



# Leadership and Transformation in a New Public Health Workforce Environment

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2017 North Carolina State Health Director's Conference  
Public Health Success – Growing Leaders inside Out; Raleigh, NC  
Thursday, 19 January 2017

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# Objectives

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By the end of the session, attendees will be able to:

- Identify factors that influence the current state of the public health workforce environment
- Identify at least one statewide priority in transforming the public health workforce
- Distinguish between leadership styles and leadership traits
- Define transformational leadership
- Describe the mission of the Kresge Emerging Leaders in Public Health initiative

# Overview

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- The changing public health climate: challenges and opportunities
  - Workforce needs and trends in North Carolina
- Public health leaders transforming the workforce
- Emerging Leaders in Public Health: a transformational initiative
- Conclusions



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# The changing public health climate: challenges and opportunities

# Changing Public Health Environment

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- “Public health organizations are in transition with state budget cuts, changes in laws that govern public health, accreditation of public health agencies, and the passage of the Affordable Care Act.” —Edward Baker, MD, MPH (2012)
- “Donald Trump’s election as President puts the future of the Affordable Care Act (ACA) in jeopardy. Full repeal is unlikely....but major changes through the budget reconciliation process (which cannot be filibustered) are nearly certain. At the same time, eliminating insurance coverage for the millions of people now aided by the ACA carries its own political risks for the new administration.” —Michael Sparer, PhD, JD (2016)
- A growing tide of populism in Europe and the United States, combined with other factors, threatens the solidarity upon which the global health movement is based. The highest-profile example of the turn toward populism is US president-elect Donald Trump, whose proposals would redefine US engagement in global health, development, and environmental efforts. — Gostin and Friedman, 2017

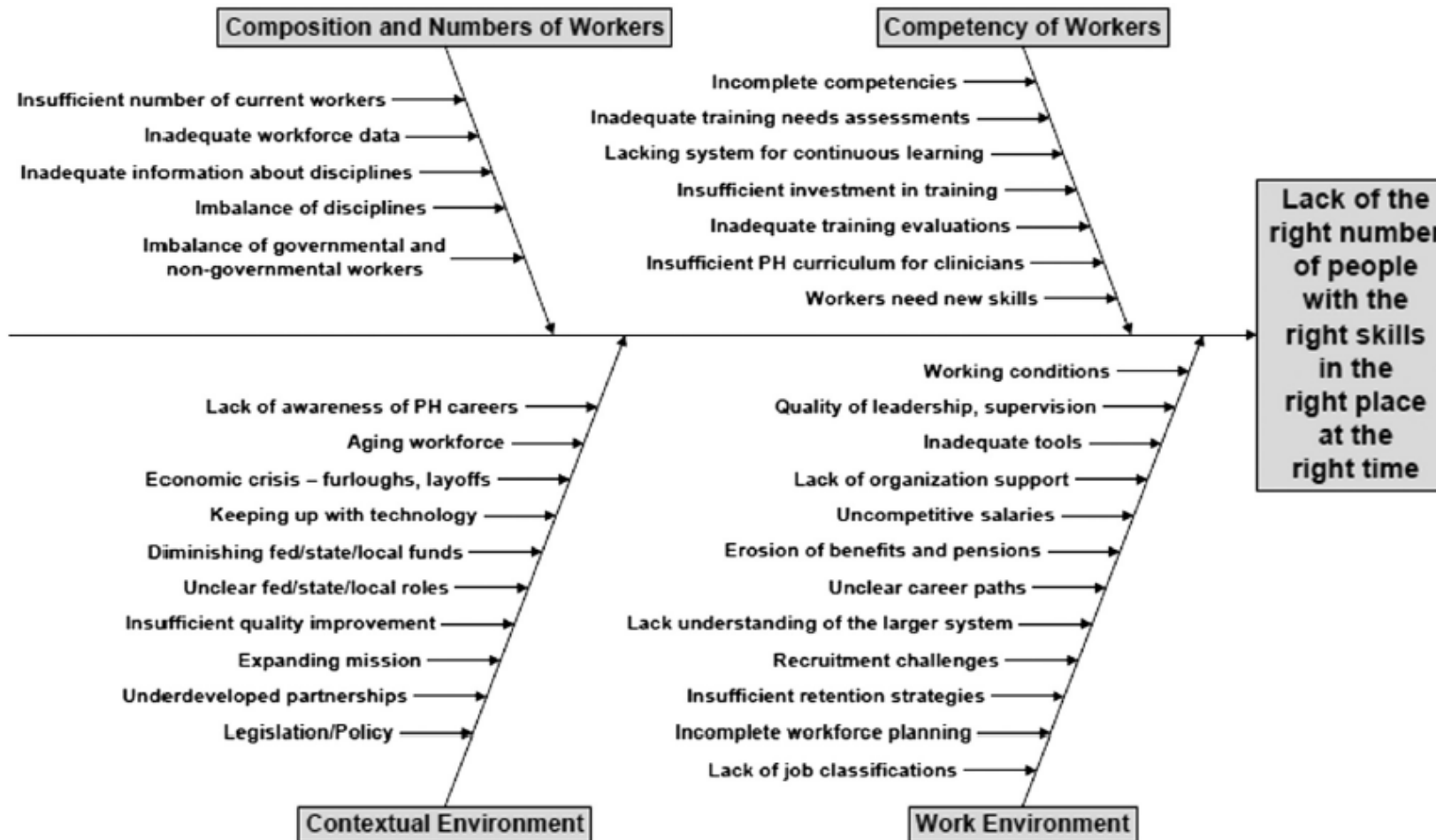
# Changing Public Health Environment (2)

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- “The public health workforce is now not only **required to take lead** in protecting citizens’ health but it also must **provide the evidence base** needed for linking public health information with clinical services and activities; offer **targeted, scalable public health interventions**; and **support clinical services** in a way that affects populations at large.”

—*Coronado, Koo, and Gebbie (2014)*

# Factors affecting the public health workforce



- Composition and numbers of workers
- Competency of workers
- Contextual environment
- Work environment

*Drehobl, Stover, and Koo. Am J Prev Med, 2014*

# Statewide health priorities

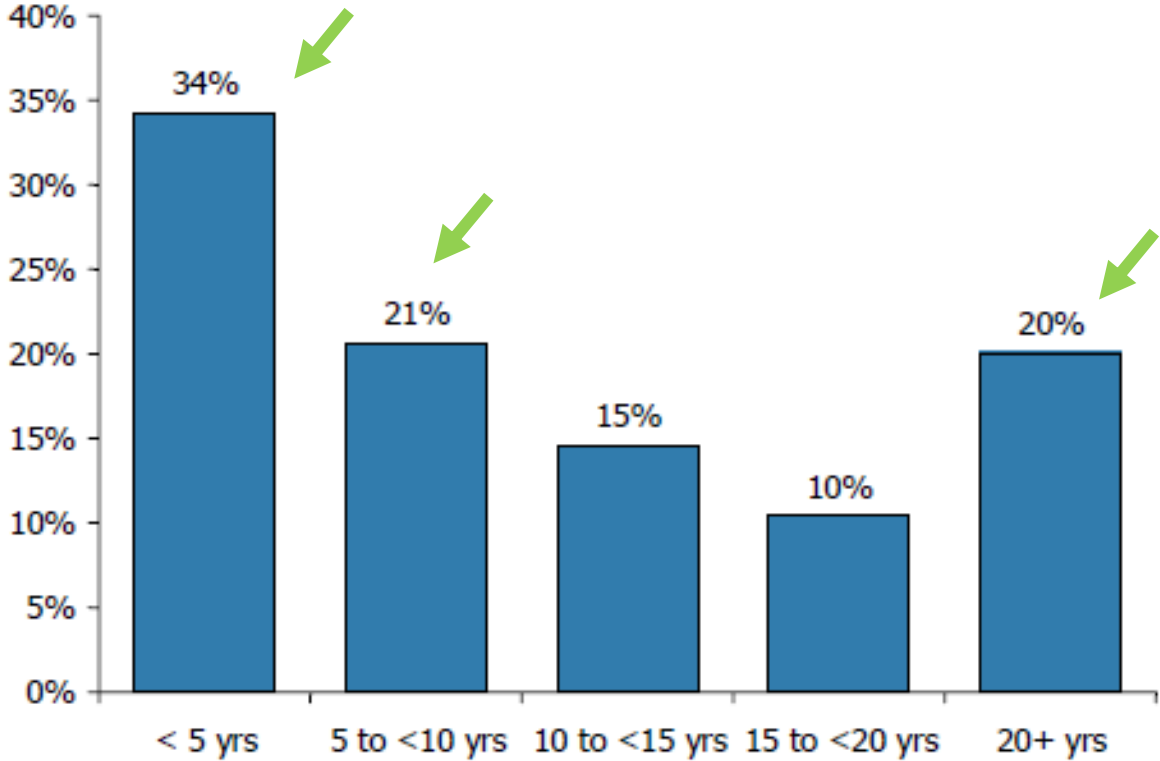
Health Priority	CHAs		CHNAs		Stakeholders (n=20)	
	# of Counties	Median Rank	# of Hospitals	Median Rank	# Responses	Weighted Mean Ranking
Obesity	49	1	51	2	10	2.4
Substance Abuse	49	3	32	2.5	3	2.0
Healthcare Access	41	2	55	2	9	2.1
Mental Health	34	3	29	3	7	2.3
Chronic Disease Management	33	1	33	2	8	2.0
Physical Activity	32	2	17	2	1	2.0
Nutrition	28	2	23	2	0	0.0
Cardiovascular Disease/ Hypertension	22	1.5	24	3	7	1.6
Diabetes	22	2	28	1	6	1.7
Cancer	20	2	24	3	3	1.0

Statewide health priorities 2011-2014, <https://tracs.unc.edu/index.php/services/cares>



# Public health workforce in North Carolina

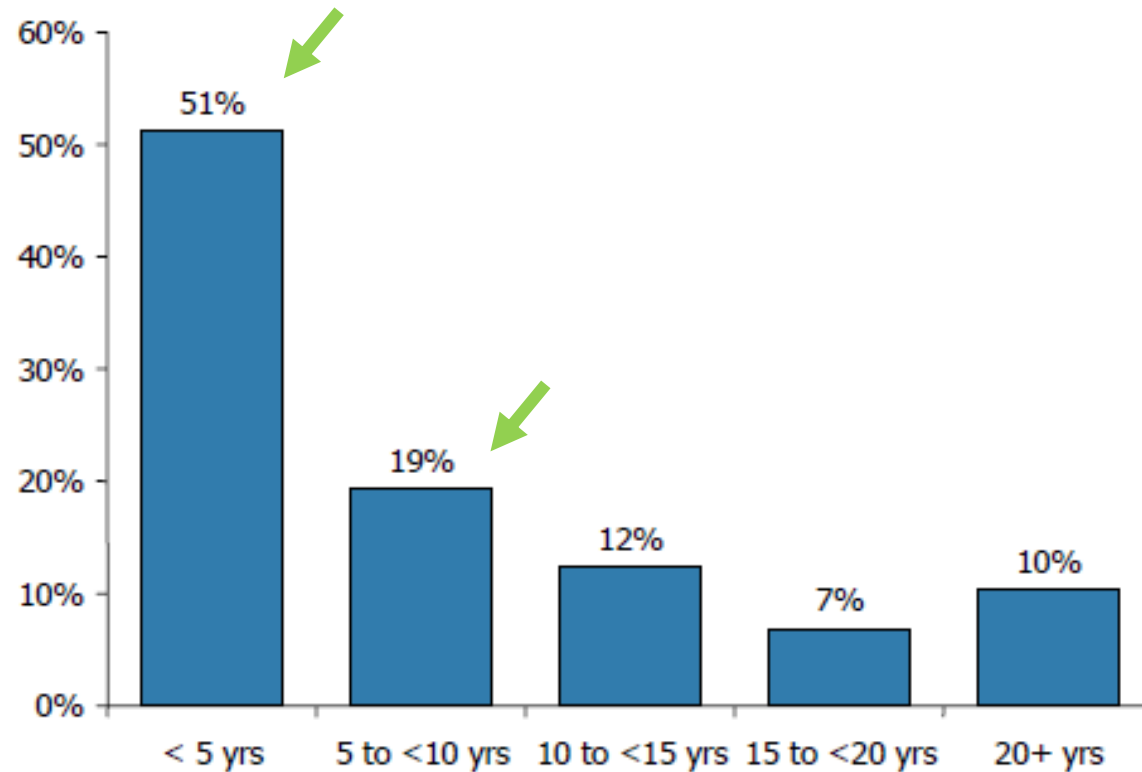
Years in Public Health Reported by State Public Health Employees (n=1944)



Public Health Workforce Assessment Report, 2007

# Public health workforce in North Carolina (2)

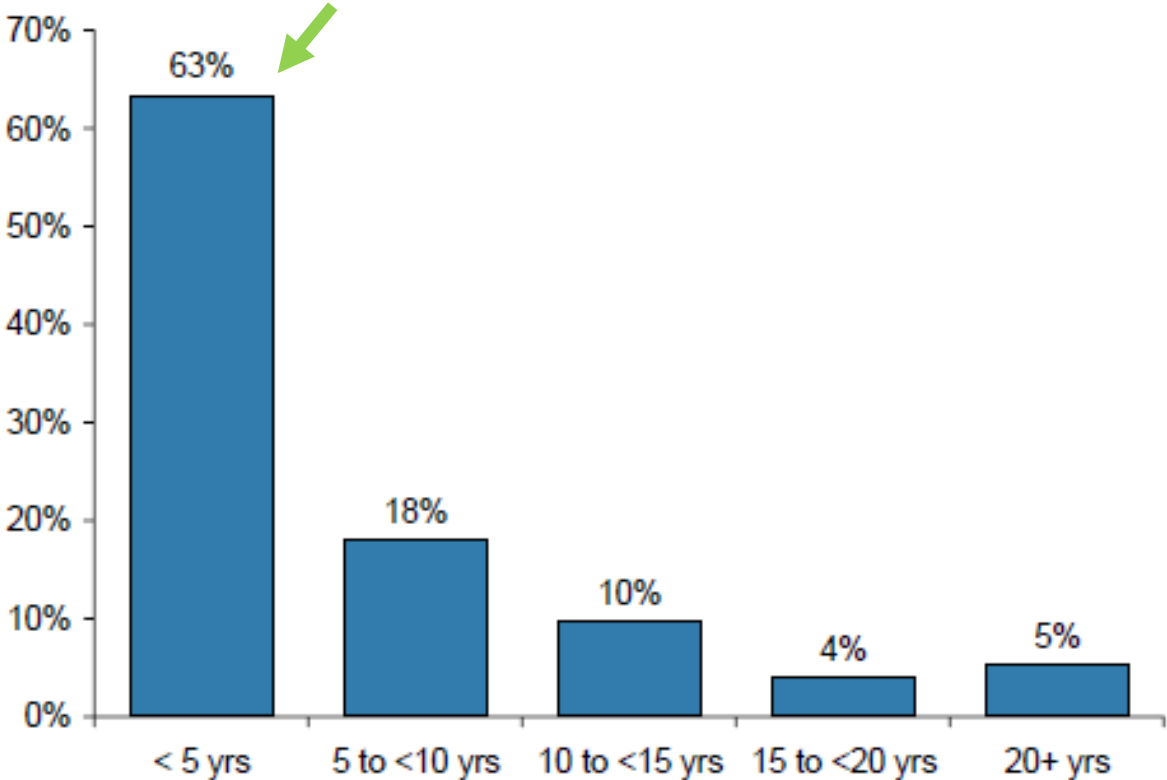
Years at Current Agency Reported by State Public Health Employees (n=1919)



Public Health Workforce Assessment Report, 2007

# Public health workforce in North Carolina (3)

**Years in Current Job Reported by State Public Health Employees (n=1925)**



Public Health Workforce Assessment Report, 2007

# Public health workforce in North Carolina (4)

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- Example: Emerging **community health worker (CHW) workforce**
- Statewide CHW Initiative (Nelson, Money, Petersen, 2016)
  - Started in 2014 building off of prior statewide work
  - Program inventory (2015)
  - Stakeholder summit (2015)
  - Workgroup meetings (2015-2016)
    - Core competencies
    - Curriculum
    - Certification requirements
  - Stakeholder summit (2016)
    - Shared 9 competencies and proposed certification strategies

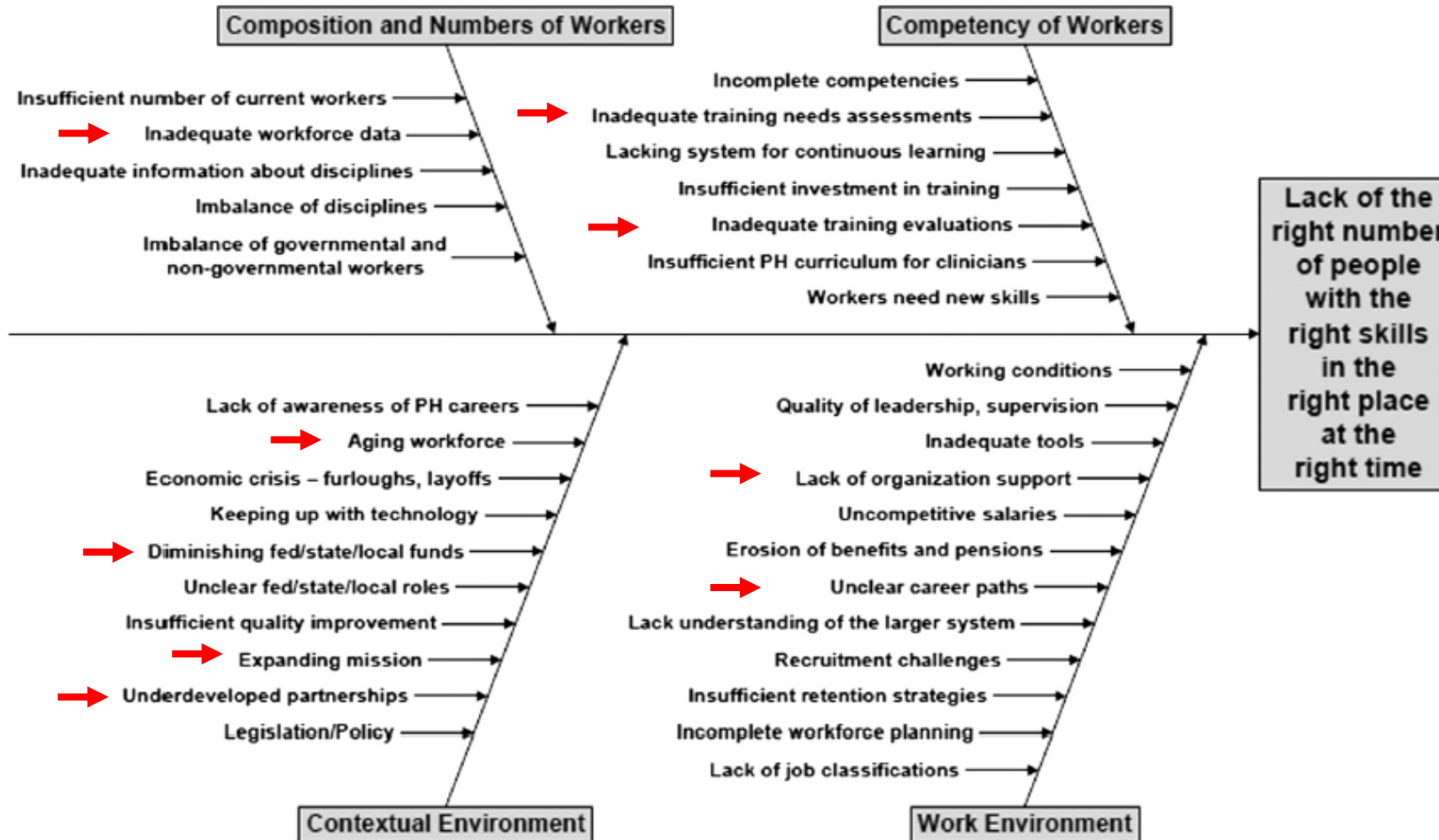
# Strengthening the public health workforce - goals

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- Enhance the education system at multiple levels
- Increase the capabilities of the current workforce
- Improve pathways for public health careers
- Strengthen systems and organizational capacity to support the workforce

*Drehobl, Stover, and Koo. Am J Prev Med, 2014*

# Factors affecting the public health workforce - CHWs



- Composition and numbers of workers
- Competency of workers
- Contextual environment
- Work environment

*Drehobl, Stover, and Koo. Am J Prev Med, 2014*



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# Public health leaders transforming the workforce

# Leadership style

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*“Leadership is not a job or a position, but a way of influencing others towards ends recognized as valuable and fulfilling.”*

—Amanda Sinclair, *Leadership for the Disillusioned: Moving Beyond Myths and Heroes to Leading That Liberates*

*Drehobl, Stover, and Koo. Am J Prev Med, 2014*



# Leadership style (2)

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- Leadership style vs. leadership trait
  - **Leadership trait**
    - A stable personality element
    - Active across many situations
    - Not flexible
  - **Leadership style**
    - Shift approach based on situation
    - Role-flexible

*“A set of behaviors that one consciously chooses to use that BEST FITS the situation. When the situation changes, so does the style.”*

*- Murray Johannsen, 2014*

*Murray Johannsen, 2014, <https://www.legacee.com/types-of-leadership-styles/>*

# Types of leadership styles

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- Autocratic
- Democratic
- Strategic
- Emergent
- **Transformational**
- Servant
- Team
- Cross-cultural
- Facilitative
- Laissez-faire
- Transactional
- Coaching
- Charismatic
- Visionary

- <http://wisetoast.com/12-different-types-of-leadership-styles/>
- <https://www.legacee.com/types-of-leadership-styles/>

# Transformational leadership

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- “A leadership approach that causes change in individuals and social systems. In its ideal form, it creates valuable and positive change in the followers with the end goal of developing followers into leaders.”

— Kauppi et al., <http://www.langston.edu/sites/default/files/basic-content-files/TransformationalLeadership.pdf>

- **Transformative leadership involves:**

- Initiating change in organizations, groups, oneself and others
- Motivating others to do more than they originally intended and/or thought possible
- Setting challenging expectations
- Empowering followers
- More committed and satisfied followers

<http://wisetoast.com/12-different-types-of-leadership-styles/>

# Leaders strengthening the public health workforce

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- **Goals**

- Enhance the education system at multiple levels
- Increase the capabilities of the current workforce
- Improve pathways for public health careers
- Strengthen systems and organizational capacity to support the workforce

- **How would you use transformative leadership to address any of these public health workforce goals in your setting/environment? How would you:**

- Initiate change in organizations, groups, oneself and others?
- Motivate others to do more than they originally intended and/or thought possible?
- Set challenging expectations?

*Drehobl, Stover, and Koo. Am J Prev Med, 2014*

# Transformational Leadership

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When you think of your public health work environment, which of these characteristics is:

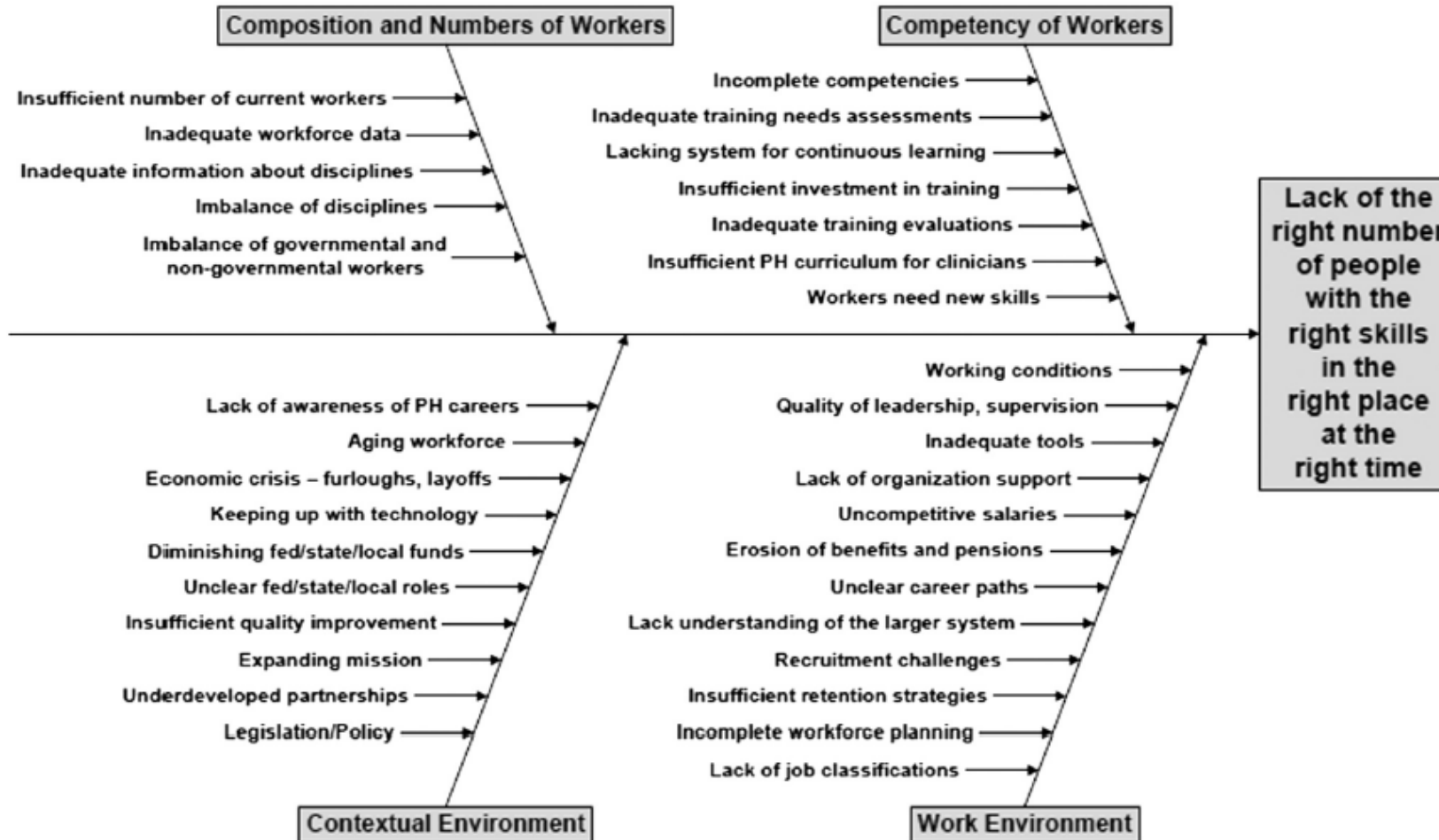
- Most difficult to execute?
- Easy to execute?
- Representative of your greatest strength?
- Most evident in the leaders around you?

## **Transformational leadership characteristics**

1. Keep ego in check
2. Self-management
3. Ability to take the right risks
4. Make difficult decisions
5. Share collective organizational consciousness
6. Ability to be inspirational
7. Entertain new ideas
8. Adaptable
9. Proactive
10. Lead with vision

<http://yscouts.com/10-transformational-leadership-characteristics/>

# Factors affecting the public health workforce



- Composition and numbers of workers
- Competency of workers
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*Drehobl, Stover, and Koo. Am J Prev Med, 2014*

# Stretching oneself before stretching others

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## EMERGING LEADERS IN PUBLIC HEALTH



# Emerging Leaders in Public Health: a transformational initiative



# Emerging Leaders in Public Health (ELPH)

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- Created in 2014 by the Kresge Foundation
- Aimed at helping current and future local public health leaders:
  - Advance innovative models to improve their organizations
  - Position themselves for new opportunities to meet the changing health needs of their communities
  - Change systems to achieve the shared goal of population health improvement

# Emerging Leaders in Public Health (ELPH) (2)

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- **Two member team**
  - Public health leader (health officer/top official)
  - Public health co-leader (emerging leader in organization)
- **Identify a transformative concept**
  - An idea and commitment to make innovative systems changes in their agencies and communities
- **Collaborative approach** within the two-member team
- **18-month period** with a total of up to \$125,000
- **Peer coaching**, meetings with other two-member teams, shaping of transformative concept, communication plan
- **National Program Office** (UNC)
- Applications for 2<sup>nd</sup> cohort are open now: <http://kresge.org/elph>



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# Conclusions

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- **Public health leaders should:**

- Embrace the inevitable changes in the public health workforce, as it is an opportunity to plan, educate, and implement strategies.
- Be mindful of the composition and number of workers, competency of workers, the contextual environment, and the work environment in transforming their organizations and subsequently the field.
- Examine their styles, rather than their traits when addressing the needs in a transformative setting.
- Consider available opportunities to build capacity to lead change in a workforce that must promote better health in an uncertain climate.

# References

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- Public Health Workforce Assessment Report, <https://sph.unc.edu/files/2013/12/nciph-wf-assess-2007.pdf>.

**Thank you!**

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