

# Redefining Leadership Education in Graduate Public Health Programs: Prioritization, Focus, and Guiding Principles

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Public health program graduates need leadership skills to be effective in the complex, changing public health environment. We propose a new paradigm for schools of public health in which technical and leadership skills have equal priority as core competencies for graduate students.

Leadership education should focus on the foundational skills necessary to effect change independent of formal authority, with activities offered at varying levels of intensity to engage different students. Leadership development initiatives should be practice based, process focused, interdisciplinary, diversity based, adaptive, experimental, innovative, and empowering, and they should encourage authenticity.

Leadership training in graduate programs will help lay the groundwork for public health professionals to have an immediate impact in the workforce and to prioritize continuous leadership development throughout their careers. (*Am J Public Health*. 2015;105:S60–S64. doi: 10.2105/AJPH.2014.302463)

**THE 1988 INSTITUTE OF MEDICINE** report, *The Future of Public Health*, states, “Today the need for leaders is too great to leave their emergence to chance.”<sup>1(p6)</sup> This statement is still applicable today. Various leadership institutes<sup>2–5</sup> have responded to this call to build leadership skills among the public health workforce, with strong results.<sup>6–8</sup> However, the need for leaders in public health is still acute and growing, with increasing demands on public health professionals and an aging workforce.<sup>9–11</sup>

The field of public health is also increasingly characterized by the need to work in interprofessional teams across disciplines.<sup>12–14</sup> This is especially important in the wake of the Affordable Care Act because of the increased emphasis on population health and prevention and the complex emerging solutions such as place-based health and health in all policies. Public health organizations must address these issues despite significant funding cuts and future uncertainty while simultaneously preparing to meet national standards for public health accreditation.

Leadership skills are needed among the public health workforce to address these challenges and are explicitly and implicitly recognized in several sets of public health competencies, including those for public health professionals,<sup>15,16</sup> public health graduate education,<sup>17,18</sup> and accreditation of public health departments.<sup>19</sup>

We propose a paradigm shift for public health education: technical skills in each area of practice

are necessary but not sufficient to effectively influence population health. In addition to technical skills, students need to develop complementary leadership skills. The balance of technical and leadership skills will vary for any particular role, but in all cases a mix of both will be necessary. Therefore, education for public health graduate students needs to explicitly address leadership competencies as core competencies in addition to discipline-specific technical skills. (Although leadership preparation can also be beneficial for undergraduate students, our focus is on graduate-level educational programs.) Together, the development of technical skills and leadership competencies will enable individuals to deliver results at the task, organization, strategic, and policy levels. Although some schools of public health have started to establish leadership development programs, we challenge schools globally to develop and expand these programs for all students of public health.

## REFOCUSING LEADERSHIP FOR STUDENTS

The definition of leadership has been widely debated for decades across disciplines.<sup>20–25</sup> Traditional leadership approaches typically focus on formal positions of authority. However, with the changing landscape of horizontal organizations and the need for interdisciplinary work, programs for students should focus on the development of skills that allow

leadership from any role, independent of hierarchy.

At the Center for Health Leadership (CHL) at the University of California, Berkeley, School of Public Health, we prepare students to become effective leaders and professionals by developing skills that allow them to lead from any role. Our definition of a leader, developed in concert with students, is someone who motivates, empowers, and inspires a group of people to work toward and achieve a common goal or vision. The CHL has further used a theme of “leading from where you are” to allow students to engage with leadership throughout their career, independent of their positional authority, to affect change, and to contribute to the goals of an organization, project, or community.

Leading without authority will become more important as a team-based, interorganization approach becomes more central to public health activities.<sup>26</sup> Kotter notes,

[The] key to creating and sustaining the kind of successful twenty-first-century organization . . . is leadership—not only at the top of the hierarchy, with a capital L, but also in a more modest sense (l) throughout the enterprise.<sup>27(p183)</sup>

We have found that this focus on emergent (vs assigned) leadership<sup>28</sup> appeals broadly to students and helps engage them in leadership development activities. Although not everyone aspires to be a leader, we advocate that public health graduate students should be exposed to and have opportunities

**TABLE 1—Center for Health Leadership Competencies: University of California, Berkeley, School of Public Health**

Competency	Description
<b>Analytical: skills to take action</b>	
Strategic thinking and problem solving	The ability to anticipate future developments and obstacles and translate them into opportunities in the present. The ability to understand a situation, issue, or problem by breaking it into smaller pieces. The ability to apply complex concepts, develop creative solutions, or adapt previous solutions in new ways to solve problems.
Initiative	An underlying curiosity and desire to know more about things, people, or issues, including the desire for knowledge and staying current with one's professional field. The ability to independently begin or to follow through energetically with a plan or task.
<b>Self-management: sense of self necessary to act and lead</b>	
Self-confidence	A belief and conviction in one's own ability, success, and decisions or opinions when executing plans and projects or addressing challenges.
Self-development and awareness	The ability to see an accurate view of one's own strengths and development needs, including one's impact on others. A willingness to address needs through reflective, self-directed learning and to try new leadership approaches.
Professional integrity	The demonstration of ethics and professional practices as well as social accountability and community stewardship. The desire to act in a way that is consistent with one's values and what one says is important. This definition includes demonstrating general leadership ethics, such as honesty and responsibility, as well as behaving in a culturally competent manner.
<b>Interpersonal: skills to work with diverse constituents</b>	
Teamwork	The ability to develop and promote effective relationships with colleagues and team members, learn from others, seek diverse ideas and opinions to make decisions and draft plans, encourage team members to discuss concerns and conflicts openly rather than covering them up or overlooking them, and solve conflicts to everyone's benefit.
Relationship building	The ability to establish, build, and sustain personal and professional relationships to build networks of people that can be mobilized to support projects and activities.
Interpersonal skills	The ability to treat others with respect, trust, and dignity; work well with others by being considerate of the needs and feelings of each individual; promote a productive culture by valuing individuals and their contributions; and accurately understand the unspoken or partly expressed thoughts, feelings, and concerns of others.
Communication	The ability to convey information to and receive information from others effectively in a variety of formats. Essential components include attentive listening and clarity in writing and speaking. The ability to effectively present information using visual aids. Use traditional and new media, advanced technologies, and community networks to communicate.
Organizational awareness	The ability to understand and learn the formal and informal decision-making structures and power relationships within an organization or industry. This includes the ability to identify who the real decision makers are and the individuals who can influence them and to predict how new events will affect individuals and groups within the organization.
<b>Strategic management: core management skills to do the work</b>	
Meeting facilitation	The ability to organize and lead a successful meeting, including identifying intended meeting outcomes, setting an agenda, facilitating the meeting to achieve meeting outcomes, gaining agreement on next steps, and documenting agreements made at the meeting.
Project management	The ability to plan, execute, monitor, and evaluate projects involving the deployment of multiple resources such as human resources, financial resources, and technology resources. The ability to successfully complete projects on time, within budget, and to the satisfaction of all parties participating in the project.

to develop as leaders if they so choose, within the context of the types of impact they hope to make.

## GUIDING PRINCIPLES IN LEADERSHIP EDUCATION

The CHL's framework is anchored by a set of leadership competencies that were developed on the basis of several existing competency frameworks<sup>15,16,29</sup> and feedback from local

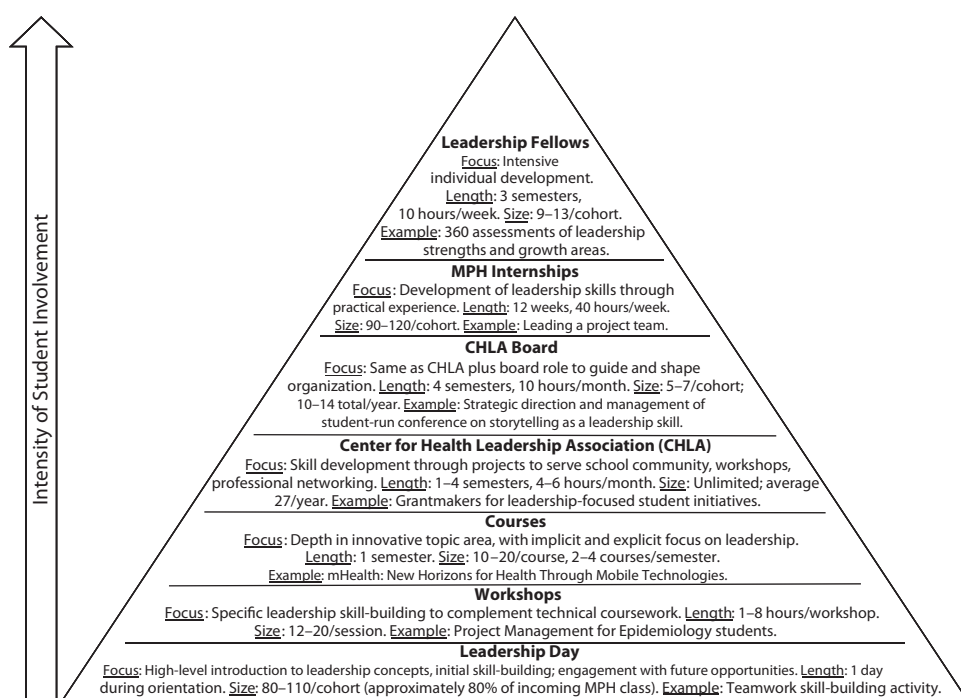
employers and school alumni (Table 1). School of Public Health students have the opportunity to develop and strengthen these competencies through various center programs; activities are evaluated for effectiveness against the development of the competencies (Figure 1). Further, our work is informed by 10 guiding principles that provide a framework for our approach to all leadership development activities.

Many of these guiding principles may also be applicable for optimal public health education and team-based approaches in general, but we call attention to them here because they are critical for the development of effective leadership education programs and therefore warrant explicit mention. The competencies, activities, and guiding principles together enable our program to create leaders who have the motivation

and capacity to make a difference, from problem identification through achievement of intended results.

## Engaging at Various Levels

Students will engage with leadership development in various ways, depending on various factors such as their professional experience, career aspirations, and perceived impact on career trajectory. To engage



Note. MPH = Master of Public Health.

**FIGURE 1—Center for Health Leadership offerings: University of California, Berkeley, School of Public Health.**

students at their point of interest, effective leadership education will offer activities at various levels of depth and breadth, from a high-level introduction to leadership concepts to intensive personal development. At the CHL we engage students along multiple paths, including as an individual contributor, as a thought, organizational, and community leader, and by enrollment in different activities, exchange of knowledge, and faculty support for student interests.

### Practice Based

Leadership development comes to life with practical experience and opportunities to apply learning and discover challenges in practice. Student-focused leadership education should involve a practice-based component to

create a “lab” for application of principles and skills.

We have found that students engage substantively in applied projects for which they are responsible from start to finish, including opportunities in the School of Public Health, initiatives in their internships, and consulting projects with external partners.

### Process Focused

The process for student teamwork is of paramount importance to the content; as a critical point of learning, team process should allow time for reflection on the various challenges and opportunities students encounter working with others.

Faculty support through process challenges and intentional points for student reflection maximizes learning. For example, faculty may coach teams to understand and recognize

the stages of team development<sup>30</sup> as they occur.

### Interdisciplinary

Preparing students to work in interdisciplinary teams after graduation is best accomplished by having them work on interdisciplinary teams in school. This requires a balance of time spent in their discipline to develop technical expertise with time spent on cross-disciplinary project teams to apply knowledge across areas of study.

Students learn to work with others who may approach problems differently and ultimately will learn to seek out those with different mindsets and tools at their disposal. This may include students from various public health concentrations such as epidemiology and nutrition or across disciplines such as public policy and city and regional planning.

### Diversity Based

Effective leaders in public health need to understand, seek out, and deeply value diversity in their teams, colleagues, and stakeholders. Diversity should be considered comprehensively. For the center’s programs, diverse cohorts of students are assembled on the basis of factors such as race and ethnicity, gender, sexual orientation, personality type (assessed, e.g., with the Myers-Briggs Type Indicator<sup>31</sup>), working preferences, public health discipline, and professional experience.

To support implicit and explicit learning within teams, we construct diverse teams for practice-oriented projects and let the students experiment with different ways of working with others within a safe space. The availability of faculty coaching through challenges is critical. Successful teams are those in which the members learn to value and work through differences.

### Adaptive

With each student’s unique background and skills, it is important to meet students where they are and move them forward from that point. This requires a high level of adaptability with each cohort of students. Ongoing evaluation should be coupled with immediate responsiveness to student needs.

We have found that students provide more substantive feedback when we demonstrate how feedback is used, practice actively seeking and valuing feedback, and model nondefensive reactions to critical feedback.

### Experimental

It is important to be open to new approaches, activities, and models of teaching to engage students. We advocate trying new approaches without fear of failure. In addition to celebrating

successes, reflection on suboptimal results can lead to stronger results in the future as long as the reflection leads to changes and, when necessary, abandoning initiatives that do not work.

In our center, we have developed new programs on the basis of student feedback and retired programs with minimal uptake (e.g., a leadership-focused orientation event for second-year students).

### Innovative

Public health and leadership are dynamic fields with new challenges and opportunities presented on an ongoing basis. Leadership education will be most engaging to students by incorporating emerging tools and approaches.

For example, our program uses new media tools such as digital storytelling to teach students the art of telling and engaging others in their story. This allows students to not only explore leadership but also simultaneously develop technical skills so they can help push the field of public health in these new directions.

### Empowering

Effective leadership education empowers students to lead and to see themselves as leaders. This involves encouraging students to question the status quo, think creatively, and act on solutions to challenges.

Students are best supported to do this when they have assistance and scaffolding from faculty who coach them through this process and help them share their feedback and ideas in a politically savvy way.

### Encourages Authenticity

Empowering students involves helping them understand and have confidence in their authentic self rather than promoting a prescribed definition of leadership. Research has found that authenticity is one of

the most important traits of leadership,<sup>32</sup> and students will be best served by taking the time to develop confidence in who they are.

For example, introverted students often initially identify a desire to develop extroverted tendencies to excel as a leader. We emphasize the unique attributes of introverts and encourage students to have the confidence to seek out others who complement them to help round out their team.

### APPLICATION AND RESULTS TO DATE

CHL initiatives are evaluated in various ways: annual admissions applications to core CHL programs (Center for Health Leadership Association [CHLA]), CHLA Board, and Leadership Fellows program); annual exit surveys from program participants; ongoing requests for CHL trainings from School of Public Health departments; and anecdotal observations. All data are used internally to inform future planning.

Results to date show several findings of note. First, student interest and engagement with the concept of leadership has changed over time. Anecdotal data show that students historically indicated hesitation with the concept of leadership because of the typical focus on formal positions of power. However, students engage readily with the concept of “leading from where you are.” This is especially noted among students drawn to public health for the social justice aspect of the field, as this understanding of leadership allows more explicit flexibility for community-based work.

Anecdotal data also reveal that some students choose the university’s Master of Public Health (MPH) program because of the CHL programs offered. Additionally, in 2013 applications for our most intensive leadership

development program, the Leadership Fellows, doubled from previous years, from an average of 19.5 applications for 10 to 13 spots per year in 2009 to 2012 to 39 applications in 2013.

The CHL developed these opportunities first as a complementary part of the curriculum, with an eye to integrating pieces of the model across the curriculum in the future. To date, almost every department in the School of Public Health has requested skill-building workshops for their discipline-specific cohorts. In the case of one discipline, these workshops coupled with student and alumni feedback led to the development of a discipline-specific core leadership course.

After enrollment in core center programs, students self-report growth on a range of leadership competencies. Across all leadership activities, project-based teamwork stands out as a critical point of learning. For example, in their 2014 exit survey students in the CHLA noted the outcomes of their CHLA projects as their most valued point of participation; this was because of pride in the outcome of the project as well as what they learned about working with others through the process.

Across four cohorts of Leadership Fellows to date, more than half of the respondents to an exit survey note “much or somewhat stronger” skills in all the CHL competency areas; more than 80% felt “much or somewhat stronger” in communication (33/36, 91.7%), relationship building (30/36, 83.3%), self-confidence (32/36, 88.9%), and self-development and awareness (36/36, 100.0%).

Students ranked the following Leadership Fellows program components as the five most valuable: 360 assessments (33/36; 91.7%), class sessions (25/25; 100.0%), consulting projects and teamwork (33/36; 91.7%),

field trips with health leaders (average across three trips: 103/108; 95.4%), and one-on-one meetings with faculty (25/25; 100.0%). Leadership Fellows have also commented consistently that the program was the most valuable part of their experience in graduate school and that it will shape their future trajectory.

Students across all programs value highly the explicit and intentional interdisciplinary approach used by the center for their leadership skills development as well as their future career trajectory and networking. For example, among participants in the CHLA Board, 44.8% (8/18) of graduating students across three years (2012–2014) indicated that the most valuable aspect of their participation was the opportunity to work in an interdisciplinary group.

Student participation in each of the programs outlined in Figure 1 spans all concentrations of MPH students (concentrations include environmental health sciences, epidemiology and biostatistics, health and social behavior, health policy and management, infectious diseases and vaccinology, maternal and child health, and public health nutrition). In addition, students pursuing dual master’s degrees with public health (e.g., social welfare, business) further bring a different skill set for teams to leverage. For example, dual-degree social welfare students in the Leadership Fellows program have taught motivational interviewing techniques to their Fellows cohorts.

Preparing for and upon graduation, anecdotal data indicate that students experience increased confidence during the job search process because of these development activities. In addition, employers recruiting and hiring from public health graduate programs have



indicated through personal correspondences that leadership skills are highly valued in candidates, sometimes more than are technical skills, and report prioritizing candidates who have developed leadership skills while in school.

## CALL TO ACTION

The field of public health is at a crossroads where leadership skills at all levels of the workforce will greatly enhance the progress of the profession. In light of pending retirements and the need for public health professionals to lead through interdisciplinary and interprofessional teams, we encourage all schools of public health to make leadership development a core part of the curriculum, in line with existing public health competency models.

The development of these leadership skills needs to be equally prioritized with technical skill proficiency for individuals' effective contributions in post-graduate professional roles. Leadership development initiatives should engage students at various levels and be practice based, process focused, interdisciplinary, diversity based, adaptive, experimental, innovative, and empowering, and they should encourage authenticity. We believe that leadership development is critical for the future of the field, and this should start with a foundational focus on leadership development for individuals while they are in graduate school. ■

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### Contributors

J. A. Lachance wrote the article and lead the revision process. J. S. Oxendine revised it critically for intellectual content. Both authors conceptualized the overarching goals of the article and gave final approval of the version to be published.

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