To my wife, Toni, who inspires me and makes me laugh
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PREFACE

An Author’s Reflections on Writing a Second Edition

When I finished the first edition of this book in 2000 and sent it to the publisher, I felt like I was sending my baby away from home for the first time. As a parent, I had done what I could do and now my baby had a life of its own. In the intervening years, I have talked to several hundred public health professionals from around the country who were trying to understand what leadership is and to become more effective as they took on higher levels of administrative responsibilities. I also talked to the parents—other directors and administrators—of public health leadership programs. We all were discovering that it takes a lifelong commitment to learning to master the tools of leadership. I have tried in this second edition to share the new ideas about leadership and the new areas of learning that my peers and I have discovered. This edition reflects this in revisions of all the original chapters and the addition of four new chapters. Many new exercises and case studies included as well.

I was asked a few years ago to reflect on the lessons I had learned from training public health leaders over the last 15 years. Here is my list:

• A critical task for public health leaders is to make their bosses, whoever they are, look good.
• No leadership position is forever, but a leadership mind-set is forever.
• The call to be a leader is often unexpected and affected by circumstances and context.
• You can lose your job even when you have done a good job—that’s politics.
• Leadership is about passion, lifelong learning, ethics, enthusiasm, and optimism, but don’t punish yourself if you occasionally get depressed. We are human after all.
• Do not sacrifice your home and family for any job. Family sustains us.
• In educating the public health workforce, watch for the “ah-ha” moments and write them down.
• Fight for your beliefs and use your leadership skills to put your beliefs into action.
• People would rather complain about problems than fix them.
• People who self-define themselves as leaders make leadership a self-fulfilling prophecy.
Experience often brings an understanding and a maturity toolbox that can guide the future and grow the next generation of leaders. Leadership is about bringing order out of chaos.

Remember the important comment of Heraclitus in 500 BC: “The only constant is change.”

Louis Rowitz
Chicago, Illinois

An Author’s Vision—2001

During my career as a governmental mental health agency professional, as a researcher in a state-based research institute oriented to improving the quality of life of people with disabilities, as an associate dean in a school of public health, as a professor of public health, and as the director of the Mid-America Regional Public Health Leadership Institute for eight years, I have found that each set of experiences has added to my knowledge of leadership in public health. Two important facts have come to the forefront of my professional beliefs. First, public health affects us all. It is not a field that can go away in the future. There will always be a need for professionals to monitor the health of the public and create programs to enhance our health. Second, public health leaders are needed to make the whole public health process work.

It is possible to train the public health leaders who will strengthen the infrastructure of public health in our society. Leadership knowledge and tools can be taught. However, public health professionals need to put the knowledge and tools into action. It is through action that skills become developed. In addition, leadership needs to occur within the context of public health and the paradigms that guide the public health field. Public health leaders need to synthesize the comprehensive approaches to leadership by the business community with the special needs of the public health field. The outcome will be training and educational approaches unique to public health. Leaders exist at all levels of the public health system. Leadership is more than a place on the top of the organization chart. It is a strong belief that public health leaders will influence the public health landscape. Public health leaders gain tools and skills from strong public health mentoring. Our experienced colleagues offer much knowledge and many practice experiences. Mentoring puts leadership development into the real world and allows for the continuity of leadership over time.

Public health leaders not only function within the traditional public health organization; they also function across organizations. Transorganizational skills are critical. In addition, public health leaders practice their leadership within community settings. It is often through public health leaders that the validation of our community values and our beliefs in social justice occur. Leadership development is also a way to link academic public health with the practice of public health because information integrates research knowledge with the realities of public health practice.

During the 1990s, there was increasing evidence that leadership needed to come to public health. Through the support of the Public Health Practice...
Program Office at the Centers for Disease Control and Prevention, a national public health leadership institute and a number of state-based or regional leadership institutes were developed. Public health professionals in 40 states now have access to a state or regional leadership institute. Almost 4,000 public health professionals have participated in a leadership development program. Public health professionals at the top of their organization are eligible for training in the national institute. Public health leaders have taught us about practice and about the multilayered realities of leadership. Public health leadership programs need to be available to professionals in all of the nation’s states and territories. The first decade of the 21st century will require the increasing need for leadership to guide the public health agenda in an ever-changing healthcare system.

My vision is to orient public health leaders to a better understanding of who they are, and how to use their public health leadership tools and skills. Leaders are committed to lifelong learning. If public health leaders take the leadership risk, they will greatly strengthen the public health system. Common paradigms of action will be blended with a flexibility required when change is a constant factor. Not only must the leader know what leadership is all about, but the leader must learn techniques that can be transferred into reality. It is important to look to the future and always be responsive to the world around us.

This book was written because I believe in the public health profession and I also believe in our ability to lead. Public health has always been oriented to solving the health problems of the present with a view to potential problems of the future.

In Part I, information is related to the knowledge associated with the theories and principles of leadership, leadership styles and practices, the public health system, and the five levels of public health leadership. The core functions model is presented and applied to public health leadership in Part II. Part III explores the leadership tools needed for the 21st century leader. Public health leaders continually develop their skills and put their skills to work on improving the health of the public. Part IV presents information on the personal evaluation of leadership and the evaluation of leadership programs. Part V looks to the future and presents some emerging public health trends.

Throughout the book, case studies written by public health leaders are presented. Public health leadership exercises can be found throughout the book. There are also discussion questions in each of the chapters of the book.

This is your chance to have a key role in defining the future of public health. Carpe diem! Seize the day!
ACKNOWLEDGMENTS

I would first like to thank the 800 Fellows who have graduated from the Mid-America Regional Public Health Leadership Institute. Each one of these leaders has taught me much about the challenges facing public health. I have also learned much from my colleagues who over the years have struggled with the complex issues involved in leadership development. I especially want to thank Ann Anderson, Beth Quill, Mike Reid, Barney Turnock, Carol Woltring, and Kate Wright for our many discussions about leadership. I also wish to thank all the case study writers for their willingness to write the cases that help strengthen the public health leadership model presented in this book.

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