



To: RWJF Leadership for Better Health Team
From: TCC Group
Date: March 25, 2020
RE: Most Significant Change Trend Analysis Findings

Introduction

This findings memo is the second part of the Most Significant Change (MSC) process. The first part of the process was to facilitate inquiry into how staff and leaders across the Change Leadership Initiative (CLI) thought about the kinds of outcomes they thought were most important. This second part of MSC treats the MSC stories as qualitative data for analytic purposes. Using grounded theory and then matching the results to existing CLI program theory, this memo presents the analysis of the MSC stories. It is organized in three sections:

- A. Background—provides the background on the methodology overall, including a synopsis of the first phase.
- B. Overall Analysis—provides a synthesis of all the findings using the lens of the existing CLI logic model
- C. Theme Specific Analysis—provides a detailed examination of each of the thematic areas, grouped by the level of outcome: individual, organization, and community.

A. Background

In 2019 as the Change Leadership Initiative's first cohort prepared to graduate from their programs, TCC launched an evaluation method called Most Significant Change (MSC) in order to systematically capture – directly from program participants – the perceived outcomes derived from the Change Leadership Initiative. As part of each graduating participant's final report for their program (collected August- September 2019), they were asked:

"Please describe in one or two paragraphs the most significant change that has resulted from your involvement with [Clinical Scholars/Culture of Health Leaders/Health Policy Research Scholars/Interdisciplinary Research Leaders]."

Participants were asked to present a story and to describe the situation, task, actions, results, or other details related to the change. Participants were allowed to submit up to two stories and had the option to tell their story by video if preferred. Participants were also asked to select if their story represented a change related to (1) personal leadership development and individual growth, (2) organizational impact on the participant's or another organization, or (3) community impact, where "community" is defined broadly to include a geographic location, a defined group of people, a field of work, etc.

Table 1 below outlines the number of submissions received across the four programs.

Table 1: Most Significant Change Stories Received by 2019 CLI Program Graduates

2019 CLI Program Graduates		
	# of participants asked to submit a story	# of participants that submitted a story
TOTAL	121	80 (66%)

In the first phase of MSC, all of the story submissions were iteratively reviewed by staff from each CLI program, directors of the four programs, and RWJF staff. At each level of review, the reviewing team held discussions related to the stories and selected a set number of stories that they felt represented the most significant change for the program. They then recorded their conversation and decision criteria in a memo that was shared with other groups. The reviews took place in October and November 2019.

In this second phase of MSC, TCC Group collected all of the stories that had been submitted and conducted a thematic analysis across all of the stories, using grounded theory to lift up initial themes. Participant names and programs were blinded from each story for the coding process although some stories may have referred to the program within their story. Stories were read and coded in two ways:

1. The overarching change domain (personal, organizational, community) selected by the participant was confirmed, assigned (if left blank), or in some cases re-categorized to match a consistent definition of the categories across the group. Some stories were coded for more than one change domain.
2. Stories were coded according to themes that arose from within each of the three change domains. Stories were often coded for more than one theme.

The report that follows provides the results of this thematic analysis and is organized by the findings within each of the three change domains.

B. Overall Analysis

Analysis of the 81 most significant change stories submitted by outgoing CLI participants in 2019 showed alignment with several areas of the CLI logic model (see Appendix 1).

At the **Individual/Personal level**, we see stories related to the following outcome areas:

- **Self as leader (67 percent of stories):** How an individual sees themselves as a leader; their confidence, voice, and view of their work [*currently missing from the CLI logic model*]
- **Interpersonal competency and network (36 percent of stories):** Relationship building, boundary spanning, and community engagement competencies, and network building [*aligns with short-term outcomes on the CLI logic model*]
- **Technical competency (32 percent of stories):** Tools, skills, and abilities beyond those specifically about interpersonal engagement, including leadership style, thinking styles, research and advocacy skills, etc. [*aligns with short-term outcomes on the CLI logic model*]
- **Formal role as leader (17 percent of stories):** Positioning the individual to have improved credibility as a leader, including awards, position advancements, nominations, and other forms of external recognition [*not explicitly articulated in the current CLI logic model, but would be in a space between short and long-term outcomes*]

Overall, 90 percent of the stories submitted contained an element that aligned with these individual-level outcomes. This is to be expected given the point in time in which the data was collected.

At the **Organizational level**, stories show changes within the participant's own **home organization**. Twenty-three percent of stories showed change within this domain. These changes align with long-term outcomes on the CLI logic model as participants changed policy, practice, and mindsets or beliefs within organizations with whom they had a relationship.

At the **Community level**, stories were related to two types of community change:

- **Local community change:** Change within one's direct community, which may include a local system, geographic space, or intellectual community [*aligns with long-term outcomes on the CLI logic model*]
- **Broader community change:** Change outside one's direct community, including state/national policy¹, cross-disciplinary, or multiple geographic spaces. [*aligns with long-term outcomes on the CLI logic model*]

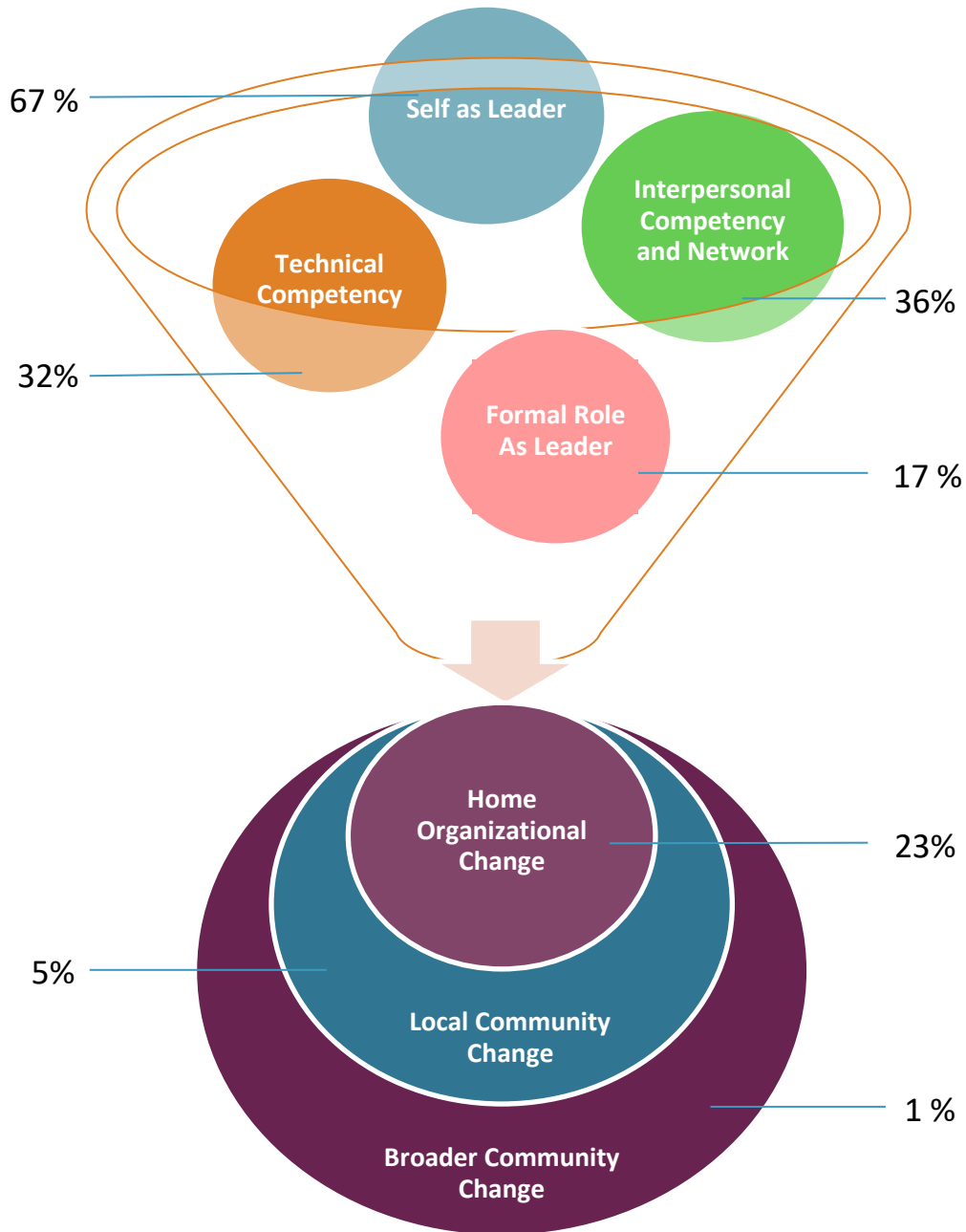
Only six percent of stories reflected change within the community impact domain, with five percent being local community change. As these changes align with longer-term outcomes on the CLI logic model, this is an outcome area we would expect to see develop further with CLI alumni.

The following figure shows the relationship between these different domains and the amount of change for each domain represented through the stories. As CLI participants gain technical competencies, develop their interpersonal competencies and networks, gain confidence in themselves

¹ All CLI participants agree to specific legal guidelines in their grant agreements which prohibit the use of grant funds for lobbying as defined by Section 4945(d)(1) of the Internal Revenue Code.

as a leader, and are in formal leadership roles, they are better able to facilitate Culture of Health changes in their home organization, local community or in a broader community context.

Figure 1: CLI 2016 Cohort Participant Outcomes Represented in Most Significant Change Stories



C. Theme Specific Analysis

The themes from the stories are organized by the level of outcome they represent individual participant, organization, and broader community. For each of these three levels, we present a high-level summary of the category and a bar chart showing the frequency of stories by subcategory. This is then followed by a more detailed description of the most prominent subcategories.

1. Changes Related to Personal Leadership Development and Individual Growth

Changes that were related to personal leadership development and individual growth were the most commonly cited significant changes across the four programs. Seventy-three of the 81 stories reviewed (90 percent) mentioned a personal change. The two most common changes had to do with their vision of themselves as a leader. Specifically, they talked about increased confidence in themselves as a leader and seeing their work in a new light. The next three categories were a mix of interpersonal competency (how to bring others to the table), formal leadership advancement (e.g., career advancement), and another related to their vision of themselves as leaders in terms of finding their voice.

The chart below provides the full range of coding categories under the personal leadership development and individual growth domain and how many stories were coded to each category. Stories may have been coded to more than one category. Following the chart is a short description of the top five categories.

Chart 1: Personal Leadership Development Changes in 2019 CLI Program Graduates



- a. **Increased confidence showed up for leaders in a number of ways.** Twenty-four participants talked about increases in their confidence. For some it was about better understanding their own strengths and weaknesses and overcoming their own confidence issues while dealing with imposter syndrome or a learning disability, or just believing that they can be a changemaker. These confidence increases had a variety of benefits, including:
- An ability to better lead projects
 - Getting involved in new partnerships or taking on new responsibilities
 - Having confidence to speak out against the status quo, or to generally be more engaged in creating or advocating for change.
- b. **Nineteen leaders told stories about seeing their work in a new light.** Some spoke of newly seeing their ability to transfer their skills and work to different contexts, particularly in their own communities. Some talked about gaining a better understanding of health inequities and the need to address them systemically. Several had been struggling with a dissatisfaction with their work or feeling “overwhelmed” but didn’t know how to change it. Going through the program gave them more direction as to how to approach their work or pushed them to redirect their careers so that it better “mirrors their beliefs”.
- c. **Fourteen leaders highlighted a deeper understanding of how to include the perspectives of others.** Interdisciplinary Research Leaders often talked about gaining a better understanding of how to include community as true partners in research projects which led to deeper understanding of the community needs. Leaders from the other programs talked about increased capacity to more effectively listen to the stories and lived experiences of others and to hear other perspectives even when they don’t agree. Some appreciated the opportunities for self-reflection on their own unconscious biases.
- d. **Thirteen leaders saw professional advancement in their careers.** For some they gained increased credibility or increased recognition from implementing new tools or practices in their workplace. Some participants were asked to join advisory groups or committees or step into leadership positions. Other participants reported exploring entrepreneurship for the first time.
- e. **Eleven leaders told stories about getting more comfortable with using their own voice and then finding the right platforms to use their voice.** For some this meant speaking through social media, writing Op Eds, or developing book chapters on previously neglected topics such as transgender patients. For some it was learning more effective ways to communicate their scientific research. One spoke of the courage she drew from to facilitate organizational lunch and learns and present recommendations to her employer. Several stories were about standing up and becoming a vocal advocate for change or a questioner of the status quo.

2. Changes Related to Organizational Impact on Their Own Organization

Clinical Scholars and Interdisciplinary Research Leaders led the examples related to organizational changes. Changes within this domain were mentioned in 19 of the 81 (23 percent) stories reviewed and pertained to changes in the participants' organizations. Most commonly these related to core components of their respective programs: how research was conducted (IRL) or how services were delivered (CS). To a lesser extent, participants mentioned changing other organization aspects such as culture, policies, partnerships, and strategic use of data within their work.

The chart below provides the full range of coding categories under the organizational impact and the number of stories coded to each category. Stories may have been coded to more than one category. Following the chart is a short description of the top three categories.

Chart 2: Organizational Changes Reported by 2019 CLI Program Graduates



- a. **Six leaders found they were able to help change research practices in their institution.** This change, driven by the design of the IRL program, largely involved incorporating community-based research methods in a way that was meaningful to the community and insightful for the researchers. For example, one story talked about how the deeper inclusion of caseworkers led to a greater recognition of their support and training needs. Another talked about expanding their organizing skills to incorporate research in their daily work.
- b. **Five leaders told stories about changes to service provision.** Service provision stories were largely driven by the Clinical Scholar's program design although examples also were found within COHL and IRL stories. One story told of changes in behavioral health services for

children in youth including reducing the number of children erroneously referred for psychiatric services. Two stories spoke of changes in curriculum – one for the training of child welfare caseworkers and the other a wellness curriculum that helps youth manage the physiological changes their bodies have endured. Finally, one leader spoke of developing a pediatric research registry for transgender youth while another described trying new approaches for working with opiate dependent patients.

- c. **Four leaders spoke of new partnerships that had been developed.** Participants stories of new partnerships included regional partnerships focused on LGBTQ, new involvement in a city planning process, ongoing engagement with a state department of health and human services, and a partnership with another youth-focused organization cultivated through a CLI contact.

- d. **Three leaders spoke of changes in organizational culture.** Participants described specific norms that they had seen change within their organizations. For one, it was a shift in mindset of the importance of transgender health care. For another, a now-regular practice of paying attention to unconscious bias in staff training opportunities. For a third, it was recognizing that “crucial conversations” were not taking place in their church and using their skills to facilitate these conversations and create a “healthy” culture.

3. Changes Related to Community Impact

Five of the 81 stories reviewed (6%) cited changes related to community impact. Community impact was looked at in two ways:

- Local community change: Change within one’s direct community, which may include a local system, geographic space, or intellectual community
- Broader community change: Change outside one’s direct community, including state/national policy², cross-disciplinary, or multiple geographic spaces.

The majority (four) of the stories spoke of local community change while the fifth described broader community change.

² All CLI participants agree to specific legal guidelines in their grant agreements which prohibit the use of grant funds for lobbying as defined by Section 4945(d)(1) of the Internal Revenue Code.

Chart 3: Community-Level Changes Reported by 2019 CLI Program Graduates



Three leaders talked about new organizations or initiatives within communities of need. One focused on providing training and education related to building power with communities for health equity. Another developed a pilot program for improving health equity by providing clinical trauma screenings in an impoverished community. A third spoke of a food access initiative helping both students and small local farmers.

One story spoke of empowering individual leaders within their community. A participant described a story where leaders were actively engaged in a community research process over the course of three years with the ultimate impact being that, “they recognize their expertise as assets in the community and they are equipped to continue making positive impacts on their communities”.

One story provided an example of broader community change. The one story that spoke of broader community change told the story of research that had been created to amplify community member experiences for lawmakers. In this example the leader had been part of a team that paired researchers with community leaders in churches and preschools to understand the impact of incarceration on young children.

Appendix 1 – CLI Logic Model

