Leadership is getting results in a way that builds trust—A Public Health Accreditation Update

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Introduction and review

The San Francisco Health Commission has identified three strategic priorities for the Department of Public Health which aligns with the nationally recognized “Triple Aim” (Figure 1).

1. Public Health Accreditation (Health)
2. Integrated Delivery System (Care)
3. Financial & Operational Efficiency (Cost)

The purpose of public health accreditation is to create a high-performing learning organization that is responsive and accountable to our community stakeholders. We will be evaluated on public health services using 12 domains:

<table>
<thead>
<tr>
<th>No.</th>
<th>Domain</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Assess</td>
<td>Conduct and disseminate assessments on population health status</td>
</tr>
<tr>
<td>2</td>
<td>Investigate</td>
<td>Investigate health problems and environmental health hazards</td>
</tr>
<tr>
<td>3</td>
<td>Inform &amp; Educate</td>
<td>Inform and educate about public health issues and functions</td>
</tr>
<tr>
<td>4</td>
<td>Community Engagement</td>
<td>Engage the community to identify and address health problems</td>
</tr>
<tr>
<td>5</td>
<td>Policies &amp; Plans</td>
<td>Develop public health policies and plans</td>
</tr>
<tr>
<td>6</td>
<td>Public Health Laws</td>
<td>Enforce public health laws</td>
</tr>
<tr>
<td>7</td>
<td>Access to Care</td>
<td>Promote strategies to improve access to health care services</td>
</tr>
<tr>
<td>8</td>
<td>Workforce</td>
<td>Ensure competent workforce and professional growth</td>
</tr>
<tr>
<td>9</td>
<td>Quality Improvement</td>
<td>Ensure continuous improvement of performance and quality</td>
</tr>
<tr>
<td>10</td>
<td>Evidence-Based Practices</td>
<td>Contribute to and apply the evidence base of public health</td>
</tr>
<tr>
<td>11</td>
<td>Administration &amp; Management</td>
<td>Maintain administrative and management capacity</td>
</tr>
<tr>
<td>12</td>
<td>Governance</td>
<td>Maintain capacity to engage the public health governing entity</td>
</tr>
</tbody>
</table>

Public health accreditation consists of seven steps:

1. Pre-application
2. Application
3. Documentation
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

We are currently in the pre-application step. The application process begins once we submit a completed application form and required supporting material (see Table 1). This material includes, but is not limited to, three prerequisite documents, updated in the last 5 years:

1. Community Health Assessment (CHA) and Profile;
2. Community Health Improvement Plan (CHIP),
3. Public Health Strategic Plan (focus of this update)

The Community Health Assessment and Profile, and the Community Health Improvement Plan have been completed and have been presented to the San Francisco Health Commission. In this update, we focus on our strategic planning.

Because public health accreditation involves the evaluation of public health (not medical) services, the effort is being lead by the Office of Policy and Planning,1 and the Population Health Division.2

#### Table 1: Accreditation Timeline

<table>
<thead>
<tr>
<th>Step</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prerequisites</td>
<td>December 2013</td>
</tr>
<tr>
<td>Application</td>
<td>December 2013</td>
</tr>
<tr>
<td>Documentation</td>
<td>September 2014</td>
</tr>
<tr>
<td>PHAB Site Visit</td>
<td>January 2015</td>
</tr>
<tr>
<td>Accreditation</td>
<td>March 2015</td>
</tr>
</tbody>
</table>

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1 Director, Colleen Chawla, MPA
2 Director, Tomás Aragón, MD, DrPH

Figure 2: The Baldrige Criteria for Performance Excellence

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**Population Health Division Strategic Plan**

As part of accreditation, the Population Health Division is undergoing an extensive reorganization. To guide the reorganization, accreditation, and strategic planning we are adapting the [Baldrige Criteria for Performance Excellence](http://www.nist.gov/baldrige/publications/hc_criteria.cfm)
**Performance Excellence** as our overarching framework (Figure 2). Baldridge is a national award program in existence since 1987, and its goal is to guide businesses, non-profits, education and health agencies to become innovative, high performing, and continuously improving organizations. The Baldridge Criteria build on core values and concepts which are embedded in systematic processes (Criteria 1–6) yielding performance results (Criterion 7) (Figure 3).

The six of seven Baldridge Criteria are grouped into the **Leadership Triad** (leadership, strategic planning, customer focus) and the **Results Triad** (workforce focus, operations focus, and results). The Leadership and Results Triads anchor the Baldridge Criteria, energizing us to focus on **leadership development** and **results-based models**. Therefore, our initial primary focus is on the following Criteria:

**Criterion 1  Leadership** using *Authentic Transformation Leadership*

**Criterion 7  Results** using *Results-Based Accountability*

For leadership, we are using the authentic transformational leadership model. For results, we are adapting the Results-Based Accountability (RBA) model where “results” are always defined in terms of having measurable impacts on community health and well-being, or client health and well-being. The RBA framework is very popular with public sector and non-profit agencies.
Our overarching goal is to create an organizational culture and system of processes to support creativity, innovation, and discovery, and to drive service excellence, continuous quality improvement, and results-based performance. To achieve this we are implementing the following:

   (a) Community Health Improvement Plan
   (b) African American health
   (c) HIV Prevention
   (d) Public housing
   (e) Children’s health

2. PHD Leadership Academy (Fall 2013: Directors, Year 2+: staff)

3. RBA/Equity & Quality Improvement Training Academy (2013)

Summary

For public health accreditation, we are adapting the Baldrige Criteria for Performance Excellence. The Baldrige Criteria starts with Leadership (“Driver”) and ends with Results (“Destination”). For our leadership foundation (Criterion 1) we are adopting the authentic transformational leadership model which is evidence-based with validated assessment and development tools.

For our results foundation (Criterion 2) we are adopting the Results-Based Accountability framework. RBA is used extensively around the world. In California, RBA is used by Marin, Alameda, San Mateo, Contra Costa, and Los Angeles Counties. LAC Public Health as agreed to mentor us.

References


Appendix A—Results-Based Accountability

Results-Based Accountability (RBA) is “a disciplined way of thinking and taking action that can be used to improve the quality of life in communities . . .” RBA was popularized by Mark Friedman’s book *Trying Hard In Not Good Enough*. RBA (also called Outcomes-Based Accountability) is used by public sector and non-profit agencies whose missions include addressing complex social challenges using collaborative partnerships.

RBA “starts with ends and works backwards, step by step, to means. For communities, the ends are conditions of well-being for children, adults, families and the community as a whole . . . For programs, the ends are how customers are better off when the program works the way it should . . .”

For **communities** (Figure 4), we ask the following seven questions:

1. What are the quality of life conditions we want for the children, adults and families who live in our community?
2. What would these conditions look like if we could see them?
3. How can we measure these conditions?
4. How are we doing on the most important of these measures? And, what is the story behind the curve?
5. Who are the partners that have a role to play in doing better?
6. What works to do better, including no-cost and low-cost ideas?
7. What do we propose to do?

For **programs** (Figure 5), we ask the following seven questions:

1. Who are our customers?
2. How can we measure if our customers are better off?
3. How can we measure if we are delivering services well?
4. How are we doing on the most important of these measures? And, what is the story behind the curve?
5. Who are the partners that have a role to play in doing better?
6. What works to do better, including no-cost and low-cost ideas?
7. What do we propose to do?

Notice that questions 4 through 7 are identical; only the first three questions differ depending on whether the focus is population accountability for outcomes in a community population, or program accountability for program performance for outcomes in a customer population. In either case, the term “Results” always applies to improving well-being outcomes in communities or customers (“Is anyone better off?”). Figure 6 depicts the connection between population (shared) accountability and program performance (direct) accountability.
Results-Based Accountability is a powerful, community-centered, data-driven, continuous quality improvement method with the following special features:

- Designed for public sector and non-profit agencies who are mission and results driven
- Designed for engaging and empowering community stakeholders to tackle complex social problems
- Focused on Results, which is defined as improving community and/or client well-being
- Starts with ENDS (results), and uses data and community voice, to develop and implement MEANS (strategy and action plan)
- Distinguishes between shared accountability with partners vs. direct accountability for program performance
- Contains comprehensive approach to selecting community outcome indicators and program performance measures
- Built on the empirical sciences of epidemiology and quality improvement
- All the materials are free for use by governments and non-profits

RBA complements emerging and powerful approaches such as Collective Impact that has been popularized by inspiring colleagues at FSG (http://www.fsg.org/).

Appendix B—Authentic Transformational Leadership

For leadership development there are many good models, programs, and consultants—and it can be very confusing! From our experiences at the SFDPH, we have come to appreciate that relationships play a huge and central role! In contrast to individual development, for organizational development, learning, and performance improvement, a leadership development model should have the following strengths:

- Emphasis on relationships
- Based on extensive research
- Available validated tools for assessment and development
- Inclusion of method for spread throughout the organization
- Implementable and sustainable at low costs
- Practical and common sense to implement

Based on these criteria, we are adapting—as our core foundation—authentic transformational leadership (ATL). ATL is an extension of transformational leadership.

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Transformational leadership

Transformational leaders are those who transform their followers into becoming leaders themselves.

From mindgarden.com: “Transformational leadership is a leadership approach that is defined as leadership that creates valuable and positive change in the followers. A transformational leader focuses on ‘transforming’ others to help each other, to look out for each other, to be encouraging and harmonious, and to look out for the organization as a whole. In this leadership, the leader enhances the motivation, morale and performance of his follower group.”

“Transformational leaders are those who stimulate and inspire followers to both achieve extraordinary outcomes and, in the process, develop their own leadership capacity. Transformational leaders help followers grow and develop into leaders by responding to individual followers’ needs by empowering them and by aligning the objectives and goals of the individual followers, the leader, the group, and the larger organization. . . .

We can identify transformational leaders by what they do (behaviors) and who they are (character strengths). Here is our summary of what transformational leaders do:

1. Be an exemplary role model (Idealized Influence)
2. Motivate through inspiration (Inspirational Motivation)
3. Promote innovative thinking (Intellectual Stimulation)
4. Mentor and coach your staff (Individualized Consideration)

Transformational leadership is critical for health organizations! The work of health professionals is knowledge-based and requires high educational attainment, experience, problem-solving, creativity, and innovation. The work of health professionals is also trust-based and requires high ethical/moral standards and behaviors. Also, health professionals train and practice within mentor-mentee relationships. Given all the above, extrinsic motivation (via contingent rewards) is insufficient—we need the 4 Is of transformational leadership

Authentic leadership—Role of character strengths

Now that we know “what they do,” we must learn what ideal character strengths define “who they are.” When our TL behaviors align with our character strengths and our character strengths are virtuous, then we are authentic transformational leaders.9 “Virtues are core characteristics universally valued by moral philosophers and religious thinkers as exemplars of good character. . . . Character

strengths are positive traits or psychological processes or mechanisms for displaying the virtues. For example, love of learning is a character strength that reflects the virtue of wisdom.”

Peterson and Seligman10 (pioneers in positive psychology) have identified 24 character strengths, clustered within six virtues, that are associated with positive personal qualities and beneficial outcomes. These “Virtues in Action” are the foundation of authentic transformational leadership (Table 2):

<table>
<thead>
<tr>
<th>Virtue</th>
<th>Character strengths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wisdom &amp; knowledge</td>
<td>Creativity, curiosity, open-mindedness, love of learning, and perspective</td>
</tr>
<tr>
<td>Courage</td>
<td>Bravery, persistence, integrity, and vitality</td>
</tr>
<tr>
<td>Humanity</td>
<td>Love, kindness, and social intelligence</td>
</tr>
<tr>
<td>Justice</td>
<td>Citizenship, fairness, and leadership</td>
</tr>
<tr>
<td>Temperance</td>
<td>Forgiveness and mercy, humility/modesty, prudence, and self-regulation/control</td>
</tr>
<tr>
<td>Transcendence</td>
<td>Appreciation of beauty and excellence, gratitude, hope, humor, and spirituality</td>
</tr>
</tbody>
</table>

Table 2: Virtues In Action Model

Authentic leadership is measured by the following domains:

- **Self Awareness**: To what degree is the leader aware of his or her strengths, limitations, how others see him or her and how the leader impacts others?
- **Transparency**: To what degree does the leader reinforce a level of openness with others that provides them with an opportunity to be forthcoming with their ideas, challenges and opinions?
- **Ethical/Moral**: To what degree does the leader set a high standard for moral and ethical conduct?
- **Balanced Processing**: To what degree does the leader solicit sufficient opinions and viewpoints prior to making important decisions?

360 evaluations and leadership development To date, we have been very dissatisfied with the leadership 360 evaluations we have evaluated. Fortunately, the Full Range Leadership Development model11 has been extensively studied with the Multifactor Leadership Questionnaire. MLQ is used for 360 evaluations and leadership development plans. The short form has only 45 items and takes 15 minutes to complete! The MLQ and the Authentic Leadership Questionnaire are both available at [http://www.mindgarden.com](http://www.mindgarden.com).

Appendix C—Attachments (6)
# Strategic Directions

## 1. Superb knowledge management systems and empowered users

### Goal 1: Build an integrated information and knowledge management infrastructure that enables us to monitor health, to inform and guide activities, and to improve staff and systems performance.

#### Objectives:
- **1.1**: Build a strong, highly functional information technology (IT) and technical assistance infrastructure in alignment with Department of Public Health IT strategy.
- **1.2**: Establish a highly functional, integrated infectious disease system to collect and report data, and to deliver and monitor public health actions.

## 2. Assessment and research aligned with our vision and priorities

### Goal 2: Integrate, innovate, improve, and expand efforts in community and environmental assessments, research, and translation.

#### Objectives:
- **2.1**: Create an action plan that supports division priorities.
- **2.2**: Build cross-section interdisciplinary teams to improve health outcomes and programmatic activities.

## 3. Policy development with collective impact

### Goal 3: Conduct effective policy & planning that achieves collective impact to improve health and well-being for all San Franciscans.

#### Objectives:
- **3.1**: Establish a division-wide Performance Management, Equity & Quality Improvement Program.
- **3.2**: Establish systems and partnerships to achieve and maintain Public Health Accreditation.
- **3.3**: Develop a prioritized legislative agenda and strategic implementation plan to address health status and inequities.

## 4. Assurance of healthy places and healthy people

### Goal 4: Lead public health systems efforts to ensure healthy people and healthy places

#### Objectives:
- **4.1**: Establish community-centered approaches that address the social determinants of health and increase population well-being.
- **4.2**: Sustain and improve the infrastructure and capacity to support core public health functions, including legally mandated public health activities.

## 5. Sustainable funding and maximize collective resources

### Goal 5: Increase administrative, financial and human resources efficiencies within the division.

#### Objectives:
- **5.1**: Establish a centralized business office for the division.
- **5.2**: Appropriate address the human resource issues regarding civil service and contract employees.
- **5.3**: Establish a centralized grants management and development system for the division.

## 6. Learning organization with a culture of trust and innovation

### Goal 6: Build a division-wide learning environment that supports public health efforts.

#### Objective:
- **6.1**: Establish a division-wide Workforce Development program.
Population Health Division (PHD) Organization Design
Updated 2013-03-14

**MCAH** = Maternal, Child & Adolescent Health;
COPC = Comm. Oriented Primary Care;
CBHS = Comm. Behavioral Health Services;
HUH = Housing and Urban Health; DCYF = Dept of Children, Youth, & their Families; MTA = Muni. Transportation Agency; SFSU = SF State University; Version 2013.03.11

*ARCHES = Applied Research, Community Health Epidemiology, and Surveillance; CPHR = Center for Public Health Research

** Domain Categories **

** Assessment **

** Policy Development **

** Assurance **

** Governance, Administration, & Systems Management **

** PH Accreditation **

** STRATEGIC ALIGNMENT: Public Health Accreditation, Equity, and Quality Improvement **

** HEALTHY PLACES **
- Environmental Health Protection, Equity, and Sustainability

** HEALTHY PEOPLE **
- Community Health Promotion

** DISEASES **
- Disease Prevention and Control

** DISASTERS **
- Emergency Preparedness and Medical Services

** KNOWLEDGE MANAGEMENT & DISCOVERY: ARCHES*, CPHR, and BridgeHIV **

** OPERATIONS FOCUS: Operations, Finance, and Grants Management **

** PROFESSIONAL DEVELOPMENT: Center for Learning and Innovation **

** COMMUNITY ORGANIZATIONS **
- Kaiser Perm., UCSF / SFSU, SF Planning, DCYF, MTA, etc.

High priority, interdisciplinary, cross-branch initiatives, programs, task forces, teams, projects, etc.

Examples: HIV/STD Prevention, Community Health Improvement Plan, African American Health Initiative, etc.

High-priority initiatives may be led or coordinated by a PHD Branch, community partner, or community coalition.

SF General Hosp. Lagunda Honda Hospital

*For optimal viewing, please refer to the original document or diagram.*
Institute for Healthcare Improvement (IHI) Population Health Composite Model*
Population Health Division, San Francisco Department Public Health

For a specified population, the "population health" approach is a systems framework for studying and improving the distribution of health and quality of life states (well-being, health and function, mortality, disease, and injury) and their determinants (socioeconomic, environmental, life course process, behavioral, resilience, etc.) through collaborative, sustainable, impactful solutions (e.g., collective impact, health in all policies).

IHI Model adapted from Stoto, M. A. Population Health in the Affordable Care Act Era, Academy Health, 2013

Tomás J Aragón, MD, DrPH, Health Officer, V. 2013-07-31
Performance Excellence Using Baldrige Criteria & Results-Based Accountability
Population Health Division, SFDPH

"Leadership is getting results in a way that inspires trust."

Baldrige Criteria for Performance Excellence

Influenced by CHALLENGES and OPPORTUNITIES
Guided by STRATEGY and ACTION PLANS

Leadership + Execution → Results

1. LEADERSHIP
   2. Strategic Planning
   3. Customer Focus

2. Workforce Focus
   5. Operations Focus

4. Measurement, Analysis, and Knowledge Management

Supported by VALUES:
Visionary leadership * Customer-driven excellence
Organizational and personal learning * Valuing workforce and partners
Agility * Focus on the future * Managing for innovation
Management by fact * Societal responsibility
Focus on results and creating value * Systems perspective

Results-Based Accountability

A Population Health Approach

Public Health Mission & Vision

Shared Accountability

Direct Accountability

Community Health & Well-being (Result)
Collective Performance (Effort)

Client Health & Well-being (Result)
Program Performance (Effort)

Com Health goals

Effective strategies

Program roles

Performance goals

Performance measures

Performance standards

Goal 1

Goal 2

Goal 3

Strategy 1

Role 1

Measure 1

Standard 1

Strategy 2

Role 2

Measure 2

Standard 2

Strategy 3

Role 3

Measure 3

Standard 3

(none)

Measure 4

Standard 4

Measure 5

Standard 5

Measure 6

Standard 6

Indicators

Goal 1

Goal 2

Goal 3

Role 1

Role 2

Role 3


3. Trying Hard is Not Good Enough: How to Produce Measurable Improvements for Customers and Communities, by Mark Friedman, Trafford Publishing, 2005

Tomas J. Aragon, MD, DrPH
Health Officer, V. 2013-07-30
The Leadership Cheatsheet -- Results-Based, Authentic Transformational Leadership (RB-ATL)

LEADERSHIP

“Leadership is showing the way, and helping or inducing others to pursue it. This entails envisioning a desirable future, promoting a clear purpose or mission, supportive values and intelligent strategies, and empowering and engaging all those concerned.”

EXECUTION

“Transformational leaders are those who transform their followers into becoming leaders themselves.”

RESULTS

“Leadership is getting results in a way that inspires trust.”

MULTIPLE INTELLIGENCES

- Cognitive
- Emotional
- Behavioral
- Ethical / Moral
- Social
- Cultural
- Spiritual

THEMES & PRACTICES

- Vision (desired future state)
- Purpose (why)
- Values (why)
- Strategy (how)
- Empowerment (who)
- Engagement (who)

Full Range Leadership Development Model

TRANSFORMATIONAL LEADERSHIP

- Be an exemplary role model (idealized influence)
- Motivate through inspiration (inspirational motivation)
- Promote innovative thinking (intellectual stimulation)
- Coach and mentor staff (individualized consideration)

TRANSACTIONAL LEADERSHIP

- Contingent Reward

CORRECTIVE LEADERSHIP

- Management-By-Exception (MBE) -- Active
- Management-By-Exception (MBE) -- Passive

MULTIPLE INTELLIGENCES

- Cognitive
- Emotional
- Behavioral
- Ethical / Moral
- Social
- Cultural
- Spiritual

RESULT-BASED ACCOUNTABILITY

- A Population Health Approach
- Community Health & Client Health
- Collective & Program Performance
- Shared & Direct Accountability

“Leadership is showing the way, and helping or inducing others to pursue it. This entails envisioning a desirable future, promoting a clear purpose or mission, supportive values and intelligent strategies, and empowering and engaging all those concerned.”

CHARACTER STRENGTHS

- Wisdom & Knowledge (1)
- Courage (2)
- Humanity (3)
- Justice (4)
- Temperance (5)
- Transcendence (6)

RESULTS-BASED ACCOUNTABILITY

- A Population Health Approach
- Community Health & Client Health
- Collective & Program Performance
- Shared & Direct Accountability

Virtues in Action Model:

1 Creativity, curiosity, open-mindedness, love of learning, and perspective
2 Bravery, persistence, integrity, and vitality
3 Love, kindness, and social intelligence
4 Citizenship, and fairness
5 Forgiveness and mercy, prudence, humility/modesty, and self-regulation/control
6 Appreciation of beauty and excellence, gratitude, hope, humor, and spirituality

Bibliography:

Tomás J. Aragón, MD, DrPH, Health Officer, V. 2013-08-14
San Francisco Department of Public Health