

## ***A National PHLI Story: Carol Woltring, M.P.H.***

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Carol Woltring was the co-designer and Director of the CDC/UC Public Health Leadership Institute from 1991-2000. Ms. Woltring currently serves as the Executive Director at the Center for Health Leadership and Practice at the Public Health Institute in Oakland, California. As someone closely involved in the creation, administration, and previous evaluations of the Institute, she shares her unique perspective on how the Institute has affected the field of public health.

### Promoting Systems Change in the Field of Public Health

Ms. Woltring described how the Institute played a formative role in promoting systems change in the early 1990s, at a time when the field of public health was undergoing major transition.

*I think one of the most significant things that happened early on is the fact that people saw public health leaders become much more open to change and much more innovative as a result of PHLI; more willing to work together to lead major initiatives and changes in public health through the national associations; and much more interested in the overall workforce and leadership development issues that were affecting all of public health.*

She elaborated on the shift in thinking and the redefinition of the public health system at that time, and believes that leaders in the field were open to change because the Institute had a major focus on systems-thinking work.

*Public health was just beginning to frame itself in systems terms in the early 90's. We brought the new systems thinking work of Peter Senge into PHLI (live and in person), which stimulated a lot of new work by public health leaders in leading the nation in meaning-making and dialogue around turning these concepts into reality on the ground... They even went further and created tools for creating local public health systems through MAPP, etc. PHLI helped to create a systems thinking movement in public health – now there were people ready to do the work.*

Leaders at that time were receptive to developing strategies that were evidence-based in response to the transition in the field toward a more business like, results-oriented approach, and to developing tools to help health departments go through processes that were open and inclusive and that involved community. She went on to describe how scholars, many of them state health officials, went back to their communities and started state and regional institutes.

(More on next page...)

## ***A National PHLI Story: Carol Woltring (continued)***

### The Concept of Leadership

For many people, participating in the Institute created personal awareness about leadership and validated thinking, ‘I am a leader.’

*People, especially women in the early ‘90s, were very honored to be selected to participate in PHLI and many had not quite thought of themselves as leaders yet. And yet through the experience of the whole year, everyone came together and created a communal awareness of what leadership was, and everyone got something very meaningful and impactful out of the year-long program that was very unique to themselves.*

### Networking

Ms. Woltring described NPHLI’s effect on networking:

*The power and importance of networking was one of the biggest things I think that we discovered in the early 90’s. We discovered how important it was through them [the PHLI scholars]. The PHLI week long retreat created an opportunity to slow down and really get to know fellow PHLI colleagues on a deeper level. Something special happened that required folks getting away from work and home responsibilities just for a while... The networking that happened was very strong within each class. Even today [2007] you will hear folks talk fondly about their PHLI year... (I was in year 3 – what year were you in? Our year was really good! etc.).*

The Public Health Leadership Society (PHLS) began in the early years of the program as a mechanism to link graduates and capitalize on relationship building. Ms. Woltring comments:

*So we (staff and graduates) began PHLS and that turned out to be...one of the major, major positive outcomes of nine years of investment in PHLI. It was very visible, this national network of graduates of PHLI. It helped them to stay networked, it helped them to continue peer consulting, and friendships. They helped each other with job searches. They were all over the country so they had their fingers in all kinds of different policy initiatives and shared their work and progress with each other... as well as their challenges. They started the PHLI reception and annual Sunday morning program at APHA, did some concrete policy work on workforce enumeration with HRSA, and some terrific public health ethics work that resulted in the Ethics for Public Health [documents]. In other words, we started something in the early ‘90s that is sustainable, that they wanted to sustain and have sustained PHLS was the perfect solution to a very strong need to stay networked.*

### Organizational Change

*I know that many of the people went back [to their jobs] with the tools, not just about team building, but leading systems change and organizational change work; they went back with much better ideas and strategies for organizational change initiatives. Many of them reorganized their departments, created strategic plan, and more inclusive processes, more internal collaboration. Lots of new things were happening in the field of management and leadership at that time, but also I think by focusing the content of the curriculum on leading organizational change and collaborative leadership that PHLI graduates were often the leaders in their states around this work. They were some of the early public health leaders that “got it” about the importance of working with partners, organizations and individuals collaboratively.*