

# THE PUBLIC HEALTH LEADER- WHERE TO FROM HERE

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# SECRETS TO A KEYNOTE ADDRESS

- STAND BEHIND THE PODIUM SO THAT YOU LOOK PROFESSIONAL AND CLEARLY AN EXPERT
- PUT LOTS OF NUMBERS IN YOUR POWERPOINT SO THAT NOBODY BEYOND THE FIRST ROW CAN SEE
- TALK ABOUT THE THEME OF THE MEETING IN AS CONFUSING A MANNER AS POSSIBLE
- DON'T INVOLVE THE AUDIENCE IN THE PRESENTATION

# MORE SECRETS

- LEAVE QUICKLY BEFORE ANYONE CAN ASK YOU A QUESTION THAT YOU CAN'T ANSWER
- ARRANGE THE ROOM CLASSROOM STYLE SO THAT THEY CAN'T SEE EACH OTHER SLEEP
- MUMBLE

# PREAMBLE

- LEARN FROM THE PAST, LIVE IN THE PRESENT, PLAN FOR THE FUTURE
- LEADERSHIP NOW AND INTO THE FUTURE WILL BE COLLABORATIVE
- THE HEALTH OF THE PUBLIC MUST BE THE COMMUNITY'S BUSINESS

Collaboration is a mutually beneficial relationship between two or more individuals in organizations who work toward common goals by sharing responsibility, authority and accountability for achieving results

# SEVEN STEPS FORWARD MODEL

- CLARIFICATION OF MANAGEMENT AND LEADERSHIP APPROACHES
- TRADITIONAL AND CRISIS LEADERSHIP
- LEADERSHIP SYSTEMS, SKILLS, AND ORIENTATION
- THE PREPARED LEADER
- COLLABORATION MODELS
- META-LEADERSHIP
- SYSTEMS DEVELOPMENT

# ONE STEP FORWARD

- CLARIFICATION OF MANAGEMENT AND LEADERSHIP APPROACHES

# A PERSPECTIVE

- Peter Drucker-A manager is responsible for the application and performance of knowledge.
- Rowitz-A leader is responsible for creating the ideas in collaboration with partners.

# MANAGEMENT AND LEADERSHIP CONTINUUM



# TWO STEPS FORWARD

- TRADITIONAL AND CRISIS LEADERSHIP

# TRADITIONAL AND CRISIS LEADERSHIP

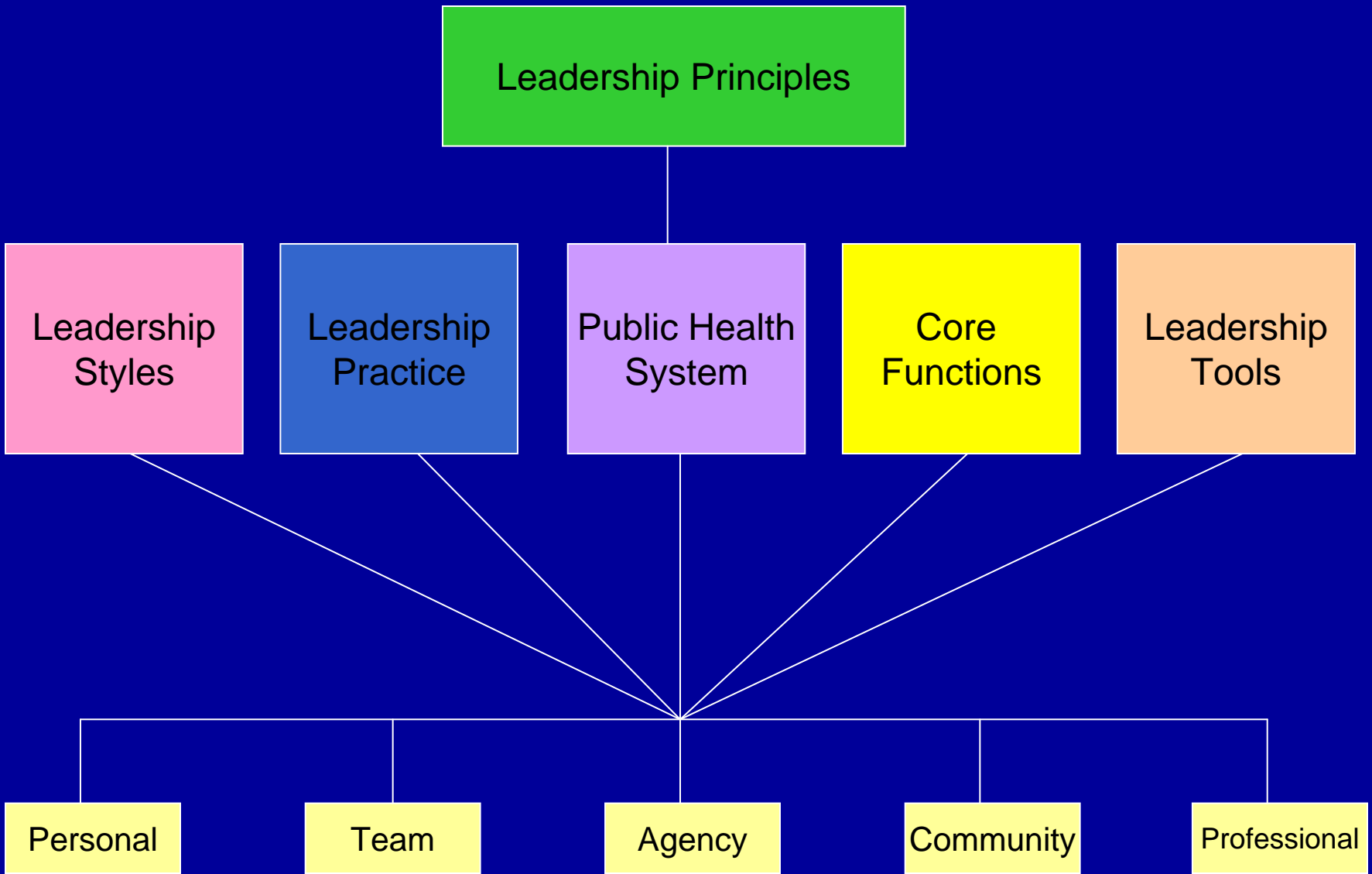
- THERE ARE DIFFERENCES BETWEEN TRADITIONAL LEADERS AND LEADERS WHO WORK IN A CRISIS ENVIRONMENT

# A BRIEF DISCUSSION

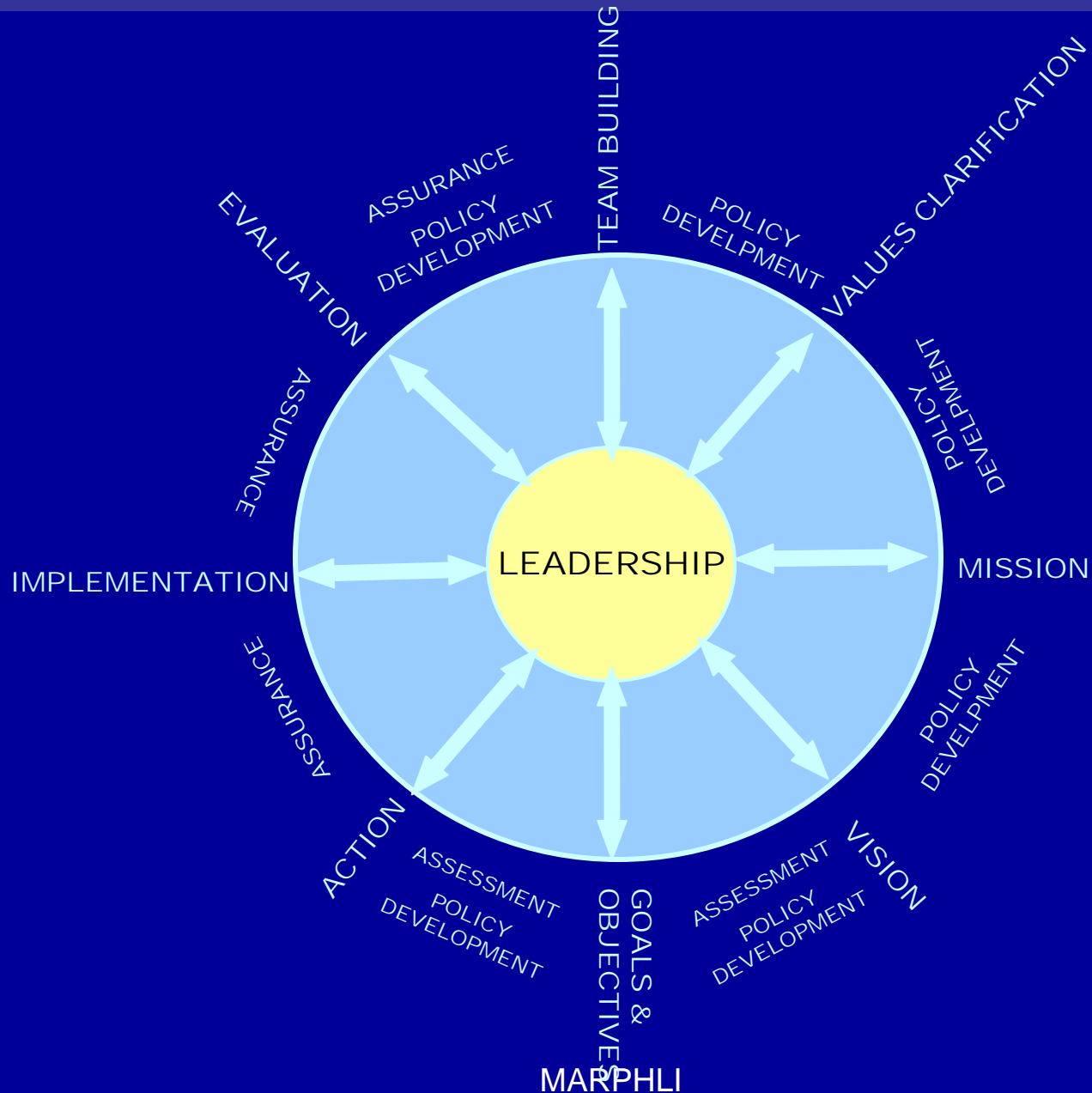
- WHAT ARE THE DIFFERENCES?

# THREE STEPS FORWARD

- LEADERSHIP SYSTEMS, SKILLS, AND ORIENTATIONS



# A SYSTEM APPROACH TO PUBLIC HEALTH LEADERSHIP AND APPLICATIONS OF THE CORE FUNCTIONS



# The Tools: Communication

- Interpersonal communication
- Active listening
- Public speaking
- Interviewing
- Written communication
- Computer skills
- Media advocacy
- Cultural sensitivity
- Feedback
- Delegation
- Framing
- Dialogue, discussion, and debate
- Meeting skills
- Health communication
- Social marketing
- Mentoring, Coaching and Facilitation
- Storytelling

# MORE LEADERSHIP TOOLS

Strategic Planning

Continuous Quality Improvement

Reengineering

Reinvention

Problem Solving

Decision-Making

Conflict Resolution

Negotiation

Cultural Competency

Matrix Structures

# FOUR STEPS FORWARD

- THE PREPARED LEADER

# DEFINITION OF CRISIS

- A CRISIS IS CHARACTERIZED BY A HIGH DEGREE OF INSTABILITY AND CARRIES THE POTENTIAL FOR EXTREMELY NEGATIVE RESULTS THAT CAN ENDANGER THE LIVES OF PEOPLE IN A COMMUNITY.

(ADAPTED FROM KLANN)

# SKILLS OF THE PREPARED LEADER

- ABILITY TO ADDRESS ALL POTENTIAL CHALLENGES TO PUBLIC HEALTH IN THE COMMUNITY
- UNDERSTANDING OF SYSTEMS THINKING AND COMPLEXITY
- KNOWLEDGE AND UNDERSTANDING OF PUBLIC HEALTH LAW
- ABILITY TO COMMUNICATE IN ALL WAYS

# SKILLS OF THE PREPARED LEADER(2)

- TIPPING POINT AWARENESS
- FORENSIC EPIDEMIOLOGY
- TECHNIQUES FOR BUILDING COMMUNITIES
- ABLE TO UTILIZE CHANGE STRATEGIES
- DEMONSTRATE EMOTIONAL INTELLIGENCE

# Crisis Cycle



# SECOND BRIEF DISCUSSION

- DISCUSS A MITIGATION STRATEGY FOR EACH PART OF THE CRISIS CYCLE

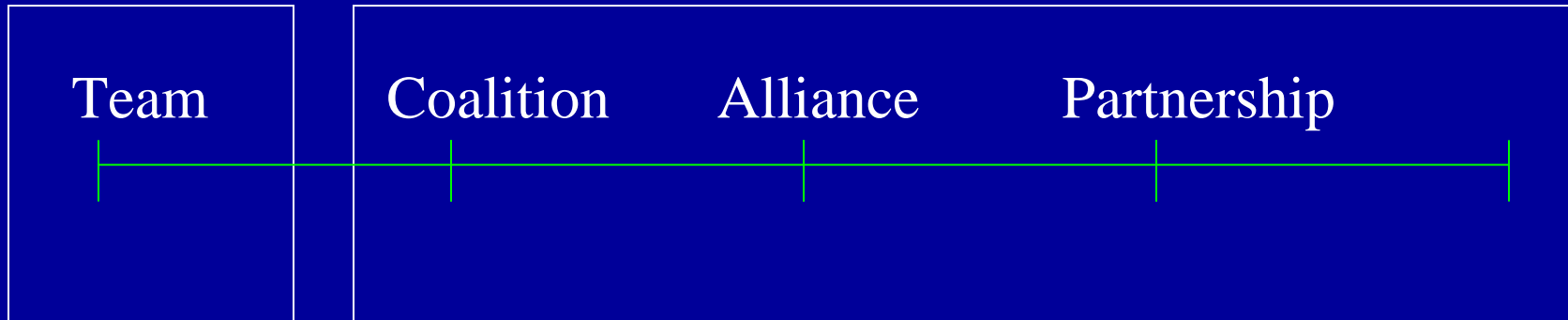
# FIFTH STEP FORWARD

- COLLABORATION MODELS

# Models of Collaboration

Single  
Organization  
Model

Multiple Organization Models



# CHECKLIST FOR COLLABORATION

- THE HOME ORGANIZATION IS READY
- THE RIGHT PARTNERS ARE INVOLVED
- A SHARED VISION UNIFIES THE PARTNERS
- PARTNERS ARE AWARE OF WHAT IS EXPECTED OF THEM
- PARTNERS KNOW THE COLLABORATION'S GOALS AND OBJECTIVES

# CHECKLIST II

- PEOPLE WHO DO THE WORK HAVE BEEN IDENTIFIED, STAFFED, AND MADE ACCOUNTABLE
- “BEST PRACTICES” HAVE BEEN RESEARCHED AND SHARED IN THE PARTNERSHIP
- ASSETS RESIDING WITHIN THE COLLABORATION HAVE BEEN MAPPED

# CHECKLIST III

- COLLABORATIVE ENCOURAGES PARTICIPATION IN AND SUSTAINABILITY OF ITS WORK
- COLLABORATIVE ACTIVELY RECRUITS NEW MEMBERS
- THERE IS A DEFINED GOVERNANCE MODEL
- LEADERSHIP IS EFFECTIVE AND SHARED

# CHECKLIST IV

- COLLABORATIVE HAS A COMMUNICATIONS AND OUTRACH PLAN
- FINANCIAL NEEDS FOR THE COLLABORATIVE ARE KNOWN AND ADDRESSED
- COLLABORATIVE'S WORK IS MONITORED, EVALUATED AND REVISED ON A REGULAR BASIS
- COLLABORATIVE KNOWS WHAT CHALLENGES IT FACES

# SIXTH STEP FORWARD

- META-LEADERSHIP

# META-LEADERSHIP

- LEADERSHIP THAT CONNECTS THE PURPOSES AND THE WORK OF DIFFERENT ORGANIZATIONS OR ORGANIZATIONAL COMPONENTS TO ACHIEVE A GREATER GOOD
- LEADERS ABLE TO INFLUENCE AND ACCOMPLISH SUCH COLLABORATIVE EFFORTS ACROSS ORGANIZATIONS

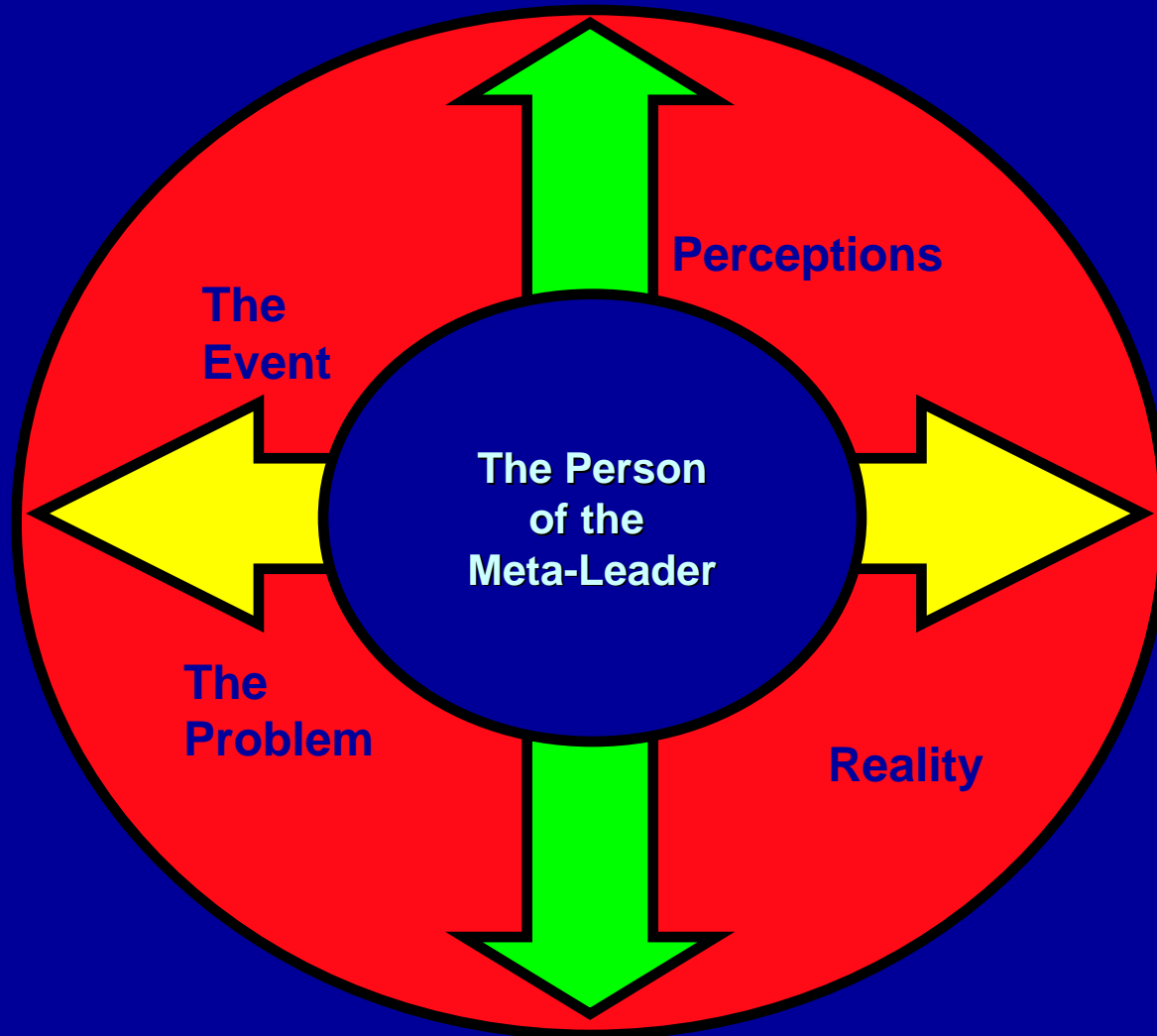
# CHARACTERISTICS OF THE META-LEADER

- UNDERSTANDS THEIR EMOTIONAL INTELLIGENCE
- COURAGE TO TAKE RISKS AND MANAGE CONSEQUENCES
- SENSIBLE IN UNDERSTANDING AND MANAGING VARIOUS ORGANIZATIONAL CULTURES INSIDE AND OUTSIDE THE SILO

# META-LEADER(2)

- CURIOUS—ASKS GOOD QUESTIONS
- CONNECTS ALL THE PIECES
- CONFLICT SOLVER—RECOGNIZES, MANAGES, AND SOLVES
- FOCUSES ON THE COMPLEX PROBLEM AND LARGER SOLUTIONS

# Meta Leadership Framework



# SEVENTH STEP FORWARD

- SYSTEMS DEVELOPMENT

# PUBLIC HEALTH SYSTEM

- PUBLIC HEALTH IS A COMMUNITY CONCERN
- BUILD SOCIAL CAPITAL
- THINK GLOBALLY AND ACT LOCALLY
- ASSETS PLANNING APPROACH-BUILD ON STRENGTHS
- COLLABORATION IS CRITICAL-A SHARED RESPONSIBILITY APPROACH
- THE BOARD OF HEALTH AS A LINK TO THE COMMUNITY THROUGH A TRUSTEE APPROACH
- WORK ACROSS LEVELS OF GOVERNMENT

# THE SYSTEMS SECRET

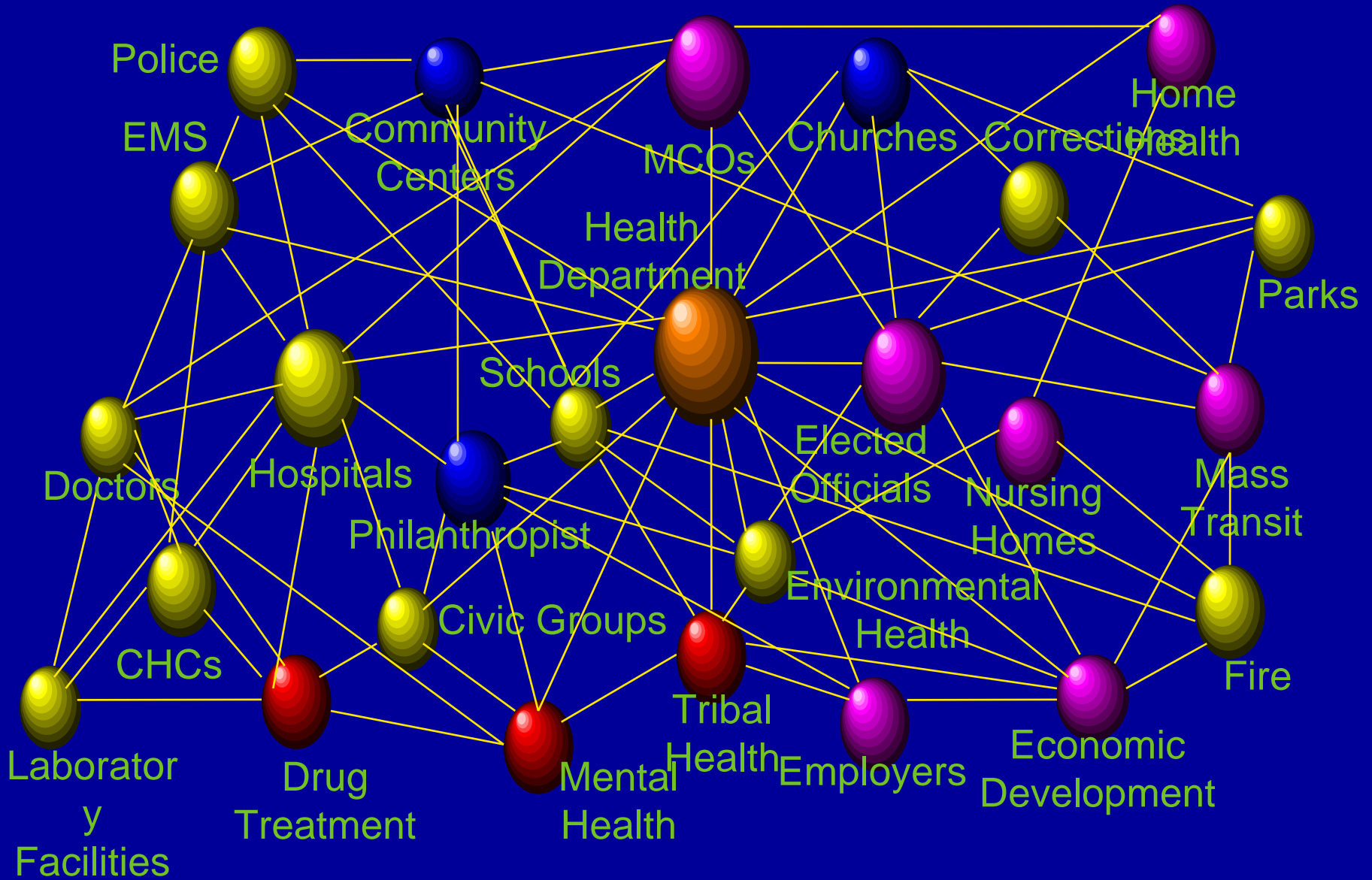
- WHAT MAKES IT ALL WORK ?

# TRANSITION TO SYSTEMS

A SYSTEM IS AN INSEPARABLE WHOLE.  
IT IS NOT THE SUM OF ITS PARTS. IT  
IS NOT GREATER THAN THE SUM OF  
ITS PARTS. THERE IS NOTHING TO  
SUM. THERE ARE NO PARTS.

WHEATLEY

# The Public Health System



# REFLECTIONS

- IF THE SYSTEM IS TO WORK, THE BARRIERS BETWEEN LOCAL, REGIONAL, STATE, AND NATIONAL PUBLIC HEALTH MUST BE REMOVED.
- IT IS THE JOB OF THE PREPARED PUBLIC HEALTH LEADER TO BUILD THE SYSTEM IN COLLABORATION WITH ALL PARTNERS COMMITTED TO IMPROVING THE HEALTH OF THE NATION

# EVERYTHING OLD IS NEW AGAIN

COMMUNITIES SHOULD MAKE PLANS NOW FOR DEALING WITH ANY RECURRENCES. THE MOST PROMISING WAY TO DEAL WITH A POSSIBLE RECURRENCE IS TO SUM IT UP IN A SINGLE WORD 'PREPAREDNESS' AND NOW IS THE TIME TO PREPARE.

RUPERT BLUE  
CIVILIAN SURGEON  
GENERAL, 1919