



HAPAG NEWSLETTER

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2013 HAPAG MEETING REMINDERS

HAPAG General Meetings will be held via teleconference on the fourth Thursday bimonthly

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REFLECTING AND ASSESSING

BY

HAPAG CHAIR, CDR BRETT MAYCOCK

Greetings Fellow Healthcare Administrators,

I want to congratulate all of those officers who were recently promoted this year! I know that all of you worked extremely hard and are most deserving of your new rank. If you haven't already, please take some time to reflect on your past accomplishments that led you to where you are now and set new goals that assess what you want to accomplish in the future. As the Danish philosopher Soren Kierkegaard said: "Life can be understood looking backward but must be lived going forward." In retrospect, we can often find reasons why some things happen and others do not.

I have made reflecting and assessing a common practice in my career and it has helped me to develop personal 5-year and 10-year strategic plans for what I want to accomplish in my chosen profession as a healthcare administrator. As the Chair, of the HAPAG, I want to challenge you this year to reflect upon and assess your careers as well as how we can improve the HAPAG and ensure we are serving the needs of healthcare administrators in the United States Public Health Service.

Over the past few months, I have been reading several books from the American College of Healthcare Executives (ACHE) library and recently picked up a book entitled: "Followership—A Practical Guide to Aligning Leaders and Followers" by Tom Atchinson. If you haven't read this book, I highly recommend it as a guide to assess both your leadership and followership skills. In the book, there are several sections that discuss assessing one's leadership and who will follow a leader. As Atchinson states: "The ultimate goals of assessment are self-monitoring and ownership of behavior (accountability). A person who is unable to monitor himself or herself necessarily depends on outside authority for direction. "I don't know what to do" is the typical response to a decision-making opportunity. In organizations with strong leadership, something else happens. Every follower in the organization, regardless of position, learns to make decisions that benefit the organization because the followers know what the organization stands for and how they fit".

I love this section as it truly attests to the importance of assessing oneself and the organization one serves within. Michael Rust, FACHE, President and CEO, Kentucky Hospital Association, Louisville, Kentucky, stated: "Performing an inventory assessment of the organization and of the healthcare executives is of vital importance to the future survival of the organization. We must continually scrutinize our personal leadership style to ensure our continued effectiveness throughout the organization." Thus, the HAPAG Executive Committee is constantly trying to assess how we are doing as leaders and make course corrections in how we increase "value" to the HAPAG and healthcare administrators.

In conclusion, over the last 6-months, the HAPAG has accomplished some impressive things, from implementing our 5-year strategic plan to ensuring there were healthcare administration centric topics presented at the annual Commissioned Officer Foundation Symposium. Thank you all so much for your support of the HAPAG and my term as Chair. So far, it has been both a humbling and rewarding experience. Keep up the good work and let's finish strong!

HAPAG Career Development Happenings

By: LCDR Samuel Schaffzin and LT Michael Banyas

As part of HAPAG's ongoing effort to address the professional needs of our officers, the Career Development subcommittee invited CAPT Brad Austin to join the March 28, 2013 HAPAG general membership meeting to provide a look into his more than 20 years of experience serving as a healthcare administrator in the Corps. CAPT Austin highlighted his career as an officer and focused the presentation on his current position as the HHS/ASPR Liaison to Canada. He also briefed the general membership on career development principles, billet selection considerations, and professional organization involvement that may help officers succeed within the Commissioned Corps.

The Career Development subcommittee is currently planning to cover the following topics during future HAPAG meetings:

- Meeting promotion benchmarks;
- Managing and leading Corps wide teams, work groups, committees, etc; and
- Getting involved with HAPAG related professional organizations external to the Corps, such as the American College of Healthcare Executives, the American Academy of Medical Administrators, and the American Society for Public Administration.

The mission of the HAPAG Career Development subcommittee is to facilitate information for HAPAG members on career development opportunities and educational resources for HAPAG members.

For more information on joining the HAPAG Career Subcommittee or if you would like to submit suggestions or questions on career development issues, please contact the subcommittee's Chair LCDR Samuel Schaffzin at samuel.schaffzin@cms.hhs.gov.

GET INVOLVED WITH THE HAPAG

Step 1: Sign-up for the HAPAG listserv

- Go To—<https://list.nih.gov/cgi-bin/wa.exe?A0=hapag-l>
- Follow the instructions. For Subscription type, Mail header style and Acknowledgements, it is best to leave the settings at the defaults.

Step 2: Speak to HAPAG leadership about your interests

- Visit the HAPAG website —<http://usphs-hso.org/?q=pags/hapag>
- Review the Leadership Roster—<http://usphs-hso.org/?q=pags/hapag/roster>
- Email a HAPAG voting member to discuss leadership roles

Step 3: Join a Committee

- Visit the HAPAG Subcommittee page—<http://usphs-hso.org/?q=pags/hapag/subcommittees>
- Contact a Chair to provide you talents to the mission of the committee

So what are you waiting for?

Northern Oklahoma COA Hosts Employee Fitness Challenge

By: LCDR Joyce Oberly

To address chronic diseases, specifically diabetes and heart disease, the Northern Oklahoma Commissioned Officer Association (NOCOA) implemented a 40 day employee fitness challenge at Pawnee Service Unit (PSU), with the goal of promoting fitness through miles walked, and decreasing body weight, body mass index and incorporating a healthy diet. Many adults spend more time during the day at work than anywhere else. Therefore, the worksite presents itself as conducive to employee health and is an excellent place to promote health and wellness.



Employees walking during the “Victory Lap”



The “40 Miles in 40 Days” Employee Fitness Challenge began February 1 and ended March 12, 2013. The NOCOA distributed walk routes and weekly healthy cooking newsletters to all participants. Employees were challenged to walk, run, or exercise a minimum of 1 mile/day for 40 days. Participants’ pre and post measurements were collected for height, weight and percent body fat. Our initial total enrollment was 42 employees. On March 12th, 19 employees successfully completed the challenge by logging at least 1 mile of exercise each day. Thirteen percent (13%) of our entire PSU staff (150 employees) successfully completed the fitness challenge. Comparatively, the national

average participation rate among employees for worksite wellness programs varies widely for participation from 10-86% among different work groups. The NOCOA improved and enhanced the Oklahoma City Area priorities, specifically Leadership and Customer Service. This was the first year that the Pawnee Service Unit employees had the opportunity to participate in an employee fitness challenge. The officers provided a vision and purpose for all employees to achieve their fitness goals by exercising at least 1 mile daily and using the nutritional newsletters to modify their diet. To “lead by example”, officers participated in the fitness challenge alongside civilian employees and led the “Victory Lap” Employee Wellness Walk. Additionally, the unit positively affected customer service via employee morale. Of the 42 initial enrollees, 60% responded that the challenge was beneficial to them.

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Northern Oklahoma COA Hosts Employee Fitness Challenge (cont'd)

By: LCDR Joyce Oberly

As a result, participants walked a total of 1,529.49 miles and lost a total of 100.8lbs. In addition, we decreased the total participant body mass index (BMI) by 12.8%. On an individual level, the following achievements were recorded at the completion of our employee fitness challenge.

Greatest BMI Change and Most Pounds Lost in the Male Category – Administration Employee -2.7 BMI, 19.4 lbs.

Greatest BMI Change and Pounds Lost in the Female Category - Community Health Employee -2.7 BMI, 15.4 lbs.

Most Miles Logged (Female) – Pharmacy Employee, 102.46 Miles

Most Miles Logged (Male) – Administration Employee, 86 Miles

Located in Osage and Pawnee Counties of Oklahoma, the Northern Oklahoma COA Branch includes officers from the Pawhuska and Pawnee Indian Health Centers and is home to 19 Commissioned Officers.



Pictured left to right: LCDR Joyce Oberly, CDR Kaileen Skidgel and daughter, CAPT Pearl Dry, LCDR Ryan Thrasher, and CDR Dixie Stuart

Innovations in Networking: Engaging Non-Governmental Organizations By: CDR David Dietz

When all is said and done, the annual officer evaluation (COER) and promotion boards place significant emphasis upon what an officer has “produced.” Whether the product is a grant/study/contract, patient outcomes and/or efficiencies of care, or improved business practices, an unusual method for officers to network and seek additional knowledge in a specific area is to consult advocacy groups, trade associations, or industry.

Innovative programming can take an officer very far – and in many instances, those who’ve been in the field most recently will have a more informed, updated knowledge-base than an officer with several years tenure. These organizations may have access to funds, be available to work within a Memorandum of Understanding (MOU) agreement, or a different type of Public-Private Partnership. Innovators aren’t alone – if you have an idea, look up these types of organizations in your health sector. These connections could prove quite beneficial in the future.

Every agency has regulations concerning inter-governmental relationships, so ask your director prior to engaging these organizations. However, don’t be afraid to consult experts, as they will most likely possess critical contacts (officer and non-officer) at HHS and other agencies.

Mentoring – A Key to Success By: CDR Helen Cox

In reflecting on my career, there are many mentors who have helped in guiding my path, both formally and informally. It is always important for us to reach back and assist other officers who are also striving to be successful. We all can bring a variety of attributes to a mentoring relationship. This could be your resourcefulness, your network within a professional organization, or your visibility within an assignment. As officers and healthcare administrators, we should always be ready to accept a mentoring role when asked. Not only does the sharing of your expertise benefit the mentee, but it also sharpens your skills and broadens your perspective when you are approached with intriguing questions.

The Department of Health and Human Services offers a formal mentoring program as well as our Health Services category. Many mentoring relationships occur through informal means, and you might consider maintaining your own “advisory board” of informal mentors who can provide quality feedback and a “reality check” when faced with a challenging decision or a crossroads in your career. Interested in fine tuning the concept of mentoring? See a list of recommended reading from the HHS mentoring website: <https://mentoring.hhs.gov/Resources.aspx>

Social Networking and Recruitment

By: CDR Theresa Zach

What is the social networking website used most by organizations for recruitment? The Society for Human Resource Management (SHRM) conducted a survey of HR professionals in 2011 and the overwhelming answer was LinkedIn (95%). This was followed by Facebook (58%) and Twitter (42%).

What are the top reasons to use social networking?

1. To recruit passive candidates
2. To save money
3. To increase employer brand and recognition
4. To target candidates with a specific experience level or skill set
5. To target Gen Y (Millennial Generation)

How do recruiters create a profile that makes an impact?

1. Embed keywords that potential candidates might use to find your organization into your profile and the content of your posts
2. Write a compelling headline that states how you add value
3. Position yourself relative to competitors
4. Create a complete profile
5. Be strategic with your online connections
6. Get recommendations, likes and mentions to expand your credibility

How can recruiters get started?

1. Join several groups online and get involved in discussions
2. Start a group that interests you and invite others to join
3. Follow organizations and people you want to connect with
4. Publish interesting and relevant posts

Real Self

By: CDR Charlene Majersky, Ph.D.

As a health care administrator and leader, I feel it's important to engage in ongoing self-awareness work and to be open and receptive to feedback from others regarding our actions and the way in which we lead, or don't lead, for that matter. Below, I respectfully offer some questions to ask yourself:

Peeling back the layers of the core of my being, what do I see? Can I look deep into the depths of my soul? Do I hide behind something, books, alcohol, anything, or a false sense of who I am?

Can I be honest with myself about who I really am? Do I dare openly share my fears, vulnerabilities, love, and pains with anyone? Can I be real with myself and with others?

Self-awareness work is one key facet to becoming an effective health care administrator and leader. The work is hard and the journey is long. There are many bumps along the way, and it's easy to become discouraged. Through this journey of self-reflection and introspection, my spirit and heart emerge. In time, I begin to see with clarity, calmness, and peacefulness, my real self.

I fully accept who I am. I can taste a sense of sheer liberation in knowing this. It is deliciously sweet. Who am I under the bright stars with the wind tenderly caressing my face? I am your leader, your heartfelt inspiration!

HAPAG Coins for Sale!



Order your coins today! Coins are \$10.00 each plus \$2.00 for shipping & handling.
Contact Keisha.Johnson@hrsa.hhs.gov or (301) 443-4082

Workplace Bullying: A Public Health Calamity

By: CDR Charlene Majersky, Ph.D.

The inspiration for writing this article was a result of numerous conversations I had with colleagues, some of whom are health care administrators, about the tough issues we are facing in the workplace. Interestingly, a common theme was workplace bullying. It is with my utmost respect for humanity that I, as a USPHS Commissioned Corps officer, leader, and health care administrator, bring this important issue to the forefront.

According to Namie & Namie (2011), workplace bullying is defined as the recurrent ill-will and abusive treatment of an employee by another employee (s) through behaviors and actions such as verbal abuse that is opprobrious, intimidating, or embarrassing; or sabotaging someone's work with vindictiveness and hatefulness, with the intention to obstruct work productivity. Three key causes of workplace bullying are fear of failure at work, performance issues at work, and an irrational fear about colleagues. (Oade, 2009)

Bullying can be considered a public health calamity. It's a malignancy that encroaches and destroys the workplace. Unaddressed, the problem spreads like a virus and threatens the integrity of the organization. Like any undesirable disease, it must be neutralized and abrogated. An organization's health cannot be restored if it's disregarded. (Namie & Namie, 2011)

The Workplace Bullying Institute located in Bellingham, Washington, is the first and only U.S. organization dedicated to the eradication of workplace bullying. It provides assistance to individuals through research, education, trainings, legislative advocacy, and offering viable solutions to organizations.

A landmark scientific survey conducted in 2010 by the Workplace Bullying Institute and Zogby International revealed five key findings:

1. 35% of the U.S. workforce (~53.5M Americans) reported being bullied at work.
2. An additional 15% witnessed it.
3. 62% of bullies are men; 58% of targets are women.
4. Women bullies target women in 80% of cases.
5. The majority of bullies are bosses, abusers of power.

The results of this research shows the exorbitant amount of money workplace bullying costs organizations and the diverse ways in which such abuse damages victims' emotional, physical, spiritual, and financial well-being. This study yields strong evidence to justify Namies' focus on organizations and individuals in positions of power as root causes of workplace bullying. Furthermore, this study purports how personality traits and upbringing are significant factors in creating individuals prone to bullying. (Namie & Namie, 2011)

Workplace bullying interferes with work getting completed. It thwarts an organization's mission. The impact on organizations is decreased productivity; tense relationships with co-workers, including strained

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Workplace Bullying: A Public Health Calamity (cont'd)

By: CDR Charlene Majersky, Ph.D.

communications and absent team spirit; increased employee turnover; loss of credibility; heightened claims related to occupational stress and worker's compensation; and lawsuits. (Namie & Namie, 2011)

Workplace bullying is belligerent and abusive. According to The National Institute for Occupational Safety and Health (NIOSH), workplace bullying is a form of workplace violence. If unaddressed, workplace bullying can escalate to workplace violence.

In studying workplace abuse, there's little valid data about prevalence and trends. The most valid and reliable surveys on bullying have been conducted by the Namies' Workplace Bullying Institute and Zogby, a respected survey research firm.

According to Oade (2009), a workplace bully fails to develop emotional maturity, interpersonal skills and self-awareness. S/he avoids responsibility for developing the skills and competences required to succeed in their roles. S/he focus is to undermine and injure their colleagues instead of addressing work issues. S/he engages in the blame game in order to feel better about themselves. S/he rationalizes and makes excuses for their malicious and abusive behavior. The bully makes the relationship about their perceived power over you. Oade (2009) cites the following examples of behaviors frequently used by bullies:

1. Verbal bullying tactics – repeatedly using verbal aggression.
2. Non-verbal bullying tactics – using non-verbal signals that denote disapproval.
3. Practical bullying tactics – transmitting nasty emails to a colleague.
4. Performance-related bullying tactics – continued unwarranted criticism of a colleague's performance.

A leader is responsible for creating a work environment that is free from bullying. According to Namie & Namie (2011), a leader's role is to:

1. Recognize bullying is happening. Take action; intervene, if necessary.
2. Trust reports.
3. If you're the problem, take responsibility by admitting it, and stop.
4. Support the organization's anti-bullying campaign.
5. Embrace the value of employees' health and well-being.
6. Hold bullies accountable for their behavior and actions.

For the bully, Namie & Namie (2011) promulgates:

1. Attend communications skills training.
2. Attend anger management courses.
3. Attend remedial supervisory skills training.

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Workplace Bullying: A Public Health Calamity (cont'd)

By: CDR Charlene Majersky, Ph.D.

For the individual being bullied, Oade (2009) suggests:

1. Document what is happening to you. Make a formal complaint, so that others get involved.
2. Seek support from family and friends.
3. Eat a balanced diet.
4. Exercise regularly.
5. Plan special treats for you.
6. Seek professional help.
7. Protect your self-esteem, self-confidence and emotional well-being.
8. Preserve your personal power and maintain healthy boundaries.
9. Seek alternate employment.

The Healthy Workplace Act of 2010 passed state legislatures in New York and Illinois. As of April 2011, the Healthy Workplace Bill had been introduced in 21 state legislatures. These bills addressed workplace bullying by inhibiting ongoing health-harming and abusive mistreatment by anyone in the workplace. Canada has federal regulation addressing bullying. All other Western industrialized nations have laws in place. Soon, all U.S. employers will be required to abate and prevent bullying from transpiring in the workplace. Relatedly, states will enact laws addressing workplace bullying. (Namie & Namie, 2011)

What specifically can we, as leaders do, to resolve this issue? One, develop and implement a zero tolerance policy regarding workplace bullying in the organization. There is no value in implementing a policy if it's not enforced. Relatedly, it's vital to hold people accountable for bullying others in the workplace. Two, incorporate mandatory training on workplace bullying on an annual basis for all employees, to refresh their minds and to reinforce in their consciousness this important issue.

As leaders, our words and our actions have a significant impact in the workplace. The manner in which we communicate speaks volumes. There is great value in human interconnectedness that is respectful, gentle, compassionate, understanding, supportive, nurturing, and accepting. An interpersonal relationship of this magnitude enriches our life and encourages us as we continue our journey on the path towards a calm, clear, and loving state of consciousness and a secure and vibrant connection with the world.

The way in which we lead affects people in more ways than one. Take excellent care, give outstanding care from your heart, and lead by example!

What sort of legacy do you want to leave as a USPHS Commissioned Corps officer and leader?

References

- Namie, G. & Namie, R. (2011). *The Bully-Free Workplace: Stop jerks, weasels, and snakes from killing your organization*. Hoboken, NJ: John Wiley & Sons, Inc.
- Oade, A. (2009). *Managing Workplace Bullying: How to identify, respond to and manage bullying behavior in the workplace*. New York, NY: Palgrave MacMillan.

CONGRATULATIONS!!

A special note of thanks and appreciation to those officers listed who were nominated for the HAPAG Junior and Senior Excellence Health Care Leadership award for 2013. Below are the winners of the awards.



Junior Award Winner: LT Garman Williams

Agency/OPDIV: NIH/NHLBI

Job Title: Lead Workforce Engagement Program Manager

Brief Description of Duties: Directly responsible for workforce programs (e.g. Executive and Title 5 performance management, compensation, employee recognition, Commissioned Corps, OPM Employee Viewpoint Survey) for the National Heart Lung Blood Institute that has approximately 950 employees and a budget of \$3.08B; leads a team responsible for all activities related to workforce engagement for the Institute.



Senior Award Winner: CDR Robert Windom

Agency/OPDIV: HRSA/Bureau of Primary Health Care

Job Title: Project Officer/Senior Public Health Analyst

Brief Description of Duties: Provide Program Management and oversight of Community Health Centers.

Advise and assist clinics with health care delivery

