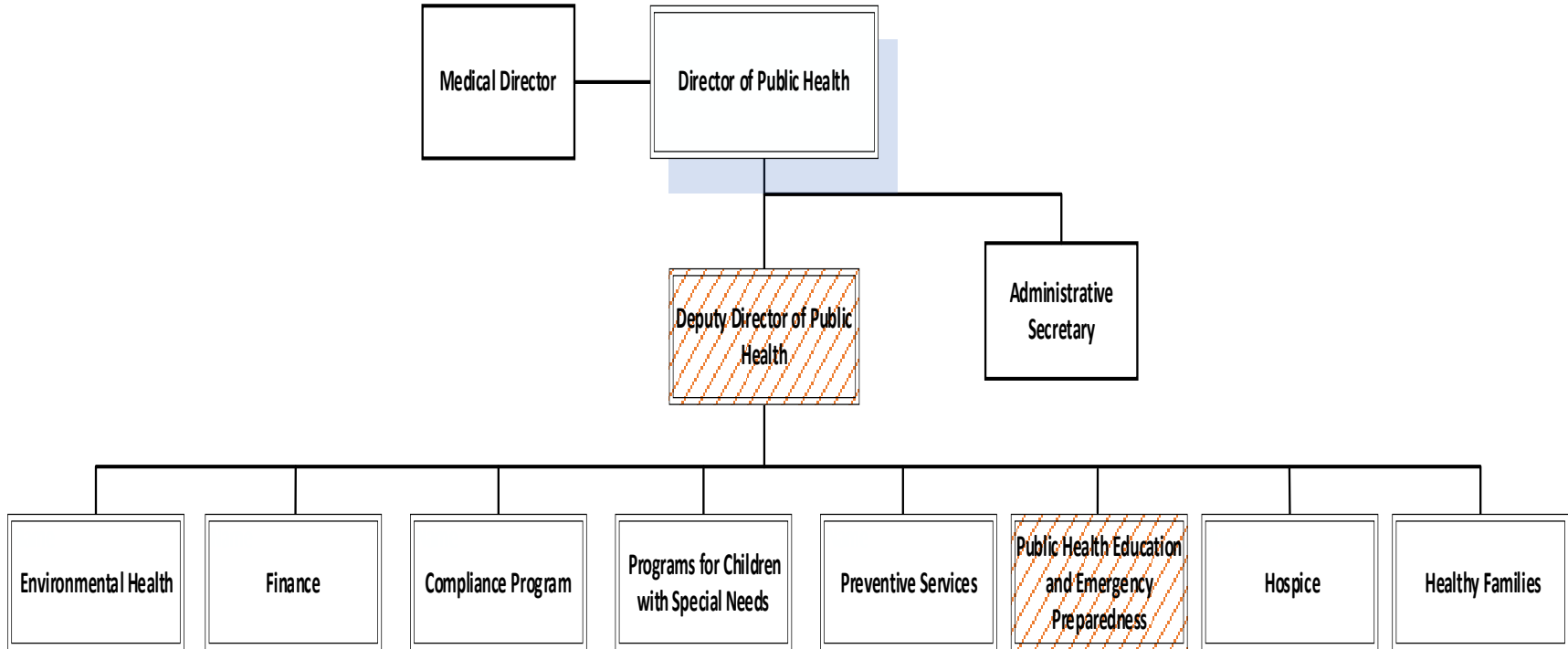
Health Department's overall goals for 2022

1. Continue collective efforts in COVID-19 response to mitigate the pandemic damages to the County.
2. Identify department's infrastructure and capacity gaps revealed in COVID-19 response and **develop new organizational structure for long-term public health success.**
3. **Take the opportunities of the New York State Public Health Corps Fellowship Program to retain and strengthen the dedicated and competent workforce.**
4. Continue to efficiently and effectively provide services to prevent disease, promote health and well-being, and protect those that live, work, or play in Oswego County.

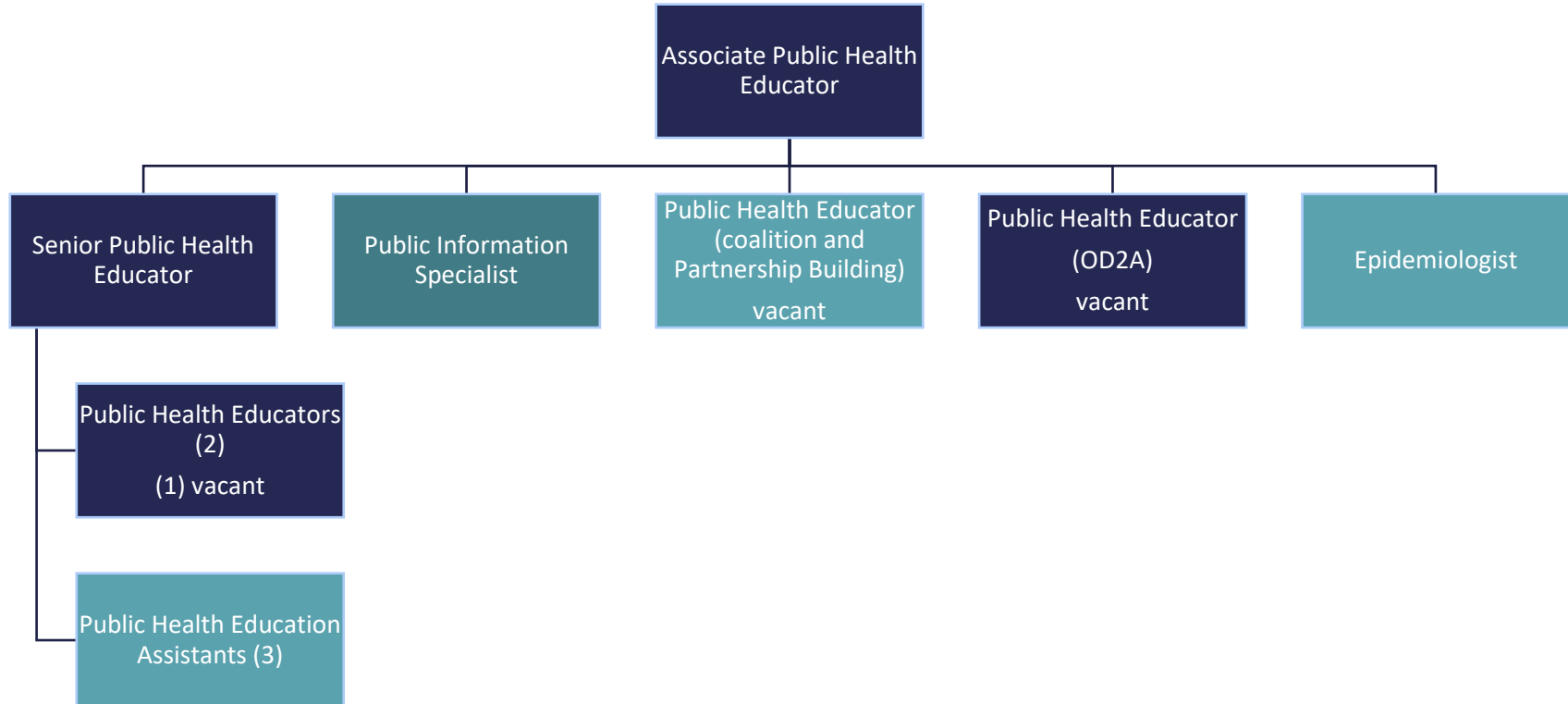
Preventive Services



Oswego County Health Department



Public Health Education and Emergency Preparedness



Questions?

Diane Oldenburg

315-349-3587

Diane.Oldenburg@oswegocounty.com



Q & A



Announcements



Announcements & Updates

- Please complete the Educational Series Evaluation Survey which will be sent via email following this meeting.
- If you want to continue the conversation, join the NYSPHC Fellowship Program LinkedIn Group to continue networking and professional development:
<https://www.linkedin.com/groups/14059709>



NYSPPHC Training and Resources Website

<https://nysphcresources.health.ny.gov/training-resource-center>

New York State Public Health Corps

Fellowship Program



Training Resource Center Home



About the
NYSPPHC



Fellow Training
Resources



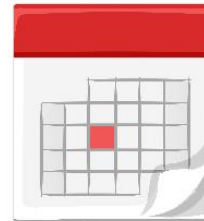
Mentor Training
Resources



Resources by
Region



Workgroup
Resources



NYSPPHC Events
Calendar

NYSPHC Training and Resources Website Shout Out!

Home About Fellow Training Mentor Training Resources By Region Workgroups Events Calendar Resource Library Feedback & Shout Out

NYSPHC Spotlights & Highlights NYSPHC Public Site Summit 2022 Media Gallery

View Edit Delete Revisions

New York State Public Health Corps Fellowship Program



[*Shout Out Nominations*](#)


- ▼ Fellow Spotlights & Shout Outs
- ▼ Fellow Spotlights from Public Health Awareness Week, April 3rd through April 9th, 2023
- ▼ Regional Fellow Spotlights 2023
- ▲ Shout Out!

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▲ Nicole Amendola

Thank you Nicole for always being there to answer all of my questions!

Thanks, Hung Jin Jin (Grace), for sharing!



▲ Tracy Bowen

The biggest shout-out ever goes to my colleague (we're both fellows) Ms. Tracy Bowen! She shares pertinent public health information with all of us fellows and if asked a question and she doesn't have the answer, rest assured Tracy will find the correct answer and share it with us! Being on this public health journey with Tracy Bowen is a pleasure!

Thanks, Jennifer Jones, for sharing!



▲ Christina Brown

Christina, who works with Public Health Education, gave a really great Narcan training recently. She is passionate, articulate, energetic, and instrumental in health education. Such a pleasure learning from her!

Thanks, Jessica Leggio, for sharing!

