

June 29, 2009

Thomas R. Frieden, MD, MPH
Director, Centers for Disease Control and Prevention
1600 Clifton Rd
Atlanta, GA 30333

Dear Director Frieden:

Congratulations on your appointment as Director of the Centers for Disease Control and Prevention. CDC is so important to all of us and we know you will enjoy working with the well trained and dedicated CDC workforce.

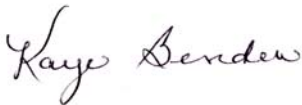
The Public Health Leadership Society, the National Public Health Institute, and the National Public Health Leadership Development Network have prepared a brief white paper for you and your key staff to review. We are committed to developing leaders in the public health community through leadership training and networking organizations. We value the role that CDC has played in supporting that same objective and particularly applaud the dedication and commitment of the CDC Office of Workforce and Career Development, including the crucial roles played in recent years by Steve Thacker, Judy Delany, and our fantastic partner, Steve Frederick.

We are asking for the continued commitment of CDC to leadership development. Specifically, we are asking for a recommitment to continued funding and involvement with the leadership networks and programs and a strong CDC leadership role in the development of future public health leaders.

We are committed to continual evaluation of programs and approaches, and we hope to join you and the CDC staff in the further development of a sound framework and systematic approach for this tremendous asset to the public health workforce.

Since 1990, the National Public Health Leadership Institute has trained approximately 900 leaders who are making a difference in our field and beyond public health. Over the past 18 years, the 25 state and regional public health leadership programs have trained over 9,000 local and state leaders to advance public health.

CDC has provided resources, guidance, and continuous improvement opportunities for leadership training. Furthermore, CDC has been a strong partner with the states and academic partners in developing this seamless network of training. We look forward to continuing this strong partnership.



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Edward L. Baker, MD, MPH, MSc
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Now More Than Ever The Case for Public Health Leadership Programs

Executive Summary

Public health leadership development programs have been an important part of the fabric of improving the infrastructure of public health. With the support and guidance of the Centers for Disease Control and Prevention over the last 18 years, these programs have trained and developed over 9000 public health leaders. These programs and the networks that support them are key to the improvement of the public health system, providing training, mentoring, education, and peer support that is not available through any other mechanism (see Appendix 1).

The role that CDC has played in recognizing and nurturing leadership in the public health community has been essential to the development of many improvements seen in the public health infrastructure.

With the emergence of crises on every level, from emerging diseases and infections to economic hardships, public health leadership is needed now more than ever to protect our communities and keep them healthy. These leadership programs are fundamental to the future effectiveness of the public health system. They are necessary components to a strong and effective public health system.

Leadership is a strategic direction for CDC, and working with and through this network of programs for more competent and effective leadership at local, state and national levels within the system is an important role for CDC now and in the future. The Public Health Leadership Society (PHLS), the National Public Health Leadership Development Network (NLN), the National Public Health Leadership Institute (NPHLI), the leadership institutes, and their partners appreciate the role that CDC has played and ask CDC to:

- continue to guide and support leadership development and training,
- designate an administrative home for leadership development within the CDC structure,
- work with the practice and academic partners to develop a seamless framework for leadership development, and
- assist in the development of a robust evaluation and research initiative required to ensure quality, continued improvement, and demonstrated value for these endeavors.

Valuable programs and networks, developed over almost two decades, have made and are continuing to make significant impacts in the public health system. Without CDC, these programs would be fewer in number or would not exist, and without CDC, they would represent a fragmented approach with inconsistent quality and content. Many of the current programs risk being dissolved without continued support from their federal partner. That support involves both financial commitment and coordination through networks.

Investment in leadership development and creating a seamless framework for developing the workforce are imperative to move public health forward to meet the challenges to the health of our communities.

Now More Than Ever The Case for Public Health Leadership Programs

This paper is presented to the leadership of the Centers for Disease Control and Prevention from the Public Health Leadership Society, the National Public Health Leadership Development Network, and the National Public Health Leadership Institute to inform decisions related to the continued and enhanced support of leadership development in public health. All of the organizations appreciate the support and guidance offered by CDC to build a strong infrastructure and look forward to more productive partnerships in the future.

Introduction

Public health is a constantly evolving field, with new challenges and new forces that necessitate agility and creativity to protect our communities. High performance and flexibility are not just useful attributes. They are daily survival requirements for public health. Challenges such as the novel H1N1 require the best set of skills possible to protect the public and prevent disasters.

Public health has added to its capacity to evolve quickly and adapt in a changing environment through its public health leadership programs and institutes. These programs have added important skill sets to leaders in strategic positions, as well as emerging leaders. Over the last 18 years, these programs have helped prepare the workforce through state and regional leadership programs, the National Public Health Leadership Institute (NPHLI), the ASTHO State Health Leadership Initiative (SHLI), the CDC Initiative for Leadership Enhancement and Development (I LEAD), the Strive and Thrive Leadership Program at NACCHO, and several discipline specific programs, such as those for laboratory and maternal and child health staff. These programs have been historically supported by CDC, the Robert Wood Johnson Foundation, the Kellogg Foundation, and various state and local private and public sector agencies and organizations.

These leadership programs are essential to the future effectiveness of the public health system. They are no longer optional investments. They are necessary components to a strong and effective public health system.

Leadership is a strategic priority of CDC, and the future of this network of leadership programs depends on continued commitment and encouragement from the Centers for Disease Control and Prevention.

Need for Public Health Leadership

Public Health Leadership programs began in the early 1990s in response to the 1988 Institute of Medicine Report recommendations. Leadership programs were also recommended in the 1996 and the 2002 IOM reports.

The 1988 Institute of Medicine report stated:

Management of a public health agency is a demanding high-visibility assignment requiring, in addition to technical and political acumen, the ability to motivate and lead personnel, to plan and allocate agency resources, and to sense and deal with changes in the agency's environment and to relate the agency to the larger community. ..Today, the need for leaders is too great to leave their emergence to chance. (IOM, The Future of Public Health, National Academies Press, 1988).

This message was repeated in the 2002 Institute of Medicine Report which stated:

We must be led by those who have mastery of the skills to mobilize, coordinate, and direct broad collaborative actions within the complex public health system...these skills need constant refinement and honing. (IOM. The Future of the Public's Health in the 21st Century, National Academies Press, 2002)

The need articulated in all of the IOM reports is still present in 2009. Public health is responding to crises such as H1N1, meeting new community expectations regarding local and national security and safety through preparedness, and facing care access challenges due to the economic climate. Communication skills and collaborative leadership are joining epidemiology as mother sciences of public health. In addition, the public health community is raising its level of accountability through performance standards, voluntary accreditation and quality improvement initiatives. Leadership has been, and will be, the reason that all these challenges and improvements are met. Organizational leadership is especially critical under times of economic stress with budget reductions and staff lay-offs.

Governmental public health is limited in resources and capacity when compared with its extensive responsibility. Collaborative leadership allows public health to leverage its position and its limited resources to achieve results through partnerships and persuasion.

One reason for the continued and extensive need for public health leadership training is the broad range of professions from which public health leaders come. They include nurses, physicians, masters in public health graduates, nutritionists, dentists, lawyers, and policy analysts. The list goes on. The U.S. Census Bureau in 2005 estimated that there were 246,300 FTE in governmental public health. In addition, many of public health's partners are important to public health leadership and often attend public health leadership programs. The 2005 NACCHO National Profile of Local Health Departments identified nurses, environmental scientists, nutritionists, health educators, managers, epidemiologists, information technologists, and preparedness specialists as some of the key professions in local public health agencies. (NACCHO 2005 National Profile of Local Health Departments, p.34)

The variation in both education and experience means that traditional succession channels do not often exist in public health. One day a person is an epidemiologist, the next a public health director. How does that professional learn the skills needed to run complex organizations, supervise large staffs, develop relationships with elected officials, and form partnerships with leaders from the community and other organizations? Leadership training counts.

Other sectors have recognized the need for leadership to support systems approaches and to achieve quality results. For example, the Joint Commission has recently released its standards on leadership noting: “*Change is inevitable, and agile organizations are able to manage change and rapidly execute new plans. The ability of leaders to manage change is necessary for performance improvement, for successful innovation, and to meet environmental challenges.*” (Leadership in Healthcare Organizations, A Guide to Joint Commission Leadership Standards, Governance Institute White Paper, Winter 2009, p.26) The Joint Commission appointed a Leadership Accountabilities Task Force that determined that “leaders of an organization are the most powerful force in changing the organization’s culture ...” (p. 5)

Public health has, perhaps, been ahead of health care in understanding that important principle, working for almost two decades to support leadership development in the public health system.

Background and History of Leadership Programs

“My time spent as a scholar with the (National) Public Health Leadership Institute stabilized my career trajectory within local governmental public health practice. Through the Institute, I was introduced to: other practitioners from across the country who remain my colleagues today; a range of ideas, models, and theories of management and practice which had been totally outside of my scope of awareness; and, a style and format of learning which recognized, reaffirmed, and respected me as a public health professional.”

Robert Pestronk, Executive Director of that National Association of County and City Health Officials, May 14, 2009

Many of the leadership programs have been funded through CDC, but also with local funding, other federal funding, and support from such private foundations such as the Robert Wood Johnson Foundation. Throughout these 18 years, CDC support and funding has been key, frequently used to leverage other resources. CDC has also nurtured the network of both leadership directors and leadership alumni through the funding of the National Public Health Leadership Development Network (NLN) and the Public Health Leadership Society (PHLS).

The various types of public health leadership development programs can be considered a seamless approach to leadership development, training leaders at all levels of the system. National training programs create relationships and networks that cross political boundaries and professional sector silos. Regional and state programs are able to tailor their training to meet the needs of the participants and the area. All programs improve communication, decision-making, systems thinking, and policy development skills. Most importantly, the programs show how to cross sectors and leverage public health’s authority, science, and limited resources. Through learned leadership skills, public health officials are able to take public health’s values, knowledge, and goals into broader arenas that influence medical care, emergency response, environmental protection, and many other areas where public health is just one player among many. Partnerships work in communities, and partnerships strengthen advocacy. Collaborative leadership helps make those partnerships happen. (Rowitz, *Public Health Leadership*

Development 2010: A Seamless Approach for the Future, Leadership in Public Health, Spring/Summer 2008)

Benefits/Evaluations of Leadership Development Programs

“Just as in other professions, the reward for doing an exceptional job in which you were trained is being promoted until you find yourself in a leadership position with no leadership training. NPHLI fills this gap for public health leaders. NPHLI was the first opportunity for me to focus on how others perceived me as a leader and how I would use that knowledge to improve my skills and increase the impact I have on public health outcomes.”

Marie Fallon, Executive Director of the National Association of Local Boards of Health, May 10, 2009

Leadership programs have shown measurable results in work climate, changes in management systems, and improved outcomes at the service delivery level.

As Management Sciences for Health noted, “Leaders are not born but developed: leading and managing are skills that can be learned.” (*Leadership can be Learned, But How Is It Measured?*, p. 5).

An Evaluation of Six Family Planning and Reproductive Health Leadership Programs states that “By identifying and supporting a critical mass of leaders, leadership programs have accelerated the possibility for more rapid changes in family planning and reproductive health.” (Development Guild/DDI, *Final Report. Leadership Matters*, p. 58)

Another benefit from public health leadership programs has been the ability of alumni to advance beyond usual expectations. For example, graduates of the SHLI have advanced to Presidential appointment positions, elected office, international leadership, etc. They take the public health knowledge, expertise, and values with them into policy positions. The value of leadership training holds throughout one’s career, not just for the immediate position.

Evaluations of the National Public Health Leadership Institute by the University of North Carolina reported that the alumni experienced changed leadership understanding, knowledge, and skill development, increased confidence and self-awareness, leadership practice changes, and organizational results (Umble, et al, 2005; Miller et al., 2007).

In 2007, UNC published a comprehensive evaluation of the first 15 years of NPHLI. Based on surveys and interviews, they reported that the programs developed the capabilities of the leaders, strengthened their influence, and encouraged them to lead nationally. Networks of leaders were built. Individual leadership and network development strengthened one another and lead to system improvements. (Baker, et. al, *Leadership in Public Health, Spring/Summer 2008*, p. 9) They concluded “leaders are not ‘machines’ in need only of new practical skills, but complex personalities in search of a role and a vision, courage and encouragement, validation and confidence, and companions for the journey” (Umble et al. 2007, p. 15).

A recent 10-year retrospective evaluation of the Southeast Public Health Leadership Program drew similar conclusions (Umble et al, 2008).

Public Health Summit of 2006

“I was sitting at my desk as chief of community medicine and ambulatory care in the city hospital when the telephone on my desk rang. It was the Mayor asking me to come to see him. He stated, ‘Dr. Benjamin, want to be Commissioner of Health?’ While I was pleased he thought of me, I wondered if I was prepared for this leadership challenge.

Far too often young aspiring practitioners find themselves in this very situation. Our nation’s network of leadership training programs at the national and state levels ensures that we are truly prepared for these extraordinary opportunities.”

Georges Benjamin, Executive Director for APHA, May 7, 2009

Through the sponsorship of CDC, a select group of public health stakeholders met in Georgia in 2006 to discuss leadership and the role of leadership programs in workforce development. The Summit, which included presentations by private sector and foundation leadership, affirmed the value and importance of leadership skills in public health. The participants concluded that leadership development is too important to be owned by any one organization or sector. It also affirmed the key role that CDC has and should continue to play in supporting, guiding, and encouraging leadership development.

The Summit participants noted the need to identify a structure or framework for the system of leadership development. They agreed on a need for continual evaluation of all the leadership programs and approaches. The value of linkages, including networking of programs, scholars, and alumni was noted.

The Summit illustrated the understanding that leadership is integral to public health practice, and that leadership training continues to evolve as the public health field evolves. CDC representatives identified leadership as a strategic priority for CDC, and the Summit marked a beginning of a process to study leadership development.

Summary and Next Steps

“Of those original 12, we have one still toiling away as a SHO through three governors, one leading a school of public health, another having had a school of public health named after him, one being recalled to national service as an EIO at the CDC, one having served as the Assistant Secretary of Health at HHS, one returning to her roots as a Local Health Dept Director, one going to RWJ and then back to her home state to be a health care leader. Another was appointed and then elected Lieutenant Governor of her home state. We had two go into federal service as presidential appointees and two return to previous careers when their appointments were over. Not bad for a group of twelve that were sent into service at a level none of them were really prepared for.”

Dr. Richard Raymond, Former Health Officer for Nebraska and Under-secretary for USDA, May 26, 2009

In summary, CDC’s investment in public health leadership development over nearly 20 years has built a network of national and regional leadership development programs which have had direct benefit on over 9,000 of our nation’s top public health leaders. Our research has shown that individuals who have participated in these institutes demonstrate:

1. Improved leadership and management practices in their organizations
2. Positive contributions to the development of other leaders
3. Specific actions to improve the functions of the organizations they lead
4. Greater involvement in system change initiatives in their communities or nationally

Further, CDC’s investment has led to the leverage of other funding from private foundations, state health agencies and other sources to support the development of these leadership programs; as a result CDC’s core support for leadership development has been multiplied and extended. In addition, by supporting the National Public Health Leadership Development Network and the Public Health Leadership Society, CDC has provided vital leadership toward building a national system of public health leadership development.

At this crucial time, PHLS, NLN, PHLI, and their partners are asking the Centers for Disease Control and Prevention to:

1. Recommit to supporting a national public health leadership development system building upon CDC’s commitment over the past 2 decades. The system should include ongoing support for national and regional public health leadership institutes and management development programs, as well as their networks of NLN and PHLS.
2. Recommit to providing strong national leadership on the development of public health leaders and managers.
3. Recommit to working with its partners to refine and enhance the framework for leadership development and support the continued evaluation and improvement of all programs.

We commit to working in close partnership with CDC to address the development needs of public health leaders and managers and look forward to building upon our impressive record of achievement in serving the public’s health.

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APPENDIX ONE

LEADERSHIP PROGRAMS AND NETWORKS

The current array of training programs includes national, regional, state, and specialty or discipline specific programs. National networks bring programs and alumni together. All of these programs encourage and advocate for support of the CDC strategic priority of leadership development.

National Public Health Leadership Institute

The goal of the National Public Health Leadership Institute is to create cadres of public health leaders who will help lead change in the public health system. It is a one year program for high potential leaders who are interested in leading in their own communities, but also leading system change, often at the national level. NPHLI, as it is known, is in its 18th year. It has always received funding from CDC, although the annual amount has not changed since its inception. It has graduated 900 alumni and has shown excellent evaluation results. In 2009, the program is jointly operated by UNC Gillings School of Global Health, the Center for Health Leadership and Practice in Oakland, CA, and the Center for Creative Leadership in Greensboro, NC. The program focuses on leading people and leading system change. It uses assessment, coaching, teamwork, networking, systems thinking, change management, quality improvement, performance management, and policy change in its curricula. A competitive process is used to recruit and select the high-potential scholars that attend the program.

State and Regional Programs

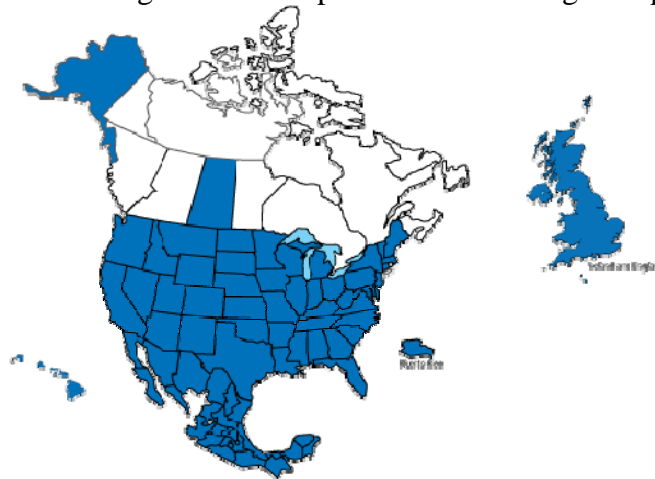
Programs of public health leadership development have been created to support public health professionals in leadership positions and to nurture emerging leaders. Most of these programs built on the success of the National Public Health Leadership Institute. In fact, many were started by scholars from the NPHLI who wanted to create more opportunities in their own states and regions for leadership training, recognizing that NPHLI would never be able to meet the full needs of the public health community. These programs now encompass most of the United States, training thousands of public health professionals. They are responsive to the local and regional needs, culture, assets, and priorities.

These programs include:

- Arkansas Public Health Institute
- Emerging Leaders Network (Minnesota)
- Georgia Public Health Leadership
- Health Wisconsin Leadership Institute
- Kansas Public Health Leadership Institute
- Kentucky Public Health Leadership Institute
- Massachusetts Regional Public Health Leadership Forum
- Missouri Public Health Leadership Institute

- Oklahoma Public Health Leadership Institute
- Pennsylvania Preparedness Leadership Institute
- Public Health Leadership Institute of Florida
- Puerto Rico Public Health Leadership Institute
- California/Hawaii Public Health Institute
- Buckeye Bluegrass Regional Leadership Academy (Ohio)
- Great Basin Public Health Leadership Institute
- Great Plains Public Health Leadership Institute
- Heartland Kansas, Missouri, and Oklahoma Regional Institute
- Oklahoma Regional Leadership Institute
- Mid-America Regional Public Health Leadership Institute
- North Central Public Health Leadership Institute
- Northeast Regional Public Health Leadership Institute
- Regional Institute for Health and Environmental Leadership (Colorado, New Mexico, Wyoming)
- South Central Public Health Leadership Institute
- Southeast Public Health Leadership Institute
- Southwest Public Health Leadership Institute

The map below shows the coverage of these important state and regional programs:



ASTHO State Health Leadership Initiative

The State Health Leadership Initiative (SHLI) is a leadership program specifically designed for newly appointed State Health Officials. Funded by the Robert Wood Johnson Foundation and managed by ASTHO, SHLI has assisted 123 new state leaders over the last 10 years in developing and refining their skills through education at the Harvard University Kennedy School of Government, mentoring, and networking opportunities. The State Health Officials are in the most vulnerable positions in public health. Due to political pressures and the high profile of these roles, they need to be trained about how to accomplish objectives quickly. Through SHLI, they are provided skills in policy development, success in political environments, communications, and partnerships.

Survive and Thrive: Roadmap for New Local Health Officials

Survive and Thrive: Roadmap for New Local Health Officials is a learning opportunity designed to enhance the skills of new local health officials.

Survive and Thrive is about gaining practical tools and tactics to help engage elected officials and community partners; best manage strategic planning and human, financial, and information resources; and bolster the ability to resolve challenges unique to the new role.

New local health officials who have been in their position for two years or less are eligible to apply. They must commit to approximately 100 hours over a one-year period, which includes workshops, active coaching, monthly conferences, and support from coaches and peers.

This program is funded by the Robert Wood Johnson Foundation.

Specialized Leadership Programs

Discipline specific and specialized leadership programs have developed for health educators, maternal and child health leaders, environmental health specialists, disaster preparedness staff, and public health dentists. These programs are often precursors to more leadership training that crosses disciplines, as part of a continuum of leadership development. They provide valuable opportunities for developing networks of professionals within particular disciplines. In addition, UNC developed an emerging leaders in public health program with a focus on health disparities and ethnic minority leadership. This program has received support from the Kellogg Foundation.

CDC Leadership and Management Institute

The CDC Leadership and Management Institute (LMI) was started in 1999 to support CDC senior level professionals in their leadership journey. The LMI program enrolls up to 50 scholars a year who participate in residential learning events, assessment and coaching, and action learning projects. This leadership program was created as a team project of alumni of the PHLI.

National Public Health Leadership Development Network (NLN)

The National Public Health Leadership Development Network is a consortium of organizations and individuals from academic institutions, national and international organizations, and local, state, and federal agencies dedicated to advancing the practice of public health leadership. The mission of the Network is to build public health leadership capacity by sustaining a collaborative and vibrant learning community of leadership programs in order to improve health outcomes.

The Network continues to play an important role in facilitating inter-state, inter-regional, and international collaboration efforts and in encouraging the recognition and support of the leadership institutes to further enhance their efforts of increasing access to systematic public health workforce education and training programs. The Network continues to facilitate partnering among current and new funding agencies in order to expand their range of support for

institutes and enable them to increase integrated strategic development of, and expanded scope of service for, professional development programs through academic and practice partnerships across the country.

The purpose of the Network is to:

- Collaborate with and promote linkages among organizations, agencies, associations, foundations, and other stakeholders to develop and/or expand public health leadership programs
- Increase and diversify participation in public health leadership programs
- Disseminate information regarding need and access to public health leadership development programs
- Provide technical assistance to emerging and existing public health leadership programs
- Contribute to the body of knowledge around public health leadership and leadership development and improve utilization of public health leadership resources, assets, and knowledge
- Expand advocacy and visibility of the Network and member institutes.

Public Health Leadership Society

The Public Health Leadership Society (PHLS) is a membership organization comprised of the alumni from national, state and regional public health leadership institutes, the ASTHO State Health Leadership Initiative, and the NACCHO Strive and Thrive Program. Members of PHLS are senior public health professionals, whose expertise range from local, state, national, private sector, and the academic public health arena.

PHLS was created in 1993 by graduates of the National Public Health Leadership Institute for continuing leadership education, networking, and peer consultation. It is a resource for public health leadership development and supports efforts to develop the next generation of public health leaders. Graduates of public health leadership programs are eligible to join PHLS, and membership is free to all alumni of leadership programs, including NPHLI, regional and state programs, and SHLI.

PHLS has developed important leadership tools, such as the Code of Public Health Ethics, contributed policy positions on key issues, and promoted the continual learning of the alumni through teleconferences, networking events, specialized committees, and annual conferences.

It is a prominent organization for promoting advanced leadership approaches to current and significant public health issues.