Leadership, Leadership Paradigms, and Leadership Training in 2010 and Beyond

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ABSTRACT

Since 2008, the Florida Public Health Review (FPHR) has published student essays that attempt to illustrate how the application of specific leadership paradigms might, in theory, be applied to address some nagging and ongoing problems in public health and related endeavors. The current volume of the FPHR continues that tradition. Other public health students, faculty, and practitioners from around the state are invited to contribute ideas that foster leadership skills and the development of dynamic leaders.

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Introduction

The National Public Health Leadership Development Network [NLN] (2005) organized and presented the "public health leadership competency framework" for the transformation of public health that would improve political savvy among academicians and practitioners, help build power-based alliances, employ principles of social marketing and educational strategies to communicate with priority target audiences about public health needs, objectives, achievements, and pending challenges, enhance cooperation and relationships across organizations, and foster teamwork. This framework was evolved further by the Heartland Center for Community and Public Health Leadership and the Heartland Center for Public Health Preparedness of the Saint Louis University School of Public Health (2009). "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" (NLD, n.d.). At least 10 U.S. states and territories offer leadership development programs as a network that is at least loosely affiliated with the NLN: Florida, Kansas, Kentucky, Massachusetts, Minnesota, Missouri, Oklahoma, Pennsylvania, Puerto Rico, and Wisconsin. Moreover, at least 14 regionally-focused and five nationally-focused leadership training programs exist that have similar NLN affiliations. Consequently, leadership paradigms, and leadership training are well-recognized for their importance to public health.

In addition to these entitles, the National Public Health Leadership Institute (PHLI) at the University of North Carolina-Chapel Hill has carried out statewide, regional, and national trainings for more than 17 years (PHLI, 2009). The PHLI is a "one-year leadership development program for high-potential leaders with a commitment to leading in their own organizations and communities, but also leading system change on the national scene" (PHLI, 2009). Organizers of the PHLI believe that: "Effective [public health] leaders inspire trust and confidence… leading people within organizations but also leading community improvement with diverse partners across sectors, across borders, across the country" (PHLI, 2009). In is undoubtedly accurate to say that the true test of leadership training is in its outcomes. The effectiveness of the first 15 years of the PHLI leadership training was the subject of a report by Umble, Diehl, Gunn, and Haws (2007) that demonstrated improvement in systems thinking, leading change in organizations and communities, improvement in the quality of performance, and understanding of the politics of change.

Whereas leadership principles and frameworks are appropriate examples for public health workforce development, more formal manifestations at the MPH level and other levels of professional preparation may go unheralded, or be limited to a handful of management or policy courses that are encountered only by persons concentrating in the broad area of health policy and management. Although both basic and advanced content along with relevant technical skills may be taught to students in other disciplines such as environmental health, epidemiology, maternal and child health, public health education, and others, formal leadership frameworks, models, and paradigms may be less forthcoming. To reduce the gap in leadership education during professional

preparation, at least 11 leadership frameworks began being topics of the one credit hour seminar-style course entitled *Professional Foundations of Health Education* at the University of South Florida College of Public Health in 2008. These paradigms include:

- The servant leadership style (Greenleaf, 1977);
- The Burns (1978) transactional-transformational leadership model;
- The Enabling model (Bennis & Nanis, 1985);
- The eight-stage process of change model (Kotter, 1986);
- The leadership-commitment model (Kouzes & Posner, 1987);
- The principle-centered leadership model, (Covey, 1992);
- The leader-follower relationship model of Rost (1993);
- The leadership training model of the advanced by the Directors of Health Promotion and Education (1997) presented through the Public Health Education Leadership Institute;
- The relational leadership model (Komives, Lucas, & McMahon, 1998);
- The resonance model (Goleman, 2002); and
- Situational leadership model (Hersey, Blanchard, & Johnson, 2007).

Numerous other works portray additional frameworks whose relevance to public health remains only partially explored. In these challenging times to the economy, the aging of the public health workforce, and the competition for talent that public health faces from other disciplines, oftentimes ones with superior compensation potential, the exploration of leadership models is more important than ever for the oversight of the public's health.

The Task Presented to Students

Students must prepare a paper 3000 $\pm$ 500 words in length that incorporates the elements of a professional leadership model, theory, framework, or approach in addressing a particular *health problem* of their choosing and a *setting* (school or university, worksite, health care setting, community setting, voluntary health organization, government agency, professional organization, or public-at-large). A more detailed description of this assignment appeared two years ago in the *Florida Public Health Review* (McDermott, 2008). Whereas the papers are intended only to be theoretical applications, not real ones, the simulation offers students opportunity to "think outside the box."

As I have pointed our previously (McDermott, 2008; 2009) some students are stymied by this assignment because they are unable to identify problems of significance for which they have both understanding and passion; apply one or more of the leadership models to real-world problems, possibly because much of their professional preparation is devoted to rote memorization, strict absorption of content, and is limited by the formal leadership skills of some of their instructors; state and defend a position clearly and succinctly because of modest writing skills or flaws in logic; and combinations of these and other pertinent issues. The net result for some students is that they matriculate from a public health professional preparation program with "presumed" abilities as a leader, but with scarcely any formal operational and technical abilities to change the practice status quo.

Whereas these issues are significant ones, three students showed through their respective applications that they could move from the abstract to the concrete. Furthermore these essays demonstrated the value added by challenging future public health practitioners to think outside their comfort zones. Katherine Davis addresses a discrimination issue encountered by gay, lesbian, and bisexual (GLB) youth in schools that can play out ultimately as self-injury and suicide. Christine Spiker examines the role of schools, and specifically, the cultural of the school food service, for a contribution link to the epidemic of obesity among children and youth. Finally, Khaliah Fleming spawns new thinking about combining leadership and community, namely, the faith-based community to tackle the disparity of HIV/AIDS among African Americans. As in past years, these essays do not offer comprehensive plans for change, but rather, how innovative thinking based on untried frameworks can inspire students out of standard thinking that history has shown to fail to "move the needle" of progress. As before, I hope that these essays inspire other exemplars and illuminate interest in improvement in leadership during professional preparation throughout Florida and elsewhere.

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