

Designing an Architecture for a National Public Health Leadership Development System

**A discussion paper for the PHLI
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CONTEXT

After 15 years of evolution, public health leadership programs have come to an inflection point. The oft-cited Institute of Medicine report of two decades ago led to the National Public Health Leadership Institute (PHLI); the success of PHLI prompted the development of a national network of state and regional leadership programs across the country. We now have an opportunity to reflect on the past and to design the architecture that will guide leadership development for the future. Our planning should use current knowledge about leadership development to build upon and modify prior successful initiatives and to develop new approaches to address current unmet needs.

A growing body of literature demonstrates the effectiveness and impact of existing leadership and management programs. These studies demonstrate that existing programs enhance knowledge, skills, and attitudes; improve leadership behaviors; and influence organization-level improvement. Action-learning projects undertaken as part of these programs can generate increased funding for public health initiatives: an evaluation of the Management Academy for Public Health found that graduates had generated \$6 million in grants and revenue for

projects they designed during the program.

Leadership development programs have contributed intangible benefits that may be even more valuable. We believe these programs help retain high-potential leaders in public health. These programs have also helped build a network of leaders across the United States that has fostered the exchange of ideas, contributed substantially to the leadership mindset in the public health community, and led to innovation and systems improvement at every level.

Based on these outcomes, it is clear that some elements of the national public health leadership development system have worked:

- National Public Health Leadership Institute
- State and regional leadership institutes
- Specialty institutes by discipline (e.g. environmental health) or topic (e.g. crisis)
- Institutes within one organization

Other initiatives support and extend the reach of leadership institutes:

- Management Academy for Public Health
- Public Health Leadership Society
- National Public Health Leadership Development Network

That said, many of the existing programs are built on a foundation at least twenty years old. Many of the challenges we face now were only just emerging when the oldest programs were being developed. The environment has changed significantly. The demographics of our leadership group do not match the demographics of the public we serve.

Workforce challenges have changed: many in the field now lack formal training in public health, and many of those who have it are aging out. Much of the current cadre of leaders—many of whom have benefited from the leadership development resources now in place—are set to retire.

This document is an attempt to stimulate and structure discussion about the architecture of the leadership development system. This new architecture should reflect our priorities and shared objectives, and build on our current assets, to move forward. The ideas throughout the document are meant to spur discussion and solicit input into the components, linkages, and parameters of a national leadership development system to create and serve public health leaders.

The content in this document relies heavily on white papers developed by the National Leadership Network and the Public Health Leadership Society for CDC's Future of Leadership Development for Public Health meeting in the fall of 2006. It proposes a list of "guiding principles;" proposes a framework for how new leaders progress through an organizational pipeline; and outlines broadly the services that might be provided by the leadership development system.

GUIDING PRINCIPLES

The following is a set of principles that we suggest should influence the creation of a new architecture of public health leadership development. Again, these principles reflect ideas raised in white papers presented at last December's meeting on the Future of Leadership Development for Public Health, and

reflect twenty years of experience at leadership program development and practice.

We start from the assumption that no one program or initiative will fill our leadership development needs. Ideally, leadership would be developed through an integrated set of interventions, at different levels and using different learning experiences over one's career. Interventions which include assessment, coaching, mentoring, accreditation, certification, credentialing and real-work stretch assignments, in addition to more traditional educational interventions might be included in a national system.

Public health system leaders need system and relationship skills.

Networking and partnership are critical skills in the public health system today, especially engaging leaders from multiple levels, sectors, and disciplines. Leaders must have the tools to assess and act on system-level problems that cross organizational boundaries. Leadership development initiatives should reflect these needs in their design.

Leadership development must benefit from and deal with the changes in global communication.

Leadership development initiatives should integrate distance teaching/learning methods that reflect the range of emerging modes and technologies for communication and collaboration. New information-sharing technologies have profound implications for leaders in terms of communication, record keeping, data analysis and accessibility, and more.

Leadership development has to be measurable.

It is important to have

feasible metrics and define return on investment for all the stakeholders in the leadership development system. We must know what the goals are, find appropriate measures that will help us understand what works and what doesn't, and continuously improve. Measurement is a critical skill for the leaders that the system is trying to develop; like others, this principle applies both to curriculum and to program design.

Leaders don't last: we must build a leadership bench. The leadership development system must address the difficult demographics of the public health workforce and of the United States. Huge numbers of public health leaders will retire in the next decade. Success will require working at all levels of organizations, not just at the top.

STAGES OF THE LEADERSHIP PIPELINE

Without implying a linear progression, it is useful to think about the pathway a person might follow from recruitment to a seasoned leadership role in public health. Developmental needs are different for different people functioning at different positional levels. This model indicates general needs throughout the organizational leadership pipeline. This four-stage model reflects the NLN white paper presented at the CDC leadership conference.

Recruit and develop “New Leaders”

We have all noted new employees who demonstrate early a high potential to become effective leaders. A leadership development system should seek out and nurture individuals for leadership roles

in their agencies and communities. They need opportunities to

1. Assess their individual skills and learning behaviors
2. Acquire knowledge
3. Identify and connect with mentors/coaches
4. Develop a strong peer network

Grow “Early Leaders” through learning and practice

Early in their careers, leaders face challenges of leading teams and developing partnerships. At this stage, early leaders are often responsible for relatively small organizational units as they develop their own set of leadership practices and style. The major needs of early leaders include:

1. Regular mentoring/coaching
2. Assess individual leadership behaviors especially as they impact teams
3. Build knowledge base
4. Network and do action learning with a broader set of stakeholders
5. Take on “develop-in-place” challenges

Refresh and challenge “Established Leaders”

As leaders establish themselves, often in positions they hold for several years, new developmental needs emerge:

1. Reflect, renew, reassess individual needs and priorities
2. Acquire new knowledge and look ahead
3. Serve as a mentor/coach; insure development of leadership bench
4. Establish new network connections to avoid “echo-chamber” effect
5. Do action learning and take on stretch challenges in new arenas

Engage “Emeritus Leaders”

At the end of a career, some leaders want to stay involved. These leaders have their own developmental needs; they may also play a role in contributing to the development of others. Needs of emeritus leaders include:

1. Share wisdom and experience as mentors and coaches
2. Maintain avenues for exerting leadership without positional power
3. Leverage experience
4. Keep learning

SYSTEM DESIGN

Given this formulation of leadership development needs and guiding principles, and drawing on current thinking in leadership development in public health and elsewhere, we propose the following four “service” functions that address development needs over a leader’s working lifetime. Further, we outline three supporting and enabling functions that assure life-long learning for leaders is sustained.

Four Service Functions

Once leaders are recruited and identified, initiatives in these four service areas can help them develop. A structured learning program—such as a leadership institute—could include all four elements. Ideally, organizations would support these four functions in a variety of ways, at multiple stages in one’s career.

1. Assess individuals, teams, organizations

Capacity is needed to select, administer, and interpret a range of tools for assessment of individual leadership

attributes, behaviors, and skills. Equally important are tools to assess leadership teams and organizations. The function of these tools is to enhance self awareness, facilitate learning, and drive individual and organizational improvement.

Examples of widely used standardized tools are listed in Table 2. Assessments should be incorporated into a comprehensive development process; stand-alone assessments have relatively little impact on leadership behavior and effectiveness, or on organizational change.

2. Learn new knowledge and skills

Effective leaders love to soak up new information. In this context, leaders need to study leadership practices and behavior, leadership challenges, case studies, emerging issues and future trends, and so on. With the increased use of the internet as a source of video material, leaders can now turn to online lectures, course studies, interviews, and other video-based sources of wisdom and knowledge. These materials form an element of a leadership library that can be accessed at any time.

Face-to-face and virtual classroom instruction and stimulate interaction and transfer knowledge between scholars and quality faculty members. Leadership is a function, not just a knowledge-set; as such there will continue to be a role for interactive learning. Use of internet-based video conferencing offers an adjunct to traditional classroom methods, enhancing access to faculty.

Executive coaching is an individual intervention to reach organizational goals. Coaches usually have formal training and certification. Some

organizations teach coaching at multiple levels, to promote organizational learning.

3. Reflect and Practice

Adults learn best by doing. Action learning requires a team to learn and practice new skills through real work projects. Action learning projects ensure that training transfers to practice on the job; they also build essential skills in teamwork, keep training curricula relevant, and drive organizational change. Team coaching can be used to facilitate the action learning process. Key to action learning is effective reflection, feedback and action.

Organizations should provide a structure to help leaders develop in place. Leaders must be able to see avenues for practicing their new leadership skills in relevant ways on the job; work plans should overlap with development plans so that leaders at all stages can identify and tackle new challenges.

4. Network

Informal and formal peer networking is extremely valuable as a means of support, sharing lessons learned, encouraging life-long learning, and modeling the real world of work. Networking is increasingly seen as a key tool in any form of business in the 21st century; the nature of public health problems and public health governance makes it critical for public health leaders. The leadership development system should help create a strong, strategic network and build the skills to use that network effectively.

Mentoring can extend networks outward and upward. Informal mentoring occurs widely and may consist of unstructured

and regular interactions around a range of issues, with the mentor providing advice, serving as a sounding board, and providing support. More formal mentoring may consist of more structured interactions within an organization or community.

NATIONAL SUPPORTING LINKAGES

For a leadership development system to remain effective and sustainable over time it must be flexible, adequately funded, connected to needs and built on science and new knowledge. Below is a description of at least three core needs to maintain a seamless leadership development system for public health leaders.

1. Leadership Developer Networking and Consultation

Those who participate in leadership programs benefit from networking opportunities; so do those who are responsible for creating and managing leadership development programs. Sharing best practices and lessons learned among developers improves quality and promotes innovation in leadership development programs. Consultation by developers with those considering program development may also add great value.

2. Research and Evaluation

To determine “what works” and to identify and test new, promising approaches to leadership development, research and evaluation capacity is needed. By incorporating research and evaluation as an ongoing, integral component of leadership development activities, continuous quality improvement of initiatives can occur.

3. Oversight, Financing, Strategy, and Incentives

A system of leadership development requires some form of oversight and monitoring to assure that its components are functioning well. Such oversight can identify unmet needs and gaps and also provide recognition for excellent performance or contributions to leadership development. Most important, ongoing creation of financing strategies is central to sustainability and prosperity of leadership development programs. Without thoughtful financing strategies and tactics, the entire system is in jeopardy. These strategies should build incentives for participation in leadership development and policy interventions to facilitate sustainability.

CONTEXTS FOR LEADERSHIP DEVELOPMENT

“Community” Context

Leadership is an important function at a “local” or “community” level. We mean community in the broad sense of an organization, a county, or a city. Leadership development at this level might benefit from a range of strategies and interventions.

Some organizations have created their own “in-house” leadership and management development programs that are tied in to processes that identify emerging leaders, provide mentoring, structure developmental work assignments, and/or manage succession planning: CDC, or Los Angeles Health Department, or Louisville, for instance. These programs may be tied to a formal system of organizational development

linked to the strategic direction of the organization or community, thereby enhancing the impact of the leadership and management development effort.

State / Regional Context

States have their own needs for leadership. States provide resources and policies and interventions to insure that the leadership function is accomplished in their areas of concern.

State and regional leadership programs have served as a particularly useful learning experience for early leaders by giving them access to formal self-assessment experiences integrated with improvement strategies. Participation in structured learning experiences provides early leaders with a knowledge base typically absent from academic degree programs in the schools of public health, medicine, or nursing they may have attended. Finally, early leaders benefit substantially from peer networks that grow out of state and regional programs.

National Context

Various organizations and interventions at the national level work towards developing leadership throughout the public health system.

The national programs noted above serve the needs of established leaders who need to connect across the national with peers in other leadership positions and to benefit from a range of structured learning experiences. The national Public Health Leadership Institute has served this need well over 15 years. Topical programs also build leadership in specific sub-groups within public health, such as environmental health or violence prevention.

DISCUSSION

We know that leadership can be learned. In the design of a system for life-long learning, we advocate for a development-based approach. As a field, we can help organizations develop skilled managers and leaders by tailoring developmental opportunities to the stages of a leader's development and insuring that interventions are high-quality.

As was stated in 1988 by the Institute of Medicine in its landmark report, *The Future of Public Health*, "the development of leaders is too important to be left to chance." We now face a major crossroads in the evolution of public health leadership development in the U.S. Many of the programs that have served us well in the past face an uncertain future; some may fail.

The major service functions of a leadership development system include strategies to help leaders (1) **assess** themselves and their organizations; (2) **learn** new information and skillsets; (3) **practice** reflectively, through action learning and other on-the-job development opportunities; and (4) use the **network** of practitioners to create and replicate successful leadership utilizing mentors and most importantly peers.

For these functions to be sustained, three supporting functions must be filled. These functions are (1) to network and integrate leadership developers; (2) to research and evaluate leadership development; and (3) to oversee and finance strategy development in a way that creates appropriate incentives.

We hope that by establishing a design for a future system, based on research and evaluation of what has worked in the past and what is needed for the future, a solid conceptual foundation will be established to guide program development and investment in our future public health leaders. With this guide for action, we can build a system that will serve for decades to come.

REFERENCES

- Public Health Leadership Society white paper available at www.phls.org
- National Public Health Leadership Development Network white paper, "Designing the Future of Leadership Development for Public Health," March 15, 2006.
- Baker et al., A brief history of public health leadership development: lessons learned and future needs.
- Rowitz, Louis. *Public Health for the 21st Century: The Prepared Leader*. Boston: Jones and Bartlett, 2006.

Table 1: Seven Functions of a National Leadership Development System

- 1. Assess**
 1. Individual
 2. Team
 3. Organizational
- 2. Learn**
 - a. Readings
 - b. Video
 - c. Face-to-face sessions
 - d. Distance-based sessions
 - e. Coaching
- 3. Practice**
 - a. Action learning
 - b. Develop-in-place assignments
- 4. Network**
 - a. Informal
 - b. Formal/structural
 - c. Mentoring
- 5. Network the developers**
 - a. Sharing
 - b. Best practices inventory
- 6. Research and Evaluate**
 - a. What Works
 - b. Innovation
- 7. Coordinate the system**
 - a. Oversight
 - b. Financing strategy
 - c. Incentives

Table 2: Assessment Tools (Examples)

Individual Self-Assessment, Awareness and Development

General and specific personal assessment instruments: e.g., MBTI, Kilman Conflict, Decision Style, CSI
360 self-assessment instruments: e.g., LPI, Benchmark, Skillscope
Executive coaching
Online development plans with follow-up: e.g., CCL Developmental Engine, Friday Five

Leadership Team Assessment, Awareness and Development

Assessment instruments: E.g., STRAT
Team coaching and consultation

Organizational Assessment, Awareness and Development

Assessment instruments: e.g., Denison culture
Organizational coaches/consultants: e.g., CA Public Health Org Development Project