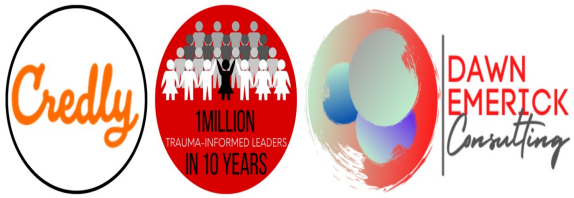
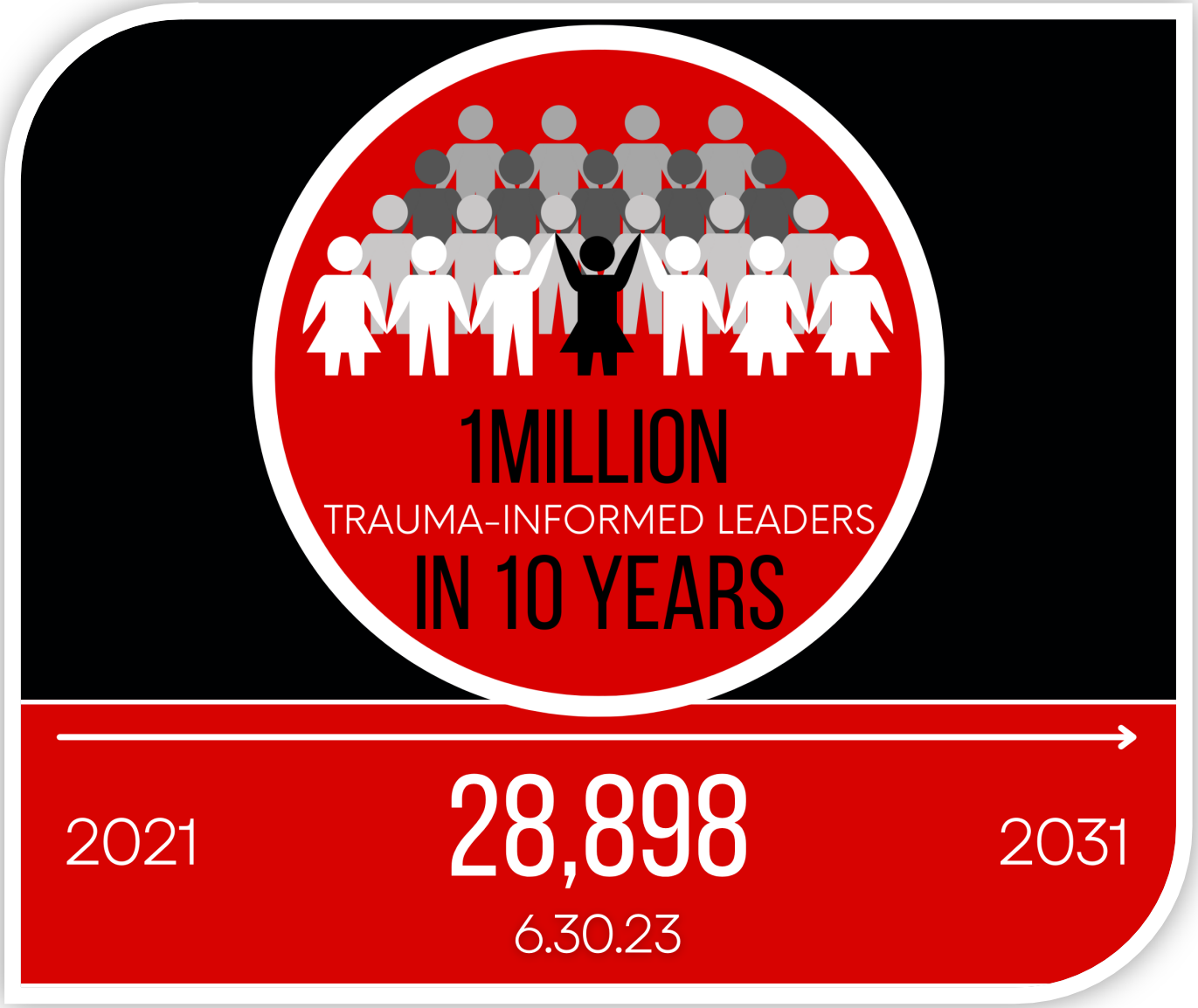
3 ^ 3

THE POWER OF 3 ™

CONDUCTING TRAUMA-INFORMED ORGANZATIONAL ASSESSMENTS



1M TRAUMA-INFORMED LEADERS BY 2031



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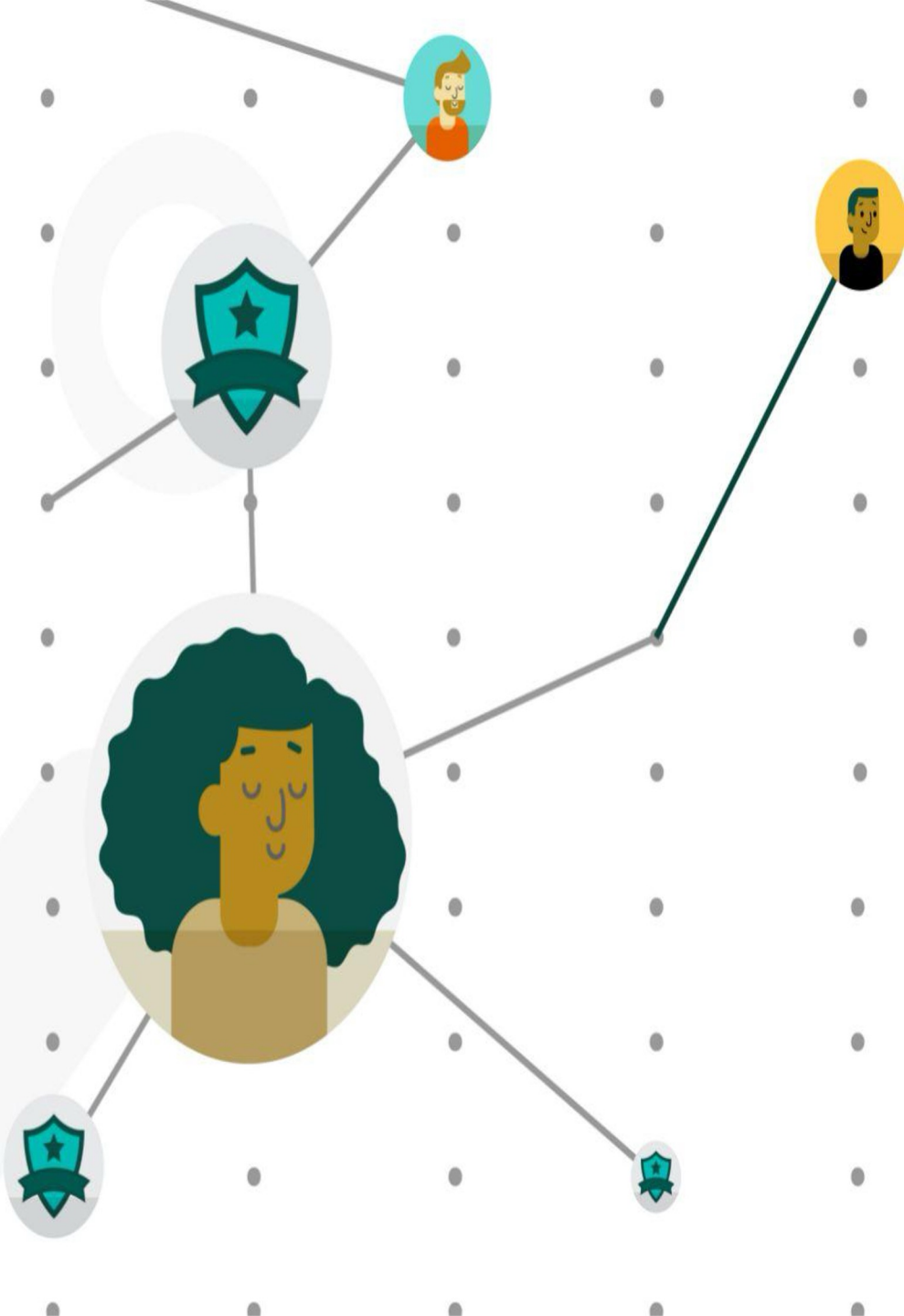

POWERED BY Credly

DIGITAL BADGE

LEARNING OBJECTIVES

At the end of this workshop, you will better understand:

- why organization design and structure matters
- the value of assessment frameworks
- the importance of change management during implementation of findings

Modernization & Public Health 3.0

DAWN EMERICK Consulting

Location

What Is Public Health Accreditation?

- Voluntary national program provided by the Public Health Accreditation Board
- Measures health department performance against a set of nationally recognized, practice-focused and evidenced-based standards
- Program goal is to improve and protect the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments

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Public Health 3.0

**1. Public health leaders should embrace the role of Chief Health Strategist for their communities.

2. Public health departments should engage with community stakeholders—from both the public and private sectors—to form vibrant, structured, cross-sector partnerships.

3. Public Health Accreditation Board (PHAB) accreditation for public health departments should be strengthened to ensure that every person in the United States is served by nationally accredited health departments.

4. Timely, reliable, granular-level (i.e., sub-county), and actionable data should be made accessible to communities throughout the country, and clear metrics should be developed to document success in public health practice.

5. Funding for public health must be enhanced and substantially modified.

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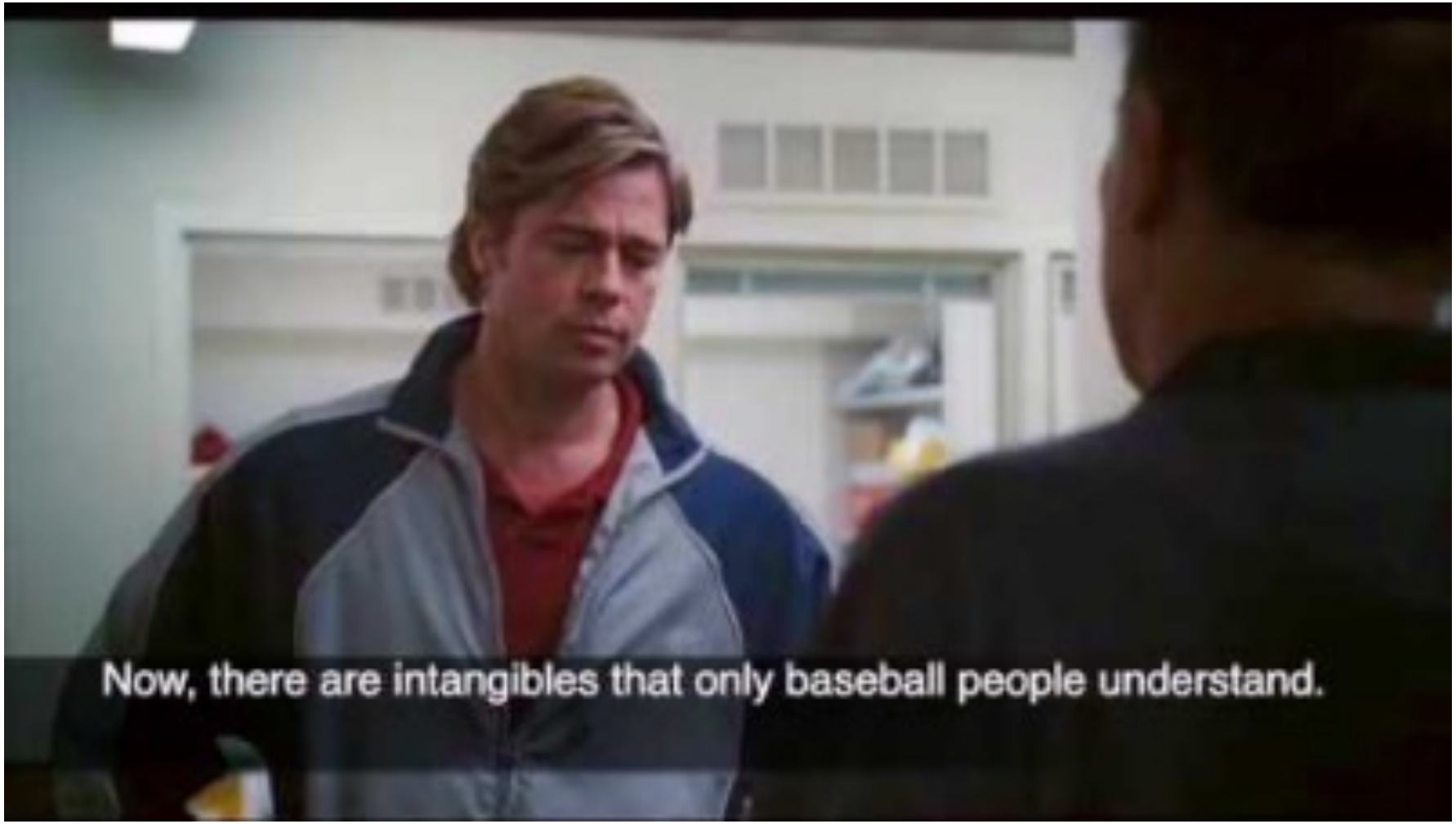
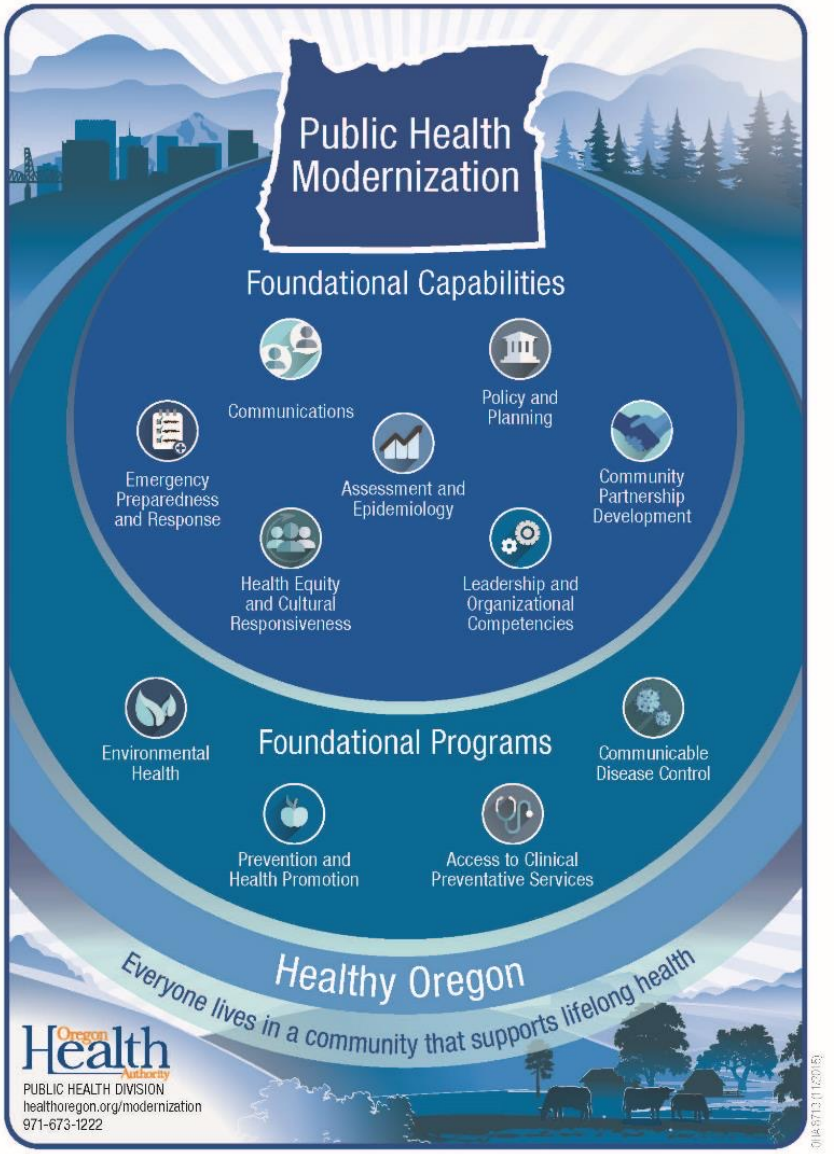
Adapt or Die


Now, there are intangibles that only baseball people understand.

Oregon's Public Health Modernization



SPEED
LIMIT
80

1978 Public Health System

Modernized Public Health System

3 ^ 3

THE POWER OF 3™

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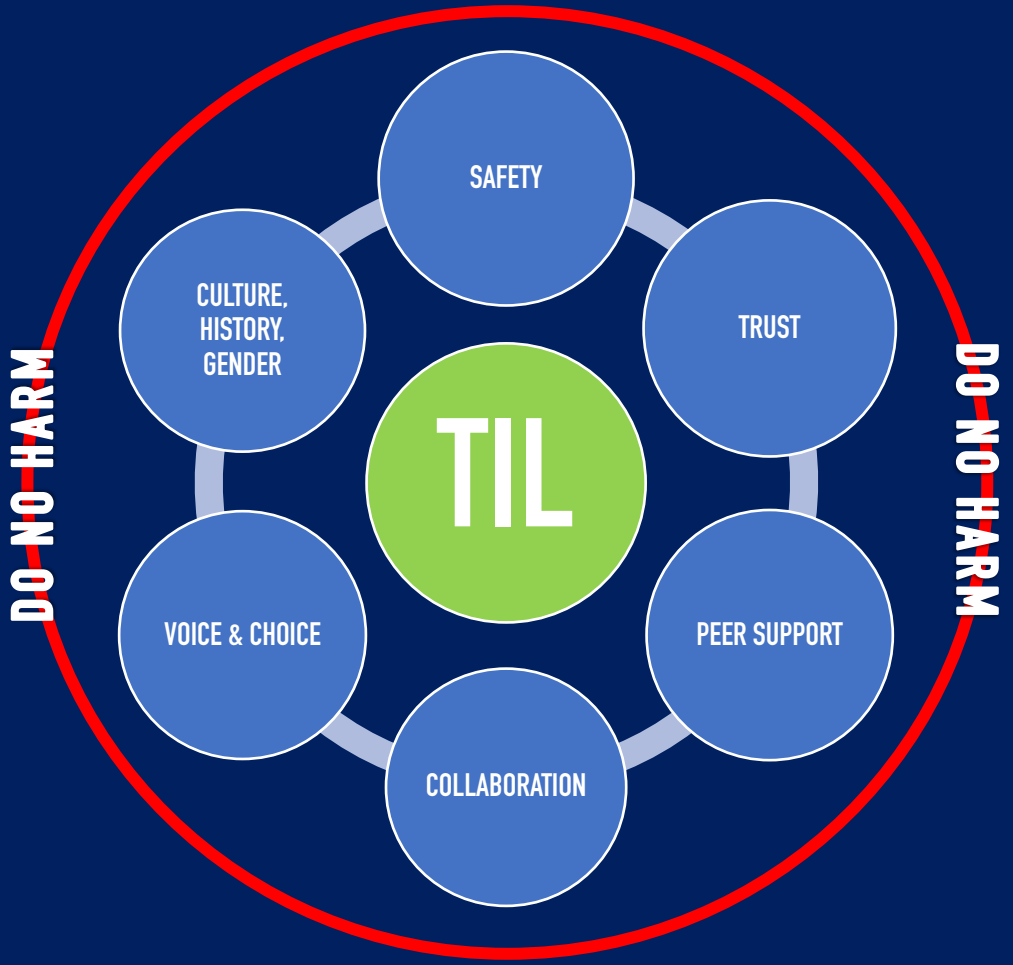
TRAUMA-INFORMED LEADERSHIP



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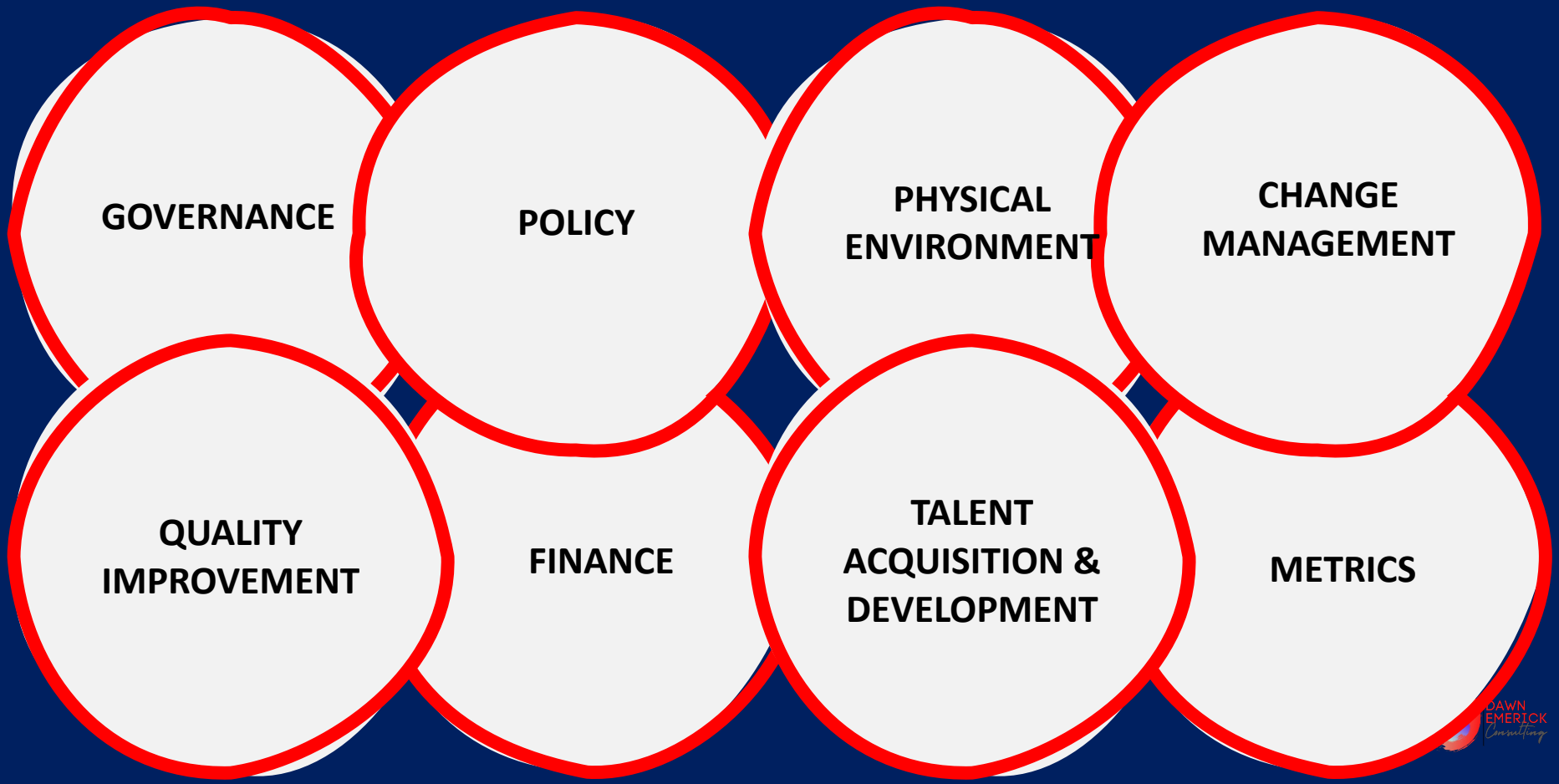
TRAUMA-INFORMED SYSTEMS



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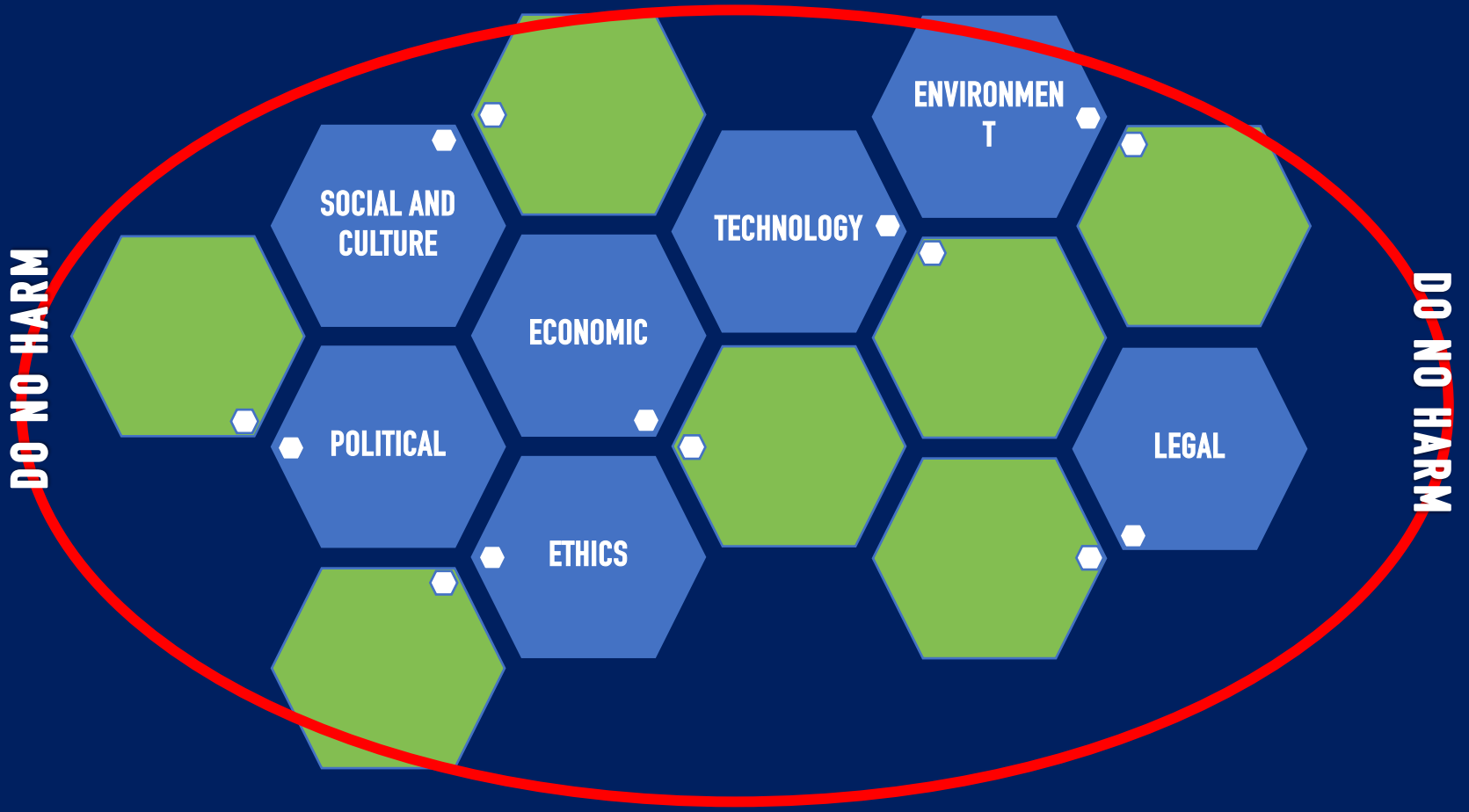
ORGANIZATIONAL ENVIRONMENT



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Henry Mintzberg

Organizational types

- There are five popular organizational structures, according to Mintzberg.

1. **Simple structure (entrepreneurial organization)**. This type of organization consists of a few managers/executives and multiple subordinates.
2. **Machine bureaucracy**. Workers operate as parts of a machine. Each department is responsible for its own tasks, and decision-making is centralized.
3. **Professional bureaucracy**. Each professional works independently, without centralization, on tasks that match their specific skillset.
4. **Divisional (diversified) form**. Diverse work is delegated among divisions. Each division focuses on its own activities and functions.
5. **Adhocracy.** There is no formal structure; rather, highly qualified employees form teams to complete tasks and adjust to any industry changes.

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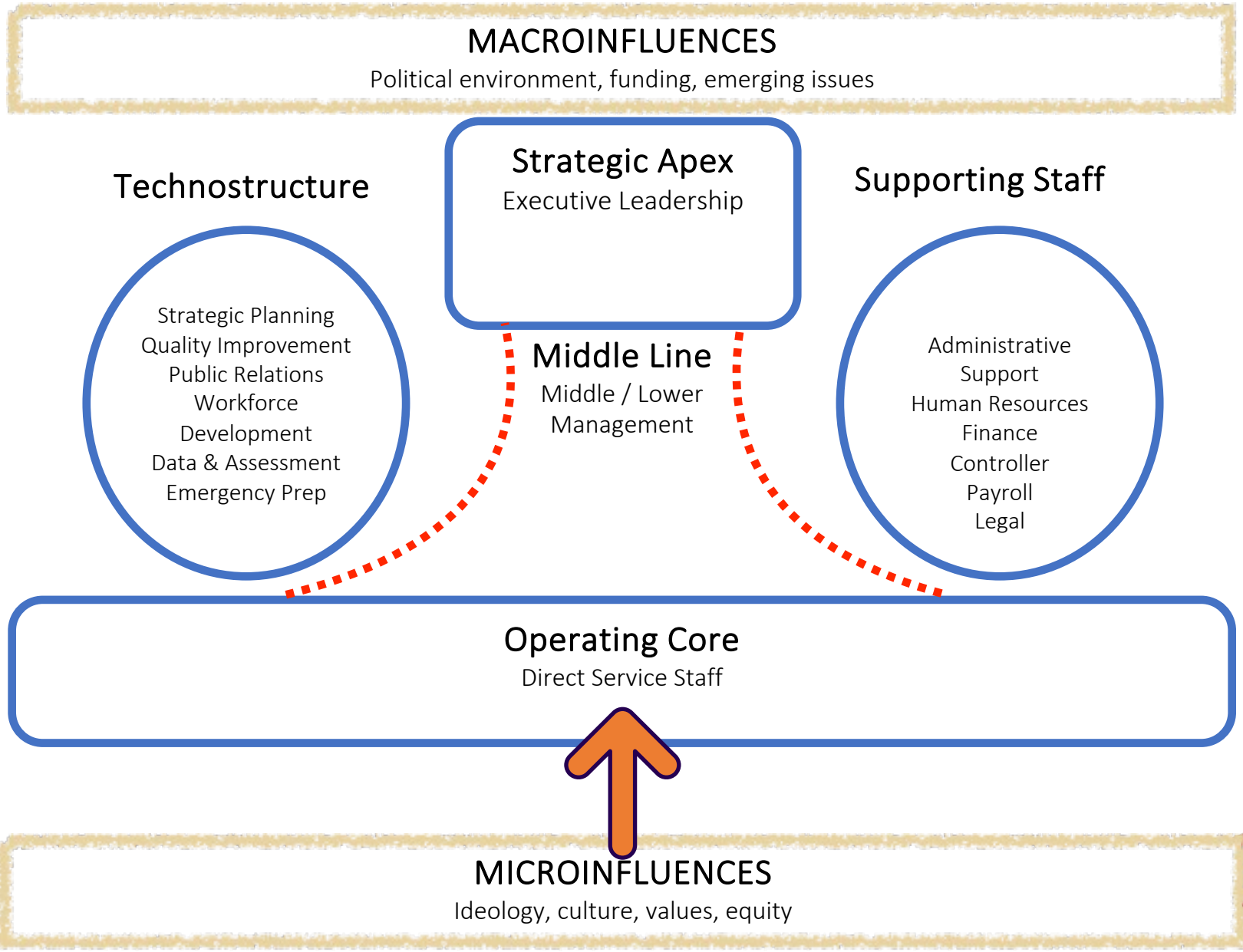
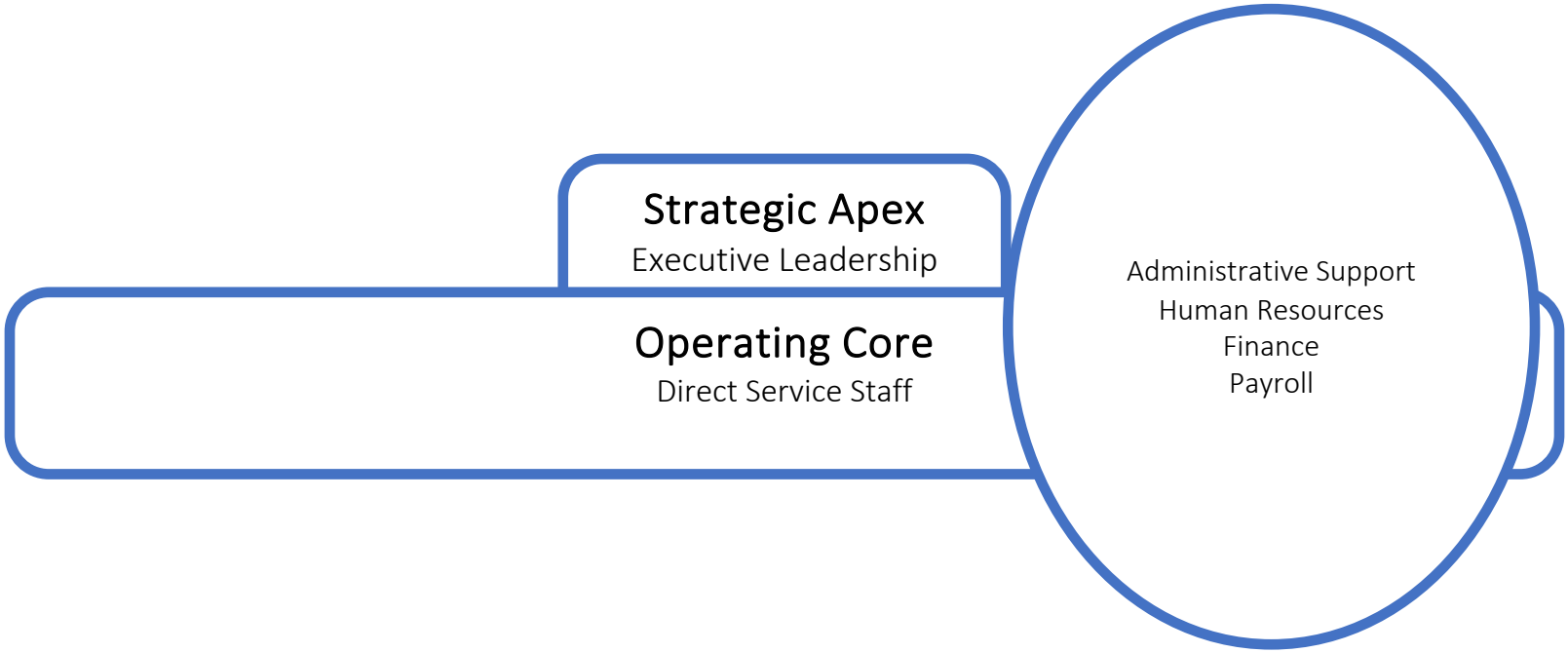
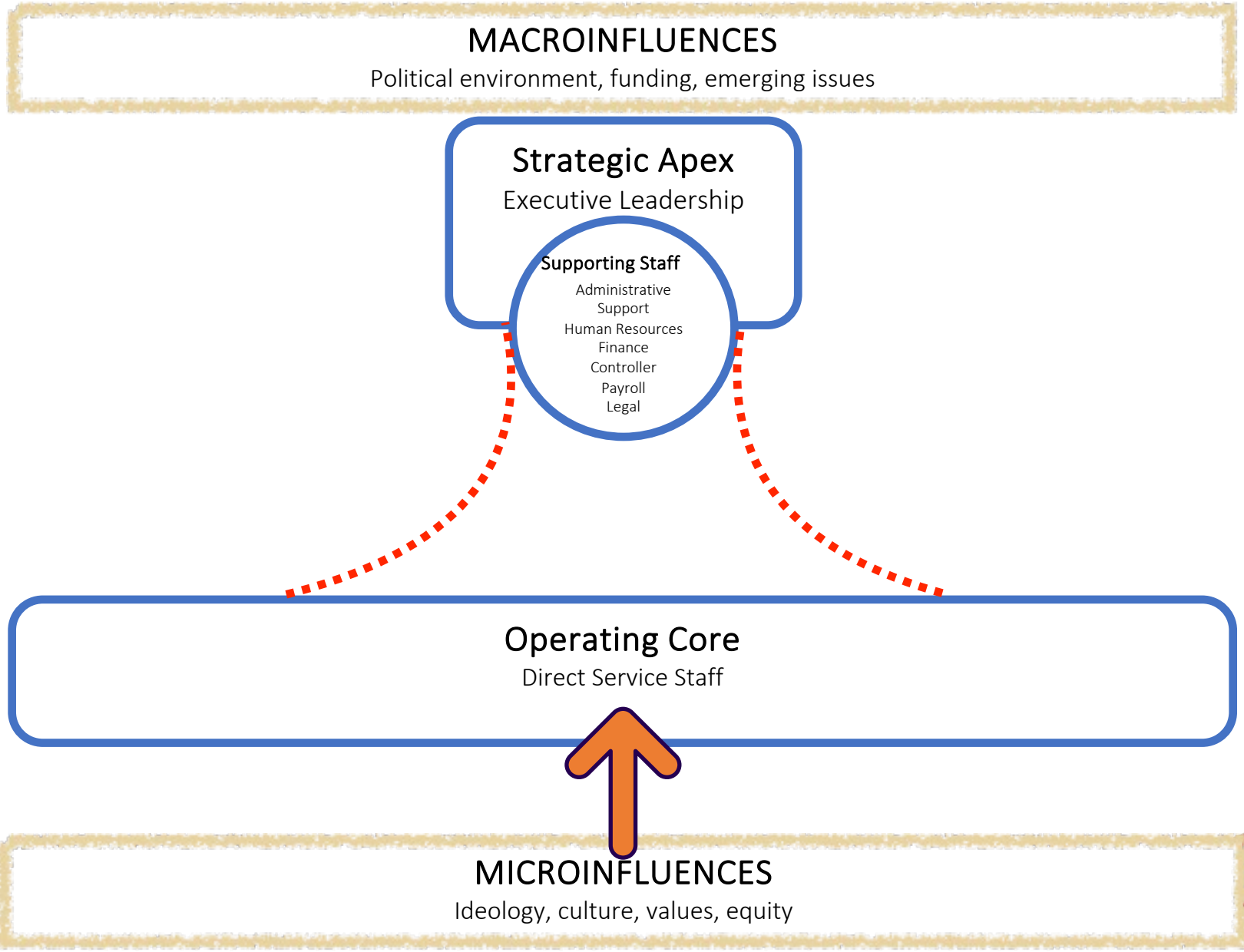


Henry Mintzberg



Henry Mintzberg



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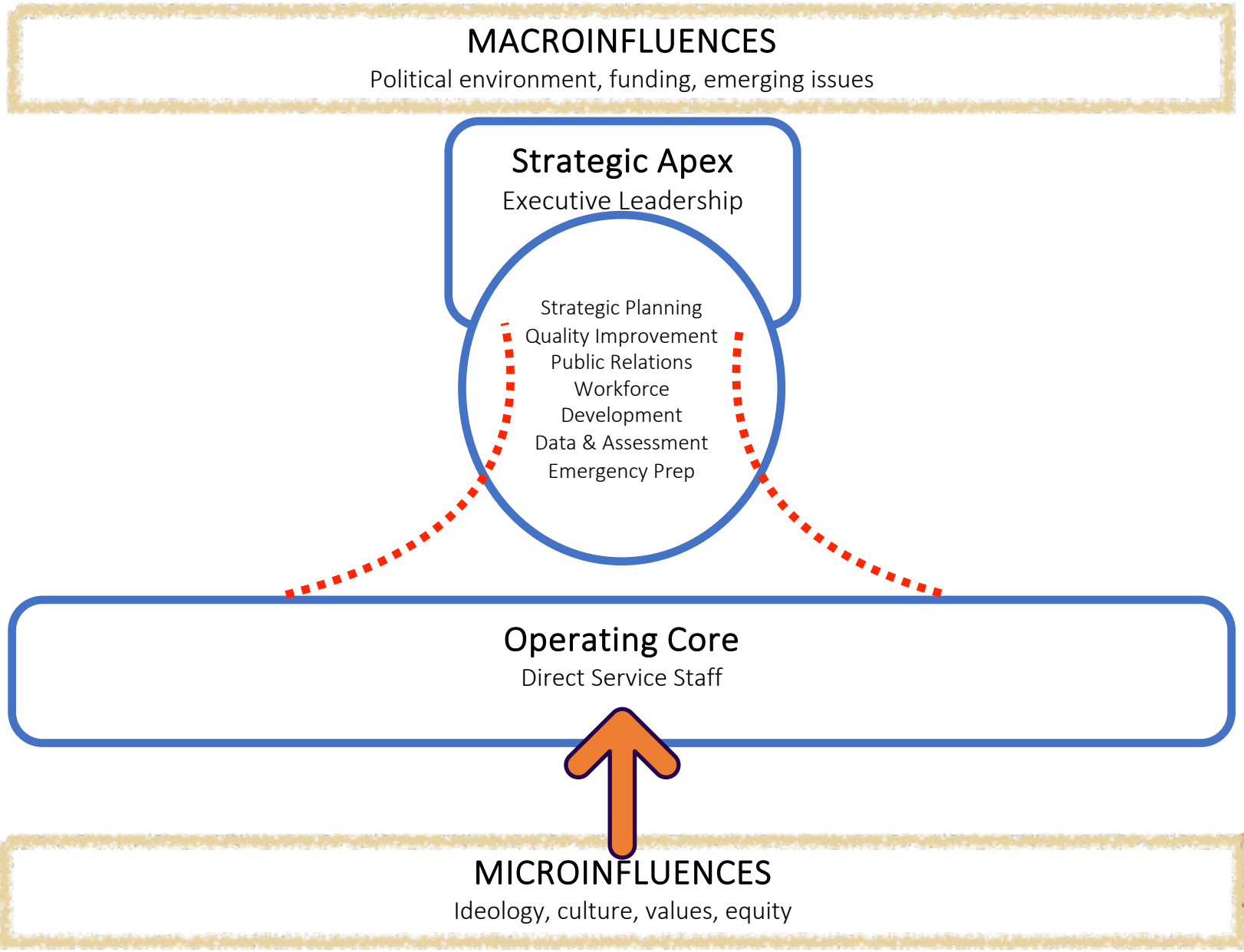

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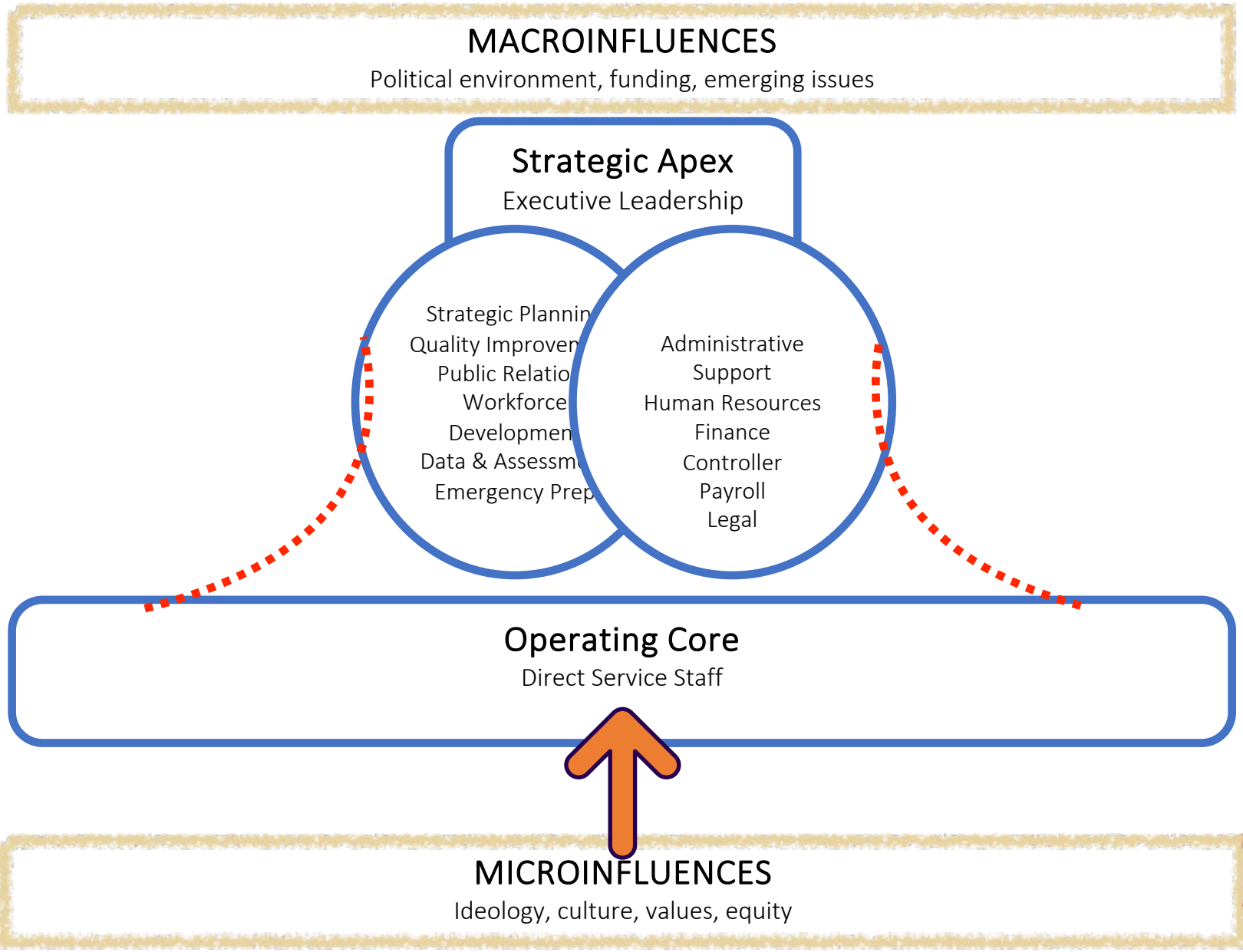

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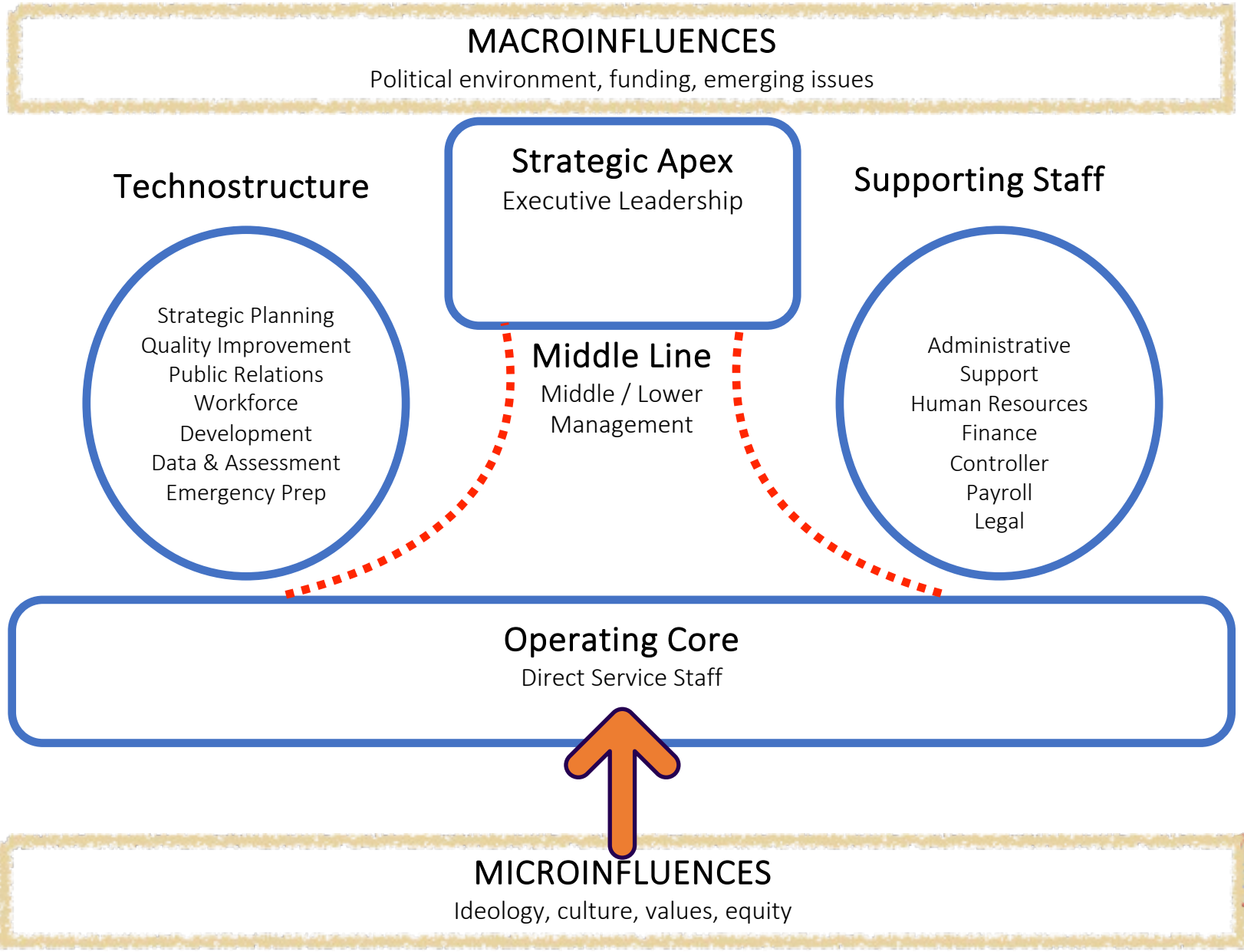
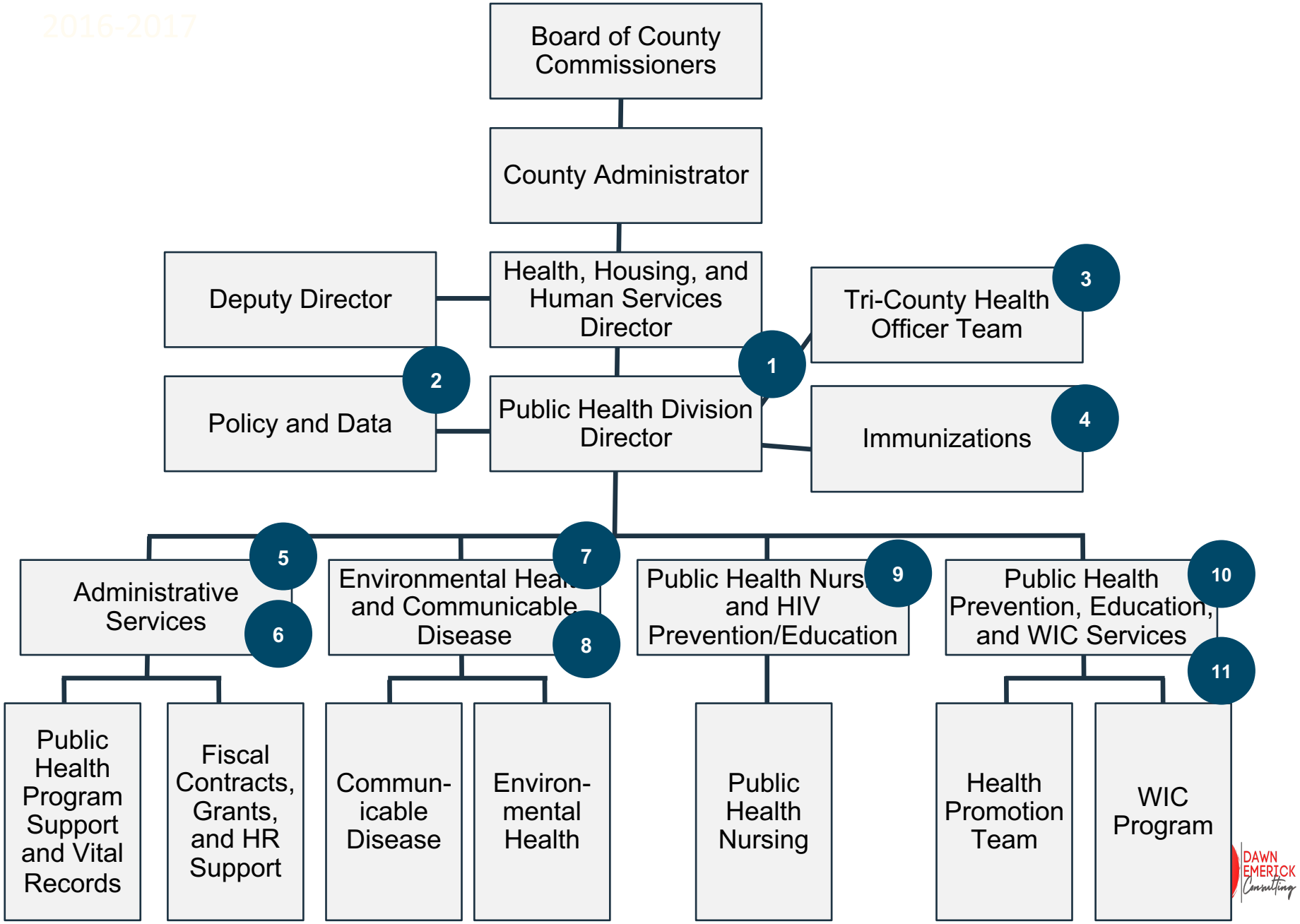


Public Health Division
2016-2017



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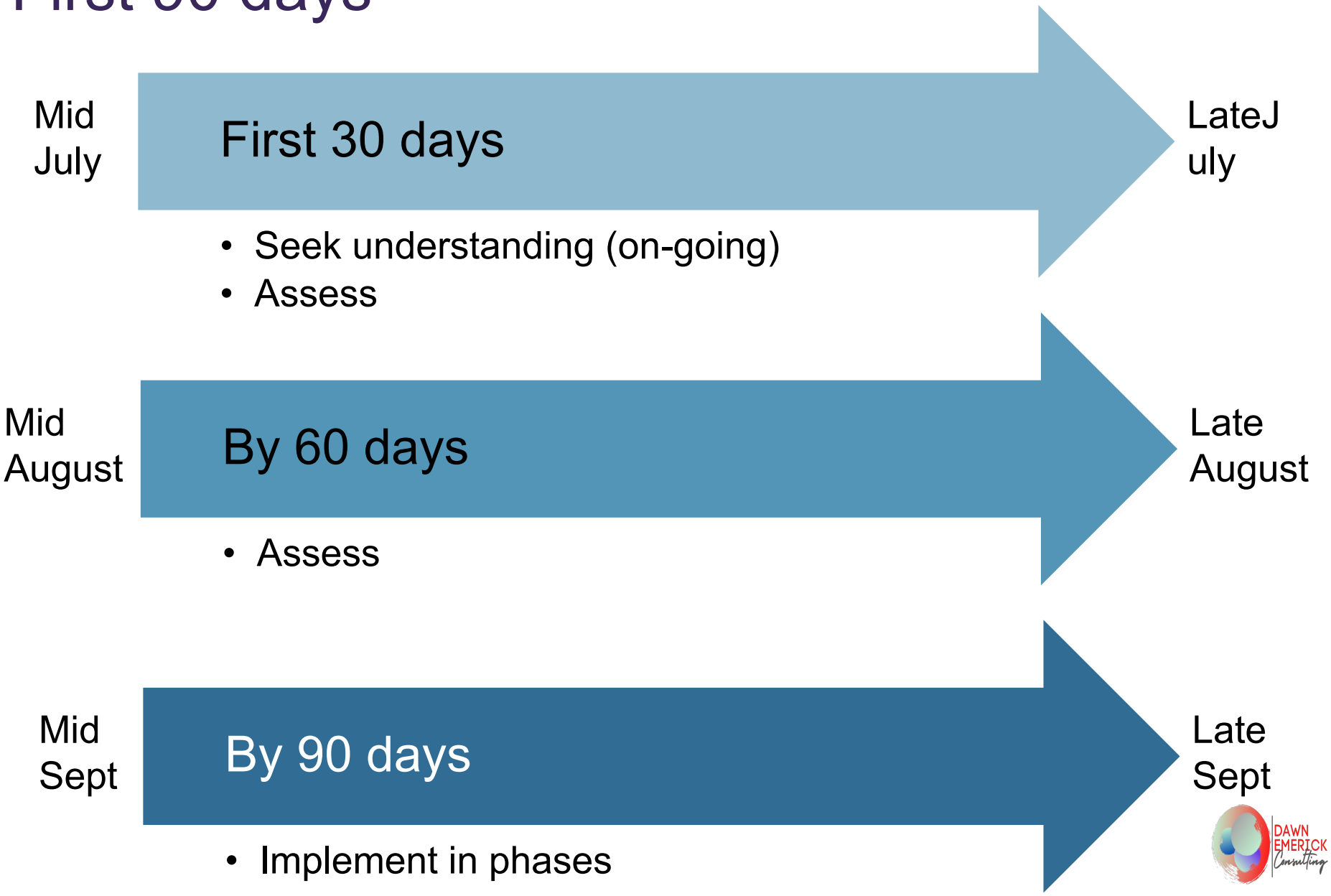
First 90 days



Innovation
Communications
Organizational culture
Knowledge of organizational reform/ modernization
Workforce development/ capacity
Morale
Fiscal accountability/processes

TRAUMA-INFORMED WORKPLACE
STANDARD DOMAINS

GOVERNANCE, LEADERSHIP AND WORKPLACE	**SUPERVISION, SUPPORT AND ENGAGEMENT**
ENVIRONMENT AND SAFETY	**WORKFORCE DEVELOPMENT**
HIRING, ONBOARDING AND RETENTION	**SYSTEMS CHANGE**

SELF ASSESSMENT TOOL

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SELF ASSESSMENT TOOL

TRAUMA INFORMED LEADERSHIP AND WORKPLACE STANDARDS	1	2	3	4	5
Governance, Leadership, and Workplace					
All members of the leadership team have received trauma-informed leadership training					
All members of governance have received trauma-informed leadership training					
All vendors responsible for helping to advance the workplace's mission have received trauma-informed leadership training					
Trauma-informed leadership appears as core principles in the workplace's policies, mission statement, strategic planning, KPIs and performance reviews					
Employee handbook reflects principles of transparency, predictability, and inclusiveness allowable under employment law and contracts					
Continuous assessment of workforce wellness policies and programs					
Quality improvement and change management policy, practice and procedures are implemented with a do no harm lens.					
Supervision, Support and Engagement					
Staff and their supervisor hold regular and consistent, monthly trust building and wellness one on ones (non-performance related)					
Staff receive weekly huddle updates from their supervisor					
Staff receive separate performance review, feedback, and skill development one on ones with their supervisor					
Staff receive feedback and reinforcement on trauma informed leadership and workplace KPIs					
Workforce Development					
Workplace has a solid foundation and understanding of DEI concepts					
The workplace has an agreed-upon definition of trauma, diversity, equity, inclusion and belonging					
All employees are trained in Mental Health First Aid					
Workplace provides annual trauma-informed Leadership and workplace training for governance, leadership, staff, and vendors					
Workplace provides opportunities for practice the application for trauma-informed leadership and workplace principles					
Systems Change					
Workplace completed Employee Experiences Questionnaire					
Individuals with lived experiences were included in the					

Benchmark Change, Trust and Morale

What is your perception of the Division's current state of change? Why?

What is your biggest fear of the Division's current state of change? Why?

What is your greatest excitement of the Division's current state of change? Why?

Do you trust leadership during the Division's current state of change? Explain why or why not

On a scale of 1 to 10 circle your level of confidence that the Public Health Division is heading in the right direction.

Launched a 5-Phase Restructuring

Time to Communicate and Implement

Create Urgency
"Why?"

Generate Quick Wins
"Ignite Momentum"

Build Trust
"Prove You Mean
What You Say"

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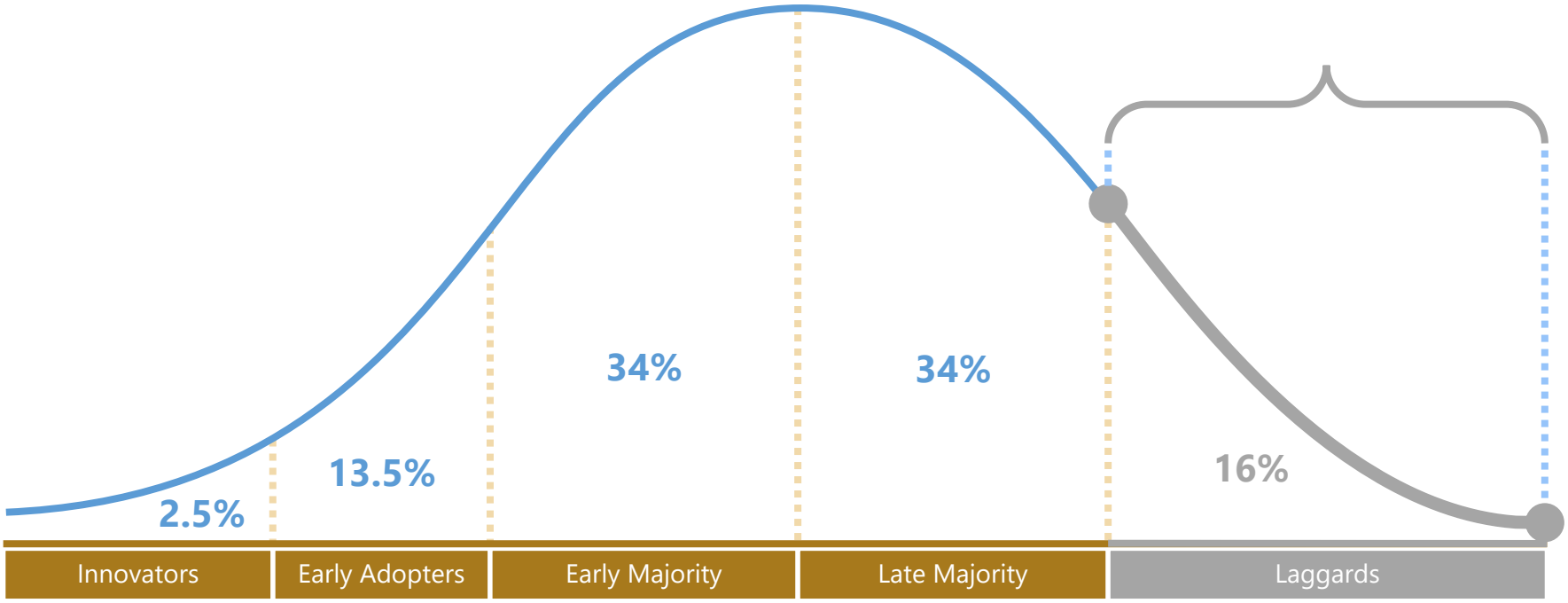
Rogers: Diffusion of Innovations



Not everyone will adopt a change right away.

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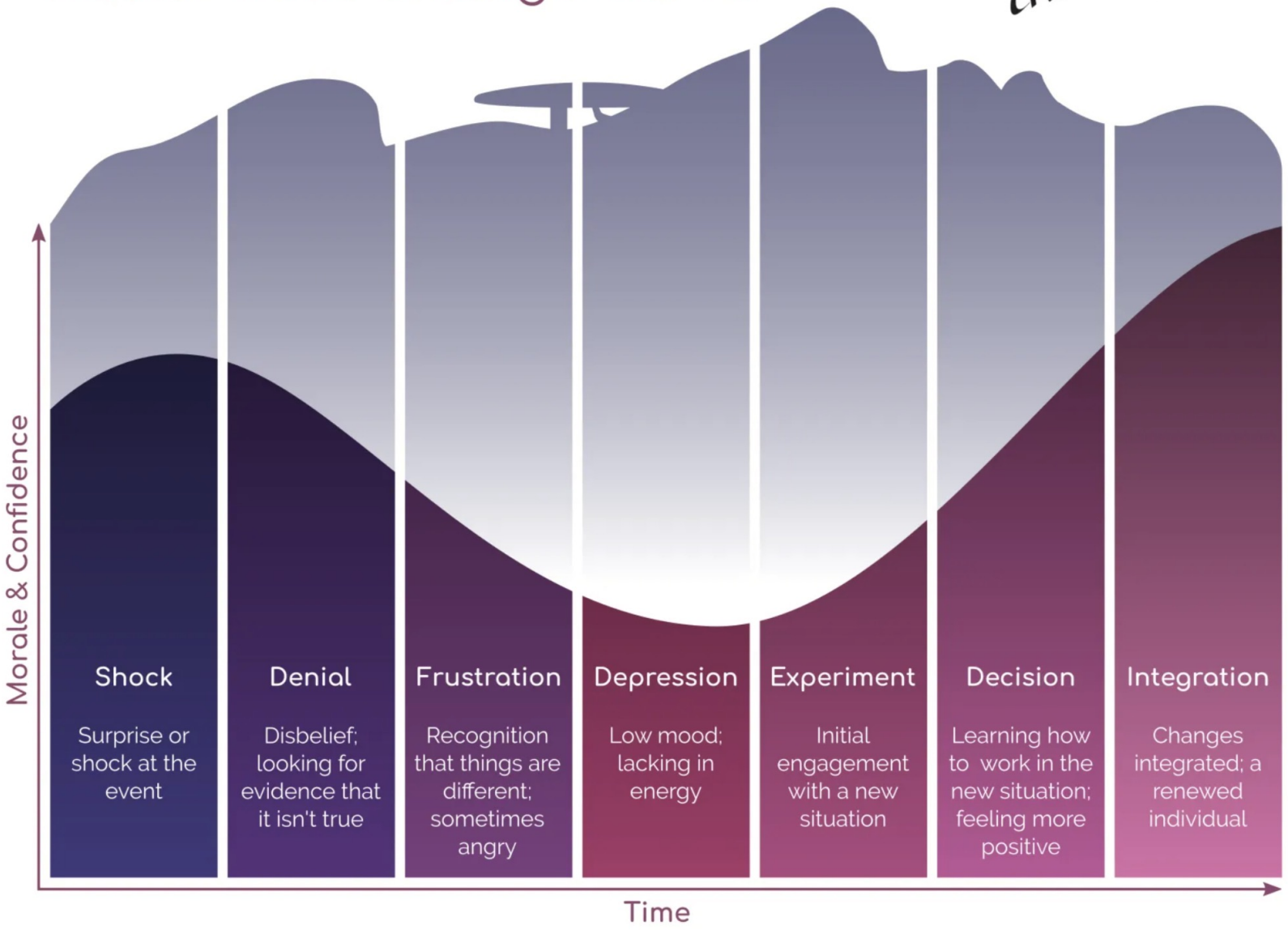
Kübler-Ross Change Curve®

Elisabeth Kübler-Ross FOUNDATION



PROSCI CHANGE MANAGEMENT

		AWARENESS I fully understand the reasons for the change	**DESIRE** I have chosen to support and participate in this change	**KNOWLEDGE** I have the knowledge I need of how to change and see successful in this change	**ABILITY** I have the ability to implement the change and perform the required skills and behaviors successfully	**REINFORCEMENT** Meaningful reinforcements are in place that will help me continue and sustain the change
STRONGLY AGREE	5					
AGREE	4					
NEUTRAL	3					**Barrier Point**
DISAGREE	2					
STRONGLY DISAGREE	1					

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Timeline for Restructure

Phase 1: November 2016

Meetings between director and program areas to share vision and answer questions

Phase 2: December 1, 2016

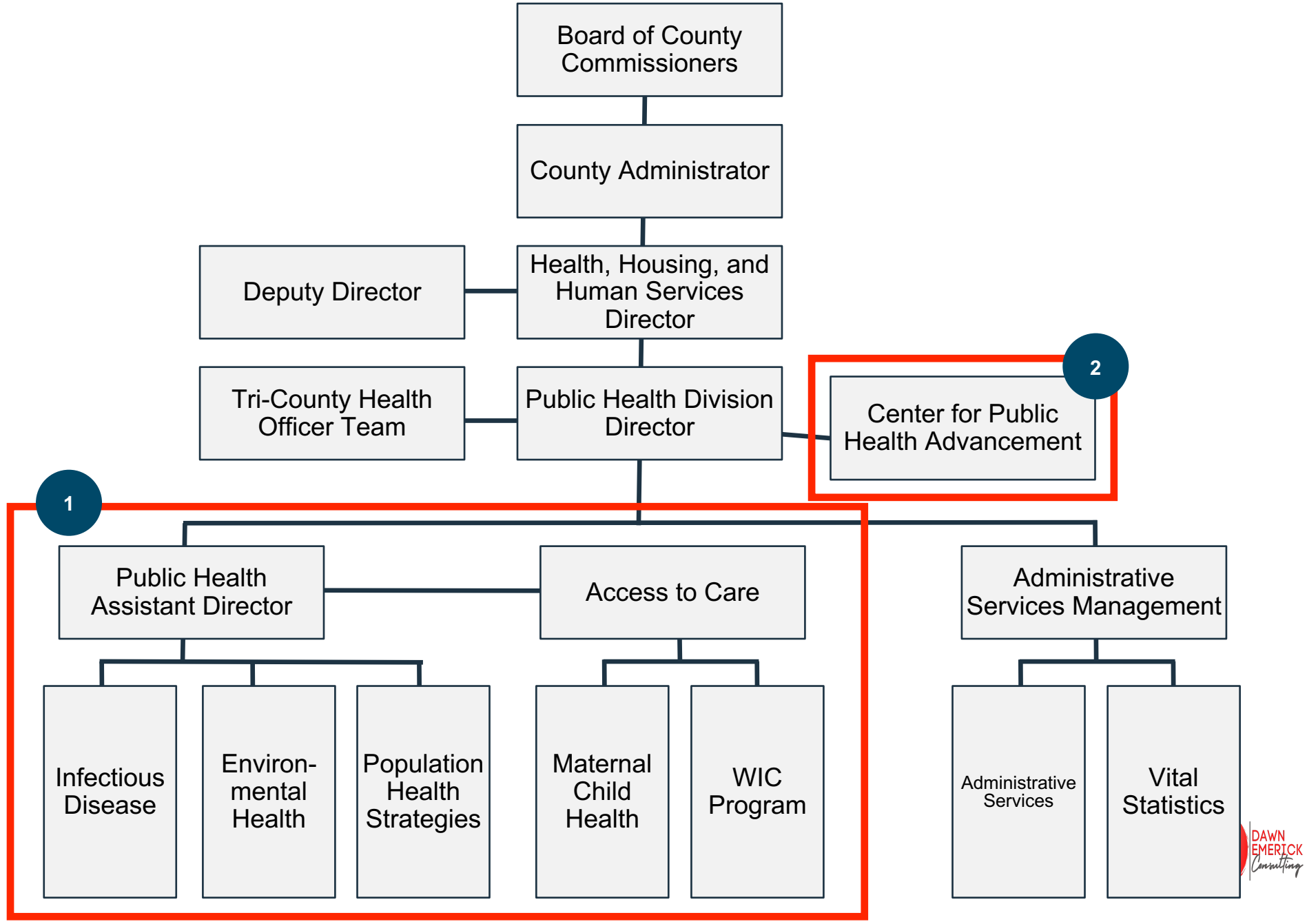
Staffing shifts and job position updates

Phase 3: February 1, 2017

Change communication email and restructuring transition kick-off

Phase 4: April-September 2017

Recruitment to fill vacancies and new positions


Board of County Commissioners
County Administrator
Deputy Director
Health, Housing, and Human Services Director
Tri-County Health Officer Team
Public Health Division Director
2
Center for Public Health Advancement
1
Public Health Assistant Director
Access to Care
Administrative Services Management
Infectious Disease
Environ-mental Health
Population Health Strategies
Maternal Child Health
WIC Program
Administrative Services
Vital Statistics
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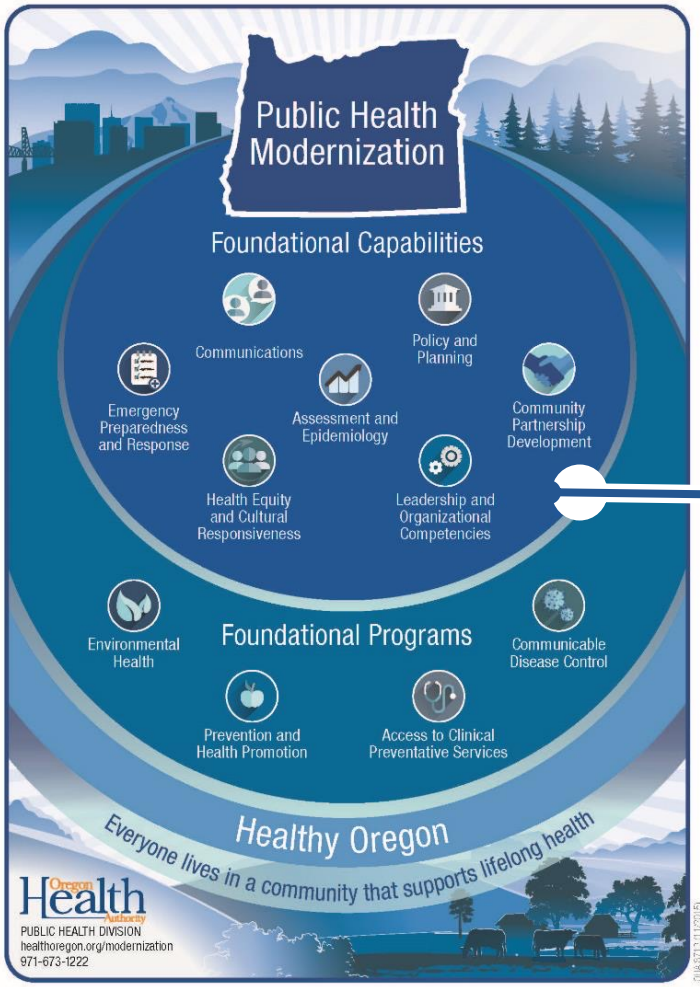
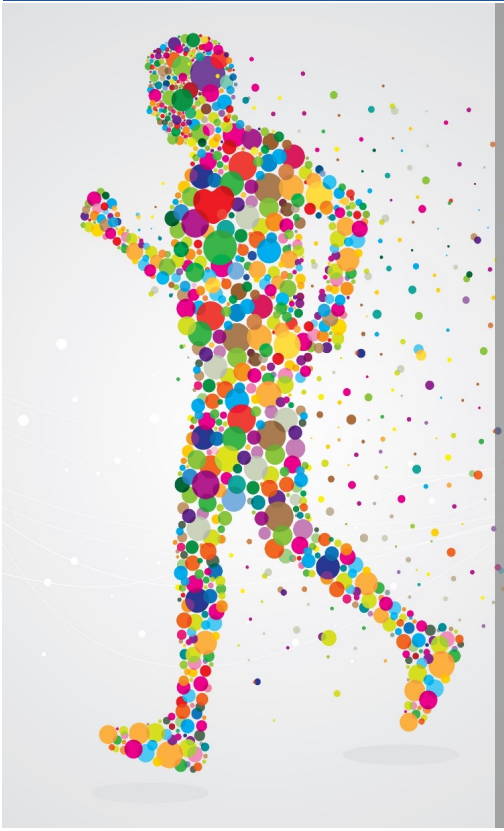
Modernizing Foundational Capabilities



The Center for Public Health Advancement



- Public Health Assessment & Innovation
- Public Health Assurance
- Public Health Policy
- Public Health Emergency Planning and Response
- Emergency Medical Services (Ambulance)
- Public Health Outreach, Education and Evaluation

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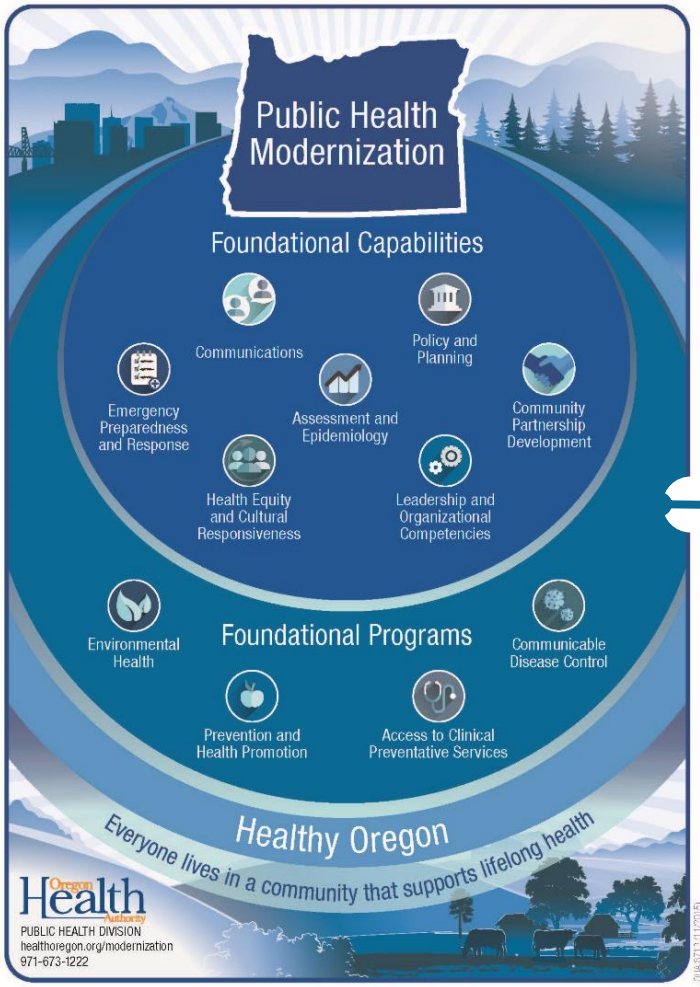
Modernizing Foundational Programs



CLACKAMAS COUNTY

Environmental Health

Population Health Strategies

Vital Statistics

Infectious Disease Control & Prevention

Access to Care

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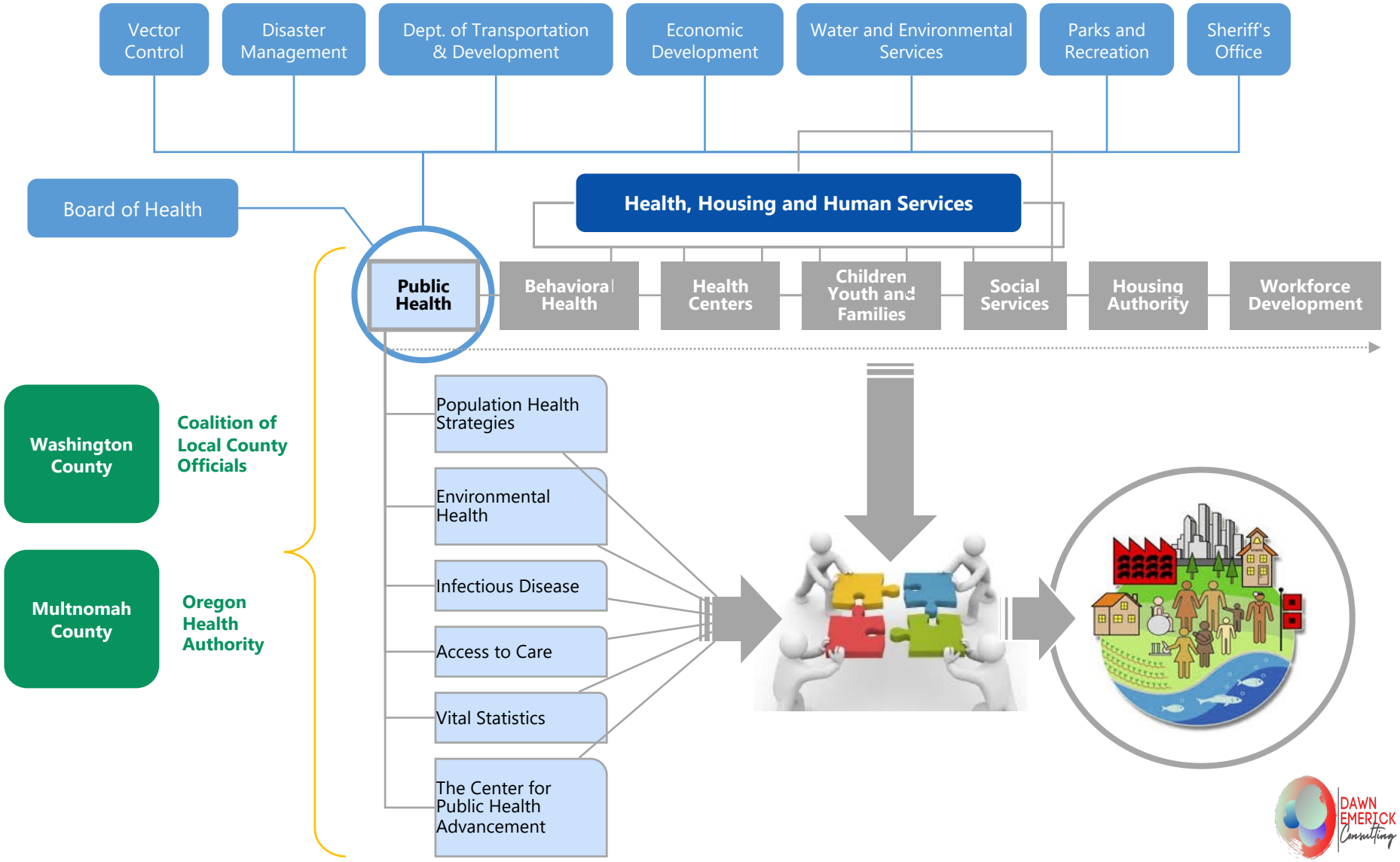
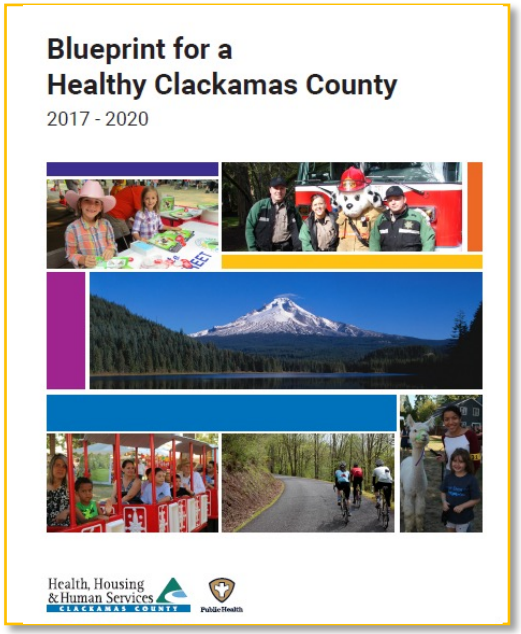
The Role of Chief Health Strategist



Chief Health Strategist



- ***Blueprint for a Healthy Clackamas County***

  - Our version of Community Health Improvement Plan
  - Focused on partners working together to assure residents enjoy equitable access to resources, opportunities and environments that maximize the health of their communities
  - Prioritizes the external work Clackamas County Public Health conducts with partners and projects that are funded (via Blueprint Community Grants)
  - Based on the 2017 Community Health Assessment

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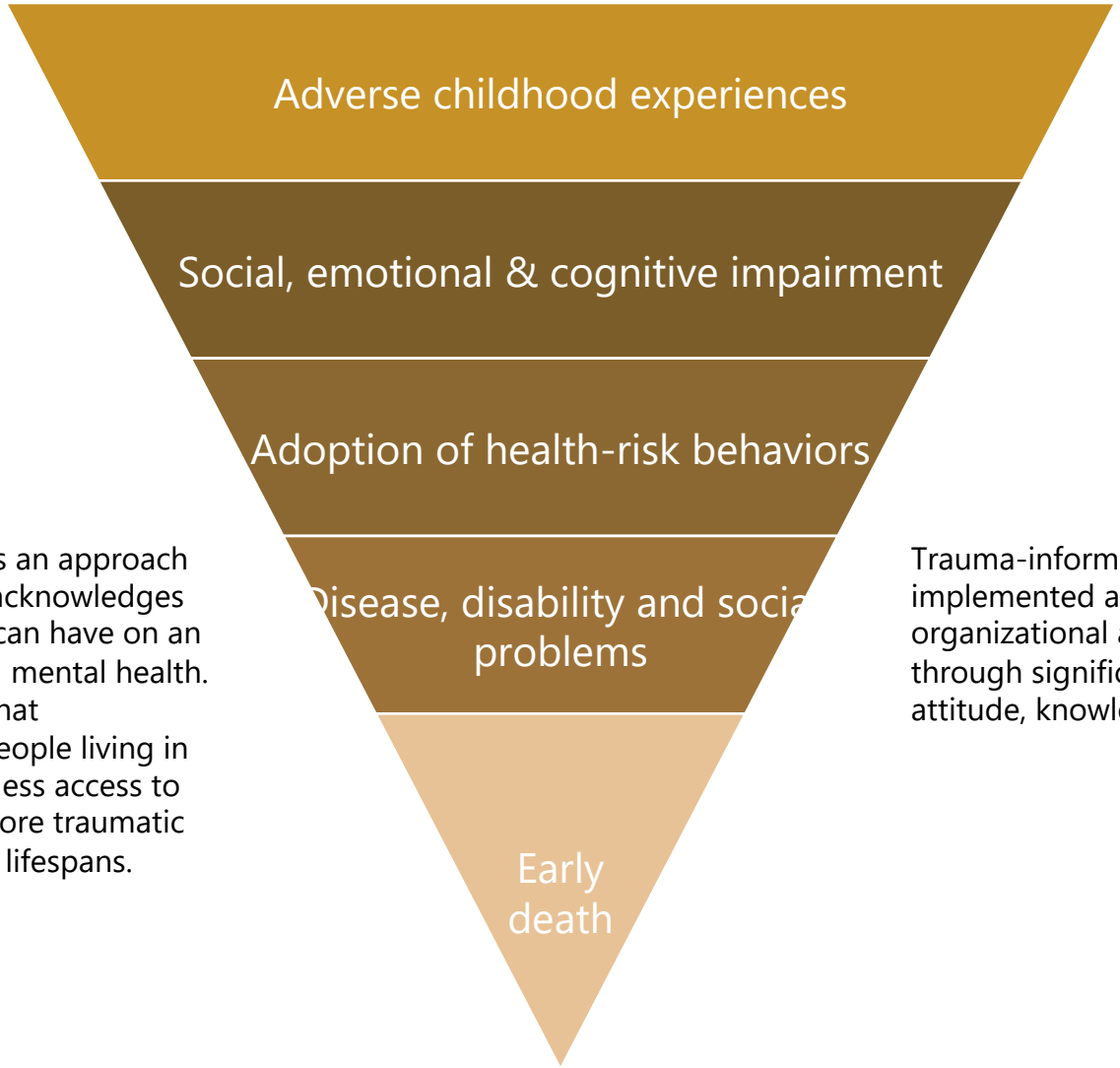
Blueprint for a Healthy Clackamas County



Trauma-informed care is an approach to service delivery that acknowledges the effects that trauma can have on an individual's physical and mental health. It is widely recognized that communities of color, people living in poverty and those with less access to education experience more traumatic events throughout their lifespans.

Trauma-informed approaches can be implemented at the individual, organizational and system-levels through significant changes in attitude, knowledge and practice.

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Spontaneous Earthquake Drill

- Team Building
- Silo-Busting
- Collaboration
- Position our Value
- Create or Challenge Trust
- Clarify Roles and Responsibility

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Thought Leadership

Public Health Impact

Declining vaccination coverage threatens Clackamas County residents

Volume 2 | April 2019

Health, Housing & Human Services CLACKAMAS COUNTY

Public Health

Vaccine-preventable diseases on the rise

Measles outbreaks are occuring across the country. Since the beginning of 2019, there have been 465 measles cases; 85 people in Washington and Oregon alone have contracted measles.[1-3] In an era when vaccine-preventable diseases seldom occur in the United States, these measles outbreaks highlight the Portland metropolitan region's vulnerability to infectious diseases.

While the number of known cases of vaccine-preventable diseases is low, and hospitalizations and deaths have also rapidly decreased over time, complications of vaccine-preventable diseases remain serious and often life-threatening (see figures a and b for current and past case counts). This is especially so for young children, pregnant women, older adults and others with compromised immune systems.[4] Measles, for example, is particularly dangerous for children – one out of every 10 children with measles will permanently lose their hearing; one out of 20 will develop pneumonia; and for every 1,000 children who contract measles, one to two will die.[5] High vaccination rates (95% and above) are important to stop the spread of infectious disease and protect those who cannot be vaccinated or do not have a strong immune response to vaccines (also known as community immunity).

In 2013, the Institute of Medicine reported that a growing trend of delaying vaccinations, or exempting from them entirely, has contributed to increases in vaccine-preventable outbreaks in the United States.[6,7] Lack of access to health care services is also a significant issue. Nationally, vaccination coverage is lower among uninsured and Medicaid-insured children under three-years-old and among children living in rural areas. These disparities are larger for vaccines that require a booster dose in the second year of life.[8]

Clackamas County Public Health and our partners have a role to play to eliminate vaccine-preventable diseases. This report outlines trends in Clackamas County and our strategies to improve vaccination rates within our communities.

Vaccines save millions of lives and billions of dollars each year

Vaccines are one of the safest and most effective public health interventions. The success of vaccines is evidenced by the near eradication of most vaccine-preventable diseases and the number of lives saved. A recent study estimated that for a single birth cohort (4,261,494 infants from birth until death), vaccinating against 13 diseases would save $13.5 billion in direct costs and prevent nearly 20 million cases of diseases, including over 40,000 deaths.[9] Contrast these savings to the recent measles outbreak in Washington, which has cost the state over $1 million to investigate the exposure of more than 20,000 people.[10] Without doubt, this outbreak could have been prevented because the measles, mumps, and rubella (MMR) vaccine, with just one dose, is 93% effective, and it costs less than $71 per dose. [11]

Vaccination Facts for Clackamas County

- 9.1% (397) of Clackamas County kindergarteners have at least one non-medical exemption
- 6.2% (3,820) of all Clackamas County students (K-12) have one or more non-medical exemptions
- 3.4% (2,124) of all Clackamas County students (K-12) are completely unvaccinated
- 79 students have medical exemptions to one or more vaccines, which accounts for .001% of all Clackamas County students

Case Counts

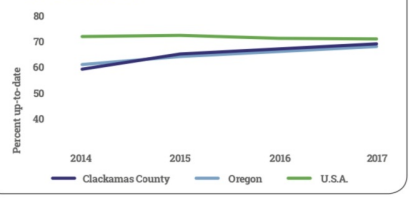
Figures a and b

Clackamas	2009-2013	2014-2018	January - March 2019
Measles	0	0	1
Mumps	1	7	1
Pertussis	175	250	1

Portland Tri-county Region*	2009-2013	2014 - 2018	January - March 2019
Measles	4	5	7
Mumps	6	37	1
Pertussis	1,129	717	17

Percent of Two-Year-Old Children Up-to-Date on Vaccinations

2014-2017, Figure c



Public Health Impact

Chlamydia, Gonorrhea, and Syphilis Rates are Skyrocketing in Clackamas County

Volume 1 | August 2018

Health, Housing & Human Services CLACKAMAS COUNTY

Public Health

The silent epidemic

Each year, thousands of Clackamas County residents contract bacterial sexually transmitted infections (STIs), such as syphilis, gonorrhea, and chlamydia. In just over five years, rates of syphilis, gonorrhea, and chlamydia have peaked. The rise of STIs in Clackamas County mirrors national, statewide, and regional trends. In 2016, the Centers for Disease Control and Prevention (CDC) identified approximately 2 million cases of chlamydia, gonorrhea, and syphilis in the United States – the highest number ever recorded (Centers for Disease Control and Prevention, 2017b). In Oregon, diagnosed chlamydia infections have spiked in the last 20 years to nearly 18,000 cases in 2016. From 2007 to 2014, Oregon's rate of gonorrhea increased 78%. From 2014 to 2016, that rate increased another 85%. Between 2007 and 2014, Oregon's syphilis rate increased over 1,300%. The syphilis rate increased another 36% in the subsequent two years (Oregon Health Authority, 2015b, 2017, 2018b).

Bacterial STIs are frequently preventable and, at this point, treatable. However, when left untreated or improperly treated, STIs can cause serious reproductive health problems and produce drug-resistant bacteria, making first-line antibiotics less effective (Office of Disease Prevention and Health Promotion, 2018).

While rates of STIs are increasing across all populations in Clackamas County, certain groups, such as young people (ages 15 – 24), women, people of color, and LGBTQ+ individuals – particularly gay, bisexual, and other men who have sex with men (MSM) – are disproportionately impacted by STIs. The sexual health of these communities is largely influenced by the social conditions that unjustly affect non-dominate groups. Factors such as racism, homophobia, and sexism are shown to negatively affect sexual health outcomes (Centers for Disease Control and Prevention, 2017d; Unemo et al., 2017).

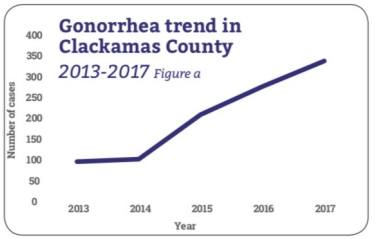
Clackamas County Public Health and our partners have a role to play to stop the transmission of STIs. This report outlines our initial steps.

STI Facts for Clackamas County

- In five years (2012—2016), chlamydia rates increased **26%** and gonorrhea rates increased **162%**.
- The chlamydia rate for Black/African American populations is 75% higher than the county average.
- American Indian/Alaska Native populations experience 23% higher rates of gonorrhea than the county average.
- 55% of male syphilis cases occur in the MSM population.
- Over a quarter of chlamydia cases occur among teenagers between 15-19 years old.
- Almost 70% of all chlamydia cases occur in women.

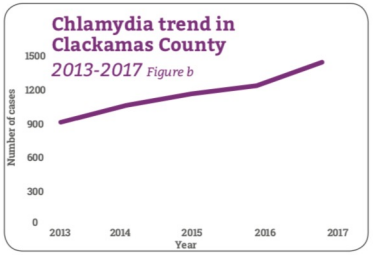
Gonorrhea trend in Clackamas County

2013-2017 Figure a



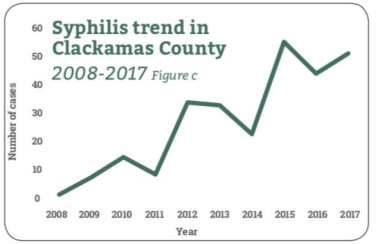
Chlamydia trend in Clackamas County

2013-2017 Figure b



Syphilis trend in Clackamas County

2008-2017 Figure c



Numbers rising

Over the last five years, the number of chlamydia, gonorrhea, and syphilis cases has increased dramatically in Clackamas County. In 2017, there were 1,441 cases of chlamydia, 340 cases of gonorrhea, and 56 cases of syphilis (figures a – c). The highest concentrations of known chlamydia cases occur in the northern, urban areas of the county – North Clackamas and Gladstone Health Equity Zones*. The lowest rates of chlamydia occur in Lake Oswego and Colton Health Equity Zones (figure d).

Key Accomplishments

- **Employee Engagement**
- **Reorganized Public Health Division as Part of our Quality Improvement [LEAN] Goals**
- **Positioned to receive Public Health Modernization Funding**
- **Established and Practice Health Equity Zones**
- **Invested in a Public Health Informatics Vision**
- **Launched Bi-Annual Public Health Impact White Paper**
- **Shared Quality and Performance Metric and Data Strategies with local CCO**
- **Passed Board of Health Resolution**
- **Nationally Recognized Community Engagement Model**
- **Established Oregon's First Academic Health Department with Oregon State University**
- **Created Shared Public Health and Transportation Position with Cross Sector Partner**
- **Shared Office Space with Community Based Organizations**
- **Emphasize leadership qualities and experience in hiring practices**

Measuring Change, Trust and Morale

What is your perception of the Division's current state of change? Why?

What is your biggest fear of the Division's current state of change? Why?

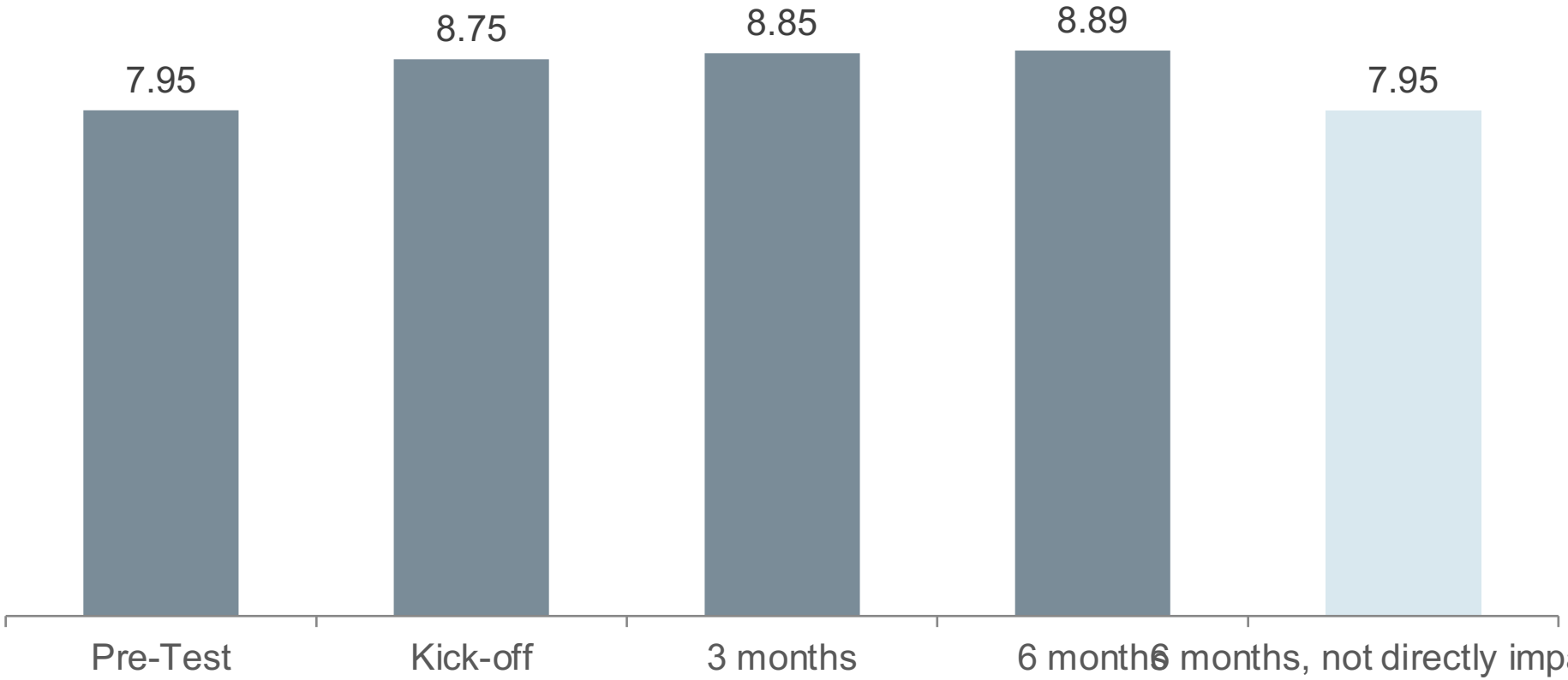
What is your greatest excitement of the Division's current state of change? Why?

Do you trust leadership during the Division's current state of change? Explain why or why not

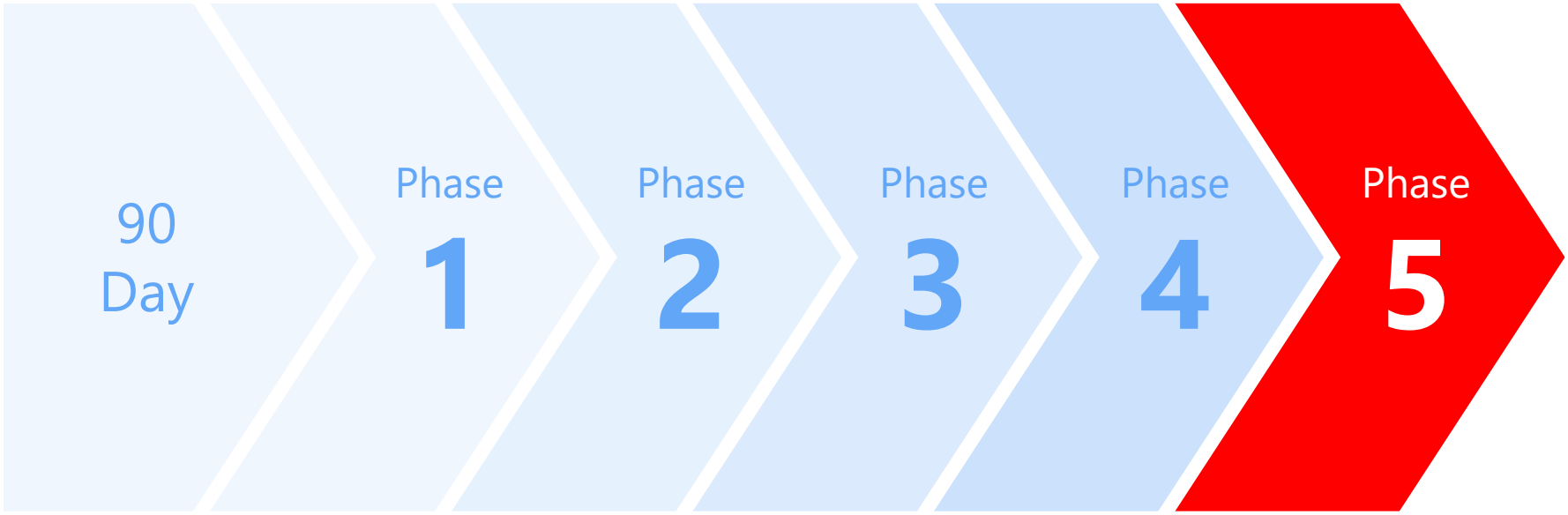
On a scale of 1 to 10 circle your level of confidence that the Public Health Division is heading in the right direction.

Measuring Trust and Morale

On a scale of 1 to 10 circle your level of confidence that the Public Health Division is heading in the right direction?



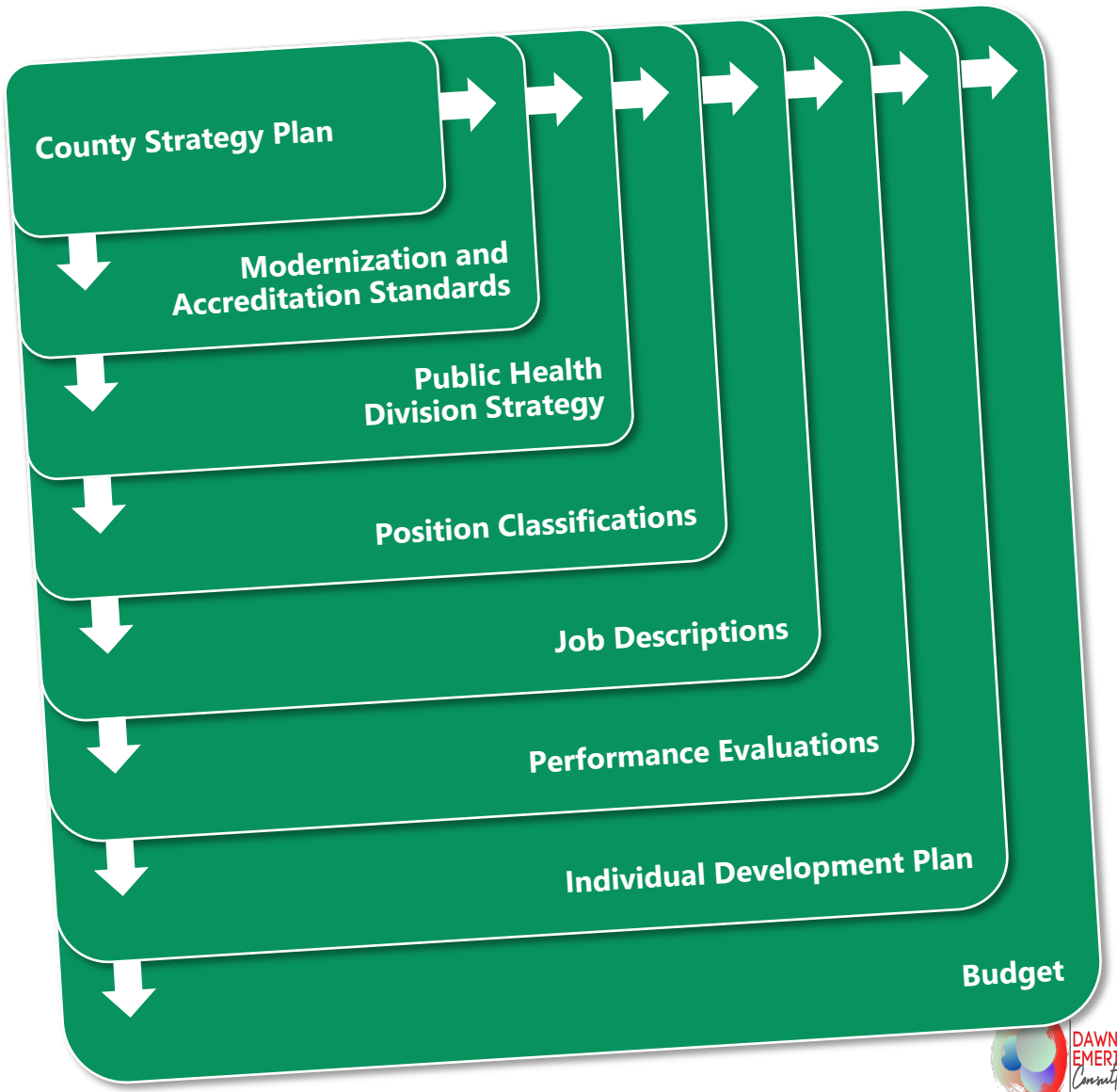
Phase 5: The Most Important Phase



Accountability From Vision to Budget

To ensure changes stick, implement them in sequence.

Each step in the implementation process serves to cement and support the previous steps:



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Assessment & Implementation In Practice

Successful organization restructuring means:

- ✓ Illustrate how the new way of doing things is superior to the old
- ✓ **Assess the organization**
- ✓ Success must be visible and well communicated
- ✓ Reinforce new norms and values with incentives and rewards
- ✓ Reinforce the new culture with every employee

Remember:
An organization's cultural comes after restructuring—not before!

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QUESTIONS?

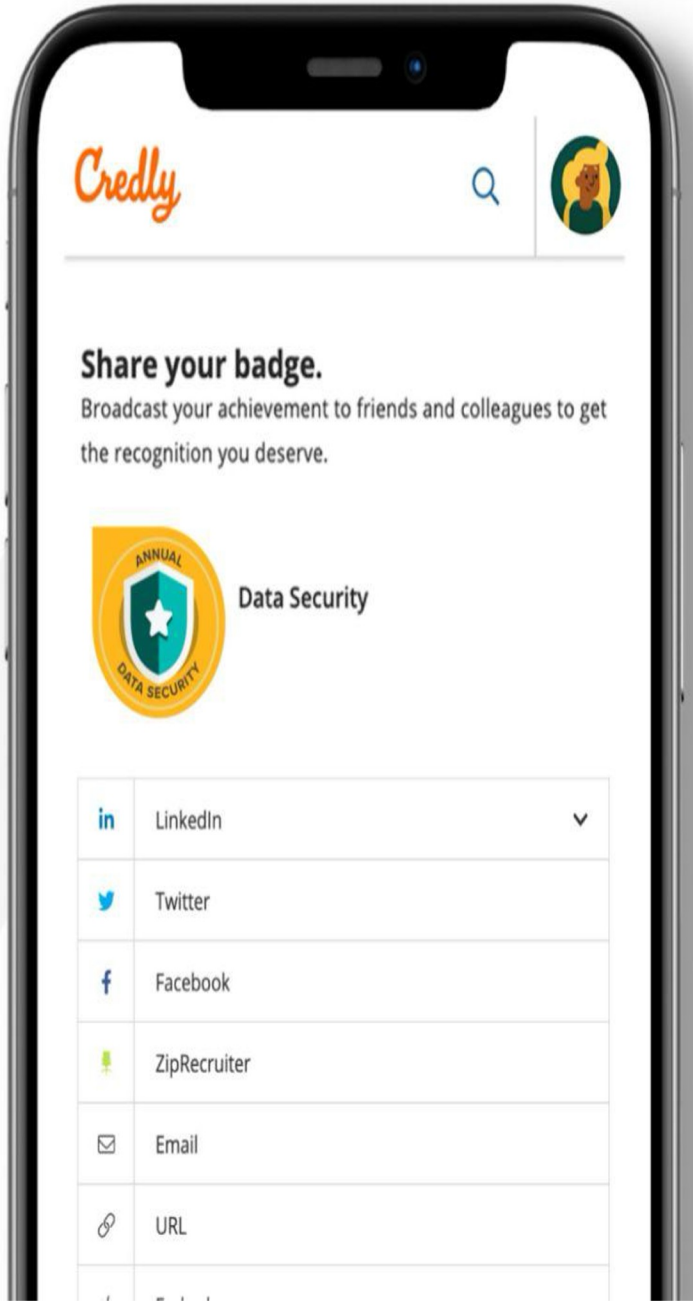
CELEBRATE

You've earned it; now show it.

Share your digital credential and tag us!

#1Mby2031

POWERED BY Credly



CONCEPT QUIZ