

IV. Results

To make this lengthy results section easier to follow, we have organized the findings with reference to a Model of PHLI Outcomes. The most basic model (Figure 5) shows that PHLI aids personal leadership development and team and network development. Ensuing personal, team, and network actions produce improvements in public health infrastructure.

To display more detail about the outcomes we have observed in the data, we have also developed an Expanded Model of PHLI Outcomes (Figure 6). While these models resemble the linkages that the program hoped for in its conceptual models (Figures 3 and 4 above), we use the Expanded Model of PHLI Outcomes to organize the results seen in the data.

Each section of the results below expands on one of the “boxes” in the Expanded Model of PHLI outcomes.

Figure 5. Basic Model of National PHLI Outcomes

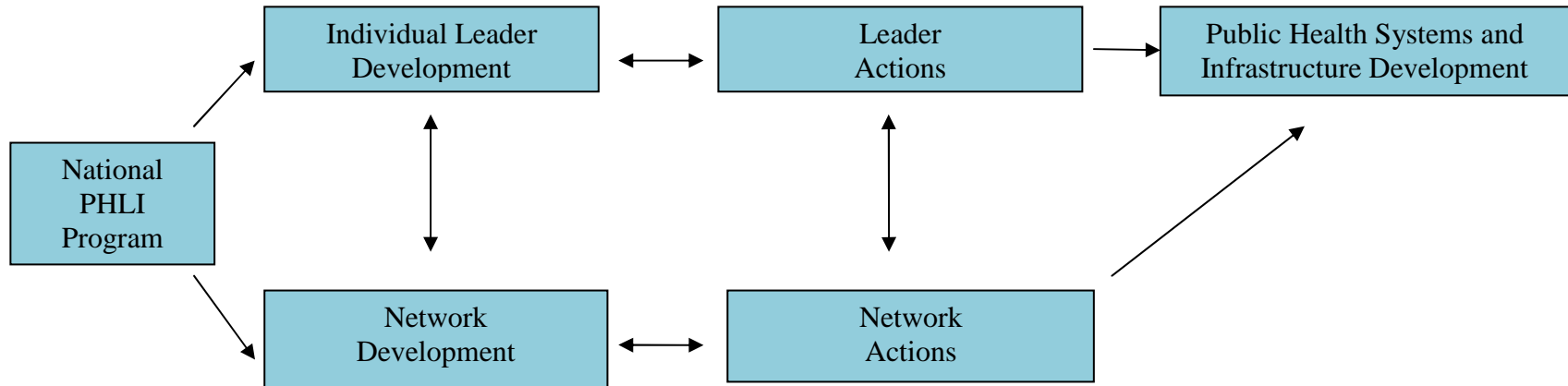
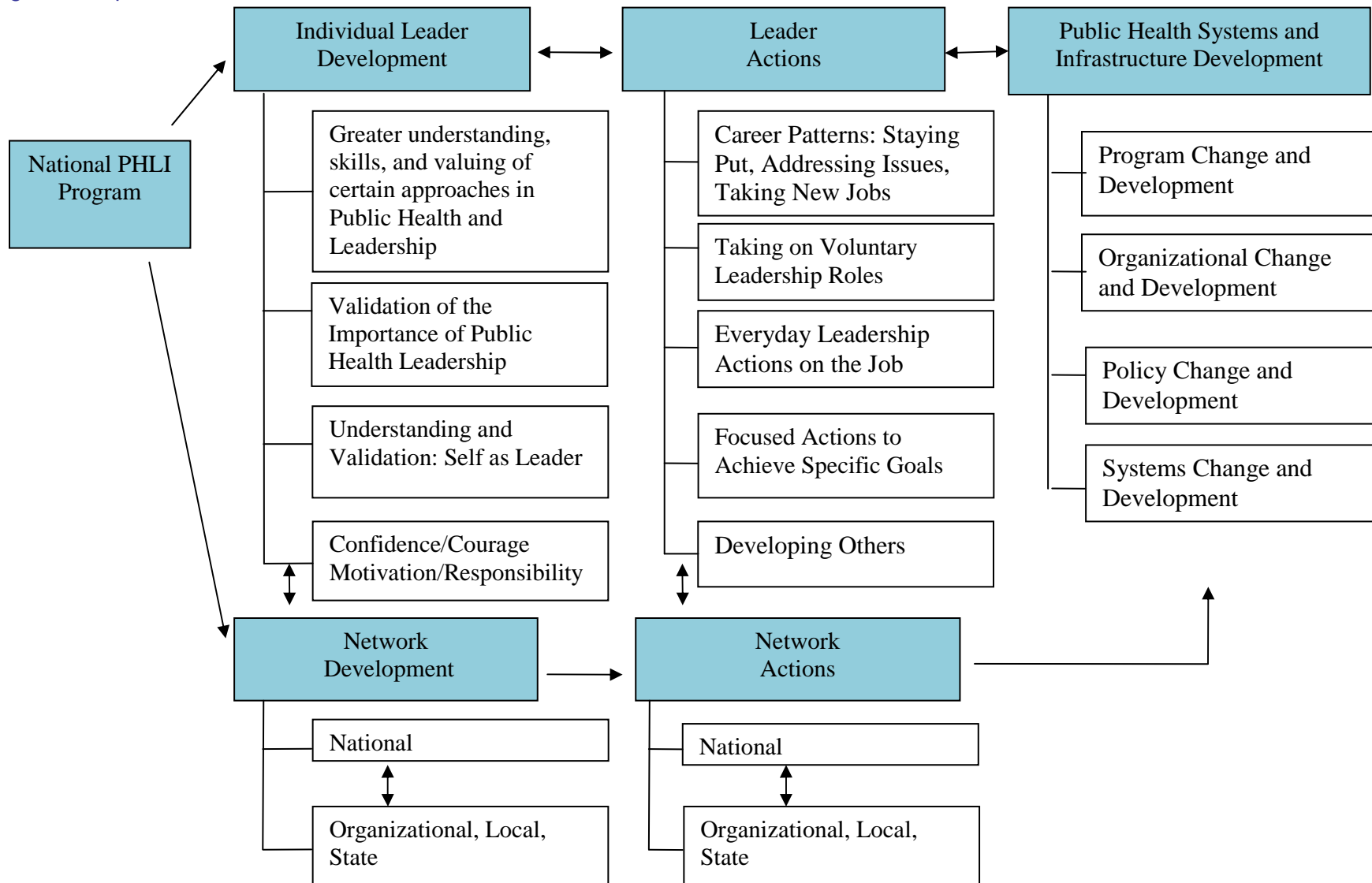


Figure 6. Expanded Model of National PHLI Outcomes



Domain 1: Individual Leader Development

This section deals with PHLI's overall and specific influences on graduates' leadership perspectives and understanding, attitudes, and specific skills.

Summary of Findings

- PHLI's long-term influence on graduates' leadership:
 - 36% of respondents chose "large" while 43% chose "moderate"
 - 18% chose "small" and 2% chose "no influence"
- The majority of respondents reported that PHLI had strengthened these constructs related to understanding and skills to a "moderate" or "large" degree:
 - Understanding useful general principles of leadership (81%)
 - Awareness of best practices and models for public health leadership (68%)
 - Understanding of the breadth of the public health system and their role within it (56%)
 - Openness to the ideas and opinions of others about how to address problems (75%)
 - Skills in leading efforts that require the collaboration of many people or organizations (73%) and other specific leadership practices that are useful in public health (73%)
- PHLI sought to deepen scholars' interest in getting involved with leadership at all levels. The majority reported that PHLI has strengthened their interest in the following areas to a "moderate" or "great" extent:
 - Interest in deepening their involvement with leadership efforts to improve their agency or community (78%)
 - Interest in deepening their involvement with public health leadership efforts at the national level (59%) and at the state level (54%)
 - Their commitment to staying in public health in their work (66%).
- PHLI also sought to deepen scholars' self-awareness, sense of importance and belonging to the national network of public health leaders, and courage and confidence to step forward into leadership roles. The majority reported that PHLI has strengthened these constructs to a "moderate" or "great" extent:
 - Self-awareness as a leader: their strengths, liabilities, and how others view and receive their leadership (82%)

- Sense that as a public health leader, they are important and have a valuable role to play (77%) and belong to the national cadre of leaders in public health (68%)
- Professional network of people they can contact for ideas about how to handle their leadership situations (55%)
- Confidence to take on public health leadership responsibilities (75%)
- Courage to take the initiative and act to improve public health (75%)

Hundreds of survey comments and interview themes reinforced and explained improvements of general understanding of leadership; improved understanding, skill, and valuing of collaborative leadership and systems thinking to address challenges; and other specific skills gained.

Many also emphasized that PHLI connected them to a wide network of leaders with whom they could exchange valuable information. The network helped them feel that they belonged to that national network and were themselves “valid” leaders, improved their self-awareness, and increased their courage and confidence to “step up to the plate” and take on additional leadership responsibilities.

PHLI helped to give me the requisite leadership skills, the support group to feel others in my position were making/could make a difference, gave me the confidence to step up to the plate, and impressed upon me the obligation to do so. PHLI was a very limited opportunity and almost all of us in it felt this privilege we had been given should be reciprocated for via active public health leadership in our respective work and personal spheres of influence.

Question 1.1 How do graduates rate PHLI’s long-term, overall influence on their leadership?

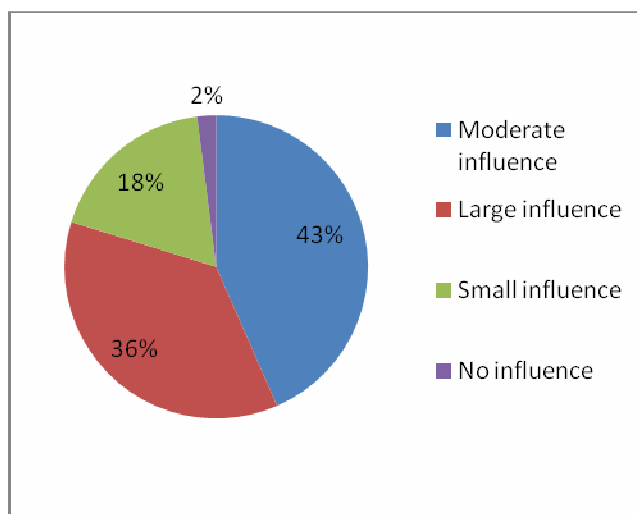
By itself, PHLI was only a one-year experience. We wanted to know how participants gauged its overall effect on their leadership in the long run. Was PHLI inconsequential, profoundly life-changing, or somewhere in between?

To begin to examine this, we asked graduates: “Overall, how much long-term influence did PHLI have on your leadership? (Pick one).”

Thirty-six percent responded that “PHLI has had a large long-term influence on my leadership,” while 43% chose “moderate” (Figure 7). Combined and rounded to the nearest percentage, 80% responded that PHLI had a “large” or “moderate” long-term influence on their leadership.

About 18% responded that PHLI’s influence was small, while 2% responded that PHLI had “no influence.”

Figure 7. PHLI’s Overall Long-Term Influence on Graduates’ Leadership (N=382)



We next asked a number of questions to help us understand in more detail the ways that PHLI influenced participants. First, we asked the questions presented in Tables 2 and 3 to get an overview of a variety of domains that were objectives of the program or which prior evaluations had shown to be important for graduates. These responses provide a sense of the overall perceived contribution of PHLI to participants.

In addition, we asked this open-ended question on the survey: “Explain in some detail one of the most important influences that PHLI has had on your leadership.” Over 300 survey respondents answered this question, often giving significant details about PHLI’s influences on them in a lengthy paragraph and describing multiple influences. Others

gave simple, short statements of a single influence. Most of the interviewees also provided extensive comments about PHLI's influence on their development. The following sections summarize these data.

Question 1.2 How did PHLI influence scholar's leadership-related knowledge, skills, and the value that graduates place on certain approaches that were taught?

Throughout its history, PHLI has sought to help scholars improve their knowledge and skill in leadership domains that are important to public health practice. In addition, PHLI sought to encourage scholars to highly value and embrace certain approaches, such as collaboration and developing others.

We asked scholars to rate the extent to which PHLI *strengthened* their understanding and skill in several key areas. The majority (Table 2) reported that PHLI had strengthened these constructs related to "understanding" to a moderate or large extent:

- Understanding useful general principles of leadership (81%)
- Awareness of best practices and models for public health leadership (68%)
- Understanding of the breadth of the public health system and their role within it (56%)

Related to more discrete skills, the majority also reported that PHLI had strengthened these constructs to a moderate or large extent:

- Openness to the ideas and opinions of others about how to address problems (75%)
- Skills in leading efforts that require the collaboration of many people or organizations (73%)
- Skills in specific leadership practices that are useful in public health (73%)

When we asked survey respondents to "explain in some detail one of the most important influences that PHLI has had on your leadership," we received extensive comments that were directly related to these and other areas of increased "knowledge" or "understanding" (118 responses), new or increased "skills" (64 responses), along with 31 responses that directly expressed increased "valuing of" or "appreciation of" or "commitment to" specific leadership approaches taught. (We will later describe the large numbers of new or improved leadership *practices* described in these responses, which often imply new knowledge, skills, or values, but here we include only explicit statements related to these constructs.)

These comments show that many participants gained significant levels of understanding and specific skills with the help of PHLI, and clarify the kinds of gains scholars made.

Understanding leadership

A large number of comments related to general principles of leadership taught in the program. These were examples: [Evaluator's note: throughout this report, the evaluator has underlined parts of quotations with special relevance to constructs being discussed in that section of the report]

The greatest influence is the repeated emphasis that leadership requires cultivation and nourishment of people skills: listening attentively; communicating clearly, directly and honestly; being respectful; letting go of ego's need to be 'right'. These attributes build on a base of scientific, medical and public health knowledge. Without them, no matter how brilliant, one is not a leader.

There was tremendous value in becoming familiar with the 'leadership' literature and in the structured systems approach to problem analysis and intervention development. My participation came at an excellent time, helping my thinking to mature and move forward from the direct day-to-day tasks to engagement in more strategic forward-looking leadership. It was also particularly helpful for me to understand better how organizations change...or resist change, both to make me more effective within my own organizational framework and to improve my ability to help stimulate other organizations to adopt policies and practices that better protect or improve public health.

One of the stronger influences in my class [was reading the book]: The Art of the Long View. Gaining a different perspective on sustaining vision as opposed to always dealing with the immediate, which is management. The other piece is the notion of Senge, and the double learning of organizations. Those two mostly influenced [me].

I have become more willing to let others contribute to a project rather than trying to do it all myself. Consequently I have become more willing to accept leadership in projects because I feel I have more support and resources.

Understanding public health leadership: systems and collaboration

Many comments were focused on learning about effective *public health* leadership, often emphasizing have learned about the interrelated and synergistic concepts of systems thinking, public health as a system, and collaboration as a strategy for public health leadership. Several examples below are typical:

[PHLI] exposed me to the concept of learning organizations (through Peter Senge's book and his presentation to the PHLI group) and its application to public health agencies. I have attempted to apply this concept in my agency with

some success. We are now much more aware of and utilizing the fact that we are part of a community-wide system trying to improve health in our community. [Evaluator's note: Leadership thinker Senge emphasizes systems thinking].

[PHLI] broadened my perspective of the Public Health System and was facilitative in the implementation of the Public Health Institute of Oklahoma (PHIO) whose mission is to promote positive health practices through collaboration between government, academia and communities. The PHLI experience provided the necessary training and skill development in systems thinking. This education is invaluable as a resource as we attempt to practice public health from a public health systems perspective. Two landmark IOM [Institute of Medicine] reports, the current literature on contemporary public health practice, and measurements of public health performance all center on public health as a system. In order to be effective as a public health leader/administrator, systems thinking and a vision around a systems approach to our profession is vital; and for me, came from my year in PHLI.

One of the most influential learning experiences was the recognition that leadership is not just the individual, but is collaborative in nature. Working with various organizations and people is the hallmark of effective public health practice, so learning more about collaborative leadership has really benefited my perspective on leadership and has greatly influenced my own leadership style.

PHLI reinforced the tremendous importance of true community-based public health; working with community partners and viewing them as assets irrespective of low SES status, etc; working in collaboration with multiple partners and stakeholders in the community -- the whole is better than the sum of its parts, since we cannot address health disparities alone.

Strengthened my belief that public health is a community affair that requires public health professionals to work with a broad cross section of the community to plan and implement plans. These plans must have relevant goals, objectives and recommended action. Actions must also be responsive to community needs.

An interviewee put it this way:

One of the big things [I gained] is the ability to think strategically.... Sort of raise the eyesight to the horizon and beyond... thinking more strategically and establishing networks and the networks beyond just the personal colleague but then begin to think about networks in terms of how you pull in industry, healthcare, federal government, state government, community partners, into assisting you in your strategic thinking, planning, and then ultimately the delivery of public health. So, I think that sort of approach, in terms of networking, was a huge influence.

Table 2: PHLI's Impact on Scholars' Understanding, Skills, and Involvement Interests (N = 384)

^a Based on a scale of 1=not at all, 2 =to a small extent, 3 =somewhat, 4=moderate extent, 5=great extent

	Not at all	To a small extent	Somewhat	To a moderate extent	To a great extent	Average ^a	SD	Unanswered
	N (%)	N (%)	N (%)	N (%)	N (%)			N
Understanding and Skills								
Understanding of useful principles in leadership	8 (2.1)	14 (3.7)	52 (13.7)	171 (44.9)	136 (35.7)	4.1	0.91	12
Openness to the ideas and opinions of others about how to address problems	6 (1.6)	20 (5.2)	70 (18.2)	171 (44.5)	117 (30.5)	4.0	0.92	9
Skills in leading efforts that require the collaboration of many people or organizations	1 (0.3)	24 (6.3)	77 (20.1)	172 (44.8)	110 (28.7)	4.0	0.87	9
Skills in specific leadership practices that are useful in public health	4 (1.1)	24 (6.3)	75 (19.8)	171 (45.1)	105 (27.7)	3.9	0.91	14
Awareness of best practices and models for public health leadership	3 (0.8)	27 (7.1)	93 (24.3)	164 (42.8)	96 (25.1)	3.8	0.91	10
Understanding of the breadth of the public health system and your role within it	11 (2.9)	38 (9.9)	119 (31.0)	117 (30.5)	99 (25.8)	3.7	1.05	9
Interest in Deepening Involvement								
Interest in deepening your involvement with leadership efforts to improve your *agency or community*	6 (1.6)	19 (5.0)	58 (15.1)	143 (37.2)	158 (41.2)	4.1	0.94	9
Interest in deepening your involvement with public health leadership efforts at the *national level*	20 (5.2)	53 (13.8)	84 (22.0)	122 (31.9)	104 (27.2)	3.6	1.17	10
Interest in deepening your involvement with public health leadership efforts at the *state level*	33 (8.6)	46 (12.0)	96 (25.1)	111 (29.0)	97 (25.3)	3.5	1.23	10
Commitment to staying in public health in your work	22 (5.8)	28 (7.3)	80 (21.0)	129 (33.8)	123 (32.2)	3.8	1.14	11

Specific skills in public health leadership

In describing their most significant benefits, many graduates also cited changes in specific skills taught. The most frequently cited specific skill was “collaboration” within and across organizations to achieve improvements. While the previous section cited “collaboration” as a key area of general understanding and perspective gained, many graduates also discussed collaboration as a specific skill that was gained and used in specific settings, as in these examples:

The ability to build and work with 'teams' contributed greatly to the implementation and expansion of rapid HIV testing in New Jersey. This project has benefited the citizens of New Jersey and been nationally recognized, most recently with the 2006 ASTHO Vision Award.

Developing a sense of how to present and obtain collaboration for important but possibly unfamiliar concepts to a group with a diversity of work experiences and academic backgrounds.

[PHLI] enhanced my ability to work with community stakeholders to establish effective partnerships to improve community health, leading to a regional health coalition and Turning Point grant.

Additional skill gains cited as very important included creating and motivating others toward a shared vision, effective communication within organizations and with the media, organizational change, negotiation, developing others, and policy development. For example:

[PHLI] greatly strengthened my skills in visioning, creating/motivating shared vision, and confidence in creating my own future and motivating others to do so.

[I gained skills in] risk communication and [learned the importance of] having a plan for communicating with stakeholders.

Through my exposure to the 360 analysis [multi-rater feedback] and the leadership tools and concepts, I have been more successful in facilitating the growth of my senior leadership direct reports. In fact several of our senior leaders, have attended leadership development weeks at the Center for Creative Leadership since. I have attended many leadership development courses and PHLI was by far superior to them all.

By exposing me to information and causing me to focus on important differences between management and leadership, PHLI put me in a much better position to assume a senior leadership role in my state public health organization. Within two months after completing PHLI, I successfully competed for a promotion to the

deputy director level. On a daily basis I rely on training I received in negotiating, networking, and setting high expectations.

Many scholars reported learning a considerable amount about collaborative leadership from “action learning” projects they worked on as part of PHLI.

In this photograph, a team of senior leaders from North Dakota takes a break from discussing their team project in a breakout room at the Rizzo Center in Chapel Hill.



Valuing new approaches to public health leadership

In addition to gaining new understanding and concrete skills, over twenty graduates also indicated that one of their chief gains was an increased appreciation or value placed on an approach.

We have seen that many scholars cited new understanding or skills related to collaboration with others; fifteen others also cited placing more value on this approach as a result of PHLI.

Our team's experience with the leadership institute has solidified our commitment to building coalitions between public health, hospitals, and community based organization's in addressing community health issues.

[I learned] the importance of working with different professionals (MDs, nurses, sociologists, statisticians) at different leadership levels (frontline, OD) locally and all the way to the Federal level.

PHLI broadened my perspective of leadership. It helped give me the courage to take on bigger leadership challenges with confidence and helped me truly understand the benefit of collaborative leadership. Working collaboratively is a core value of the non-profit I head.

Several others stated that they learned to place greater value on developing others. For example:

I was a fairly seasoned manager at CDC by the time I participated in the PHLI, so the effects on me were not as great as they might have been for others. I was impressed with the experience and so encouraged the development of, and participation in, leadership training for junior managers I supervised at CDC. Most of these folks have gone on to great things.

PHLI has influenced my efforts, goals, beliefs, and convictions to prioritize mentoring and encouragement of future public health leaders. The need to bring along public health workers to replace us aging workers. A vast amount of knowledge is soon to be lost if we do not start recruiting for the future.

Question 1.3 How did PHLI influence scholars' leadership-related interests, self-awareness, sense of importance and belonging, and confidence?

Having discussed increased understanding, skills, and valuing of leadership approaches, we now summarize responses about changes in scholars' interests, self-awareness, sense of importance and belonging, and confidence. While these attitudinal areas may appear "soft" and less important to an outside observer, the strength of graduates' responses in these areas show that these gains were among the most important to them.

Interest in deeper involvement in public health leadership

PHLI sought to deepen scholars' interest getting involved with leadership at all levels (Table 3). The majority reported that PHLI has strengthened their interest in the following areas to a *moderate or great extent*:

- Interest in deepening their involvement with leadership efforts to improve their agency or community (78%)
- Interest in deepening their involvement with public health leadership efforts at the national level (59%)
- Interest in deepening their involvement with public health leadership efforts at the state level (54%)
- Their commitment to staying in public health in their work (66%).

Survey comments helped explain this finding:

It deepened my already strong commitment to playing leadership roles in the field. Even when I worked in academic family medicine for about 9 years, I collaborated with Cook County Public Health Department, served on a local Board of Health and served on the Illinois State Board of Health. Now I am back in state/local public health in Florida, working to build multiple partnerships and applying all that I learned in PHLI, other leadership and management courses, and more.

As a result of PHLI I have retained a strong commitment to the public health profession. This commitment has kept me in the field through career changes by moving to government at the state level, and into private public health consulting. And, now--back to local public health. Meanwhile, I have continued to participate with steering committees, national policy-making panels, and at the state level as well.

[I gained an] understanding [of] the importance of leadership in addressing difficult or political problems. I gained a perspective that I am in a position to improve individual and the communities' health, and taking personal professional risks in doing so can far outweigh the potential downside (including losing a job). My opportunity to do good things is now, and I need to do them now while I have the authority and ability.

PHLI influenced and motivated me into action at the state [and] local level by instituting a Local Public Health Leadership Institute in Michigan. Much effort and collaboration at the local/state level took place due to my involvement in the PHLI to move this from an idea stage to an operational leadership program in Michigan. This was done in cooperation with the Michigan Public Health Institute and local public health in Michigan.

PHLI provided me with the 'shot in the arm' to be visionary and move our agency from 'this is how we have always done it' to the mode of doing our work better and wiser. Ultimately, PHLI provide me with leadership skills and the confidence to be a leader in the agency and community.

Table 3: PHLI's Impact on Scholars' Self-Awareness, Sense of Belonging, Confidence, and Courage (N=384)

	Not at all		To a small extent		Somewhat		To a moderate extent		To a great extent		Average (%)	SD N	Unanswered (%)
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)			
Self-awareness, Belonging, Confidence, and Courage													
Self-awareness as a leader: your strengths, liabilities, and how others view and receive your leadership	1	(0.3)	12	(3.1)	58	(15.2)	145	(38.0)	166	(43.5)	4.2	0.83	11
Sense that as a public health leader, you are important and have a valuable role to play	10	(2.6)	21	(5.5)	57	(15.0)	128	(33.6)	165	(43.3)	4.1	1.02	12
Sense of belonging to the national cadre of leaders in public health	10	(2.6)	32	(8.4)	79	(20.6)	120	(31.3)	142	(37.1)	3.9	1.07	10
Professional network of people you can contact for ideas about how to handle your leadership situations	15	(3.9)	56	(14.7)	101	(26.4)	114	(29.8)	96	(25.1)	3.6	1.13	11
Confidence to take on public health leadership responsibilities	7	(1.8)	24	(6.3)	63	(16.5)	148	(38.7)	140	(36.7)	4.0	0.97	11
Courage to take the initiative and act to improve public health	10	(2.6)	26	(6.8)	62	(16.2)	158	(41.3)	127	(33.2)	4.0	1.00	10

Leader self-awareness

Leader self-awareness is widely regarded to be important, so that leaders can adapt to fit the context and people they work with (Kilduff & Day, 1994; Sosik, Potosky, & Jung, 2002). Both versions of PHLI implemented multi-rater (or “360 degree”) leadership assessment tools, as well as other assessment tools. Both versions also offered seminars that helped scholars understand their leadership styles, strengths, areas of “weakness” that could be developed or that warrant hiring other people with those strengths. During the California years, informal coaching by request was available at the week long retreat. The North Carolina version offered 1.5-2 hours of personalized professional coaching in concert with multi-rater feedback through the Center for Creative Leadership. Scholars rated this learning activity highly during the California years and consistently rated this as the most valuable single part of the North Carolina program (Miller et al., 2007).

Leader self-awareness was the major goal of the multi-rater (or 360 degree) feedback portion of PHLI. Here, Bob Stolarick, M.D., Chief of Personal Health Services, Memphis-Shelby County Health Department, discusses his results with his personal coach. All coaches were trained and certified by the Center for Creative Leadership, a program partner with UNC.



A large majority (82%) reported that PHLI has strengthened their self-awareness as a leader to a moderate or great extent (Table 3). In response to our open-ended survey question asking graduates to describe one important PHLI influence on their leadership, sixty graduates referred to greater self-awareness and self-understanding as a major or contributing benefit.

Some simply stated that the increased self-understanding was quite valuable, without giving details:

The feedback I received from the '360' assessments was extremely helpful in understanding both my own leadership styles as well as others.

[I made] the (painful) realization that others perceived me differently from how I perceived myself.

It has increased my self-awareness of the strengths and weaknesses in my managerial and leadership style. That is very valuable.

Another group stated that they had used these insights to learn more about how to use their strengths, or to address their weaknesses. Some referred to using multi-rater feedback as an ongoing way to continue to grow.

Most important influence has been in self-awareness, increased awareness of how others see me, and the interest to continue to read, study, practice and work to strengthen my leadership skills and the skills of the managers who report to me.

Better use of information gleaned from 360 evaluation and professional coaching session--had additional [coaching] after the program. I set professional and personal change goals and do self assessment on regular basis and try to gather informal feedback in variety of ways from peers and staff.

Others gave specific examples of how they had used the feedback and coaching session to make concrete improvements in their daily leadership:

I believe my skill set as a leader was strengthened. For example, through self assessment I identified weaknesses (e.g. dealing with the difficult employee) and have systematically set about eliminating this weakness. I relied on others to handle difficult situations and now I do them myself and am a better leader for addressing this issue.

PHLI influenced my perception of myself, including both strengths and weaknesses, and thus I was able to see myself in the context of being a leader. It encouraged me to evaluate how much passion I had for my work. I am more aware now about how to communicate, when and how often during a time of change.

Understanding of my strengths as a leader -- and even more important, a specific area of weakness that I was not aware of prior to PHLI. As a woman of color with great openness toward others, I thought I understood the challenges of diversity a lot more than I did. It has helped me be that much better subsequently.

Several stated that the feedback had encouraged them to recognize and act within their areas of strength:

PHLI prepared me to take on additional management responsibilities by helping me to understand, trust, own and 'go with' my strengths and weaknesses.

Through the 360 degree evaluation and meeting with a personal coach, I become much more aware of others' perceptions of me. This gave me confidence in the work I was doing - reinforcement in a way I had not received it before.

Understanding myself ... my strengths and weaknesses. This has helped me understand where I need to improve, where I can have courage to make a positive impact now, and how to enlist the help of those who are stronger around me. I believe that PHLI really made me understand more about myself, what strengths I have to offer, and how my leadership and communication styles come across to others. This has helped considerably in understanding how to build relationships of trust and to convey to others a sense of confidence in my abilities.

Others stated that the reflection aspects of PHLI had helped them consider how best to direct their particular gifts within specific jobs or new career directions that seemed warranted. For example:

PHLI did the most for me in terms of self awareness. In part as a result of PHLI, I came to some conclusions about next steps in advancing my public health career and what direction to go with that. I also became more familiar with how I personally am as a leader. This has helped me know how my leadership qualities compliment other personalities among leaders and how to maximize different aspects of leadership in a group or among leaders.

I gained personal insight into my leadership qualities and style that allowed me to identify my strengths, build my confidence and exercise these both locally and within my State. I joined the board of the State Public Health Association, a National Public Health leadership organization and become President of my Neighborhood Association.

Sense of belonging, importance, and validation

In pilot interviews before our full study, several interviewees emphasized that PHLI gave them a strong sense of belonging to a public health leadership community that was bigger than themselves and that extended far beyond their agency and community. This sense of membership or belonging helped many graduates more clearly recognize themselves as “leaders”, which led to new actions that reflected that “leadership” identity.

Simultaneously, PHLI affirmed the importance of public health as a field, and the importance of leadership within that field. By extension, this meant that the graduates, with their identity as public health leaders, were themselves very important, having a vital role to play in communities, states, and the nation. Finally, many graduates also felt personally affirmed in their leadership gifts and abilities, sometimes through interaction with colleagues, and sometimes through the multi-rater feedback and coaching. All of

these influences together provided a strong infusion of “confidence” and “courage” and “support”, as many graduates put it, and encouraged many to “take risks” and “step up to the plate” to improve agencies and systems.

We added survey questions to find out if all graduates had received similar benefits. In reply, 77% responded that PHLI had strengthened to a moderate or great extent their “sense that as a public health leader, [I am] important and have a valuable role to play”, while 68% agreed that PHLI had strengthened to a moderate or great extent their “sense of belonging to the national cadre of leaders in public health” (Table 3).

Many comments from the survey expanded our understanding of these contributions. Many stated that one of PHLI’s greatest benefits for them was “connecting” them to a wider community, which they also variously referred to as a “network,” or “support system.” One called it a “family.”

One of the main functions of professional networks described in recent literature is “professional knowledge-sharing,” and scholars clearly had benefited from the availability of knowledge from colleagues (Uzzi, 1997). For example:

[PHLI] connected me to public health leaders across the country, many of whom I remain in contact with - this sense of a network of public health leaders, and the ability to tap into it, remains the strongest influence of PHLI on my leadership.

Through PHLI, I met other public health leaders across the country, and have maintained friendships with them since 1997. This network of accomplished leaders has been an invaluable source of advice, best practices, referrals, and support. I have held leadership positions at the local (health officer) and state (deputy health secretary) level for almost 12 years, and have found that a leadership network has been essential in my career.

Developing a broad network of peers nationally that has been extraordinarily helpful in brainstorming approaches to a variety of public health system problems, providing specific assistance on various critical public health opportunities and concerns and a forum for staying current on up to date thinking in our field.

[PHLI provided a] connection to an extended 'family' of public health professionals with differing levels of expertise and the willingness to share.

This “belonging” also gave them a stronger sense of identity and clarity about their “role”, and showed them that they are “not alone.” This validated their roles as leaders and increased their “confidence” and “courage” to act. Some referred to their “responsibilities” or their “obligations” as a member of the leadership community. For example:

Selection for NPHLI gave me a sense of being part of the 'national public health leadership team'. I appreciated the breadth and depth of leaders at every level. I developed a greater understanding of frontline public health management/leadership.

PHLI introduced me to national and regional state public health leaders who influenced me in my leadership efforts and helped me understand the broader public health system and my role in it.

As a result of participation in NPHLI, I have relationships with other public health leaders in other parts of the country. I've also developed relationships with peers in other states and we help each [other] out both formally and informally. In sum, I better know both 'my place' as a public health leader, and I know others around the country who share this place.

PHLI helped to give me the requisite leadership skills, the support group to feel others in my position were making/could make a difference, gave me the confidence to step up to the plate, and impressed upon me the obligation to do so. PHLI was a very limited opportunity and almost all of us in it felt this privilege we had been given should be reciprocated for via active public health leadership in our respective work and personal spheres of influence.

I was a small fish in a large pond when I attended the PHLI (from a very small health department) and learned a lot about myself and what leadership was about. PHLI was the first significant leadership training that I'd had. It was an opportunity to interact with other public health professionals who were doing great things, displaying courage and moving the public health agenda forward. It was my first significant exposure [to] visioning and creating alternative scenarios for the future. The experience helped to build my confidence, as a new public health director. I gained a lot of insight into the federal public health landscape which was very important in understanding priorities, policy and funding.

Others emphasized the affirmation or “validation” they had received that they were in fact leaders, and that leaders were very important to public health, and ultimately to society. For example:

[PHLI] connected me to other leaders and showed me that I am on the right track.

The program gave me confidence that my skills and ideas were valuable and on target with the future of public health. The doors were opened to 'playing' a more major role in advancing public health through national contacts and initiatives.

I think PHLI attracts 'self-selected' individuals who have already demonstrated high leadership ability. But participating in PHLI gave me personal and public validation of my role as a public health leader. And because of [the] program's

investment in my development, I have a sustained 'obligation' to be an influential in the field--no matter the focus area.

Because of PHLI, I began to actually view myself as a public health leader. This in turn gave me the courage to actually act on leadership opportunities. I believe because of PHLI, I have been able to contribute much more to the advancement of public health in my state, and I think I am regarded as one of the public health leaders in my state.

It was the first time I had been treated in a fashion which recognized the important role played by a local health department and by those who lead these organizations: speakers were first-class and national in reputation; accommodations were excellent; curriculum was well conceived; PHLI organizers were thoughtful and the program reflected this. I came in contact with many other leaders, was able to compare and contrast myself and ideas with them, and keep them as colleagues. PHLI was a perfect mid/beginning career experience for me and it coordinated well with another leadership training opportunity which I attended simultaneously, The Primary Care Policy Fellowship (DHHS). These two programs were pivotal, practical, and very useful for me.

Others emphasized the “vision” they had received about public health’s role nationally which clarified how their efforts at the community and state levels “synergize” with a national “effort” and also gave them a “vision” to be involved in national public health leadership:

[PHLI gave me] an exposure to public health issues on a larger stage, allowing for a better understanding of the bigger picture of our efforts in public health, and how our role at the state level fits into and synergizes with a larger effort and vision.

[I was] given more of a national perspective on public health and vision to be in national public health leadership.

PHLI provided a bigger vision of public health and of leadership in public health.

Confidence and courage

We have just seen that by introducing scholars to the wide community of public health leaders nationally who were taking action, PHLI improved many scholars’ confidence and courage to act.

Throughout PHLI’s history, one of the most frequently cited benefits has been an increase in confidence – for some in specific skills taught, and for others in the validity of their ideas on “what needs to happen” in public health.

In this survey, 75% of scholars reported a great or moderate increase in their “confidence to take on public health leadership responsibilities” and increased “courage to take the initiative and act to improve public health.” In response to the open-ended question about PHLI’s most important benefits for them, sixty graduates made comments using the words “confidence,” “courage,” or closely related concepts. While many, as we have seen, were related to an increased sense of being part of a wider community, others stated that their improved confidence had come from greater self-understanding and self-appreciation, sometimes from the multi-rater feedback and counseling:

PHLI provided me with much needed confidence at a challenging point in my career and gave me tools (esp. the coaching session) to persevere and find talents I didn't think I had.

PHLI significantly increased my confidence in my leadership skills and abilities. Before PHLI I had been in leadership positions for many years, but never was sure I had what it takes to be an effective public health leader. Through the PHLI experience I felt I was able to bridge the gap and develop trust in my innate abilities. I trust and appreciate myself more and am more relaxed in my role and with my peers and subordinates.

For others, confidence seemed to have come from newfound understanding, skills, and exposure to innovative models:

I think ... that PHLI gave me increased confidence in my ability to be a public health leader -- to think out of the box -- to see things beyond the very local level and to bring the broader public health focus to programs activities and local challenges. I believe it also gave me some perceived stature as a person knowledgeable about public health.

PHLI has led me to be open to being on the cutting edge of public health program development and implementation, and to have confidence in my abilities to lead innovative change efforts in my agency and at the state level.

While introducing me to a number of best practices, PHLI gave me the confidence to step out of the mold of local health directors in my state and make changes that have improved health status. It was not necessarily the best career move, but it was the most exciting time of my career.

PHLI gave me the confidence, knowledge and skills to take risks to organize a community based coalition to mutually solve the health problems in our community with business, industry, health care organizations, social service and public health. It also gave me the confidence to perform my duties and responsibilities as Health Officer and to lead outbreak investigations and solve other serious public health threats.

[PHLI gave me] confidence that my voice is relevant and individual effort and commitment can make a real difference at all levels. Confidence that I don't have to have all the answers or resources before embarking on what I believe to be the right path. Patience to continue on the path and despite the bumps in the road, change does happen in time. Realization that the change can be and results from the dialogue.

Two long-term local health officers who have also been very involved at the national level, Bobby Pestronk and Jody Hershey, expressed related ideas; we present their stories next.

A National PHLI Story: Bobby Pestronk, M.P.H.

Health Director, Genesee County, Flint, Michigan



Mr. Pestronk is a 1993 graduate of PHLI and reflects on some of the intangible contributions the program made to his career.

The year had a profound impact on me.

New frames. *Of course I still make use of the contacts I made with other state, federal and local health officials. The content was stimulating, addressing areas that I had never thought about before. I liked being challenged intellectually, given new frames for thought, and the opportunity to consider how knowledge in a seemingly unrelated field can be applied to my work in public health. I learned I was a boundary spanner!*

We are important. *Just as important, though, was the environment that had been crafted for my learning. Someone realized that local public health officers should be treated professionally and well, like executives of large companies would be treated. It was as though no effort was spared to be certain that the experience was rich in all its attributes.*

Someone understood that our work as governmental public health officials was important, that we were important, and that we should be exposed to cutting edge thought. We were taken seriously and encouraged to speak out intelligently and demonstratively about the things that we believe and that are important to us, because we are the only ones who hold our particular world view or perspective.

The leadership year, for me, was a career enhancing experience. A mid career professional gained a richer understanding of the importance of the work he does. That's an extraordinarily important accomplishment for a leadership development program.

A National PHLI Story: Jody Hershey, M.D., M.P.H.

Director of the New River Health District/Virginia Department of Health



When I entered Year 6 of PHLI in 1996 - 1997, I was a 'retread' coming back into local public health after a stint in the private corporate healthcare sector. I had a solid understanding of basic public health principles and a small cadre of public health colleagues in Virginia--but rare interaction with other colleagues from a national perspective.

PHLI was one of the best decisions that I have made in my professional career!

Throughout my year as a public health scholar, I developed an incredible and permanent personal and professional connection to other scholars across the nation, as well as internationally. And I focused on developing, broadening, and expanding my leadership skills--and in particular, gaining confidence in myself, and my knowledge/skills/abilities as a leader. In fact, I became passionate about my role as a leader.

The year after completing PHLI, I became actively involved in NACCHO--partly on the encouragement of one of my learning group members (an organization that I really didn't even know anything about and that wasn't on my radar screen when I began year 6 of PHLI). And the rest is history! In 2003, I became president of NACCHO. If it wasn't for PHLI, I may never have realized my potential as a national leader. I may still have been a very isolated and narrowly focused local public health director.

I still continue to be involved in the national public health arena and always will. My involvement in the national public health arena has tremendously benefited my effectiveness as a local public health director, and it has benefited my community in so many ways. I now have a tremendous interest in policy, leadership development, systems, visioning, partnering, and mentoring that I never had before entering PHLI. And I feel that I am leaving behind my own public health legacy!

Dr. Hershey's leadership has been widely recognized. He received the 2000 NACCHO Award for Excellence in Environmental Health and the 2001 NACCHO Award for Excellence in Creating Healthy Communities recognizing his local health agency's outstanding, significant, and innovative activities and programs in the area of environmental health and in creating and building healthy communities, respectively. In 2001, he received the Virginia Department of Health's Public Service Career Achievement Award. Dr. Hershey also received the 2002 J. Howard Beard Award from NACCHO that nationally recognized his local public health agency for its outstanding, significant, and exemplary programs and activities. His health district was selected and served as one of 41 *Turning Point* community partners, a national public health reform effort jointly sponsored by the W.K. Kellogg and Robert Wood Johnson Foundations.