Introduction: Inspired by the Past, Empowering the Future

As you begin your use of this field guide on leading systems change it is important to take a quick glance at the history of public health leadership development to examine what we might build on from those programs and efforts and how we might empower and build more effectiveness, sustainability, and equity into our current efforts.

Public health has a long history of preventing disease through assessment, policy, and assurance. "John Snow, the father of epidemiology, removed the handle from the broad street pump and, with this single act of leadership, proved that contaminated water indeed spread cholera."[1] This story illustrates the decisive action often required of public health leaders and is an early example of using systems thinking to understand root causes. In the end, the solution to this problem was simple; however, it required working with residents and council members to identify the problem. Trained epidemiologists learn to ask, "Where is the pump handle on this challenge?"[2] Like Snow, they are looking for the one action or series of actions that can save lives and reduce health inequities.

Today's challenges are quite complex. They require systems thinking, yes, but the solutions are many; some solutions are simple and easily result in our desired outcomes whereas others are complicated and, when addressed, may produce unintended consequences. Complex problems require diverse cross-sector stakeholders and leadership across stakeholders to achieve intended and sustainable results. The coronavirus disease 2019 (COVID-19) pandemic is an example of a complex problem. The solutions were many; some simple, some complicated. Much of the response, however, required intricate coordination, alignment, and collaboration with quite an extensive and diverse set of stakeholders. The pandemic exposed the impact of not having a systems thinking skillset that leads to systems change leadership. This skillset is necessary to swiftly facilitate collective thought and decisive action. Without it, we continue to address complex problems as if they are simple or even complicated problems. As a result, the solutions we identify, at best, only partially solve a problem, and at worst, they create more complex problems than where we started.

Throughout history, decisive leaders' actions have encouraged others by example. Three examples of beautiful historic actions include Mary Breckenridge's establishment of neonatal and childhood medical care systems serving rural Kentucky, Mary Mahoney demanding greater equality for people of color as the first African American licensed nurse, and Grace Abbott's resolve to improve the right of immigrants, advancing child welfare, and regulating child labor. Although their process may not be evident or explicit, these women were inspirational leaders who serve as models for today's public health leaders about what can be achieved by focusing on the passion and will to make changes. They remind us of the need to focus on systems change leadership by engaging with diverse partners. They were engaging in systems change work even before they had the training and development to support them. Today more than ever, we need an explicit focus on providing development of systems change leaders. But, first, let us take a historical look at the past to remember our journey toward the development of systems change leaders and be inspired and empowered to impact the future of systems change driven by the will of leaders and the communities they serve.

COMPETENCY-BASED LEADER DEVELOPMENT

Explicit calls for leadership and development of those who serve the public were highlighted in both the 1988[3] and 2002[4] Institute of Medicine reports focused on public health. The identification of those gaps laid the groundwork for several decades of funding at the federal level from the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). Numerous local, state, and national foundations also funded initiatives seeking to improve the public health system by developing the individuals that lead governmental, private, and non profit health focused organizations. This created a several decades–long investment in competency-based public health[5] leadership development and created National, Regional and State Public Health Leadership Institutes (PHLI) and profession-specific leadership institutes, including Nursing, Environmental, Maternal and Child Health, Health Educators, Epidemiologists, and Laboratorians.

These programs introduced systems thinking, utilized action learning and case study methods, focused on teamwork, and addressed specific competencies unique to public health leaders developed by the National Leadership Development Network (NLN) workgroup.[6] As challenges to public health emerged, including communicable outbreaks, drug misuse, increases in chronic disease, persistent health inequities, and terrorism, the leadership training responded with new competency-based trainings.[7] The attacks of 9/11 profoundly affected leadership development as programs pivoted to provide crisis leadership and crisis communication-focused competency development.

The leadership programs utilized a systems approach to leadership that called for synthesized wisdom (knowledge with application), creativity, and intelligence, translated into strategic evidence-based programs and policies driven by the will of the community.[1] This strategic approach allowed for both creative and systems thinking and emphasized the need for community involvement and will to enact changes. However, this approach was still widely focused on the individual leader rather than the

collective team-based, community-focused efforts necessary to address complex and "wicked"[8,9] problems.

TRANSITION TO A NEW COLLECTIVE VIEW OF LEADERSHIP

As the leadership development programs responded to novel problems and increased evidence became available through data, the pedagogy focus included team-based, action learning approaches at the national level[10] as well as many regional and state-based programs. This change allowed for more inclusive and generative conversations to tackle problems including mental health, drug misuse, and the opioid crisis. Some programs also facilitated learners self-forming into teams, again seeking to solve real-world problems by bringing many diverse voices to the table. However, these efforts, although team-based, continued to be primarily focused on technical solutions versus adaptive solutions.

The results of these team-based, community-focused efforts were shared and replicated in many locations. A recognition program named after one of the early and long-standing champions of leadership development at the CDC, Tom Balderson,[11] provided an opportunity for teams to compete with others based on the impact of the project, and the competition's, results in the winning teams presented at APHA each year.

Evaluation of the efforts of the National Leadership Programs solidified efficacy of team action learning format both as perceived by the participants and the agencies utilizing the projects.[12] The ability to network with other leaders on mutual problem-solving and community-based interventions was also highly valued by participants.

These findings supported the continued efforts and creation of communities of practice,[13] the Public Health Leadership Society (alumni of the programs) and Code of Public Health Ethics,[14] and the National Leadership Development Network (NLN).[15] The NLN, initially comprised of all the CDC leadership institute grantees, expanded to include all those working in the public sector leadership space, adding important focus on diverse leadership programming. The NLN group (no longer active) collectively created a conceptual model for leadership development,[6] Leadership Competency Framework in PH Leadership.[6] They also created specific tools, including a PH Leadership 360 assessment, Crisis Leadership online modules, and the previously mentioned Tom Balderson Awards. Today, several state or regional leadership institutes, still operate including the National Leadership Academy for the Public's Health,[10] bringing together teams of leaders from multiple sectors who actively engage their communities to improve population health and achieve health equity.

WHAT WE LEARNED

The focus on public health leadership in the last few decades of the 20th century also sharpened the differences between public health and other leaders. Public sector work

requires problem-solving and decision-making that impacts the public good. In public health, there is a commitment to racial and social justice that ideally will translate into health equity. Moore has argued that the challenge behind public sector work is the need to create public value for the work.[16] If constituencies do not see the value or if political priorities do not rank the work as high priority, the public health leader struggles. We also learned that year-long programs, while costly when conducted in-person, offer a unique time period to work on real problems in a team, creating valuable work products and meaningful networking. The ability of curriculum developers to engage in collective development, research, and publications is also of note.

We also found that simple short-term learning, including book clubs; blog posts, alumni networks; social media groups; and informal facilitation of networking, coaching, and mentoring helped keep the leaders invigorated and supported in using their new skills.

The flexibility to rebrand around systems leadership, which includes understanding the root causes of complex problems like pandemics, is critical. Community-based multisectoral work produces lasting change and creates actions and stories to support sustainably.

EMPOWERING THE FUTURE

The past decade brought forth new calls to action for leadership development and responses utilizing collective approaches with heart-centered community dialogue that demand listening to the voices of all people. It also called for greater attention to the community conditions, social determinants of health, that create health including a prominent focus on racism as a public health problem that must be addressed with a wide range of stakeholders at a systems level if we are to achieve health equity.

The need for systems change leadership is supported by the iterative nature of developing leaders that emerged by responding to current challenges and changes in the public health workforce.[17] The need to address structural inequities within our organizations, racism, and the pandemic response are opportunities to learn and codify our approaches even more. Successful change occurs by bringing together diverse, traditional, and non traditional stakeholders to identify root causes of complex problems and align around common agendas to improve community health.

Individual leaders still need to develop as leaders, commit to strong interpersonal relationships as well as team development (internal and cross-sector teams), and establish strong relationships with community partners who are experts in improving their communities. Further, the COVID-19 pandemic has once again emphasized the need for strong and consistent communication from leaders utilizing crisis and risk communication best practices.

Our history and efforts over the past three decades created many initiatives culminating in community-empowered leaders making a difference in the health of their communities. Many of these stories are provided within this book to celebrate accomplishments and spur others into action. Much of this work uses research, evidence,

and dissemination approaches to achieve health equity. Applying lessons from the past will include expanding the focus on individual development, including self-awareness, authentic self-expression, empathy, and compassion, alongside team-focused leadership development through action learning applied to multisectoral teams. The use of evidence-based frameworks, models, and principles including the Learning Agenda Toolkit[18] will assist in the development of an adaptive workforce through life-long learning and health equity.

WHY SYSTEMS LEADERSHIP, WHY NOW?

As the complexity of public health increased, a systems perspective was employed that creates initiatives that are community-based and help the agency better relate to internal and external stakeholders. Today we recognize leaders are not only the collective designers of the creative process, but they are also the standard bearers for the system that is strengthened through the work of the collective will. The role of the leader is not only to guide and promote the creative and systemic process but to commit and support the outcomes.

The most pressing topic within this field book is the increase in focus on equity, power, privilege, and racial and social justice. We have begun to challenge the individual leadership narrative focused on meritocracy and individual achievement by increasing our focus on health and racial equity. Without equity at the center of all leadership development and work, we risk continuing to contribute to structural effects. We need systems change and leaders equipped to enact those changes. What systems change looks like in our organizations and communities is explored in detail in this field book. How we orchestrate the WILL to create a vibrant, responsive, admired public health system, workforce, and leaders focused on health equity is our greatest challenge! I leave you with the challenge to lean into that WILL.

When President John F. Kennedy asked Dr. Wernher von Braun what it would take to build a rocket that could carry a man to the moon and bring him back safely to the Earth, von Braun answered him in five words, "The will to do it."

The will to do it is "something that wakes you up in the morning and gets you excited about it, or something that makes you so angry, you know you have to do something about it," in the words of Stacey Abrams.

What would it take to create a vibrant, responsive, admired public health system, workforce, and leaders that ensure equitable and optimal health for all people and communities? The will to do it.

Do public health leaders wake up each morning so excited about the work, determined to do something about it?

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