

Public Health Leadership Development: Recommendations for a Sustainable National Network

A White Paper by the Public Health Leadership Society
July 2006



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Foreword:

The Public Health Leadership Society (PHLS) is an independent program of the National Network of Public Health Institutes, a nonprofit Louisiana corporation. PHLS is a membership organization that provides continuing professional education and training; dissemination of products to inform and advance leadership practice that include evidence-based and promising practice; showcase lessons learned during times of stability and during times of extreme leadership challenge; dissemination of cutting-edge research in the field of public health leadership for its members at the national, state, and local governmental levels, the private sector, and academia. Programming is carefully designed by public health leaders for current and emerging public health leaders. Educational programming and product dissemination are designed to create enterprise approaches to advance capacity among leaders to bridge systems and link diverse sectors to prepare for times of crisis all anchored on a sound public health system infrastructure. PHLS assures a venue for continuous leadership development through dynamic learning communities, networking, and programming that optimizes organizational performance and personal leadership capacity.

Through a productive partnership, PHLS has worked with the CDC to “strengthen and enhance the reach of essential public health services and health promotion information for the American people.”¹ PHLS provides a unique forum for the nation’s public health leaders, thinkers, and practitioners to improve and enhance our nationwide public health system, strengthen infrastructure on the local, state, and national levels, and protect the health and safety of the public.

Introduction

The Centers for Disease Control and Prevention is to be credited with creating a vision for public health leadership in America and has set a high standard for current and future public health leaders in addressing current and emerging threats to health and protect the health and safety of the American public. American public health leaders face daunting new challenges in the 21st Century powerfully co-mingled with unresolved challenges carried over from the 20th Century. Today’s public health leaders are called upon to manage traditional (core) public health programs and services, develop a strong public health infrastructure to support state, local, and federal/national public health systems, while at the same time prepare for threats such as emerging infectious diseases; terrorism; chronic disease and injury; environmental threats; aging of the population; and ever-increasing health disparities.

These threats must be met by a national expanding and continuous network of public health leaders who are educated in public health and environmental science and practice, equipped with strong leadership skills, and the know how to mobilize sectors to develop a community-wide response to co-occurring and often insidious threats to the health of communities (e.g., poverty; low educational attainment; access to goods, services, and health care; shrinking resources; and projected sweeping changes in the governmental public health workforce). Moreover, the current economic forces in our nation are forcing devolution of government, a “back to basics” mentality, one that favors categorical programming over systems development; one that exerts a powerful lure to fall back to what’s familiar, definable, doable because the scope of work is immense with current resources. Now is not the time to scale back public health leadership

¹ <http://www.cdc.gov/partners/about.htm>

development. Leadership education coupled with relevant and accessible learning communities enable leaders to be visionary, take risks, and possess fortitude.

This White Paper outlines: the necessity of high-quality public health leadership development; the performance products of public health leadership development; attributes of a sustainable public health leadership development network; and, recommendations for short-term action steps.

Leadership Development Is Needed to Address Contemporary Public Health Challenges

According to the 2002 Institute of Medicine (IOM) Report, “We must be led by those who have mastery of the skills to mobilize, coordinate, and direct broad collaborative actions within the complex public health system...these skills need constant refinement and honing.”² A strong message of the IOM report was its emphasis on the necessity of leadership as a cornerstone of public health practice. Successful leadership defines vision, focuses effort, optimizes resources, builds and sustains systems, facilitates communication and learning, fosters productive relationships, and attends to success planning and knowledge transference. Today, it is universally recognized that effective leadership is essential to success in almost any endeavor in our complex society. The value of leadership has become “conventional wisdom” in the fields of business, law, academia and many others.

To successfully address today’s public health challenges requires optimal performance by governmental public health at all levels – federal, state and local. It is vital to engage all organizations and professionals with public health mission convergence, broadly organizing the public health system, building expansive capacity and leveraging limited resources. This work is a fundamental leadership responsibility of all public health professionals.

A pervasive leadership culture within an organization creates an environment where individual professionals continually seek out and act on partnerships that improve the performance of the organization. Applied leadership fosters transdisciplinary planning and action within health departments and fosters community-wide enterprise approaches (system-bridging, sector-linking)

² The Future of the Public’s Health in the 21st Century, National Academies Press, 2002

to address profound co-mingling of the social determinants of health. A leadership culture within the national public health system creates an enterprise-wide environment where momentum for action and change creates exponential added value for continued improvement of practice at all levels. The current national effort toward implementing public health standards, certifications, credentialing and accreditation systems, for example, is a direct result of a strong, leadership-driven network of public health professionals working collaboratively to research best practices and make recommendations for action to improve the public health infrastructure and practice.

How is leadership applied in a high-performing public health agency? The senior management organizes the workforce to leverage complementary knowledge to best develop and provide strategies aligned to public health goals. The epidemiologist networks with hospital infection control practitioner to enhance surveillance systems. The public health nurse uses annual flu vaccination clinics to test the ability to provide mass prophylactic clinics during a public health emergency. Health educators engage the community to focus collaborative action based on identified priority needs and local risk factors. The environmental health specialist at a local agency serves as the eyes and ears of the public health agency providing continual environmental health assessment contributing to healthier communities through planning and regulation. Public health professionals involve themselves in land use and city development issues to create communities that foster healthy lifestyles. Quality leadership training supports our nation's public health workforce with the skills necessary to build an infrastructure capable of meeting the health needs of the 21st Century population.

Performance Products of Leadership Development

The business community has long understood the necessity of leadership development for its executive and management teams. Executives are trained to think and manage more effectively in a changing business world at schools like Wharton, Harvard, and Stanford. The same commitment to leadership development is crucial for the nation's workforce charged with protecting the health and safety of all Americans amidst a dynamic environment. Researchers have found that past experience and personality factors predict an individual's *motivation* to

lead³. Our nation's public health leaders indeed have the motivation to face 21st Century challenges, but leaders must be trained to implement systems thinking to bring assets together to work toward a collaborative purpose.

A coordinated organization of national leadership institutes will stimulate and develop performance products and services for executives and mid-level managers. Performance products are the skills gained through specific leadership training by national experts. Skills developed as a result of successful training at a leadership institute should include the abilities to: effectively manage crisis; function collaboratively internally and externally; analyze data for creative solutions; effectively and efficiently direct agencies; develop knowledge management systems; address succession planning; strengthen the public health infrastructure; understand finances and resource development; and catalyze durable, systematic change at the organizational, system, and societal levels.

Attributes of a Sustainable Leadership Development Network

The need for leadership development of the public health workforce is unequivocal. What remains in question is the ideal framework for the most effective and efficient mode of leadership development given limited dedicated resources going forward. While the specific details of a new leadership development framework need further study, PHLS believes there are foundational elements crucial for the success of the effort.

First, the framework of a national public health leadership development system must be seamless at all levels. Public health leadership institutes must work together to provide synergistic curricula, aimed at core competencies, for the executive and mid-level workforce. Institutes must work collaboratively to provide a stepped approach for career and life-long leadership development. Executive-level training should be aimed at preparing the senior-level workforce to lead in times of crisis as well as manage resources to optimize advancement of the nation's health status. Approximately 50 percent of middle- and senior-level health leaders will be

³ Kim-Yin Chan and Fritz Drasgow, "Toward a Theory of Individual Differences and Leadership: Understanding the Motivation to Lead," *Journal of Applied Psychology*, vol. 86, 2001, pp. 481-498.

eligible to retire in the next 7 years.⁴ Therefore, training must also address the need for succession planning for the nation's developing leaders. This systematic approach should contribute to public health leadership accountability. By providing seamless leadership development training for executive and mid-level management at local, state, and federal governmental agencies, the nation will build a critical mass of leaders trained to affect organizational and cultural change in their agencies and communities at a time of demonstrated need.

Leadership development for governmental public health leaders should take place in a transdisciplinary environment for federal-, state-, and local-level leaders. Non-discipline specific leadership development is necessary to train our workforce in the key elements of effective leadership, not management tools specific to their discipline. In addition, transdisciplinary trainings use limited resources more efficiently and provide maximum opportunities for networking across the federal-state-local divide as well as within disciplines. Often, federal-level employees are disconnected from state and regional institutes. PHLS supports the integration of CDC employees into the trainings for state- and local-level leaders to optimize use of resources as well as provide opportunities to share knowledge and create vertical networks of public health leaders with the CDC's workforce and assure all levels of governmental public health is systemically integrated.

To ensure a seamless national framework, an overarching governance structure should be established. Whether it is provided by an organization external to CDC, or within CDC itself, this governing body will provide a common administrative structure for public health leadership institutes, will assist in development of curricula based on a transdisciplinary approach, will oversee the development of a national career-long continuing education system to keep leadership skills current as knowledge evolves, will assist in leveraging resources for efficient programming, provide networking opportunities, and provide evaluative oversight of the programs. The governance body will function in a collaborative manner to ensure that leadership development for the public health workforce stays on the cutting-edge and adapts quickly to the changing environment.

⁴ CDC Website: <http://www.cdc.gov/programs/train06.htm>

Recommendations for Action Steps

The Public Health Leadership Society recommends the following action steps toward the development of a national framework for public health leadership development:

- Convene a leadership summit by June 2006 in order to build consensus on a conceptual framework and governance for a national leadership development plan.
- Convene a group of National Public Health Leadership Institute (NPHLI) alumni to review best leadership development training to date.
- Provide recommendations to the CDC for ongoing public health leadership development.
- Future resources should be set aside for evaluation of outcomes from investment in leadership development to date.