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Capstone Summary Report

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Capstone Summary Report

Introduction:

Leadership is vital to the practice of public health. The following review of current literature delves into present understanding of leaders that the public health field needs.

Leadership has a place in every practice. It is thought that leaders will bridge the gaps we need to achieve health equity (Koh, 2010). Communicating the science behind health policy-making and thus health practices to all stakeholder networks will improve shortcomings seen in population health today (Koh, 2010). As leadership within public health is being explored, specific skills required of future leaders, different types of leaders, and the impacts we can expect to see are being defined.

Background:

One of the pressing issues of public health today is the inequity of health in the U.S. (Knight, 2014). The holes and pitfalls in U.S. health have been linked to economics, social, and physical environments; specifically, that they lead to the larger issue of health inequality (Fielding, 2015). Promising approaches to health inequity are through increased communication, measuring social and economic conditions, building partnerships, and creating new relationships (Knight, 2014). These have all been highlighted as attributes and skills leaders display and can be spearheaded by leaders of various styles of leadership and leaders. Helpful leadership skills can be ones specialized in creating conversation, education, and goals leading to political action that result in practice (Fielding, 2015).

It is expected that the U.S. is on the brink of losing about one-quarter of public health officials to retirement (Grimm, 2015). This will be the loss of some of the most experienced

leaders we have. Not only do new styles of leadership need to be taught, emerging and existing public health employees need to know how to lead and how to develop skills particularly valuable to public health development, improvement, and evolution. Leadership is essential but overlooked when it comes to public health success (Lenihan, 2015). Public health needs to move toward interconnectedness in the community and partnership cultivation, so skills of the upcoming public health leaders need to promote success in these areas (Lenihan, 2015). These particular developments are meant to bridge health equity deficits.

Skills Required of Public Health Leaders:

Koh 2010 recognized four major attributes of a successful leader. The first is to unite the worlds of public health and healthcare through communication of common goals and partnerships (Koh, 2010). This is how interdependence of stakeholders will be built to form a social foundation for public health growth. To craft the interdependence of stakeholders is to illustrate community needs and sharing of these responsibilities. This can be in both short- and long-term respects (Koh, 2010). Lastly, leaders of public health must acknowledge impact of power, money, and resources on population health. Where these are lacking, quality of health is too, and a leader needs to be open to addressing all contributing factors for change (Koh, 2010).

In a study established to quantitatively analyze the many theories around leaders and finalize a list of the most important skills of public health leaders, the findings of phase one have produced a list of 6 general categories of strong leader behavior for public health (Grimm, 2015). These categories are awareness of community and organizations that are or could be invested, ability to inspire others, to engage and thoughtfully listen to others, to maintain composure and balance in high stress circumstances, the ability to focus on outcomes, and to maintain a consistency in working from ethics and character (Grimm, 2015).

This summary of key attributes of successful public health leadership could be useful to molding Muskie student perspective on leadership, and allow them to capitalize or harness strengths they may already possess, to target public health initiatives in the future.

Leadership Style:

High-Impact leadership is based around a specific framework developed over years of research and documented by Swensen, 2013 to achieve Triple Aim results. This includes leadership behaviors, strategic thinking models, and ways to focus efforts toward Triple Aim goals (Swensen, 2013).

Principled leadership has two main components; the creation and strengthening of relationships of leaders and their community of interest (Bernheim, 2008) along with consistently keeping ethics as a filter for daily public health decisions and processes. Principled leaders work to first and foremost drive the “Triple Aim movement” (Bernheim, 2008) and this is done by gathering awareness of culture, individuals’, and all stakeholders’ values to form a strong foundation around ethics. This over time leads to trusting relationships and will propel forward the movement. According to (Bernheim, 2008) this leadership style can be recognized by priorities around performance measures, goals, and development of mission and values.

Alternatively, we come to system leaders, these leaders focus on uniting leading industries, communities, etc. to draft a common vision or goal for progression of public health (Senge, 2015). Some of their priorities lie with commitment to the vision, bridging relationships between different groups, and listening and absorbing their perspectives to form lasting collaboration efforts (Senge, 2015). They open doors for change with the momentum of a shared goal.

Existing Approaches to Building Leadership:

Existing leadership frameworks are not specific to public health, however various leadership styles have the potential to be successful depending on the position of that leader (Czabanowska, 2013). Unique leadership attributes can be developed and practiced via educational training for public health purposes. Examples have been determined by a consensus study of European Public Health professionals to be skills such as identifying and engaging stakeholders, the ability to build alliances, and to maintain partnerships in the community (Czabanowska, 2013).

Key Questions:

Graduates of the Muskie School will benefit in learning more about the different styles of leadership that exist, the most important skills a leader should display in public health, and what a leader looks like beyond theory and paper. My capstone project is to design a learning experience for students taking the course Public Health Practices, based around leadership development. Two broad questions were addressed concerning leadership in public health.

1. What are important skills and attributes of public health leaders in Maine?
2. What do successful leadership styles look like in practice in Maine?

Methods:

To address these questions, a series of smaller questions have been answered by real world accounts from Maine leaders. This section contains the process by which I carried out this capstone.

- Process: I held seven interviews, up to one hour in length, with public health leaders in Maine. This gathered insight into leadership for students in the Public

Health Practice course. I will prepare a list of five questions, which I will give to the interviewees before the interview.

- Recruitment: To find public health leaders in Maine for the interview process, I composed a list of potential interviewees from suggestions I received from the Muskie MPH faculty, Brenda Joly, and my second reader Elise Bolda. I sent out an invitation via email, and moved ahead with scheduling the interview once I received confirmation of interest.
- Preparation: I conducted the interviews using an interview protocol I designed prior; consisting of five questions and spanning no more than one hour in time.
- Recordings: Interviews were recorded using video equipment borrowed from The Muskie School Public Health Education Corps. I will edit these recordings to compile strategic video clips that will be posted on the University of Southern Maine Blackboard site for educational purposes only, during the Public Health Practice course.
- Analysis: I analyzed the information obtained from the interviews and will help Brenda Joly format the information in preparing the course. This has consisted of thematic analysis, conducted by using a matrix method framework as advised by Brenda Joly.
- Use of Information: The information will be used in coming years by Brenda Joly and future USM students enrolled in the Public Health Practice course.

Results:

Throughout these key informant interviews, it became evident that leadership is composed of individual opinion, style, preference, and personality. However, the thematic

analysis exposed some trends in what these leaders used to build their skills, attributes they deemed valuable specifically to leading, and common skills they use and express as important tools to effective leadership.

Themed Skills and Attributes:

Collaboration was a skill that themed throughout the interviews as important for leaders in public health. An aspect of collaboration was described as reaching out to the community to determine what the community needs the organization to create or produce in an initiative. Leaders should be able to research communication and messaging with key groups in the community to determine what they identify with and what will be successful. This was discussed as being important to increasing the resources and the reach of public health initiatives, and the leader's responsibility to identify other organizations that may strengthen the efforts, and to cultivate relationships and collaboration here. The key points for collaboration were in the creation of a vision or outcome that can be shared by multiple groups, encouraging multiple investments, and therefor increasing the resources to make the vision a reality. A leader is essential to this creation process, and providing a "model" for other groups to modify and add individual views to was an example of how a leader can begin this. Lastly, collaboration was important for a leader to use skills to develop a functioning team within their organization and instill value in teamwork and team building.

More suggested skills that overlapped in these interviews were the importance of being able to advocate and be persistent. Being knowledgeable of the field and having mastery of the field were explained as crucial to being able to advocate for it. Leaders mentioned interpreting data, being able to communicate what the data suggests, systems thinking, understanding public health, and being able to look ahead were all ways that leaders could prepare to advocate for

public health. About advocacy, a key leader said it “requires courage, willingness to persistently get up and say to people things they don’t want to hear”. Persistence was described as being willing to keep trying, understanding that things don’t change easily, and not getting discouraged.

Personal attributes that were recognized as important to leadership were honesty, transparency, sincerity, and being genuine. These were explained as important traits to gain followers and to build trust in your leadership. Attributes like desire, passion, enthusiasm, and enjoyment were described as crucial to remaining persistent in public health efforts.

Themes for Developing Skills and Attributes:

Key informants offered their experiences in training and what this added to their leadership development, as well as advice for students on what to develop for skills and how. Trends in the data show that these leaders didn’t expect to lead and didn’t plan to lead. They developed most of their leadership skills through development of their career, and seeking academic training for skill sets that they were lacking as they worked in various positions.

For formal leadership training, the Daniel Hanley Center for Health Leadership and the Robert Wood Johnson Foundation were suggested. Major trends for development were through role modeling, mentoring, reflective learning, and self reflection.

Role modeling and observing other leaders to determine what students like and don’t like about their practices, aid in deciding which habits to carry on in practice. Mentoring; actively seeking out mentors to discuss the field, career opportunities, challenges, etc. Leaders explained that mentoring was extremely valuable to them and encouraged students to actively seek this opportunity out without being shy.

Reflective learning and self reflection were suggested by keeping a journal and documenting successes, failures, challenges, etc. Leaders specifically suggested students try to answer questions like “When are you discouraged or afraid or nervous? What motivates you? How do you think things through?” and “Who am I as a leader? What are my gaps and strengths? How do people see me?”.

The other major trend for developing leadership skills was to take every opportunity available to network, gain experience, get new training, be part of committees, and attend national conferences. These activities were what came to mind for public health officials when thinking about how they ended up in leadership roles.

Conclusion:

From this capstone experience, I gained a new perspective on public health leadership. This project lead to insight into how leadership can be developed over time, tools to develop leadership in both formal and informal settings, and the impact leaders make in the field of public health. In addition to specific activities that I can begin like mentoring and journaling for reflective learning, I learned how to create and carry out an interview protocol, how to compile and edit videos, and how to work with transcripts from those interviews. The thematic analysis provided me an opportunity to analyze a large set of qualitative data, and was my first experience in analyzing data of this nature.

Beyond the skills that I can practice, this project has already begun to serve as a lens through which I am viewing my learnings in class and how I approach public health problems. I am able to apply some of these themes in thinking through class exercises. It will be an excellent addition to Brenda Joly’s course, I’m excited that other students may share in my learnings.

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Capstone deliverable: video summary

One of the deliverables from this capstone project is an edited video compilation of the themes throughout the public health leader interviews. Pieces from the interviews were strategically chosen based on a matrix method analysis of themes throughout the transcription. The video is meant to be a polished overview of the lessons gained from public health professionals in Maine. These lessons are around leadership development, important leadership skills, and various leadership styles. The video can be seen at the following link:

<https://www.dropbox.com/s/wc0peylf32tov02/Capstone%20Clip.mp4?dl=0>

Perspectives from the Field

Public Health Practice Brief

Spring, 2016

Leadership

Background

One of the pressing issues of public health today is the inequity of health in the U.S. (Knight, 2014). Experts believe that leaders play a key role in bridging the gaps we need to achieve health equity and address social determinants of health (Koh, 2010).

So, what does a public health leader look like beyond theory and paper? This brief summarizes the experiences of key leaders in Maine. It addresses two broad questions:

1. What are important skills and attributes of public health leaders in Maine?
2. What do successful leadership styles look like in practice?

“Transparency, relationship-building, working with people is all of what it’s about and being able to see where connections can be made and how to bring parties together for a common goal, how to mobilize people...”

Methods

Key informant interviews were conducted with seven public health leaders in Maine, identified by MPH faculty. The interviews focused on various styles of leading as well as core skills that were found useful, including a focus on how the skills were developed. Particular emphasis was placed on identifying ways that public health students and emerging leaders could focus their training and use their skills to address current and future challenges. A thematic analysis was conducted and key findings are presented below.

Lessons Learned

Key informants expressed that engaging others in problem solving, helps to build their vested interest in the solution. This makes the solution more successful and beneficial to everyone.

The use of mentors and role models was consistently advised by key informants as the best way to learn leadership skills. Incorporating skills students admire of other leaders and excluding habits they don’t want to emulate is a great way for students to develop their own leadership style.

Key informants explained that knowledge is valuable. They encouraged students to participate in National Committees or Organizations whenever possible to be aware of current events nationally and internationally.

Key Findings

The themes that arose from the interviews were consistent with the literature on public health leadership. The findings revealed that important skills for public health leaders include: networking, collaborating, team building, aligning groups or organizations around a shared vision, creating and communicating a vision, and supporting the efforts of a team. Personal attributes of public health leaders were emphasized as honesty, persistence, self-awareness, and leading with transparency. Many key informants emphasized transparency as one of the most important attributes they bring to their current leadership position; “I think leaders, particularly in public health have to have that genuineness about them, they believe in what they’re doing, they’re transparent as to why they’re doing it”.

“The most important thing to start out with is a desire to serve...there’s the never giving up part about it, everything is hard, so the excitement and enthusiasm and never giving up is essential”

Some of the tools for building skills and developing personal attributes were described as mentoring and role modeling, journaling to promote self reflection and reflective learning, and networking. Some specific suggestions were for students to seek out community events that interest them, whether it be town council meetings, non-profits, or lobbying activities. As put by one key informant; “Sometimes it’s being in the right place but sometimes it’s being prepared and being interested and being willing to do what I’d say is a lot of free work”.

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