

Changing Culture in Tennessee’s Division of Family Health and Wellness through Communication, Onboarding, and Recognition

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Tennessee Team Members

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New Challenges in a New Day

After the COVID-19 pandemic arrived in March 2020, many of Tennessee Department of Public Health’s Divisions moved to remote work. This included Family Health and Wellness, the largest division with approximately 150 staff members. Family Health and Wellness encompasses Child Lead Poisoning Prevention, Family Planning, Newborn Screening, Breast and Cervical Cancer Screening, Diabetes, Heart Disease and Stroke Prevention, Injury and Violence Prevention, and many other programs. Further compounding this transition, the Division was searching for a new director from 2019 until March of 2021.

Finding itself in a new day—amidst challenges of a virtual environment and fresh leadership—the Division sought to rebuild and strengthen its culture. Division’s leaders sought feedback from staff through conversation and surveys. As a result, they were able to identify which dimensions of culture would benefit from renewal:

- Staff needed a greater sense of meaningful engagement with the Division and its work, including the Division’s mission, vision, and values.
- New staff needed to better understand how their unit and its work fit in with larger divisional and departmental priorities.
- The Division needed to clarify and strengthen its communication methods, patterns, and norms, including its interpersonal and teamwork norms.
- Overall, the Division needed to cultivate “an environment where people are passionate and excited to work, where people trust one another and communicate openly, [and] where people feel valued for the work they do.”

If realized, these improvements could help retain staff and their institutional knowledge on MCH programs, in turn strengthening the Division’s work and results. This prompted the Tennessee Department of Public Health’s Division of Family Health and Wellness to send a team of leaders to participate in the 2022 Learning Journey. The team’s original plan was to address workforce needs by developing new training programs.

Weaving a New Culture: Contributions from the Learning Journey

Participating in Learning Journey activities and discussions with their staff and Center coach led the team to realize they did not need new training programs. Instead, they could effectively re-weave the Division’s relationships and cultural fabric through improvements in three domains: communication, onboarding, and staff recognition. Extensive work in each of these domains occurred during and after the Learning Journey (as detailed on the next page).

When asked to reflect on their Learning Journey, the team’s co-leads noted that the experience “expand[ed] our workforce capacity from a mental capacity standpoint. It [gave] us time and space to think through with somebody...those bigger, broader issues and concerns.” Further, one team lead described the support received from the Center coach, “You don’t realize how much that means sometimes, just acknowledgement that the work in the field is really hard right now... being seen in that space was so valuable.”

Three features of the Learning Journey that Tennessee found most beneficial:

1. Center tools helped make planning more effective
2. Dedicated in-person team time with coaches
3. Center coaches recognized and acknowledged that it is difficult working in public health right now

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Weaving a New Culture: Contributions from the Learning Journey

Communication Subcommittee

- **Created new tools**, including monthly office hours with the Division Director, Family Health and Wellness Employee Connections (featuring two staff each week in the Division's Microsoft Teams Channel to foster personal and professional connections), an anonymous electronic Suggestion Box, and regular Microsoft Teams sessions to foster team communication and collaboration in the virtual environment
- **Redesigned program manager meetings** to strengthen manager relationships and facilitate collaboration
- **Improved communication between leadership and staff** by developing a Division newsletter with regular communications from the Assistant Commissioner of Health

Onboarding Subcommittee

- **Enhanced and updated onboarding materials**, including the Orientation Program, Division Employee Handbook, Division Program Directory, and Division Staff Directory
- **Created an onboarding checklist** to improve quality and consistency across the Division
- **Implemented networking and mentorship opportunities for new staff**, including a monthly "meet and greet" program with Division's senior leaders, affinity groups for staff with similar interests and responsibilities, a Buddy System to pair new staff with experienced peers to foster support and information-sharing, and a central administration team, who facilitates recruitment, onboarding, retention, development, and offboarding for the Division
- **Developed a new method to systematically track the Division's hiring, onboarding, and offboarding process**, including the addition of a question on turnover intent to the annual Division engagement survey and collecting additional data in exit interviews to study turnover patterns

Recognition Subcommittee

- **Created new methods to recognize staff**, including a process for staff nominations for superlative awards (such as the Connection Award, Healthy Boundaries Award, Mission Impossible Award, Faithful Award), recognizing staff who have excelled in a task or project through "spotlights" on Microsoft Teams, and showcasing program teams or sections who have done exemplary work during quarterly Division meetings
- **Designed a Connections survey** on Microsoft Teams where staff can share photos, personal interests, and build relationships
- **Provided skill-building opportunities for supervisors** related to reflective supervision, setting staff expectations, developing individual performance plans, and implementing "warm 360 reviews," a method to provide staff with helpful and constructive feedback