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Organizational Culture Change in The United States Government and its Application in State and Local Public Health Agencies: A Literature Review

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ABSTRACT

State and local health agencies play a critical role in the assessment and assurance of public health in the United States. Their authority to shape the structure and delivery of health services makes organizational culture change imperative for the improvement of government services and ultimately, the health of the public. A systematic literature review using SCOPUS, PsycINFO, Business Source, and Academic Search Premier was conducted to 1) analyze organizational culture change efforts in United States federal, state, and local government settings and 2) make recommendations on how to implement organizational culture change initiatives in state and local health agencies. Of 742 articles in the initial literature search, 17 articles were reviewed. Key findings show that state and local health departments may 1) utilize the NACCHO Roadmap for Quality Improvement, 2) improve horizontal integration through increased employee participation, 3) enact comprehensive approaches which thoroughly address all elements of organizational culture and 4) align and promote the new culture throughout the organization.

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Introduction

Organizational culture has been a topic of increasing importance across industries as

organizations seek to maximize productivity, increase employee satisfaction, and improve the

overall function of their organizations. For the culture of an organization to change, the current

culture must be accurately assessed, the desired culture must be identified, and a plan for change

must be executed. Researchers have studied various organizational cultures and methods of

change. United States government organizations have their own structure, purpose, and funding

sources which call for a tailored approach to organizational culture change efforts. The purpose

of this literature review is to 1) analyze organizational culture change efforts in federal, state, and

local government settings and 2) make recommendations on how to implement organizational

culture change initiatives in state and local health agencies. This report will not seek to compile

evidence to determine the ideal state of organizational cultures in United States government

organizations as this is a larger question dependent on agency type and purpose. US government

agencies represent a large, diverse body of services and employees. This review seeks to identify

commonalities that apply to state and local health agencies. Findings may or may not be apply to

other US government agencies.

Background

Organizational Culture

Organizational culture is comprised of the artifacts, tacit beliefs, values, assumptions and

behaviors of an organization's employees (Cummings & Worley, 2015; Groysberg, Lee, Price, &

Yo-Jud Cheng, 2018). This often reflects the organization's norms and implicit understandings

of operations. It is the shared perspective of 'how we do things around here.' Figure 1 illustrates

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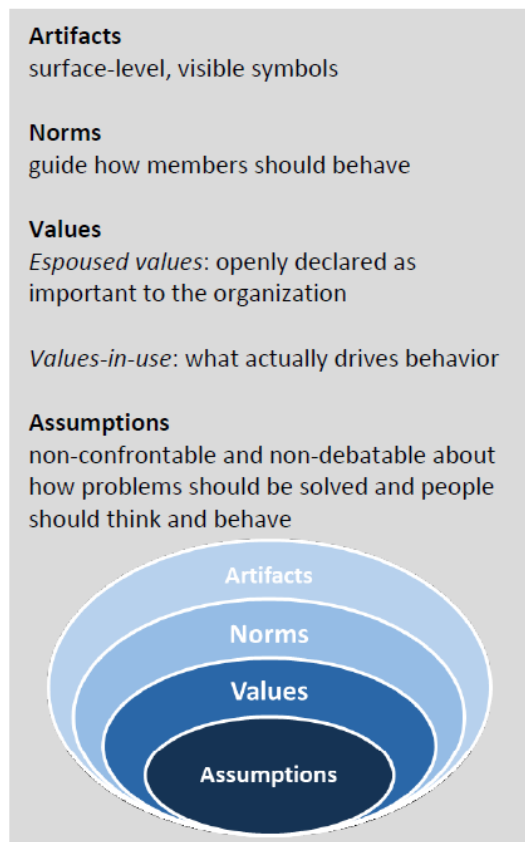APPLICATION IN STATE AND LOCAL PUBLIC HEALTH AGENCIES: A LITERATURE REVIEW

the tangible and abstract elements of culture.

Organizational culture is a fundamental driver of performance and acts as the framework for which decisions are made, employees experience their jobs, and the overall effectiveness of the organization (Swensen & Mohta, 2019). The terms organizational culture and culture will be used interchangeably throughout this review.

Figure 1: Elements of Culture
(Cummings & Worley, 2015)

Artifacts
surface-level, visible symbols

Norms
guide how members should behave

Values
Espoused values: openly declared as important to the organization

Values-in-use: what actually drives behavior

Assumptions
non-confrontable and non-debatable about how problems should be solved and people should think and behave

Artifacts
Norms
Values
Assumptions

Organizational culture is unique to each organization and acts as a powerful determinant of group behavior. Its components are difficult to tease apart due to the social and emotional components of culture (Schraeder, Tears & Jordan, 2005). According to George Gordon (1991), organizational culture is a product of successfully adapting to the environment and thus will naturally resist change. Based on this viewpoint, change in the environment might necessitate a change in the culture.

There is substantial evidence of the impact of organizational culture on process, employees, and performance (Shahzad, Luqman, Khan, & Shabbir, 2012). There is a widely held belief that positive organizational culture is critical to improved quality, performance, and patient outcomes within health care contexts (Braithwaite, Herkes, Ludlow, Testa, & Lamprell, 2017). Culture can be examined through many lenses including business profitability, employee satisfaction, customer satisfaction, and quality. Most commonly, culture is viewed through employee behavior. Does the organization operate under a culture of fear, pressure, and

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adherence to the status quo? Or does the organization establish a transparent culture that values

trust, respect, and growth?

Organizational culture is considered strong when the beliefs and values of employees are

closely aligned with the mission and vision of the organization. Weak cultures are loosely knit

and allow for gaps in employee objectives and the goals of the organization (Shazad et al., 2012).

Standard norms can vary based on industry type. For example, innovative industries, like

technology, might benefit from cultures of creativity, willingness to collaborate, and courage to

try new approaches, whereas the United States military requires a stricter code of conformity and

adherence to protocols to execute tasks with precision. Due to the nature of groups to adopt

common assumptions, beliefs, and values, culture change is a worthy goal to advance the overall

mission of an organization.

Organizational Change

Dean Anderson and Linda Ackermann Anderson (2010) describe three types of

organizational change. Developmental change refers to incremental change in skills or a process

that improves procedures and processes. Transitional change is a planned, episodic change which

might substitute one strategy for another. Transformational change is an ongoing, adaptive, and

challenges an organization's underlying assumptions. Organizational culture change is a

transformational change that requires efforts to be persistent and dynamic.

United States Government Organizational Culture

Public sector organizations are predominantly hierarchical in structure, especially

compared to private organizations which have more variation in structure and leadership style.

The federal government consists of the legislative, executive, and judicial branches. They are

tasked with interpreting, defending, enacting, enforcing, and developing laws. State and local

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governments are responsible for powers not granted to the federal government based on
individual state constitutions and municipal policy (The White House, 2019). Federal, state, and
local agencies are organized top-down, with each department level answering to the higher
administration. Typically, government organizations enact command-and-control policies and
are highly siloed (Morgan, 2006). The hierarchical structure tends to create risk-averse cultures
that focus more on stability, control, rules, and procedures rather than flexibility, innovation, and
trying new ways of doing business (Drumm, 2012).

There are several key considerations when approaching culture change initiatives in the
public sector that are summarized in Table 1. Resource availability is often more restricted
compared to private organizations. Efficiency is an issue and often slows down the pace of
operation and implementing changes. For government organizations, the pressure to improve
efficiency and operate under increased public scrutiny adds additional pressures for both process
and outcome objectives (Schraeder et al., 2005). Different external environmental characteristics
such as political agendas, existing policy, allocated funding, and appointed leadership within
government organizations shape the goals and expectations of public sector organizations.

Table 1: Functional Idiosyncrasies Between Private and Public Sector Organizations
(Schraeder et al., 2005).

Function	Private organizations	Public sector organizations
Decision making	Depends on organization structure, but is becoming more participatory/team oriented	Within department: often autocratic legislative/policy level: democratic
General policies and communication	Becoming less policy driven and more results driven	Very structured and rules oriented
Personnel management	Depends on organization structure with larger organizations having certain functions centralized and others decentralized	Hybrid of elected officials, appointed officials and employees who are hired through traditional methods
Materials procurement	Most successful organizations develop strong relationships with suppliers to promote lower costs and more efficient delivery. Just-in-time supply agreements are not uncommon	Bids and contracts which often take longer and do not always result in the most efficient outcome
Financial management	Major functions are managed at corporate level with appropriate authority to make financial decisions often delegated to division or function level	Method may vary based on department and jurisdiction. Lack of consistency can create havoc in obtaining cross-department/cross-agency information
Marketing	Very competitive, prompting numerous organizations to develop competitive intelligence programs	The presence of few or no competitors results in sparse marketing efforts. However, public organizations do have multiple stakeholders

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Michelle Drumm (2012) points out that public sector organizations are typically less focused on market factors and more focused on political agendas or stakeholder interests. This naturally causes public sector organizations to be more reactive (instead of proactive) to political activity and policy. Compared to private sector organizations, public sector employees tend to have a strong alignment with social values (Greasley, Watson & Patel, 2009). This 'public sector ethos' which motivates employees is often embedded to some degree in the culture of government organizations.

Government Barriers to Culture Change

Across industries, government organizations struggle with a lack of vision, poor strategy, lack of commitment, poor leadership skills, poor operational planning, and lack of adequate metrics to track achievement (Drumm, 2012). Additional barriers specific to these organizations include the following:

- Positional leaders are often selected based on their command of policy and technical expertise. Investment in operational leadership skills is not always prioritized in these leaders.

- Agency officials often have a limited amount of time to implement change. It is tempting to select policy reform that can be implemented quickly during their time in the position.

- Bureaucratic rules that were originally designed to prevent overreach or wrongdoings inhibit flexibility and lead to risk-averse cultures. Failure is penalized whereas rewards for exceptional performance are less likely to be acknowledged meaningfully. Risk aversion can also be attributed to the immense responsibility of the mission to improve the quality of lives of individuals and communities.

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- Everyone has a rightful stake in public activities. Oversight can impinge agile change

  efforts as there is bound to be disapproval from internal sources, public-interest groups,

  media, or the community.

- Short-term budgets often limit long-term planning.

- The public sector tends to lack operational leadership skills that complement dynamic,

  transformational leadership styles. The hierarchical model of the public sector is not

  typically conducive to this way of thinking.

State and Local Health Agencies

The US public health system relies on the activities

and partnerships of federal, state, and local levels. Eileen

Salinsky (2010) explains the structure and responsibilities

of state and local health agencies in the National Health

Policy Forum report and summarized in Table 2. The

coordination and responsibility taken on by government

agencies vary by state and localities. Federal policy

influences public health practice, but rarely dictates state

and local public health practice. Every state and the

District of Columbia have their own state health agency.

Table 2: Public Health Activities (Salinsky, 2010)
State Public Health Agencies
• Disease surveillance, epidemiology, and data collection
• Laboratory services
• Preparedness and response to public health emergencies
• Population-based primary prevention
• Health care services
• Regulation of health care providers
• Other regulatory activities
• Environmental health
• Administration of federal public health programs
Local Public Health Agencies
• Clinical prevention
• Medical treatment and other personal care services
• Population-based interventions

States are the primary authorities for public health in that they have a broad capacity to define

their authority, determine breadth and depth of government services, and decide how services are

to be organized, financed, and delivered. Some health agencies are singularly focused on public

health services. Other agencies offer additional resources related to health care (including

Medicaid administration), long-term care, social services, or insurance regulation. The variation

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in service offerings by states has created fragmented, inconsistent functions and structures of

public health agencies across the nation. The complexity of services requires cooperation with

sister agencies in state government or community partnerships or contracts.

Salinsky (2010) goes on to describe local health agencies and their role in direct

operational responsibility for public health services. Local health agencies vary in size, service

offerings, and structure. In 2016, there were a total of 2,795 local health departments and 312

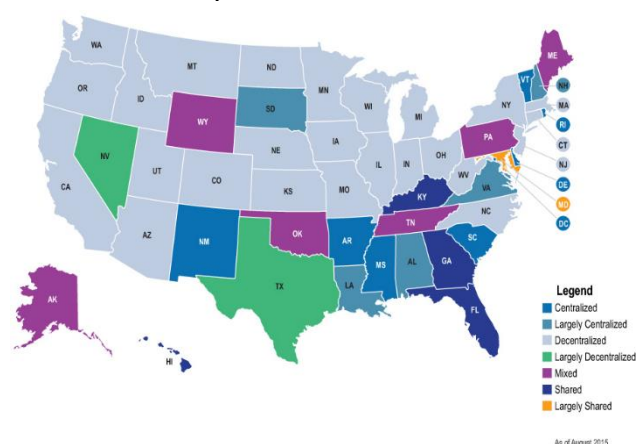Figure 2: State and Local Health
Department Governance

Figure 2. State and local health department governance classification map.
Reprinted from Centers for Disease Control and Prevention (CDC), 2018, Retrieved
from https://www.cdc.gov/publichealthgateway/sitesgovernance/index.html

regional or district offices (ASTHO, 2017).
As seen in Figure 2, state and local health
department governance can be described as
decentralized, centralized, or a hybrid
(mixed) relationship. Decentralized local
public health agencies are led by local
authorities and are organizationally
independent by the state agency.
Centralized local public health agencies

rely on state government administration. Hybrid or mixed models allow for state agencies to

administer public health activities in jurisdictions without a local health agency while other local

jurisdictions operate decentralized agencies (primarily in metropolitan areas). In 2016, 58

percent of state public health agencies were independent and 42 percent were part of a larger

umbrella organization (ASTHO, 2017). Echoed on both the state and local levels, variations in

size, structure, and services offered by public health agencies create challenges in delivering

congruent services that meet the needs of their communities. A 2002 Institute of Medicine report

states "there are no data to suggest what an 'ideal' state and local agency governance structure

might be. Thus, it would be important for state agencies to examine their present governance

structures and evaluate mechanisms to make these structures more effective (IOM, 2002, p. 8.)"

The autonomy of state and local health agencies to determine how to effectively deliver public

health services makes them preferred settings to identify ideal qualities of organizational cultures

and implement strategies for organizational culture change.

The Future of Government Public Health

Public health is having to adapt to the plethora of forces driving change in the US

healthcare system. Urgent threats including antibiotic resistance, prescription drug misuse, and

global health security along with decreased funding for these concerns require the public health

workforce to rise to the complex demands using evidence-based solutions and effective use of

partnerships and resources (Coronado, Koo & Gebbie, 2014). The workforce needs to be able to

provide the expertise and work necessary to accomplish the goals of public health organizations.

In September 2016, State Health Officials' average tenure was 2.7 years with an average of 11.8

years of public health experience before securing the position (ASTHO, 2017). The number of

FTEs for the public health workforce is decreasing, largely due to decreases in funding and direct

services provision and increases to funding distributed as pass-throughs and grants or contracts

to third parties (which could include local health departments). The average state agency has 14

percent of its positions vacant. It is anticipated that by 2020, the percentage of health agency

employees eligible for retirement will increase from 17 percent to 25 percent (ASTHO, 2017).

Data from the 2017 Public Health Workforce Interests and Needs Survey (PH WINS)

showed that the government public health workforce is highly engaged and satisfied with their

jobs with 81 percent replying they were somewhat or very satisfied with their job and 70 percent

somewhat or very satisfied with their organization (de Beaumont Foundation & ASTHO, 2017).

However, nearly half of the workforce surveyed indicated they were considering leaving their

agency in the next five years with 25 percent of those being reasons other than retirement. This is

a 41 percent increase in employees planning to leave their job since 2014. Primary reasons for

considering leaving included inadequate pay, lack of opportunities for advancement, the

workplace environment, job satisfaction, and lack of support. The survey anticipates the already

underrepresented populations of millennials and those with public health degrees are anticipated

to leave the workforce in large numbers (de Beaumont Foundation & ASTHO, 2017).

Enacting Change in State and Local Health Agencies

A broad shift towards systems-thinking approaches to public health and public service

delivery calls for adapting organizational cultures to meet the needs of communities in the US

and build the public health workforce. The inability to adjust to rapidly changing environmental

factors impacting health service cost, quality, and access can lead to increased turnover in

management and eventual erosion of public and private confidence in public sector organizations

(Valle, 1999). The predominant hierarchical structure of government organizations calls for

culture change initiatives designed for their current structure and ability to overcome their unique

challenges.

Methods

Search Strategy

A literature search was conducted to examine overall trends of organizational change

within United States government organizations. Database search efforts were coordinated by

librarian Christian Minter of the University of Nebraska Medical Center's McGoogan Library of

Medicine. The search was conducted in four academic databases: SCOPUS, PsycINFO, Business

Source, and Academic Search Premier. Keywords for the search were identified through

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reviewed article titles and abstracts of initial searches in Scopus and Google Scholar along with

controlled vocabulary terms in PsycINFO. The following keywords and phrases were included in

the search: organizational culture, organizational behavior, workplace culture, professional

culture, change, changing, transformation, improvement, innovation, reform, government,

governmental, United States, and names of all 50 states and the District of Columbia. The search

criteria are described in detail in the Appendix. Additional grey sources were obtained through

Google searches and available academic course material.

Study Selection Criteria

Included articles had to be specific to government organizations in the United States.

Sources are exclusively from the United States to limit the scope of research to organizations

bound by the same structure, political priorities, and ability to mesh with societal norms. It is

unclear if governmental culture change research from other countries would be effective in US

government organizations based on their different internal and external environments. Selected

articles had to have the primary purpose of addressing one or more of the following: change

organizational culture, change fundamental elements of organizational culture, evaluate the

importance or perceptions of elements of organizational culture, address barriers to

organizational culture change. To review the most relevant sources, the search was limited to

publications in English from 2000 to 2019. Articles, essays, and literature reviews published in

peer-reviewed journals were included along with resources from credible public health

organizations. Exclusion criteria included dissertations, military and police research, government

oversight of private organizations, articles in languages other than English, studies that

exclusively took place outside of the United States, and studies that took place exclusively in

private or nonprofit organizations.

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Data Extraction

The following characteristics from included studies were extracted: government level,

current description of government setting, intervention description, theories or framework used,

results, and relevant descriptive data or recommendations.

Quality Assessment

Articles were distinguished by their use of primary or secondary data (from prior research

or publicly available data) and the method of data collection. The research was further

categorized by single data collection or repeated data collection in Table 3.

Table 3: Quality Assessment					
Authors	Level	Publication Type	Type of data collected	Primary data collection protocol	Repeated Data Collection?
Ruijer, E.H.J.M., Huff, R.F (2015)	Federal	Peer-reviewed journal article	Both primary and secondary data	Exploratory document analysis and self-report (interviews)	No
Laurian, L., Walker, M., Crawford, J. (2017)	Local	Peer-reviewed journal article	Primary	Self-report (survey)	No
Korom-Djakovic, D., Canamucio, A., Lempa, M., Yano, E.M., Long, J.A. (2016)	Federal, state & local	Peer-reviewed journal article	Primary	Administrative data review and self-report (survey)	Yes (2010, 2012)
Attmore, R.H. Hancox, D.R. (2016)	State	Peer-reviewed journal article	Case Study	N/A	N/A
Hijal-Moghrabi, I., Sabharwal, M. & Berman, E.M. (2017)	State	Peer-reviewed journal article	Primary	Self-report (survey)	No
Jacobson, W.S. (2011)	Federal	Peer-reviewed journal article	Primary	Self-report (interviews and surveys)	No
Moon, K. (2016)	Federal	Peer-reviewed journal article	Secondary	N/A	Yes (2010, 2011, 2012, 2013, 2014, 2015)
Everly, G.S., Jr., Smith, K.J. & Lobo, R. (2013).	Federal	Peer-reviewed journal article	Secondary	N/A	Yes (2000, 2009)
Román, J.A., Ribiere, V.M. & Stankosky, M. (2004)	Federal	Peer-reviewed journal article	Primary	Self-report (survey)	No
Lindberg, A. & Meredith, L. (2012)	Local	Peer-reviewed journal article	Case Study	N/A	N/A
Thompson, D.F (2014)	Federal	Peer-reviewed journal article	Case Study	N/A	N/A
Boyd, N.M. (2011)	State	Peer-reviewed journal article	Primary	Self-report (survey)	No

Davis, M.V., Mahanna, E., Joly, B., Zelek, M., Riley, W. Verma, P. & Fisher, J.S. (2014)	Local	Peer-reviewed journal article	Primary, Case Study	Self-report (surveys and interviews)	No
Gyllstrom, E., Gearin, K., Frauendienst, Myhre, J., Larson, M. & Riley, W. (2015)	Local	Peer-reviewed journal article	Primary	Investigator ranking and self-report (interviews)	No
Carleton, T. (2015)	Federal	Essay published in peer-reviewed journal	N/A	N/A	N/A
Schraeder, M., Tears, R.S. & Jordan, M.H (2004).	Federal, state & local	Literature review and case study	Secondary	N/A	N/A
National Association of County & City Health Officials (2019)	Local	National Public Health Membership Organization	N/A	N/A	N/A

Results

Search Results

The initial search of the four databases generated a combined total of 742 articles.

Screening of titles led to exclusion of 550 irrelevant titles. 192 abstracts were screened and after

application of inclusion and exclusion criteria, 17 sources were included in the analysis. Selected

sources fell into four categories: 1) Reports exploring organizational change theories, 2)

Evaluations or perceptions of certain types of organizational cultures or one of its critical

elements, 3) Case studies providing examples of organizational change and practical

recommendations, and 4) Recommendations from credible public health leadership

organizations. In total, the following were reviewed: 14 peer-reviewed articles, 1 essay, 1

literature review, and 1 NACCHO Roadmap were reviewed. The most common reason for

sources to be excluded was a failure to examine a topic at an organizational level or research

taking place outside of government settings. For example, a source with a purpose of improving

quality or performance might make recommendations for leadership or management, but fail to

expand further to the organizational culture or climate.

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Summary of Findings

The current state of government. In the United States, government organizations vary
in complexity, size, location, populations they serve, academic affiliations, services offered, and
management styles (Korom-Djakovic, Canamucio, Lempa, Yano & Long, 2016). Public and
private organizations are trying to adapt to increasing political, economic, and social unrest.
Governments are having to do more with less (Everly, Smith & Lobo, 2013). Government
organizational cultures are overwhelmingly hierarchal, top-down (also described as vertically
structured), siloed, and prioritize command-and-control (Ruijer & Huff, 2016; Lindberg &
Meredith, 2012). Power is unbalanced and management is largely uncoordinated (Laurian,
Walker, & Crawford, 2017). Employees are unable to fully trust their administration due to
unpredictable changes in leadership (Lindberg & Meredith, 2012). In their most traditional form,
government organizations can have very negative cultures which place process and procedures
over results. The focus on rules along with norms of passing responsibility onto others makes for
risk-averse cultures (Attmore & Hancox, 2016; Laurian et al., 2017).

Lack of transparency and information sharing with internal and external constituents is an
issue (Lindberg & Meredith, 2012; Ruijer & Huff, 2016). This is due to many factors including
culture, administrative priority, and limited capacity or utilization of information-sharing
technology. Government failures, in part, are due to the difficulty of assigning responsibilities in
organizations where many individuals contribute to decisions and policies. This lack of explicit
responsibility limits accountability (Thompson, 2014). Governments steeped in their traditional
way of doing things might lack evidence-supported practices or practicality (Lindberg &
Meredith, 2012). Knowledge transfer is an issue within the organization and communities
(Román, Ribière, & Stankosky, 2004; Lindberg & Meredith, 2012; Ruijer & Huff, 2016).

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Government organizations are ahead of many industries in establishing a diverse workplace.
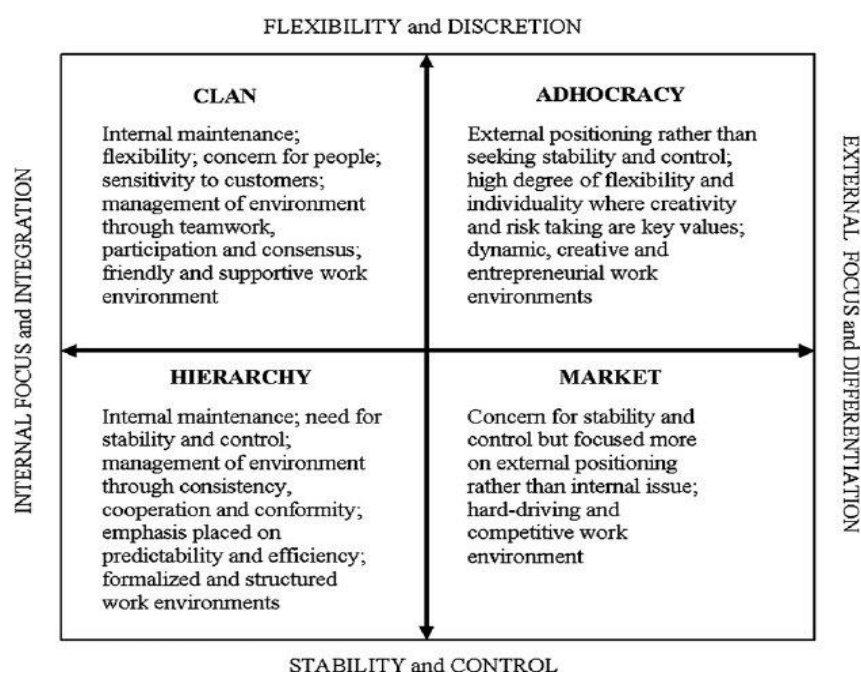
However, there are still barriers in the workplace that prevent employees of different

backgrounds from contributing or benefiting their organization to the fullest (Moon, 2016).

Relevant theories. Cameron and Quinn's (1999) Competing Values Framework was the

most universally referenced theory for describing or changing elements of organizational culture.

Shown in Figure 3, the majority of existing government organizational cultures in the US can be

described as a Hierarchy. Formalized chains of command and rules create stable, controlled

environments. Most desirable organizations for US government organizations shifted towards

Adhocracy or Market structures. External environmental factors and community partnerships are

of greater importance. Government organizations need improved creativity and agility to adapt to

rapidly changing political
and social needs and
priorities. Stability and
control are giving way to
flexibility and autonomy.

The idea of changing
the values and behaviors of
an entire organization and all
of its employees might seem
daunting or even impossible
for strained government

Figure 3: Competing Values Framework
(Cameron & Quinn, 1999)

organizations. Focused, incremental progress can create momentum which gradually creates

lasting change. Malcom Gladwell's (2000) "Tipping Point" Theory stood out as a practical

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recommended method of change in government organizations (Everly at al., 2013). The theory

relies on carefully selected, influential members of the organization to catalyze change efforts

throughout the many levels of an organization. Operationalized through a style of resilient

leadership that embraces adversity as an opportunity, leaders are selected based on their 1)

credibility, 2) informational conduits (i.e. a supervisor or manager), and 3) willingness to

promote the success of others through collaboration. Everly et al. (2013) estimate the "tipping

point" of culture change would need to be approximately 20 percent of the population practicing

resilient leadership.

   Trends in organizational culture change. To meet the increasing demands of rapidly

changing, interconnected societies, there have been trends in government organizational culture

change. Increasingly, US government organizations desire cultures which improve

accountability, transparency, and prioritize results over rules. The traditional Hierarchy structure

is being actively pushed towards a Market structure which places more focus on external

demands and competition. There was a variety of desirable cultures which are summarized in

Table 4.

Table 4: Desired Organizational Cultures		
Desirable Culture	Authors	Summary
Open government	Ruijer & Huff, 2016	Governments that value transparency, participation, and collaboration
Quality improvement culture	Korom-Djjakovic et al., 2016	Improved quality and efficiency of teams involving processes, the balance of competing demands and stress, adequate resources and staff support, and communication and cooperation among staff
Learning organization or culture	Attmore & Hancox, 2016; Lindberg & Meredith, 2012	Organizations that prioritize relevance, nimbleness, and effectiveness to adapt to changes in the environment
Resilient culture	Everly at al., 2013	An atmosphere which promotes growth, supports employees, and views crisis as an opportunity
Ethical environments	Hijal-Moghrabi, Sabharwal & Berman, 2017	Organizational which safeguard against ethical failure through environments of integrity, trust, and well-defined values, codes, and standards
High-performance organizations	Hijal-Moghrabi et al., 2017	Organizations which achieve high productivity, innovation, employee and customer satisfaction,

		strong leadership, and high levels of employee participation
Transformational leadership climate	Moon, 2016	Leaders demonstrating idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration

While organizations articulate different organizational goals, there are many

commonalities. Internally, government organizations are emphasizing vertical and horizontal

integration (Ruijer & Huff, 2016; Laurian et al., 2017; Lindberg & Meredith, 2012). Greater

horizontal integration requires a voice to be given and heard by employees at all levels.

Accountability is of increasing value and requires transparency throughout the organization and

with external stakeholders. More robust information sharing is required in both organizational

structure and technology infrastructure.

Critical elements of organizational culture. Some of the research focused on evaluating

or changing critical elements of organizational culture. Leadership was of utmost importance, but

not in the traditional sense where top administrators make-or-break organizational culture

change. Transformational and resilient leadership styles require organizations to empower

leadership at all levels of the organization. Everly et al. (2013) describe an organizational culture

of resilience as having an atmosphere or climate where growth is promoted, support is abundant,

and crisis is seen as an opportunity. Transformational leadership is largely informed by

resilience. Transformational leadership's core dimensions are an idealized influence,

inspirational motivation, intellectual stimulation, and individualized consideration (Moon, 2016).

These values push against the fixed hierarchal structure with an energized attitude of solving

complex problems through improved collaboration.

Employees of a successful culture change initiative reported valuing their leader's ability

to listen, observe, and engage employees across horizontal and vertical levels of the organization.

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They cited persistence and energy as being necessary qualities to the successful adoption of a

new culture (Lindberg & Meredith, 2012).

Motivation was found to be dynamic over time. Willow Jacobson (2011) interviewed

government employees to understand how organizations can enhance and develop public service

motivation. Findings showed that most government employees chose careers in the government

for more pragmatic reasons like stability, income, flexibility, and availability. A sense of pride

and altruism towards government service generally grew as time within the organization

increased. While a sense of public service was rarely critical for employees to select a

government job, it did contribute to retention and performance. Some employees described their

dependence on pension plans, high salaries, and specialization of the job as "golden handcuffs."

While this mindset retains employees, it is hardly motivating. Jacobson (2011) argues that while

recruitment based on public service motivation might limit the pool of applicants, this motivation

can be cultivated by organizational cultures which help individuals understand the link between

their actions and the mission and purpose of the organization.

Performance improvement. Some sources examined the link between organizational

culture and performance improvement. Performance improvements were measured in a variety

of ways including quality, efficiency, and effectiveness of agency operations. Boyd (2011)

examined the link between organization development and social change. Specifically, can

changes in organizational development improve government efficiency and effectiveness of

service delivery? The study found that increased participation at the individual and

organizational level were positively correlated with customer service outcomes. Additional

customer service improvements were associated with increased teamwork, training about

organizational development, job skills, and performance.

Two studies investigated how to create quality improvement cultures in public health

agencies. Davis, Mahanna, Joly, Zelek, et al. (2014) observed agencies that were engaging in a

series of formal or informal quality improvement projects or attempting to create a quality

improvement culture. Agencies conducting formal quality improvement projects and creating a

quality improvement culture had more leadership support, participated in national quality

improvement initiatives, had a greater number of staff trained in quality improvement and had

teams dedicated to quality improvement with decision-making authority. Agencies working

towards a culture of quality improvement were more likely to have a history of evidence-based

decision-making and use quality improvement to address emerging issues. Accreditation was

found to be a driver for quality improvement activities. Gyllstrom, Gearin, Frauendienst, Myhre

et al. (2015) found that in local health departments, organizational quality improvement maturity

was strongly associated with the Statewide Health Improvement Plan (SHIP) grantee

performance. Local health departments were more likely to be rated as "exceeding expectations"

if they had high-quality improvement maturity, effective leadership, efficient decision-making,

and successful regional or cross-jurisdictional partnerships.

Examples of organizational culture change in case studies. The aforementioned

literature findings describe elements of government organizational culture and frame approaches

to organizational culture change. Case studies found in the review give examples of

demonstrated change efforts within government organizations. In each case study, the leader or

organization worked to embed certain attributes or strategies into their desired culture.

Openness. Ruijer and Huff (2016) examined the impact of organizational culture on open

government reforms through an exploratory qualitative study including document analysis and a

case study. Five federal government agencies were evaluated based on transparency,

participation, and collaboration. Findings showed that each agency recognized a culture of openness is important. The agencies focused on connecting vision and voice with access to information and technology, primarily with external stakeholders. Less attention was paid to organizational change within the agency. The US Office of Personnel Management case study successfully demonstrated culture change through a network approach. The network facilitated improved communication and collaboration across traditional boundaries. Improved internal horizontal openness contributed to newfound openness.

Framing core values and supportive structures. Laurian, Walker, and Crawford (2017) surveyed 217 city and county planners and managers sought to tease out organizational features and their impact. Their proposed framework that environmental sustainability implementation in local government organizations is affected by 1) prioritization and framing of sustainability as core value, 2) organizational culture and its political support for innovation and consensus building, 3) organizational structure as the degree of vertical and horizontal integration within the agency, 4) interactions among these elements, and 5) the local and supra-local contexts in which local government organizations operate. Horizontally and vertically integrated organizations supported innovation adoption and consensus building; two critical dimensions of organizational culture. This supports the development of organizational cultures of interdepartmental cooperation, informational sharing, and trust between hierarchal levels of government organizations.

Training and leading by example. Schraeder et al. (2004) illustrate an example of a public sector leader taking on cultural change in a department that lacked motivation, vision, and trust using Schein's (1992) culture embedding mechanisms: 1) What leaders attend to, measure, and control, 2) How leaders react to critical incidents and crises, 3) Observed criteria for allocation of

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limited resources, 4) Deliberate role modeling, teaching, and coaching, 5) Observed criteria for

allocation of rewards and status 6) Observed criteria by which leaders hire, promote, and

terminate employees. The leader made an effort to change visible artifacts of the organizational

structure, establishing a mindset of teamwork through regular team meetings and training events,

and leading by example by attending all organizational change activities and taking

responsibility publicly when errors occurred.

Change management. Attmore and Hancox (2016) discuss the organizational culture

change process in the Bureau of State Expenditures. Changes were clearly articulated and

reinforced through weekly meetings to train staff and maintain momentum. Resistance to change

from managers was overcome by recruiting problem-solving efforts from lower-level staff.

Those that did not get on board with changes were terminated. Hiring was based on compatible

attitudes, enthusiasm, motivation, professional skepticism, and work ethic. Leaders demonstrated

resilience when employees questioned their vision and competence through whisper campaigns

attacking their credibility. Overall, consensus building was achieved as the supportive culture

grew. Auditors were more empowered to work autonomously and the value of learning remained

a fixture of organizational culture. The culture continued to develop as employee advancement

continued and pride in the work surged.

Learning. Lindberg and Meredith (2012) discuss the transformation of organizational

culture in the Marin County Health and Human Services Department. The agency director

wanted to establish vertical and horizontal communication, empower frontline staff, improve

cross-department problem solving, and implement evidence-based practices. An outside

consultant was hired to facilitate the change to a learning organization. Communication was

encouraged vertically and horizontally through cross-divisional working teams that empowered

frontline level staff. Silos were reduced and knowledge sharing increased significantly. The initiative saw the development of innovative solutions and the implementation of evidence-based practices. The executive team had to relearn their role in the organization and gave up much of their decision-making authority to allow for a more horizontal structure. The initiative benefited from persistent, humble, high energy leadership from their director. The team at Marin County focused on establishing a foundation of culture change instead of trying to do everything in one big push. They made sure not to become too dependent on the external consultant to sustain change. Teams maintained boundaries by keeping the organizational mission within the context of work. They also measured performance measures throughout the change process. Leaders were empowered at all levels, improving organizational performance and employee curiosity and excitement.

Practical tools. Carleton (2015) discusses using the Defense Advanced Research Projects Agency's (DARPA) Hard Test as a tool to assess and cultivate readiness for organizational culture change. The four dimensions determine if organizations are achieving visionary thinking and how the enhanced vision changes culture. Ideas must be 1) Far-reaching, 2) Technically challenging, 3) Multidisciplinary, and 4) Actionable to be considered "DARPA Hard." This test assists in involving everyone across to engage multiple viewpoints, fosters long-term mindsets, creates team ownership, takes a holistic view, and communicates change.

The National Association of County & City Health Officials (NACCHO) has created a "Roadmap to a Culture of Quality Improvement" to be used for local health departments. Shown in Table 5, the roadmap offers guidance on progressing through six phases of quality improvement integration to achieve and sustain a quality improvement culture. Each phase offers common organizational characteristics, strategies, and resources for progress. The roadmap

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addresses three phases of change management: preparing, transitioning, and institutionalizing.

NACCHO describes the six foundational elements of a quality improvement culture to be 1)

Leadership commitment, 2) Quality improvement infrastructure, 3) Employee empowerment, 4)

Customer focus, 5) Teamwork and collaboration, and 6) Continuous process improvement.

Furthermore, the roadmap distinguishes between approaches towards the "human" side of

change and the "process" side of change. The "human" considerations address interpersonal

aspects that affect leadership and employee attitudes, beliefs, communication, and motivations.

The "process" considerations address formal and informal structures of behavior, policy, and

procedures. The phase progressions are tied to the Public Health Accreditation Board criteria for

Quality Improvement.

Table 5: NACCHO's Change Management and the Six Foundational Elements of a Quality Culture (NACCHO, 2019)		
Foundational Element	**"Human" Side of Change**	**"Process" Side of Change**
Leadership	• Is there senior leadership and middle management buy-in to QI? • Are leaders trained in change management and quality management? • What is the organizational leadership style? • How does leadership communicate about QI? • Do leaders serve as good QI role models and mentors for employees? • Do leaders continuously assess and address employee resistance to QI?	• Is there a process to hold employees accountable to QI? • Are adequate resources dedicated to building a quality culture? • Do leaders have a clear vision for the future culture of quality? • Do leaders engage in data driven decision making? • Have leaders adopted organizational policies and plans that support a culture of quality?
Employee Empowerment	• What are sources of employee resistance against QI? • Do employees have the necessary knowledge, skills, and abilities (KSAs) to engage in QI? • Do employees understand why quality is important to public health and their job specific duties? • Are employees incentivized and rewarded for QI activities?	• How do employees account for time dedicated to QI? • Is QI incorporated into position descriptions? • Is QI incorporated into the employee performance appraisal process? • Do employees have the necessary autonomy or authority to make process improvements? • Is there a process for employees to formally nominate and/or initiate QI projects?
Customer Focus	• Do staff value the customer and understand the importance of ensuring customer satisfaction?	• Is there a process for assessing customer needs and satisfaction? • Is customer satisfaction data collected and used for process improvements?

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	• Do staff have the KSAs to meet customer needs?	• Are customer needs appropriately considered during decision making?
Teamwork & Collaboration	• Do employees feel comfortable collaborating within teams/programs and across departments/divisions? • Are individual team member voices valued and respected within organizational teams? • Are teams effective at conflict resolution? • How often to employees convene for the purposes of problem solving and innovation?	• Are formal and informal mechanisms in place for employees to collaborate and share? • Is the organization's physical space conducive to collaboration? • Is there a process to form and disband teams, as needed? • How is team performance monitored?
QI Infrastructure	1. Are employees engaged in the development of a performance management system? 2. Do employees understand how their work and performance measures link to the strategic plan? 3. Do employees have the KSAs to monitor and track performance?	1. How is organizational performance being measured? 2. What is the organizational QI planning process? 3. Are organizational plans aligned (e.g. CHIP, strategic plan, QI plan, operational plans) 4. What technology is used for performance management?
Continuous Process Improvement	• Do employees have the KSAs to implement QI projects? • Do employees have a voice in the QI nomination/selection process? • Are QI successes recognized and celebrated? • Do employees continuously question how processes can be improved?	• How are QI projects selected? • What QI methods are used in the organization? • How are QI projects documented? • How are improvements monitored and sustained?

Discussion

US government organizations are attempting to change from traditional hierarchal

cultures towards a more adaptive, horizontally integrated, and market-focused cultures.

Researchers and practitioners are experimenting with new strategies to improve the adaptability

of government organizations. However, these complex problem-solving strategies for culture

change initiatives are primarily being disseminated and practiced within the traditional hierarchal

structure of government organizations. The top-down, siloed structure of government

organizations and systematic barriers to accountability inhibit the full integration of new

leadership styles, management strategies, and innovative processes at the organizational cultural

level.

Organizational change efforts in federal, state, and local government settings illustrate that the hierarchical structure can be altered with emphasis placed on horizontal integration. While stimulating change is challenging, once it occurs it must be embedded into the culture to sustain. State and local health agencies need to empower frontline staff to practice leadership. Organizations that improve accountability, transparency, and communication throughout the organization have demonstrated their success in changing their culture. Government organizations must take responsibility, hold its members accountable, embrace learning, cultivate resiliency, and invest in their employees across all levels. To improve problem-solving and employee engagement, transformational leadership is needed. Organizations that establish cultures of resilience and learning can respond to the complex need of communities in the United States. Once change occurs, the organization must embed it into the organizational culture. Leaders must be committed to change efforts to overcome resistance to change and disruptions in implementation. Influential members of the organization must be empowered to lead from every level to "tip the scales" towards the new, desired cultural elements.

Public Health Implications

The complexity of delivering government services is increasing with economic, political, and social pressures. State and local health departments can maximize their employee engagement and enhance government services when organizational cultures are aligned closely with the mission and vision of the organization. More effective and efficient public health agencies will increase their capacity to monitor and improve the health of communities in the United States.

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Recommendations

The knowledge and expertise of internal members of the organization are critical to the

success of adopted organizational culture change. Leaders should approach culture change

efforts with humility, openness, and a wealth of enthusiasm. While the desired culture for state

and local health agencies might look different across the United States, all agencies should

embrace change as a new norm to quickly respond to the uncertain future of public health. State

and local health agencies should consider the following recommendations when considering their

organizational culture change initiatives:

1. **Utilize the NACCHO Roadmap**

The NACCHO Roadmap is a remarkable tool for culture change that should be utilized.

The emphasis on Quality Improvement is practical for public health agencies. However, state

and local health departments must consider that there could be other areas of organizational

culture (in addition to quality improvement) that could enhance employee motivations and

behaviors. The NACCHO Roadmap offers a framework for preparation, transitioning, and

institutionalizing the changes that will be most beneficial to public health agencies. Additional

resources are provided to move from each phase of change.

2. **Horizontal Integration & Employee Participation**

Valuable strategies like Quality Improvement initiatives are being disseminated and

practiced within the traditional hierarchy of government environments which inhibits the full

integration of new leadership styles, management strategies, and innovative processes at the

cultural level. Horizontal integration needs to be a priority to enhance communication and

information sharing throughout the organization. This can be accomplished by creating cross-

departmental teams to improve employee participation. By including everyone who wants to be

included, the most motivated employees are given a voice to accurately assess the current culture

and utilize their knowledge and expertise to develop methods of change. Influential members of

the organization must be empowered to lead from every level to "tip the scales" towards the new,

desired cultural elements. Top administrators must relearn their role within the organization to

empower frontline leadership and share decision-making capabilities.

3. Comprehensive Approaches

Approaches to culture change need to be comprehensive. Much of the literature reviewed

focused narrowly on a few elements of culture and failed to follow-up on the systematic

integration of changes over time. The NACCHO's acknowledgment of the "Human" and

"Process" sides of change address the complexity of systematic change. Culture change

initiatives should be far-reaching, technically challenging, multidisciplinary, and actionable to be

transformational (Carleton, 2015).

4. Consistent Alignment and Persistent Promotion of Culture

Finally, while stimulating change is challenging, once it occurs it must be embedded into

the culture to sustain. Systematic integration of all types of change requires state and local health

departments to embrace constant change. Alignment, promotion, and reinforcement of new

changes should eventually permeate all elements of culture: artifacts, norms, values, and

assumptions. Learning cultures that adopt cultures of continuous process improvement should

reinforce creativity and innovation to reflect the changing needs of the external market.

Strengths and Limitations

The strength of findings included a wide range of data based on empirical evidence,

observations, interviews, and theoretical exploration. Despite the widespread application of

many strategies, results consistently supported transitions away from the traditional, hierarchal

government structure and towards cultures that facilitate learning, adaptability, transparency, and collaboration across organizational levels.

Limitations arose because organizational culture change is dependent on environmental context and leadership. The diverse group of organizations studied had different purposes and varied workforces. Culture change initiatives must be developed based on specific internal and external environmental contexts. Observational data from case studies were limited to the perspectives of the observers or reflection from participants which could result in confirmation or selection bias. The results from various studies are not easily compared to one another due to a lack of consistent measurement of elements or improvements of culture. International data on governmental organizational culture change efforts were not considered and could offer additional approaches for public health organizational culture change.

Gaps in evidence

More research is needed to determine the ideal organizational culture to maximize the efficiency and effectiveness of state and local health agencies. There are few examples of researchers examining culture change over time. Longitudinal studies could improve the understanding of facilitators or barriers to sustaining culture changes over time. Additional research is needed on the application of organizational change theories in US government organizations. Research needs to go beyond culture change to understand the implication it has for the delivery of government services and health outcomes. While numerous examples have been shared of interventions changing culture or improving outcomes, little evidence has supported intervention to a culture change that has a measured impact on performance, outcomes, or quality improvement in the US government. Additionally, many resources were excluded due to the implementation of change on a smaller scale, like a specific process or

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department. Expansion of successful methods throughout the organization could improve the

reach and sustainability of improved strategies. Finally, targeted research is needed to determine

the impact popular leadership styles (like transformational leadership) or managerial practices

(like the Lean Six Sigma process improvement methodologies) have on the organizational

culture of public health agencies.

Conclusion

US government organizations have been tasked with serving the American people to the

best of their ability. State and local health agencies play critical roles in public health assessment,

assurance, and delivery of health services. Organizational cultures that value transparency,

accountability, learning, and interdepartmental collaboration are better prepared to address the

complex needs of the 21st Century. This change can be achieved through tools like the NACCHO

Roadmap for Quality Improvement, horizontal integration of agency structures, resilient and

transformative participation of members across the agency, and embracing systematic change as

a staple of organizational culture through consistent alignment and promotion of new cultural

changes.

Culture Change in State and Local Health Agencies: A Practical Guide

Start with NACCHO's Roadmap to a Culture of Quality Improvement

Your first step to organizational culture change is to examine where you are now. Initial surveys or interviews can help determine the strengths and weaknesses of your culture. NACCHO's Roadmap to a Culture of Quality Improvement includes assessment tools to identify priorities. Environments lacking trust and accountability might require an external consultant to provide an objective perspective and demonstrate a renewed commitment to transformative change.

> Check out NACCHO's Roadmap to a Culture of Quality Improvement at http://qiroadmap.org/

Horizontal Integration & Employee Participation

Focus on horizontal integration within your agency. Invite all interested employees to partake in the development, initiation, and execution of the culture change process. Create interdepartmental teams that give voice and decision-making capabilities to frontline staff. Allow employee expertise and motivations to guide the changes. Teach and practice transformative, resilient leadership throughout the organization. Invest in influential, positive employees to "tip the scales" of change.

Comprehensive Approaches

Use NACCHO's Roadmap to a Culture of Quality and Improvement to frame approaches to the "human" and "process" sides of change. Use the DARPA Hard Test to determine if goals are far-reaching, technically challenging, multidisciplinary, and actionable. Consider goals that have proven to be the focus of previous government culture change including improved trust, transparency, responsibility, accountability, resilience, and establishment of a learning culture that values continuous process improvement.

Consistent Alignment and Persistent Promotion of Culture

Align the visible and abstract elements of organizational culture with your new mission and vision. There should be a long-term plan to overcome resistance to change, measure progress, and adapt to changing internal and external pressures. Training should be provided to teach and maintain new skills. Leaders should provide humility, persistence, enthusiasm, and a willingness to listen to the voices of others. Reinforcement of changes into policy, procedure, norms, and assumptions will allow behavioral changes to be systematically embedded into the organizational culture. Embrace challenge as an opportunity.

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Appendix

Search Strategies

Concepts	Organizational Culture	Change	Government	United States
Keywords	"organizational culture" "organizational behavior" "workplace culture" "professional culture"	change changing transformation improvement innovation reform	government governmental	*You could include terms for United States and names of all 50 states. See below

Scopus Search Strategy
TITLE-ABS-KEY ("organizational culture" OR "workplace culture" OR "professional culture" OR "organizational behavior") AND TITLE-ABS-KEY (change* OR changing OR transformation* OR improve* OR innovation OR reform) AND TITLE-ABS-KEY (government) AND TITLE-ABS-KEY (federal OR state OR local OR "united states" OR usa OR u.s.a. OR us OR u.s. OR american OR "district of Columbia" OR "Washington dc" OR Washington-d.c. OR Alabama OR Alaska OR Arizona OR Arkansas OR California OR Colorado OR Connecticut OR Delaware OR Florida OR Georgia OR Hawaii OR Hawai'i Idaho OR Illinois OR Indiana OR Iowa OR Kansas OR Kentucky OR Louisiana OR Maine OR Maryland OR Massachusetts OR Michigan OR Minnesota OR Mississippi OR Missouri OR Montana OR Nebraska OR Nevada OR "New Hampshire" OR "New Jersey" OR "New Mexico" OR "New York" OR "North Carolina" OR "North Dakota" OR Ohio OR Oklahoma OR Oregon OR Portland OR Pennsylvania OR "Rhode Island" OR "South Carolina" OR "South Dakota" OR Tennessee OR Texas OR Utah OR Vermont OR Virginia OR Washington OR "West Virginia" OR Wisconsin OR Wyoming)

PsycINFO Search Strategy
(DE "Organizational Climate" OR DE "Organizational Behavior" OR TI ("organizational culture" OR "workplace culture" OR "professional culture" OR "organizational behavior") OR AB ("organizational culture" OR "workplace culture" OR "professional culture" OR "organizational behavior")) AND (DE "Organizational Change" OR TI (change* OR changing OR transformation* OR improve* OR innovation OR reform) OR AB (change* OR changing OR transformation* OR improve* OR innovation OR reform)) AND (DE "Government" OR DE "Government Agencies" OR TI (government) OR AB (government)) AND (TI (federal OR state OR local OR "united states" OR usa OR u.s.a. OR us OR u.s. OR american OR "district of Columbia" OR "Washington dc" OR Washington-d.c. OR Alabama OR Alaska OR Arizona OR Arkansas OR California OR Colorado OR Connecticut OR Delaware OR Florida OR Georgia OR Hawaii OR Hawai'i Idaho OR Illinois OR Indiana OR Iowa OR Kansas OR Kentucky OR Louisiana OR Maine OR Maryland OR Massachusetts OR Michigan OR Minnesota OR

Mississippi OR Missouri OR Montana OR Nebraska OR Nevada OR "New Hampshire" OR
"New Jersey" OR "New Mexico" OR "New York" OR "North Carolina" OR "North Dakota"
OR Ohio OR Oklahoma OR Oregon OR Portland OR Pennsylvania OR "Rhode Island" OR
"South Carolina" OR "South Dakota" OR Tennessee OR Texas OR Utah OR Vermont OR
Virginia OR Washington OR "West Virginia" OR Wisconsin OR Wyoming) OR AB (federal
OR state OR local OR "united states" OR usa OR u.s.a. OR us OR u.s. OR american OR "district
of Columbia" OR "Washington dc" OR Washington-d.c. OR Alabama OR Alaska OR Arizona
OR Arkansas OR California OR Colorado OR Connecticut OR Delaware OR Florida OR
Georgia OR Hawaii OR Hawai'i Idaho OR Illinois OR Indiana OR Iowa OR Kansas OR
Kentucky OR Louisiana OR Maine OR Maryland OR Massachusetts OR Michigan OR
Minnesota OR Mississippi OR Missouri OR Montana OR Nebraska OR Nevada OR "New
Hampshire" OR "New Jersey" OR "New Mexico" OR "New York" OR "North Carolina" OR
"North Dakota" OR Ohio OR Oklahoma OR Oregon OR Portland OR Pennsylvania OR "Rhode
Island" OR "South Carolina" OR "South Dakota" OR Tennessee OR Texas OR Utah OR
Vermont OR Virginia OR Washington OR "West Virginia" OR Wisconsin OR Wyoming))

Business Source Complete Search Strategy
(DE "CORPORATE culture" OR DE "ORGANIZATIONAL behavior" OR TI ("organizational
culture" OR "workplace culture" OR "professional culture" OR "organizational behavior") OR
AB ("organizational culture" OR "workplace culture" OR "professional culture" OR
"organizational behavior")) AND (DE "ORGANIZATIONAL change" OR TI (change* OR
changing OR transformation* OR improve* OR innovation OR reform) OR AB (change* OR
changing OR transformation* OR improve* OR innovation OR reform)) AND (DE
"GOVERNMENT agencies" OR TI (government) OR AB (government))

Academic Search Premier Search Strategy
(DE "CORPORATE culture" OR DE "ORGANIZATIONAL behavior" OR TI ("organizational
culture" OR "workplace culture" OR "professional culture" OR "organizational behavior") OR
AB ("organizational culture" OR "workplace culture" OR "professional culture" OR
"organizational behavior")) AND (DE "ORGANIZATIONAL change" OR TI (change* OR
changing OR transformation* OR improve* OR innovation OR reform) OR AB (change* OR
changing OR transformation* OR improve* OR innovation OR reform)) AND (DE
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ORGANIZATIONAL CULTURE CHANGE IN THE UNITED STATES GOVERNMENT AND ITS APPLICATION IN STATE AND LOCAL PUBLIC HEALTH AGENCIES: A LITERATURE REVIEW

Biography

Kat Barrow is an MPH student with a concentration in administration and policy at the University of Nebraska Medical Center College of Public Health. She has investigated Quality Improvement training and retention efforts among Critical Access Hospitals in Kansas. Her experience working in behavioral health settings and public health studies have inspired an interest in systems-based approaches to mental and behavioral health care. Her primary interests are organizational culture improvement, care coordination, quality improvement, and public health approaches to mental and behavioral health.

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ORGANIZATIONAL CULTURE CHANGE IN THE UNITED STATES GOVERNMENT AND ITS
APPLICATION IN STATE AND LOCAL PUBLIC HEALTH AGENCIES: A LITERATURE REVIEW

Curriculum Vitae
Kat Barrow
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Education
Master of Public Health, 2019
University of Nebraska Medical Center
Concentration: Administration and Policy

Bachelor of Science in Public Health, 2015
University of Nebraska Omaha

Professional Experience
Graduate Student Intern
Kansas Department of Health and Environment, Topeka, KS
Summer 2019
- Collected and analyzed data to determine Kansas Hospital Association's Quality 101 program effectiveness; investigated factors contributing to turnover among Quality Improvement staff working in Kansas Critical Access Hospitals

Registered Behavior Health Technician
Munroe-Meyer Institute, University of Nebraska Medical Center, Omaha, NE
2017-2019
- Implemented Applied Behavior Analysis (ABA) programming and behavior protocols to reduce problem behavior and teach new methods of learning for children with autism

Behavioral Health Technician
Catholic Charities, Omaha, NE
2016
- Implemented individual treatment plans for adolescents with various behavioral disorders such as substance use disorder, post-traumatic stress disorder, and other mental illness

Health Policy Intern
Nelson Mandela Elementary, Omaha, NE
Summer 2015
- Compiled health policy handbook and procedures for safety and wellbeing of students and staff; developed school health curriculum

Grants
HRSA Region VII Midwestern Public Health Training Center Field Placement
Summer 2019