Developing Leaders, Building Networks:

An Evaluation of the National Public Health Leadership Institute - 1991-2006

September 30, 2007

NCIPH
THE NORTH CAROLINA
INSTITUTE FOR PUBLIC HEALTH

UNC
SCHOOL OF
PUBLIC HEALTH

North Carolina Institute for Public Health
School of Public Health
University of North Carolina at Chapel Hill
Chapel Hill, North Carolina

September 30, 2007

We are pleased and very proud to share with you this comprehensive evaluation of the National Public Health Leadership Institute. Having been actively involved in the launch of PHLI some sixteen years ago and still earnestly engaged since I moved to the University of North Carolina, I found this report particularly gratifying.

In many ways, the evaluation confirmed what many of us knew - that PHLI has made a major difference in the lives of public health leaders across the nation.

- Of all the findings, the most gratifying was to hear so many graduates describe specific improvements in programs, organizations, systems, and policies that PHLI had contributed to bringing about.
- Nearly all reported learning valuable concepts and putting them into practice.
- Many gained a much better understanding of the roles they could play locally and nationally in improving public health systems.
- Hundreds reported that their professional networks were strengthened through PHLI and the networks they subsequently developed or joined.
- A large number gained confidence to take on greater leadership challenges.
- Hundreds took on additional leadership roles through their jobs, professional associations, and coalitions – at national, state, and local levels.

Scholars linked improvements in programs, organizations, systems, and policies directly to the leadership provided by individuals, teams, and large groups of PHLI graduates thinking and acting together. The graduates often enlisted countless others in this important work.

I would like to personally thank David Steffen and Donna Dinkin for their thoughtful, responsive, tireless, and creative leadership of PHLI in the years the program has been housed here at UNC.

I am particularly proud of our internationally-recognized evaluation team, led by Karl Umble. We were thrilled to focus on all sixteen years of PHLI, working closely with Carol Woltring, Executive Director, Center for Health Leadership & Practice, Public Health Institute, and Steve Frederick, our friend and colleague at CDC. We greatly appreciate all who responded. The response rate and depth were indications of the value placed on PHLI by the hundreds of outstanding alumni.

This comprehensive evaluation should help guide leadership development for many years to come. We hope this report will be useful and of interest to you.

Sincerely,

Edward L. Baker, M.D., M.P.H.
Director
North Carolina Institute for Public Health

Center for Heath Leadership and Practice
Public Health Institute
Oakland, California

September 30, 2007

Dear Public Health Colleagues,

Yes, public health leadership development does make a difference!

I am very pleased that the Centers for Disease Control and Prevention sponsored this comprehensive National Public Health Leadership Institute Evaluation Report 1991-2006.

This was a collaborative effort of the Center for Health Leadership and Practice, Public Health Institute, and the University of North Carolina team headed by Dr. Karl Umble. It was a pleasure to work together to synthesize previous evaluations and published papers and to design the 2007 new data collection efforts.

Those of us close to this work for so many years feel the effects of it through so many deep conversations with graduates and the evidence of strengthened leadership and innovation at all levels of the public health system, often linked directly to specific learnings from PHLI. Now, thanks to the dedicated work of the UNC team, we once again have added to the body of previous evidence that the national investment in the Public Health Leadership Institute has made a big difference in more than a majority of the graduates, and that Public Health as a field has benefited from those individuals' sustained commitment to their leadership in Public Health.

I am very proud of the work we have collectively done over the past sixteen years. This is indeed a milestone in leadership evaluation work and our work together. I look forward to the future and helping to sustain this work so that a future generation of public health leaders are trained, engaged, and connected to those that have come before.

With continued dedication to this important work and appreciation for all those who have contributed so much over these years,

Carol L. Woltring, M.P.H.

Executive Director
Center for Heath Leadership and Practice
Public Health Institute
Oakland, California

Acknowledgements

This evaluation of the National Public Health Leadership Institute (PHLI) was conducted by evaluation staff at the North Carolina Institute for Public Health, the training and outreach arm of the School of Public Health at the University of North Carolina at Chapel Hill. This is the same organization that offered PHLI from 2000-2006, and it therefore should be considered an "internal evaluation." The evaluation was funded by the Centers for Disease Control and Prevention, which is also the program's sponsor.

The evaluation was led by Karl Umble, Ph.D., M.P.H., Program Evaluator at the North Carolina Institute for Public Health (NCIPH) at the University of North Carolina at Chapel Hill School of Public Health (UNC-SPH). Umble has served as lead evaluator for PHLI from 2000-2006. Dr. Ed Baker, NCIPH Director, and Dr. Steve Orton, Associate Director for Executive Education at the NCIPH, gave us valuable ideas on overall evaluation design and questions to ask, and suggested key informants to be interviewed. The evaluation is also indebted to the program leadership of Dr. Janet Porter, who was Associate Dean for Executive Education at the UNC-SPH from 1999-2006 and who was an integral part of the UNC leadership team for PHLI from 2000-2006.

In planning the evaluation, we worked closely with Carol Woltring, M.P.H., who was the program's director during its California years (1990-1999). Woltring advised on constructs to measure, gave feedback on instruments, and supplied the database from the California program to help us conduct the survey, among other assistance. Other previous PHLI Directors also helped. David Steffen (Director, 2000-2004) gave two very helpful preliminary interviews, advised on constructs to measure, reviewed drafts of instruments, and helped us think about the interpretation of the results. Donna Dinkin (Director, 2004-2007) suggested key informants to interview and advised on evaluation design. Joe Kimbrell, Executive Director of the Public Health Leadership Society, provided a helpful database and encouraged PHLS members to complete the survey. Kate Wright of St. Louis University and Lou Rowitz of the University of Illinois at Chicago made comments on early drafts of historical sections.

Any comprehensive story of PHLI must acknowledge Tom Balderson, who was the project officer from CDC for the California years. PHLI and the other leadership development programs were deeply indebted to Tom's stalwart support. Steve Frederick, M.P.A., has been PHLI's Project Officer at the Centers for Disease Control and Prevention since Tom Balderson's untimely passing in 2001. Steve has consistently provided excellent guidance and strong support. Steve provided important ideas to shape the constructs measured in this evaluation. Mike Sage, a PHLI graduate who is now in the Office of the Director at CDC gave us very helpful ideas about what to measure.

Umble's main collaborators and co-authors on the evaluation included Alison Gunn, M.P.H.; two doctoral students, Sandra Diehl, M.P.H., and Susan Haws, M.P.H.. Alison Gunn worked nearly full-time on the evaluation for six months, focusing on evaluation management, implementing the survey, and helping with survey data analysis. Sandra Diehl and Susan Haws conducted almost all of the interviews, and wrote analyses of the interview data. Umble was the final writer and editor for the document. Gunn, Diehl, and Haws also gave valuable advice on instrument design.

Aiko Hattori, M.P.H. helped with data analysis and drafted tables and charts. Margot Mahannah helped analyze qualitative data from the survey. Matthew Burr helped us find graduates and transcribed the interviews. Delesha Miller, M.S.P.H. helped us plan the data collection methods, reviewed instruments, and wrote an initial outline of the report. Kimberley Freire, M.P.H. and Liz Mahanna also reviewed the instruments and offered valuable suggestions for improving them. Judy Beaver, Deborah McGee, and Darlene Freedman provided excellent administrative support. Zannie Gunn designed the cover.

Important additional suggestions on survey and interview instruments were made PHLI graduates Bobby Pestronk (Genesee County, Michigan), Marie Flake (Seattle, Washington), David Steffen (Chapel Hill, North Carolina), Bob Stolarick (Shelby County, Tennessee), Nancy Tolliver (Charleston, West Virginia), Mike Sage (Atlanta, Georgia), and Steve Boedigheimer (Little Rock, Arkansas).

Finally, we thank the many PHLI graduates who completed the survey and took time to be interviewed. They provided remarkably helpful information on PHLI's impact in order to shape the field in the years to come.

Karl Umble, Ph.D., M.P.H.
Lead Author

Suggested citation: Umble, K.E., Diehl, S.J., Gunn, A., & Haws, S. (2007). Developing Leaders, Building Networks: An Evaluation of the National Public Health Leadership Institute – 1991-2006. Chapel Hill, NC: North Carolina Institute for Public Health.

In September 2007, the National PHLI received additional CDC funding and will continue to be offered. For current information about the National PHLI, and to access copies of this report and other PHLI evaluations, visit: http://www.phli.org/

Executive Summary

Background

The National Public Health Leadership Institute (PHLI) is a leadership development program in the United States sponsored by the Centers for Disease Control and Prevention (CDC). The Institute's mission is to strengthen the leadership competencies of senior public health leaders and to build a network of senior leaders who can work together and share knowledge on how to address public health challenges.

The CDC founded PHLI in 1990 and remains its sponsor. PHLI represented a significant CDC commitment to improve public health infrastructure following the influential 1988 Institute of Medicine report, The Future of Public Health, which called for major improvements in the practice of public health in the United States.

From 1991- 2000, PHLI was offered under the continuous management of the Center for Health Leadership and Practice, which is part of the non-profit Public Health Institute in Oakland, California. During this time, nine cohorts of about 50 scholars per year were developed. In 2000, the CDC selected a new partnership to offer PHLI, headed by the North Carolina Institute for Public Health at the University of North Carolina at Chapel Hill (UNC) School of Public Health. Other partners included the Kenan-Flagler Business School at UNC-Chapel Hill, and the non-profit Center for Creative Leadership in Greensboro, North Carolina. This partnership developed an additional six cohorts of scholars through 2006. The total number of graduates was 806.

In 2006-2007, the CDC elected to sponsor an evaluation of the program’s first fifteen years of operation. This report presents the results of that evaluation, which examined PHLI’s influence on the following major domains:

Domain 1. Individual Leader Development

Domain 2. Leader Actions: Career-Related Outcomes and Voluntary Leadership Positions Taken

Domain 3. Public Health Leadership Network Development and Network Actions

Domain 4. Public Health Systems and Infrastructure Development

In addition, the evaluation examined graduate and stakeholder perspectives on PHLI and the Future Direction of Public Health Leadership Development in the United States, which was “Domain 5.”

Methods

This study used a combination of quantitative data from a survey and qualitative data from that survey and from interviews.

Survey

The web-based survey sought to ascertain whether the program's basic objectives had been achieved, and focused on key areas that stakeholders were most interested in. It included questions related to:

- Career patterns of graduates and voluntary service in public health
- Individual "leader development" including: the influence of PHLI on scholars' understanding, skills, interest in leadership service, confidence, courage, sense of belonging to the national cadre of leaders in public health, self-awareness, openness to the ideas of others, networks, and overall leadership
- Individual "practices", including changes in involvement in local, state, and national leadership activities
- Specific results of PHLI and improved leadership, including changes in programs, organizations, policies, and systems

We located a working email address for 80% (n=646) of the 806 graduates. The final response rate was 61% (n=393) out of those 646.

Interviews

We interviewed 17 graduates on how PHLI influenced their leadership knowledge, attitudes, skills, practices, positions, and involvement in voluntary work, leadership networks, and collaborations. We also asked about changes at organizational and systems levels that they could attribute at least partially to PHLI. Of the 17, 8 (47%) were graduates of the California PHLI, 9 (53%) of the UNC program. We also conducted 18 interviews with key informants with knowledge of the history, purposes, graduates, and results of PHLI. These interviews focused on national level trends and changes that they could trace to PHLI, plus recommendations for the program and related efforts.

Quantitative survey data were analyzed using SAS (SAS Institute, Cary, NC). Differences in means were analyzed using paired samples t-tests. Qualitative data from the open-ended survey questions were analyzed using content analysis methods.

Interviews were recorded and transcribed. The two staff members who conducted the interviews conducted a content analysis (Patton, 1990) of the transcripts using across-case matrices derived from within-case summaries (Miles and Huberman, 1994).

Findings

The Figure on the next page summarizes study findings and their relationships to one another.

Domain 1. Individual Leader Development

We asked graduates to rate PHLI's long-term influence on their leadership; 36% chose "large" while 43% chose "moderate", 18% chose "small" and 2% chose "no influence."

The majority 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 (56%)
- Openness to the ideas 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%)

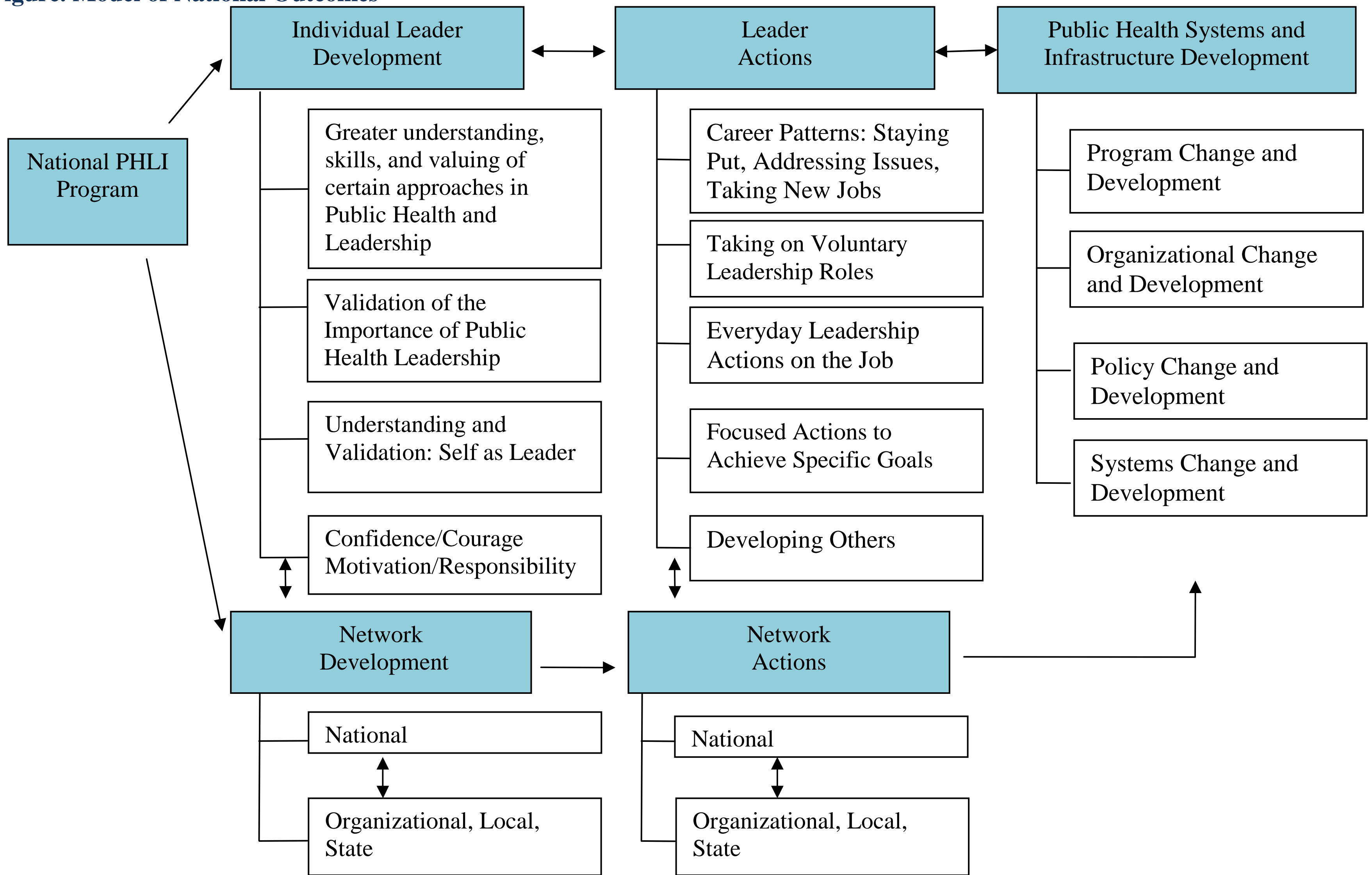
The majority reported that PHLI had strengthened their interest in the following possible involvements to a "moderate" or "great" extent:

- 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%)

In addition, 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 (55%)
- Confidence to take on public health leadership responsibilities (75%)
- Courage to take the initiative and act to improve public health (75%)

Figure. Model of National Outcomes



Interview themes and hundreds of survey comments reinforced and explained improvements in 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 a national network of public health leaders and were themselves "valid" leaders and increased their courage and confidence to "step up to the plate" and take on additional leadership responsibilities. One put it succinctly: [emphases added]:

> *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.*

While some of these benefits may seem "soft" and unimportant to some readers, they are directly related to more recent and holistic concepts of competence that are widely embraced today. "Competence is not to be synonymous with skill. A competence is defined as the ability to successfully meet complex demands in a particular context. Its manifestation, competent performance, depends on the mobilization of knowledge, cognitive and practical skills, as well as social and behavioral components such as attitudes, emotions, values, and motivations. This holistic notion of competence is not reducible to one cognitive dimension" (Hakkarainen et al., 2004, p. 16)

Put differently, these findings about scholars' perceptions of important gains from PHLI remind us that leaders are not "machines" in need only of new practical skills, but complex personalities in search of a role and mission, vision, courage and encouragement, validation and confidence, and companions for the journey.

Domain 2. Leader Actions: Career-Related Outcomes and Voluntary Leadership Positions Taken

The great majority of survey respondents - 87% - were still working in public health. Seven percent were working in another closely related field. About 20% of all PHLI graduates have now retired, but nearly all of them had remained in public health until they retired.

Using the construct of "trained leader-years" – full time employment years after PHLI graduation – we found that graduates had invested 1210 trained leader-years in local government, 640 years in state government, and 314 in federal government. In addition, scholars had spent 366 years in academic work, and 111 years working in health care.

Main foci for graduates' daily work after graduation included general organizational leadership in governmental agencies, community public health development, bioterrorism and preparedness, policy development and advocacy, and workforce development (both general and leadership development). Other fairly common foci included non-profit leadership, epidemiology, chronic disease, healthcare leadership, and infectious disease.

About 52% had stayed in the same organization and position since graduation – which interviewees attributed to commitment to a place rather than any form of stagnation. About 19% said that PHLI had helped them attain new jobs by increasing their skills, confidence, interest, and networks, or by impressing the employer that the scholar had attended. Jobs that PHLI helped scholars attain often included federal bureau or division chief and state or local health officer, deputy, or division chief.

About 81% had taken on additional "voluntary" leadership roles that were not required by their jobs, such as task forces, boards, professional associations, and informal advocacy; 54% had taken on such roles *and* responded that PHLI had played some role in their doing so, mainly by increasing their confidence, interest in the work, skills, and networks.

Examples of voluntary roles scholars had taken on with PHLI's influence included, at the national level, serving on boards and committees with NACCHO, ASTHO, NLN, PHLS, APHA, and other associations. At the state level, roles commonly included helping with or serving on boards with a state public health association or state association of county and city health officials. At the local level, many worked with community-level task forces and boards. The great majority of scholars responded that PHLI had made "some" or a "great" contribution to the leadership actions that they took when they assumed these voluntary roles.

One comment epitomized many others with regard to leadership service:

> *I was appointed shortly after I graduated [from PHLI] to the Board of the Massachusetts Public Health Association, the nation's largest APHA affiliate, and successfully implemented at MPHA a state wide initiative called the Coalition for Local Public Health which is finally before the Legislature dealing with reform of a fragmented ... local health structure... taking on a reform of local public health structure ... has taken almost 10 years of steady development to arrive now at active dialog with the state legislature. Without PHLI, I would never have conceptualized developing a state-wide local public health coalition comprising 5 major public health associations to achieve a reorganization of the antiquated Massachusetts local health department structure.*

Domain 3. Public Health Leadership Network Development and Network Actions

When asked to "explain in some detail one of the most important influences that PHLI has had on your leadership," over 80 scholars (24% of the respondents who answered this question) cited gaining improved and valuable network connections.

The most commonly cited benefits of these connections included enhanced overall understanding of public health leadership's roles and goals; long-term professional knowledge-sharing; social support for taking action – such as ideas, encouragement, and good examples set by others; and being introduced to opportunities for formal collaborative work, such as with NACCHO or a State Public Health Association. In addition, many described how these collaborations had led to specific improvements in organizations, programs, policies, and "systems" at organizational, community, and state-levels.

Forty-five percent had sought "wise counsel" from another PHLI graduate in the past two years, while 55% had collaborated with other PHLI graduates on projects or activities. Formal network activities that emerged from PHLI included the PHLS, the NLN, and State and Regional PHLI's. These comments were typical about the value of network development:

> *Being part of a national cadre of very outstanding leaders, developing good relationships within that network, had a significant impact on me and my work. It continues to affect how I think, what I ask about and how I approach many challenging situations.*
>
> *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.*

Domain 4. Public Health Systems and Infrastructure Development

We wanted to know if PHLI had wide influences on programs, organizations, relationships, and policies. We "operationalized" these concepts by asking the question in this way:

- Can you think of an *organizational change* that PHLI graduates influenced directly or indirectly? (e.g. revised mission, process, positions, expansion, reorganization, funding, or other)

- Can you think of a *program change* that PHLI graduates influenced directly or indirectly? (e.g. new, expanded, improved, better funded program)

- Can you think of a *systems change* that PHLI graduates influenced directly or indirectly? (e.g. a partnership, collaboration, new cross-organizational system or method for improving practice)

- Can you think of a *policy (law) change* that PHLI graduates influenced directly or indirectly?

For each question, the response options were “Yes”, “No,” and “Not sure.” The results were as follows:

- 40% reported having observed a policy (law) change that PHLI graduates influenced directly or indirectly
- 60% reported having observed a program change that PHLI graduates influenced directly or indirectly
- 66% reported having observed an organizational change that PHLI graduates influenced directly or indirectly
- 67% reported having observed a systems change that PHLI graduates influenced directly or indirectly

We asked graduates to pick one such change and “(a) describe in some detail the change that was made, (b) explain how *PHLI* contributed to it, and (c) tell us why you view the change as important.” In response, we received nearly 300 responses, many of them extensive paragraphs, with these general themes:

- 96 described improved collaborations, partnerships, coalitions, and relationships at the national (n=25), state (n=42), or local (n=26) levels.
- 76 described developing or implementing specific methods and tools for improving organizational and system performance, such as Essential Services, Performance Standards, accreditation systems for public health agencies, the National Code of Ethics, MAPP, and APEX*PH*. Others described substantial restructuring and improvements in local health services on a statewide basis, and other more specific state and local efforts in such domains as immunization and Medicaid fraud prevention.
- 31 described new policies passed at the national (n=4), state (n=23), and local levels (n=4) in domains such as preparedness, tobacco control, injury control, public health systems funding, and health insurance for preventive care.
- 94 described organizational changes including reorganizations (n=26), developing and adopting new approaches to planning for organizational or community public health improvement (n=15), adopting stakeholder and community engagement as a fundamental way of leading an agency (n=10), new (n=8), installation of performance management and improvement tools (n=7), quality improvements (n=6), and other diverse improvements.

- 68 described improved or new programs at national (n=14), state (n=39) and local/organizational levels (n=15) including workforce and leadership development, HIV testing, worksite wellness, dental public health and other diverse areas

Many scholars described specific changes they *personally* had initiated, or which their team had initiated through the *applied team project* component of the program.

A large number of others explained that a *group* or "*critical mass*" of PHLI graduates had accumulated over time within a state or federal agency, jurisdiction, or association (such as NACCHO) and collaborated to shape a new initiative.

Very frequently, graduates collaborated *with one another* to lead *others* through a collaborative process which led to infrastructure and systems improvements – such as leading a community public health system through a MAPP process, or leading an organization through a participatory strategic planning process that engaged a wider group of stakeholders than had previously been included.

A general historical pattern emerged from the data: a group of "thought leaders" met at PHLI and worked together to reconceptualize how public health systems should be structured and should function, and also how public health leaders should work to improve them. This highly influential group of graduates worked with others in senior positions nationally, and through associations such as NACCHO, ASTHO, PHLS, and NALBOH, to devise and disseminate new tools to help state and local governments define and improve public health infrastructure and systems. These tools included but were not limited to the Essential Services, Performance Standards, agency accreditation systems, APEX*PH* and MAPP, the Code of Ethics, and state and regional public health leadership development institutes.

Many PHLI graduates working at national, state, and local levels followed the lead of the early thought leaders by further refining these tools and ideas, and leading national, state, and local implementation of them.

These quotations were typical of many we received describing these developments:

> *[A] reconceptualization of the public health system following [the 1988] IOM <u>Future of Public Health</u> report. Early graduates and subsequent graduates have been the "thought leaders" advancing the reconceptualization. [This is important because it] has <u>helped a whole new generation of public health officials rethink their work.</u>*
>
> *Relating to 'systems' change, <u>several key PHLI graduates</u> were directly responsible for the exploration of a new national accreditation program for state and local public health agencies. This was effective and visionary leadership at its best. PHLI contributed in two ways. First, <u>by developing the sense of shared leadership among top public health professionals</u> as the 'standard' for how we*

would achieve advances in public health practice. Second, and importantly, PHLI brought public health leaders together to share experiences, become true colleagues, and create a common ideal for WHAT public health could become. I do not believe we would have pushed public health in the direction of creating a national accreditation system to assess and improve public health agencies across the Nation without the efforts and vision of PHLI graduates.

[PHLI influenced] the growth of local health departments in Nebraska in 2001. Prior to a local-statewide initiative, there were 16 local health departments covering 22 counties in the state. After the intervention, there were 32 health departments covering the ENTIRE state (all 94 counties). Several PHLI alums were involved, along with public health leaders that had participated in the state-level PLHI. These folks served as change-agents and were leaders that help guide and got the process passed. This change was HUGE in that an entire state went from part-time to fulltime coverage of public health services. Health status change-measures are now in place to evaluate and affirm the positive impact that local public coverage DOES make.

Domain 5. PHLI and the Future Direction of Public Health Leadership Development in the United States

Graduates and key informants made these observations and recommendations:

- Individual leader development and network development are important synergistic efforts that have helped to create a common public health framework and a fertile ground for diffusion of innovation
- Offer a continuum of "cutting edge" or forward-looking development opportunities including a national institute as well as continuing education and informal development activities to build a culture of lifelong learning and to sustain vibrant networks
- Consider how to support a more integrated and coordinated system of leadership development at the national and state levels
- Consider strategies to strengthen networks beyond the current methods, including enhanced connections to support succession planning and to facilitate opportunities to work on issues of national importance
- Build in an on-going evaluation system, focusing on both process and outcome measures
- Adequate and on-going funding is needed in order to support innovative programming and to enhance the existing leadership development foundation

UNC
SCHOOL OF
PUBLIC HEALTH