As the twenty-first century unfolds, the effective practice of public health leadership is critical. The popular press is replete with the stories of failed leadership in otherwise well-run for-profit corporations, public not-for-profit entities, and governmental agencies. As the health of the public rapidly evolves and the discipline of public health continues to develop, new demands are placed on leaders in the field. In this rapidly changing landscape, a thorough understanding of the principles, attributes, and skills of leadership is essential for all current and prospective practitioners.

In both a letter and a concept paper, leaders of several organizations—specifically, the National Public Health Leadership Development Network, the Public Health Leadership Society, the Association for State and Territorial Health Officials, the National Association for County and City Health Officials, the National Public Health Leadership Institute, the National Network of Public Health Institutes, and the American Public Health Association—argued for leadership development as an integral part of public health workforce development. The organizations addressed their argument to senior leaders at the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). The CDC has been the principal funding source of national, regional, state, local, tribal, and territorial leadership institutes, and HRSA has supported a national network of public health training centers (PHTCs). The authors of the letter argued for closer collaboration between existing public health leadership development efforts. They suggested affiliation of each leadership institute with a federally funded PHTC, continued support for the development of the National Alliance for Workforce and Leadership Development (a partnership among the aforementioned organizations), the development and adaptation of new models for training public health partners, the provision of leadership development opportunities to a wider array of public health professionals, an effort to maximize the use of distance-learning technologies, and support for the development of citizen leaders.

A major impetus behind the letter and concept paper, aside from the need for continued funding, was the aim of creating a unified voice among these organizations and their leadership development efforts. Such a voice could merge the unique efforts and processes of each organization across shared values, objectives, and activities. The future of public health leadership
development will grow from this collaborative effort, with a focus that includes preparation, crisis and disaster management, and greater leadership both within and outside of public health organizations. Instead of public health leadership, the emphasis will be on leadership for the public’s health—in particular, leadership that not only rises to the challenges presented by public health agencies but also transforms public health practitioners, public health agencies, and, therefore, the health of the public.

These organizations have developed several frameworks for ensuring a competent and professional public health workforce, and the models incorporate themes of communication, collaboration, cultural and community awareness, ethics and professionalism, and policy and program assessment and analytics. Clearly, the overarching theme of public health leadership development is the need for well-skilled and well-educated leaders capable of galvanizing organizations and communities in transformational change processes that can ensure and improve the health and well-being of communities and the population at large. This is the essence of effective public health leadership.

Today’s practitioners must have the managerial skills necessary to ensure effectiveness across the various public health professional disciplines at a time when these fields have become increasingly demanding and complex. At the same time, today’s practitioners must also have the ability to lead people regardless of professional discipline. Although leadership is one of the cornerstones of effective management, not all great managers are great leaders—and vice versa. Current and prospective practitioners must therefore study the principles of leadership so that they become qualified to lead as well as manage their organizations.

The word leadership has more than 100 definitions; thus, the topic can be approached in a variety of ways. For our purposes, leadership is “a process that occurs whenever an individual intentionally attempts to influence another individual or group, regardless of the reason, in an effort to achieve a common goal which may or may not contribute to the success of the organization.” The nature of leadership itself—as a process involving two or more people—is an important concept in leading an organization, group, or team. Whereas some leaders may be born with the inherent traits to lead, most effective public health leaders develop the required knowledge, skills, and abilities through education, training, and practice.

The aim of this book is to focus the attention of public health practitioners on the importance of effectively leading their organizations. Skilled public health managers recognize that the people they lead are their organizations’ most valuable resource, and they understand that leadership can be applied in a variety of ways, depending on the person and the situation. As we consider the various models and theories of leadership, we strongly recommend that the reader test the various approaches. No single leadership model or theory...
fits everyone, and effective public health leaders often use more than one. We challenge our readers to try the various leadership models and theories presented in this book, determine which are the best fit for their public health practice, and utilize those approaches in day-to-day practice.

The chapters of this book are arranged in three parts: part I, titled “The Basis for Effective Public Health Practice”; part II, “Leadership Theories and Concepts”; and part III, “The Effective Practice of Public Health Leadership.” The book also contains a leadership application case that describes a series of events at the Missouri City Metropolitan Health Department and provides realistic scenarios corresponding with the book’s chapters.

Part I comprises two chapters. Chapter 1, “The Nature of Effective Public Health Leadership,” provides an overview of the concept of leadership and develops the definition of leadership that will serve as the basis of our study. Although leadership is often considered one of the core functions of management (i.e., planning, organizing, leading, controlling), we consider leadership and management separately. We define management as “working with and through people in order to complete the work at hand in an effective and efficient manner.” Leadership, on the other hand, occurs whenever an individual attempts to influence another individual or group, regardless of the reason, in an effort to achieve a common goal that may or may not contribute to the success of the organization.

Chapter 2, “Professionalism for the Effective Public Health Leader,” establishes that public health is a profession staffed by practitioners from a variety of disciplines. As such, it has an educational basis with core competencies that enable practitioners to perform their duties in an appropriately professional manner. The chapter uses Reinhard Priester’s framework of healthcare values as the basis for a professional framework for the effective practice of public health leadership.

Part II of the book explores the models and theories of leadership likely to be most helpful to aspiring public health leaders. Chapter 3, “Traits, Skills, and Styles of Leadership,” examines the importance of traits (e.g., self-confidence), skills (e.g., interpersonal and human skills), and personality factors (e.g., conscientiousness) to the effective practice of leadership. It discusses the Myers-Briggs Type Indicator, which can help identify one’s cognitive style, and the concept of emotional intelligence, which can serve as a means for self-understanding.

Chapter 4, “The Contingency Model and Situational Leadership,” emphasizes the situation or context within which leadership transpires—an important aspect of leadership regardless of the specific approach being used. Situational leadership is a contingency model based on the premise that the needs of the follower come before the ego needs of the leader. To effectively apply this theory, practitioners must match their leadership style to the
developmental level of their followers. They must constantly be aware of the developmental level of each follower, recognizing that each follower’s level is individualized and can change rapidly, requiring a quick response by the leader.

Chapter 5, “Path–Goal Theory and the Vroom-Jago Model of Leadership,” builds on chapter 4 and focuses on understanding the influence of the leader’s behaviors on the performance and satisfaction of the followers. The path–goal theory may be the most comprehensive and sophisticated of the contingency models. Unlike situational leadership, in which the leader adapts to the needs of the follower, the path–goal theory emphasizes the interaction between three elements: the leader’s style, the follower’s characteristics, and the work setting in which leader and follower interact. The theory specifies four leadership behaviors that, when matched to situational contingencies, provide a useful means of motivating followers.

Chapter 6, “The Leader–Member Exchange Theory,” focuses on the development of leader and follower roles and the exchange relationship that occurs over time between them. A key element of the leader–member exchange theory, or LMX theory, is the trust that develops between pairs of individuals. The dyadic pair of the leader and follower is the basic unit of analysis of that trust, and the trust can be assessed via the Conditions of Trust Inventory, a validated trust inventory. The LMX theory is similar to situational leadership, in that it deals with the relationship between two individuals, the leader and the follower. The LMX theory differs, however, in its expectation that each follower will have a different and unique relationship with the leader.

Chapter 7, “Transformational Leadership,” furthers the idea that leadership occurs within the context of relationships, and it distinguishes transformational leadership from transactional leadership. Transformational leadership emphasizes risk taking, change, and motivation in a way that transactional leadership does not. Although it does include certain elements of transactional leadership (e.g., contingent rewards, management by exception), transformational leadership relies heavily on such concepts as idealized rewards, intellectual stimulation, inspirational motivation, and individualized consideration. Several studies have linked transformational leadership to improved quality, employee satisfaction, productivity, and leadership efficacy.

Part III of the book explores key leadership concepts that expand on the theories and models presented in part II. Chapter 8, “The Ethical Basis of Public Health Leadership,” develops the ethical and moral basis for the effective practice of public health leadership. To be effective, public health leaders must have an understanding of moral reasoning and ethical decision making, and they must understand how to apply utilitarian analysis to their community’s needs while recognizing that resources are limited. Leaders also must discern the right and wrong of certain behaviors. They must understand that having a positive impact on the community they serve depends on their character and on the character of those they lead.
Chapter 9, “The Cultural Basis of Public Health Leadership,” examines the cultural processes that exist in every organization, public health or otherwise. Every organization has its own identifiable culture based on the information exchanged in speech, actions, and rituals; the organization’s artifacts; and the organization’s social structure. In addition, organizations, like society at large, have subcultures within the wider culture. All public health practitioners function within a set of cultures ranging from the nation as a whole, to a state or jurisdiction, to a local community, to the specific public health organization. Each of these cultures has practices guided by values and beliefs.

Chapter 10, “Followership,” examines the concept of followership and explores its relationship to leadership. Followership has traditionally been deemed secondary to leadership, but its importance has become more widely recognized in recent years. Leadership cannot exist without followers, and leaders must be closely engaged with the people they lead. Leaders who are far out in front of their followers are no longer leading. Followers share a common purpose with their leaders. They believe in what their organizations are trying to accomplish, and they work closely with their leaders to make it happen. In addition, public health leaders may serve as followers in several contexts in which they function, just as followers in one context may be leaders in another.

Chapter 11, “Public Health Team Leadership,” explores the ways that effective public health leaders engage their followers in teams or groups. Teams are small organizational units (typically ranging from 3 to 20 members) that work together on regular basis and share a common goal or goals. Teams in the public health setting may include employees, colleagues, collaborators, constituents, or other public health leaders. To lead these organizational elements effectively, public health practitioners must possess team-oriented leadership skills that are built from the skills associated with leading individuals. Among the team leadership approaches described in the chapter are the Hersey, Blanchard, and Johnson application of situational leadership and Hill’s team leadership model, which is based on diagnosing team problems. Teams can be highly effective, but they can also be plagued by five common dysfunctions: absence of trust, fear of conflict, lack of commitment, avoidance of accountability, and inattention to results.

Chapter 12, “Power and Public Health Leadership,” considers the relationship between leadership and power. As Lord Acton famously stated, “power tends to corrupt,” and public health practitioners must be constantly aware of the possibility of such corruption in their practice of leadership. Power is the capacity or potential for leaders to influence one or more followers to achieve the goals or outcomes desired by the leader. Power can be based on the leader’s position within the organization (i.e., “hard” power), or it can come from the leader’s personal attributes and relationships with followers (i.e., “soft” power). The chapter presents the French-Raven taxonomy of power, which can be a useful tool for public health leaders.
Chapter 13, “Mentoring and Coaching Public Health Leaders,” examines the nature of mentoring and coaching, and it differentiates between the two concepts. Mentoring is based on concern for an individual’s professional success, and it is personal in nature, relying on face-to-face interaction. In mentoring relationships, mentors who have extensive knowledge and wisdom share their experiences with mentees, with the aim of developing the mentees’ abilities and helping them reach their full potential. Coaching, meanwhile, involves instructing, training, and directing one or more people so that they learn specific skills or achieve a goal. Coaching can help individuals complete their work and enhance their careers, and it is effective in addressing performance issues. Effective public health leaders must develop the skills to both mentor and coach their followers.

Public health practitioners, like most of the workforce, spend the bulk of their time working for organizations. Because they rarely engage in their practice alone, their ability to work effectively with others is of paramount importance. The theories, models, and practices in this book offer a framework for effective public health leadership that can be applied at all public health organizations, regardless of the size or type of organization, or the position of the leader in the organization’s hierarchy. Public health in the twenty-first century demands leadership that is intelligent, purposeful, caring, competent, and ethical, with a commitment to making a difference in the lives of the people served.

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