

## ARIZONA COMMUNITY LEADER FOCUS GROUP REPORT

September 13, 2012

On behalf of the National Organization of State Offices of Rural Health, an in-person community leader focus group was organized as a pre-session to the annual 2012 Arizona statewide rural health conference. The event took place on September 13 with eleven (11) participants attending from throughout the state, including Forest Lakes, Peoria, Sierra Vista, Yuma, Oro Valley, Nogales, Douglas, Flagstaff, Tucson, and Phoenix. Alison Hughes, a past-president of NOSORH and Tucson resident, facilitated the meeting. Dennis Berens, also a past-president of NOSORH and conference speaker, was also present for a majority of the meeting. Both Berens and Hughes are co-founders of NOSORH's leadership development program. Advertising for the focus group was accomplished through the conference program. The participants, with one exception, were registered to attend the conference and had travelled to attend the conference. There was one exception. Ms. Connie Widener, a resident of the remotely located town of 150 residents, Forest Lakes located on the Mogollon Rim, attended because she was, by happenstance, visiting her sister in Tucson at the time of the conference, and was invited to attend by Alison Hughes. Some urban participants came for professional reasons – they were interested in knowing more about the interests and needs of the rural residents in attendance. The focus group started at 8:00 a.m. and ended at 9:45 a.m.

The learning objectives advertised in the rural health conference program were as follows:

- Share ideas regarding the content of a national rural leadership training program;
- Gain an understanding of the needs surrounding rural leadership development;
- Gain an understanding of the gaps in rural leadership development that can be filled through a national rural leadership development program.

The format for the focus group was based on an informal discussion model, with participants responding to pre-determined questions being asked in similar focus groups around the country by NOSORH leaders.

It is understood that the feedback received from the Arizona focus group will be utilized by NOSORH as it shapes a national leadership program that targets the development of new rural health leaders in small communities across the country.

### Introductions

Participants were asked to share information about themselves and their community. It was evident from the responses that the rural participants held positions of leadership in their communities and in combination, had exercised much leadership in the field of rural health. Their positions included such roles as rural hospital board member, director of medical management, physician, quality manager at a community health center, graduate student, director of medical management, director of a council of governments, and a retiree who was volunteering at the local fire department.

### About You As A Leader

In response to questions about defining community leadership, self-leadership definition, and retaining leadership roles, the following responses were offered.

- Meeting the challenge of finding someone to lead
- Acquiring positive influence in the community
- Having the ability to listen to community concerns and the commitment to empower others with what you hear – giving in return
- Building trust
- Keeping stakeholders involved
- Accomplishing together
- Involving community in recruiting new leadership
- Nurturing and retaining commitment
- Volunteer involvement represents the desire to contribute
- “Leadership Happens”

- “Doers Do”
- “I have worked on leadership skill development. It involves working well with others and using others to accomplish common goals.
- Developing the skills of others.
- Be not afraid to make decisions!
- I keep doing it because:
- The work keeps on going – there is always more to be done
  - It improves community
  - It fulfills a personal need to be involved, to stay connected, to contribute.
  - Events change individuals
  - There is a great need to hand off leadership to the next generation— this involved mentoring.

### About Community Leadership

In this category, questions were posed such as “what type of leadership style is effective in your community?” “What leadership structure would be effective?” “Who is stepping up to become leaders?” “Who else leads?” Responses were varied and included the following:

- “Stay true to yourself; allow others to know you to build rapport”
- Acquiring knowledge impacts leadership; it is important to have information to share with others.
- Collaborative leadership is important – bringing groups together from a holistic standpoint.
- A leadership style that treats all with dignity and respect.
- A challenge in leadership structure is the “outsider effect.” Small town residents can look at newcomers with suspicion. It is important to find a resident who is a leader who will introduce the newcomer to the community in order to build acceptance.

## About Leadership Development

Questions posed in this category covered topics that included motivating and encouraging new community leaders, types of training that will motivate them, past leadership training experience, the content of leadership development training programs, youth mentoring, and resources needed.

Participants identified the following issues and ideas:

- The need to develop skills in mentoring
- The need to define what skill sets are needed and matching people who have them with others to be mentored
- The ability to “ask”!
- The need to be clear on the end product or goal to be accomplished
- The need to work with school leaders to engage parents and students in community projects that allow for the exercise of leadership as part of mentoring
- “Leadership is addictive”—it should include a project
- There should be a tool kit available for the community leadership program
- Training needs to include developing “capacity to remove the bullies”
- The need for access to a network of rural community leaders who can be reached informally
- Leadership training should include a face-to-face session
- The need for leadership training content that looks at the future of health care, for example, patient engagement (e.g., the meaning of patient-centered medical home)
- The need for training on board versus staff relationships
- There need for rural community program continuity, with regular leadership transition
- The need to share resources
- The need to find leaders to run mental health organizations and initiatives in rural areas

- The need to find leaders to prepare for the implementation of the Accountable Care Act
- The need to find leaders willing to examine the destiny of small rural hospitals
- Rural Arizona is home to correctional agencies and prisons; the need is to find employees willing to work there, and for community-prison communication advancement
- The need for funding for emergency response in remote areas

### Summary and Conclusions

The bullet points listed above resulted from substantive exchange of ideas among the focus group participants. When asked who among them had participated in leadership training programs, three or four hands were raised. When asked if any would be interested in participating in a NOSORH rural community leadership training program, fewer hands were raised. The majority of focus group participants already hold positions of leadership. These are people who are accustomed to getting things done, but they were also very much aware that leadership transition is a major challenge in rural and remote areas of the state. To that end, I think NOSORH could draw upon them to assist with recruitment of rural residents who could benefit from participating in NOSORH's national community leader training program.

*Alison Hughes*