Madera County Department of Public Health

“Seize the Opportunity”

Participants: Myriam Alvarez, BSNs, DC; Health Education Coordinator, and Melody Kellar, BSN; Senior Public Health Nurse.

Note: This Case Study will help to document the overall impact of the CA PHLI on the participants, their organization, and any changes they have begun to lead to help build their organization’s capacity to impact health equity in their County by addressing the social determinants of health. The CA PHLI requires a Health Equity Action Learning Change Project. This Case Study will help to describe the progress of that Project work.

Madera County’s first year in the Institute was in the Year 1 cohort (2008-2009).

Madera County Department of Public Health (DPH) was represented in the second year of the County’s participation with the CA PHLI by Myriam Alvarez, Health Education Coordinator, and Melody Kellar Senior Public Health Nurse. Summarizing the situation as they entered the Institute, Ms. Alvarez and Ms. Kellar indicated that the Department’s mission statement was archaic, the Department lacked relevant county data on health inequities, and line staff lacked training in social determinants of health. Madera County also faced significant changes on many fronts. In addition to budget cuts and staff layoffs, the Department faced the impending retirement of the Public Health Director, who had held the position for over 20 years. Ultimately Ms. Alvarez and Ms. Kellar saw this as an opportunity to promote positive change and move the Department forward by creating a new mission statement, developing a county-specific data set, and advancing education on social determinants for health for all staff.

In an in-depth interview, Ms. Alvarez and Ms. Kellar described their hopes and concerns for their Action Learning Change Project and their first year at the Institute. With respect to their Project, their hope was that they would be able to achieve the goals they had set forth. “Our interest was really peaked during that first workshop in May of 2010. It was during our long car ride home, a ride we now refer to as ‘the magic car ride home’, that we began clarifying our hopes, dreams and ideas about how to address health inequities in our County. By the time we arrived home, we knew exactly what we wanted to do and were totally enthusiastic about moving forward as quickly as possible.” Despite this level of enthusiasm, they were concerned about how they would find the time to add this to their already busy schedule and were concerned about gaining buy-in from key stakeholders. “We knew that if we pitched this just right to the executive team, we would have their buy-in and that would lead to their ongoing support. But, we were still concerned about making it happen.” Their hope for participation in the Institute was that they would learn tools and strategies to be successful in their work. Like many other County participants, their primary concern was being able to find the time and resources to effectively participate in the Institute.

Ms. Alvarez and Ms. Kellar felt fortunate to have the support and sponsorship of the interim Director, who had participated in the CA PHLI the previous year. “We cannot stress enough that we felt the stars were aligned for a paradigm shift. We knew that given the circumstances, change was going to happen; we
might as well try to have a positive influence on that change, and capitalize on the opportunity to move health equity issues to the forefront.” Having the full support of the executive team, they met immediately upon their return from the May retreat to share their ideas. Within a month, they were giving their first training to staff. This was followed shortly by presenting the Project goals to the entire staff.

Creation of a new mission statement seemed like a good first-step to bring all staff together around social determinants for health. Acknowledging the climate of fear and uncertainty, the team presented the long-standing mission statement to the staff, asking if they felt it was still relevant to the DPH today. The emphatic answer was “no”. Ms. Kellar indicated that they “applied concepts and skills learned in the Institute’s facilitative leadership training and determined it would be best to be inclusive of all staff and use the mission statement as a unifier to get everyone onboard and involved. We were being transparent by acknowledging the elephant in the room and the elephant was fear.” They took the time to listen to and recognize the fears of staff, which included fears of layoffs, transfers, budget cuts and change in leadership. Once the concerns were on the table, they pitched revision of the mission statement as a positive way to influence change, noting that change is constant. “We asked the staff, ‘Is there something positive we can do together that will be a legacy for the future?’ Then we asked, ‘What do you value most in our work? Tell us what is good about it, what you like the best?’” Ms. Alvarez and Ms. Kellar created a bulletin board and began posting everyone’s input, so the staff could see the process of a mission statement being created in a fully transparent manner. In the end, focusing on updating the mission statement provided an upbeat and unifying exercise that had a positive influence on the change process. When presenting the final mission statement to the staff during an all-staff meeting, Ms. Keller said, “the new mission statement preserves the past, honors the present and shows us how we want to shape the future.” The new mission statement has been fully adopted with wholehearted support of all the staff. They report that the immediate impact on staff morale was astonishing. “The mission statement is tight, and everyone likes it because it really defines us. Our new leader presented the staff with a challenge, saying that the first staff person to memorize the new mission statement would win a gift certificate. Within a few days, one of the nurses claimed the prize and cited a recent incident when she used the mission statement when advocating for a client at another facility.”

While working on the mission statement, the team also concentrated on scaling up training on social determinants for health. They felt fortunate to have the support of another program manager who had attended a separate training on health equity, so they joined forces and provided the first training to her staff. The curriculum was based on the concepts and tools they had learned at the Institute, including causal mapping and the natural causes video. “We always try to find the link between the material that we present and what the staff of a given unit does in their everyday work. To make it relevant, we use examples appropriate for each group. For example, when giving the training to WIC staff, we use childhood obesity as an example. “Feedback on the training has been extremely positive, and enthusiasm for it has spread by word-of-mouth. Even the receptionist is asking when she can come to the training.”

The third outcome of the Project was to develop a data set that provides data on health inequities. This was set as a high priority by the Director, who asked Ms. Alvarez and Ms. Kellar for suggestions on how to move this forward. Collectively they selected a promising new staff person to be trained in data collection and management. In addition, they are working with the IT team to post the data on the Department’s shared drive, so all staff can have access to the data. Once available, the data set will help to identify health inequities, which is the first step toward addressing equity issues.

Overall, Ms Alvarez and Ms. Kellar believe that Madera County DPH has been very successful in creating a relevant new mission statement, advancing training for all staff on social determinants and developing a data set, which will eventually be available for all staff on the shared drive. During the interview, the team often referred to their participation in the CA PHLI as having contributed to the successes. “First and foremost, we realized that we needed to capitalize on the opportunity for change, something that was drilled into us at the Institute. We also learned that change takes time. Everyone is not necessarily going to agree and be onboard, but we did not let it stop us. We are very proud of the partnerships we built, particularly in engaging other managers in the process.” They reported that the retreats were extremely
helpful in that they allowed time to process information that was learned and then practice the new learning.

Ms. Alvarez credits a session on presentation skills with the drama coach as having inspired confidence and helped eliminate her fear of speaking in public. “That session got us out of our comfort zone, which was scary, but invigorating at the same time. We are constantly challenged to improve our everyday lives. The Institute gave me the confidence to apply new thinking and self-questioning to the public health arena and ask the question ‘why not?’ The Institute taught me to think of health equity on a daily basis and be more aware of issues not only globally, in our community, and in our families but within our Department as well. I was also reminded of how important inclusivity is, in spite of a hierarchical organization.”

Ms. Kellar reported, “Our change Project and the process it involved in getting our organization to where it is, has definitely changed me. I look at things differently now; more through a health equity lens. I question more of our long-standing practices and ask why we do it and how can we do it better. I was especially interested in the facilitative leadership portion of our training and have since tried to model that with staff. By involving the entire Health Department staff in the decision making and creation of our mission statement, I feel it gave our Department a sense of ownership and buy-in towards sharing our Department’s future.” Beyond this, she indicated that she made a conscious effort to take on positive thing learned from each training or retreat and incorporate it into her everyday “modus operandi.”

The team is now focusing on taking advantage of Public Health Week, coming up in April. They are teaming with another program manager to infuse health equity throughout the event. For the longer term, they are pursuing grant opportunities and doing so with a health equity lens. Ongoing education for all line staff is another priority. Additionally, they will continue to be involved in the ongoing development of the data set and will advocate for it to be posted on the Department’s shared drive.

This case study was developed from interviews with Melody Viscara-Kellar and Myriam Alvarez with supporting information from PowerPoint presentations summarizing year 2010 Projects. The interviews and case studies were conducted by Debra J. Millar, PHN, MSN; Independent Consultant.