Third Edition

PUBLIC HEALTH LEADERSHIP

PUTTING PRINCIPLES INTO PRACTICE

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DEDICATION

To my wife of over fifty years, Toni, who still inspires me,
makes me laugh, and is my best friend.

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Preface to the Third Edition

Over the past year, as I put together this third edition of my two combined leadership books, my personal life changed as well. I had my first major surgery with a fairly long recuperation. I celebrated 50 years of marriage, and shared my life with a wonderful woman, two special daughters, and four positively intriguing grandchildren. I retired after 46 years.

I now stand on the brink of an exciting new adventure, as a professor emeritus with the opportunity to return to my public health school part-time. I will be writing more, with the time to explore new areas of leadership and public health practice. I will continue to conduct leadership workshops and write my leadership blog. I also hope to do some public health systems research with friends and colleagues.

For me, retirement will just be a change of venue with winter in a warm place. Life is filled with both positives and negatives, but all these experiences aid me in the growth tied to lifelong learning. I would like to share a special lesson from this past year that I described to my blog readers (http://rowitzonleadership.wordpress.com):

> During my personal illness, I learned so much. I spent the last several years exploring leadership, management, organizational development, and the importance of connections and collaboration. I needed to understand how I have put my faith in others from the exceedingly stable 50 years of love from my wife and family. Over the past several months, they have supported me, loved me, and helped me through my turmoil. I learned to respect and trust all those around me who have kept our activities and relationships going and protected me on the days that I was not able to protect myself. The skills and expertise of my fellow public health workers on the planet cannot be underestimated. My professional friends have kept me in their hearts and texted and called me on each day of my journey.
>
> It is all about the relationships in our lives. It is about our trust and faith in each other and our

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willingness to make changes in order to improve the lives of our fellow citizens. The two most important words in our language are "Thank You." The greatest lesson for me is to avoid complicating what we do. The basic human skills are the most important. Our leadership skills are about being good servants of the public's trust, doing our jobs in the most effective manner, respecting our colleagues, and resolving our conflicts in trusting ways. We can have diversity in our views but use our differences to build new levels of understanding to develop ways that we can work together more effectively and efficiently.

Our battles are not over. Fighting for the future of our nation and the necessary priorities related to improved health and quality of life in a shrinking economic environment provides challenges, but also innovative and creative solutions. Progress requires constant change, continuous quality improvement, testing new approaches, and working toward improved health outcomes through more effective performance of our programs and activities.

We will find new partnerships as well as new ways to connect and collaborate. We cannot lose our basic skills, but must improve them and make them stronger. The secret is in our communities and our ability to make our ideas work on a foundation of trust and respect for others. It is true that it is important to stop and smell the roses and see all the wonderful connections that your life makes each morning.

I am now smelling the roses… and they smell sweet.

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An Author's Vision–2001

During my career as a governmental mental health agency professional, as a researcher in a state-based research institute oriented to improving the quality of life of people with disabilities, as an associate dean in a school of public health, as a professor of public health, and as the director of the Mid-America Regional Public Health Leadership Institute for 8 years, I have found that each set of experiences has added to my knowledge of leadership in public health. Two important facts have come to the forefront of my professional beliefs. First, public health affects us all. It is not a field that can go away in the future. There will always be a need for professionals to monitor the health of the public and create programs to enhance our health. Second, public health leaders are needed to make the whole public health process work.

It is possible to train the public health leaders who will strengthen the infrastructure of public health in our society. Leadership knowledge and tools can be taught. However, public health professionals need to put the knowledge and tools into action. It is through action that skills become developed. In addition, leadership needs to occur within the context of public health and the paradigms that guide the public health field. Public health leaders need to synthesize the comprehensive approaches to leadership by the business community with the special needs of the public health field. The outcome will be training and educational approaches unique to public health. Leaders exist at all levels of the public health system. Leadership is more than a place on the top of the organization chart. It reflects a strong belief that public health leaders will influence the public health landscape. Public health leaders gain tools and skills from strong public health mentoring. Our experienced colleagues offer much knowledge and many practice experiences. Mentoring puts leadership development into the real world and allows for the continuity of leadership over time.

Public health leaders not only function within the traditional public health organization—they also function across organizations. Transorganizational skills are critical. In addition, public health leaders practice their leadership within community settings. It is often through public health leaders that the validation of our community values and our beliefs in social justice occur. Leadership development is also a way to link academic

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public health with the practice of public health because information integrates research knowledge with the realities of public health practice.

During the 1990s, there was increasing evidence that leadership needed to come to public health. Through the support of the Public Health Practice Program Office at the Centers for Disease Control and Prevention, a national public health leadership institute and a number of state-based or regional leadership institutes were developed. Public health professionals in 40 states now have access to a state or regional leadership institute. Almost 4,000 public health professionals have participated in a leadership development program.

Public health professionals at the top of their organization are eligible for training in a national institute. Public health leaders have taught us about practice and about the multilayered realities of leadership. Public health leadership programs need to be available to professionals in all of the nation's states and territories. The first decade of the 21st century will increasingly require the need for leadership to guide the public health agenda in an ever-changing healthcare system.

My vision is to orient public health leaders to a better understanding of who they are and how to use their public health leadership tools and skills. Leaders are committed to lifelong learning. If public health leaders take the leadership risk, they will greatly strengthen the public health system. Common paradigms of action will be blended with a flexibility that is required when change is a constant factor. Not only must the leader know what leadership is all about, but must also learn techniques that can be transferred into reality. It is important to look to the future and always be responsive to the world around us.

This book was written because I believe in the public health profession and I also believe in our ability to lead. Public health has always been oriented to solving the health problems of the present with a view to potential problems of the future.

In Part I, information is related to the knowledge associated with the theories and principles of leadership, leadership styles and practices, the public health system, and the five levels of public health leadership. The core functions model is presented and applied to public health leadership in Part II. Part III explores the leadership tools needed for the 21st-century leader. Public health leaders continually develop their skills and put their skills to work on improving the health of the public. Part IV presents information on the personal evaluation of leadership and the evaluation of leadership programs. Part V looks to the future and presents some emerging public health trends.

Throughout the book, case studies written by public health leaders are presented, and public health leadership exercises can also be found. There are also discussion questions in each chapter.

This is your chance to have a key role in defining the future of public health. *Carpe diem!* Seize the day!

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Acknowledgments

I would first like to thank the 900 fellows who have graduated from the Mid-America Regional Public Health Leadership Institute. Each one of these leaders has taught me much about the challenges facing public health. I have also learned much from my colleagues, who over the years have struggled with the complex issues involved in leadership development. I especially want to thank Ann Anderson, Beth Quill, Mike Reid, Cynthia Lamberth, Magda Peck, Barney Turnock, Carol Woltring, and Kate Wright for our many discussions about leadership. I also wish to thank all the case study writers for their willingness to write the cases that help strengthen the public health leadership model presented in this book.

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Prologue

The events of September 11, 2001 changed the landscape of leadership development. We began to make a distinction between more traditional approaches to leadership development and the important area of development of leaders who need to function in crisis situations, from natural disasters to domestic terrorism situations. During the first decade of this new century, we saw the development of special leadership development programs on crisis leadership. A number of authors wrote books during this first decade to demonstrate not only that crisis needs to be looked at in detail, but that there is also a need to understand the leadership skills needed to function in all sorts of crises, including business downturns, reputational crises, legal crises generated by changes in the law, and so on. There are clearly a number of complexity issues inherent in crises as well. Distinctions have been made between risk and crisis communications. In 2006, I wrote a whole book on leadership and crisis and how leaders can make their public health organizations more prepared. It is now time to bring this book and that book together in a comprehensive approach to public health leadership.

I developed an exercise that I have used in numerous groups to distinguish between the skills of public health leaders as they work in organizations that are not in a crisis situation and leadership skills that are utilized to ameliorate the impact of a public health emergency. This exercise is included in this edition of this book. In my early experience with this exercise, groups appeared to make clear distinctions between the skills needed by leaders in traditional or normal situations and the skills needed to function in an emergency preparedness and response situation. It also became apparent during this period that there was confusion over what management was and what leadership was. Preparedness situations and the general perspectives tied to incident command seemed to reflect more of a command-and-control management and linear perspective rather than a systems-based leadership perspective. I have covered some of these issues in a number of my blog articles (http://rowitzleadership.wordpress.com). One of the interesting results of this exercise was an increasing awareness that all leaders need to know how to function in an organization on a daily basis, but not all leaders seem able to function during a crisis. In other words, crisis leaders need to function in a resilient manner in both traditional and crisis-focused organizations, but some leaders seem to function well only in noncrisis situations.

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Leaders must be leaders regardless of the realities that they face each day. Leaders develop not only their personal leadership skills, but also skills for their work on teams and in other collaborative relationships, skills at the organizational level, skills at the community or systems level, and skills involved in promoting knowledge and leadership at the professional level. Leaders need to learn when to manage and when to lead. They must work on trying to develop their personal as well as their organization's resilience. They must learn that leadership is about normal times and not so normal times stimulated by a crisis. If resilience is low, an administrator needs to be able to draw on the skills of others who can lead in a crisis. What this discussion means is that the parallel development of traditional and crisis leadership skills needs to be merged. Leadership is about leadership under changing circumstances and contexts. It is time to view leadership as a lifelong learning process in which leaders explore and develop new skills and tools as they need them to address these changing situations. I have recently used the concept of synergistic leadership to define leaders as individuals who draw from many sources and resources to address all possible situations. When traditional leaders cannot deal with crises, they need to call upon others who can deal with these potential crises. However, traditional and crisis skills build upon each other to form a more comprehensive approach to leadership development. For me, this means that I have to combine my two leadership books into an integrated whole to reflect the complexities of leadership as well as the overall needs of effective leadership in a constantly changing social environment. In addition, we now need to consider the impact of health reform, with an expanding definition of public health and understanding of how our leaders will be affected by these new changes.

The field of public health in the United States is changing as you read this prologue. The profession of public health was very organization focused in the past. It was perceived through the lens of a governmental public health agency that not only concentrated its activities on clinical services into the 1990s, but also talked of prevention and a population-based focus. Being healthy is not a silo-based activity. It requires not only the involvement of each person, but also the support, collaboration, and involvement of many other people and organizations. I believe health promotion is a leadership issue, always with an eye on future behavior. Over the past several decades, we have set health goals for the nation for each decade. A new decade appears and we seem to start all over again with a new set of goals and expectations. For every step forward, we seem to take two steps backward. Unexpected health crises, a new pandemic, or a new problem to be addressed seems to shift our health priorities. Each type of event becomes tied to a specific health profession or health organizational silo. For example, the events of September 11, 2001 seemed to be a public health crisis, and much money was allocated to build public health infrastructure through the advocacy of a preparedness approach to emergencies and other public health crises. And yet subtle and not so subtle shifts occurred in which emergency preparedness and response seemed to become the domain of law enforcement and fire departments, with public health often appearing to take a back seat.

Whether we want to admit it or not, it is not only the public health professions and their organizations that define public health. Public health is defined by the economic climate of the country, politics, economics, culture, and the possibility of global pandemics. In addition, today's health issues also define what public health agencies are supposed to be doing. It is also true that these contemporary issues help define our field, although we sometimes drop the ball and some other profession or organization picks it up. For example, violence has been seen as a public health issue, and yet we did not know how to address this issue. Public health leaders often let law enforcement, schools, and other organizations pick up our dropped ball.

The field of public health is expanding in the face of health reform by governmental officials at the federal and state levels. Funded public health workforce and leadership development programs are being asked to consider the training of health professionals in preventive medicine, HIV health professions, emergency preparedness, maternal and child health professions, and community health center administration. The argument being made is that people working in health and community clinical areas are beginning to carry out public health work at the population-based community level. This expansion of the purview of public health means that we need to reevaluate our training, research, service, community engagement activities, and leadership activities in this ever-changing public health environment. We need to create alliances and other mechanisms for the discussion of these issues. It will be necessary for governmental health professionals to talk to academic and public health practice leaders in concert with their professional organizations to aid in the redefining of public health in a rational manner. Business and citizen involvement may also be necessary. Our decisions today will have an impact on the future of public health for many years to come.

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