Developing Leaders
in the Public Health Workforce
June 2006
Obstacles are those frightful things you see when you take your eyes off your goal.

– Henry Ford
Introduction

Public health leaders know and understand the importance of developing a skilled workforce at all levels of their agency. In these times of heightened visibility and greater public demand, state-based public health remains at the forefront of high performance and citizen accountability within the scope of limited resources. An aging governmental public health workforce continues to strain the public health system.

Building competent leadership through critical activities such as succession planning and public health leadership institutes are significant approaches aimed at creating a strong and knowledgeable network of leaders. Through initiatives at the national, regional, and state levels, governmental public health professionals are exposed to innovative approaches to public health leadership and management and learn creative ways to solve complex problems.

This special report highlights the impact and importance of public health leadership development. Whether the activities consist of agency-wide succession planning, statewide leadership training, or national and regional advanced leadership skills building, all of these programs have the common goals of enhancing the leadership capabilities of those serving the public's health, and creating a more robust workforce, the foundation of a strong public health infrastructure.

Strengthened leadership in state public health agencies is one fundamental aspect of addressing the workforce crisis. Through the sharing of innovative practices, ASTHO hopes to keep the dialogue strong to address and overcome this profound challenge to the governmental public health system.

We welcome your thoughts and comments to the continuing dialogue.

George E. Hardy, Jr., MD, MPH
Executive Director
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The State Health Leadership Initiative
By: Jason Hohl, ASTHO Director, Member Services, and
Rusty Boyce, ASTHO Associate Executive Director, Member Services

What do many new State Health Officials (SHO) have in common? Many are thrust into the position with little previous experience in state government administration or public health leadership and need to quickly learn how to succeed in this new environment. To be successful, a new SHO must be able to lead in many areas, work within and understand the political climate of the state, manage programs that are often controversial in nature, and respond rapidly to changing and emergency situations. A SHO must be able to work effectively with legislative bodies, manage large and complex budgets, and work in a collaborative manner with state and local health departments and federal agencies, while meeting the governor’s expectations and the needs of the public.

“The only real training for leadership is leadership”
– Sir Anthony Jay

Until the State Health Leadership Initiative (SHLI) program was launched in 1999, there was little or no formal SHO-specific training available. The SHLI program, funded by The Robert Wood Johnson Foundation, administered by the National Governors Association Center for Best Practices, and supported by ASTHO and the John F. Kennedy School of Government at Harvard University, provides an opportunity for newly appointed SHOs to become part of a dynamic program that offers training, assistance, and mentoring. It enables SHOs to better anticipate and respond to the policy and management challenges they will face during the first two years of their tenure and enhances their ability to improve the effectiveness of their agency programs and personnel. The program also works to develop their leadership skills, enabling the SHOs to become integral members of the state health policymaking team.

A number of program elements are included in the SHLI to ensure that these goals are met.

**Site-Visits**
Each new SHO receives a visit from a representative of the initiative early in his or her tenure to explain the importance of SHLI and to ensure that the SHO feels personally valued by the initiative partners. These visits have generated many benefits including the development of policy, new approaches to problems that cross state boundaries, and the initiation of new national programs to address problems observed in multiple states.

**Mentoring Program**
The Mentoring Program is available to newly appointed SHOs for up to one year. It provides support, advice, feedback, and strategy development to the new SHO from an experienced current or previous SHO. As part of the program, the mentor visits the new SHO and helps expand his or her professional network. Mentors also assist in providing access to public health experts, resources for the decision-making process, and personalized training and development.
**Networking Meeting**

While the meeting format, focus, and location have changed over time to meet the evolving needs of SHOs, it is primarily designed to provide tools and information new SHOs initially need to function organizationally, operationally, and politically. These meetings offer a learning experience that assists new SHOs in becoming more knowledgeable about their roles and responsibilities, as well as the many diverse challenges faced in handling day-to-day tasks. A brief version of this meeting is also held at the ASTHO Annual Meeting.

**Customized Technical Assistance**

Recognizing that since each new SHO has a wide-range of interests and skills, the professional development needs of each SHO will differ. To help address those needs the SHLI provides up to $5,000 for customized technical assistance for activities identified by the individual SHO. Funds are typically used to enhance the personal skills of the SHO (media training or tuition for additional educational opportunities) or to strengthen agency efficiency (strategic planning or team building consultation).

**Annual JFK Seminar**

The week-long John F. Kennedy School of Government Seminar addresses the broader policy and multi-agency environment within which SHOs are required to operate. Class topics include leadership, strategic management, performance management, managing change, public opinion, negotiations, and working with the legislature and the media. In advance of the seminar, participants are required to submit a leadership challenge they are currently facing in their work. These challenges serve as the basis for discussion and consultation by faculty and peers and, unless otherwise agreed to, are considered confidential. Personalized skill building assessment services are also provided through JFK that include the administration and interpretation of the Myers-Briggs Type Indicator and a 360° Assessment Survey customized for SHOs.

After eight years, the SHLI has proved exceptionally successful on two fronts. First, it has enhanced the skills SHOs need to be successful while in office, helping them to be key members of their Governor's health policy team. Further, it encourages active participation by SHOs in national public health issues and policy development at ASTHO while in office. Since the inception of the program, there has been a growing willingness among SHOs to serve in national leadership roles, not only within ASTHO but as representatives to other national policy bodies. For example, positions on the ASTHO executive committee are now eagerly sought by members who have participated in SHLI. To date, 44 percent of SHLI participants have served (or are currently serving) in a national public health leadership capacity on the ASTHO executive committee. Likewise, 89 percent of SHLI participants have participated (or are currently participating) in national public health policy development through ASTHO’s formal policy committee structure.

Additionally, groups of SHOs who participate together in the program develop a high level of trust and camaraderie, rapidly expanding their network of contacts. This network fosters sustained engagement with public health issues on the part of the SHO while in office, as well as when they leave office. Of the participants who have left their position as SHO, 81 percent remain active in the public health arena, either directly through their new work environment or indirectly through their volunteer activities. Of this same group, 72 percent remain active in the SHLI through involvement as Mentors and Networking Speakers.
Advanced Leadership Training
Produces Results in the Rocky Mountain Region
By: Adam Reichardt, ASTHO Senior Analyst, Public Health Performance Improvement

Advanced leadership training institutes have contributed greatly to the development of public health leaders. Across the nation, advanced leadership training offers participants a chance to make a difference in their respective area of work. One such program is the Regional Institute for Health and Environmental Leadership (RIHEL). RIHEL is a unique institute which focuses on advanced leadership training for individuals working in public and private health or environmental fields in the Rocky Mountain Region, which includes Colorado, New Mexico, and Wyoming. A member of the National Public Health Leadership Development Network, RIHEL’s goals focus on developing and nurturing a broad-based corps of dedicated leaders by providing leadership training and peer networking opportunities to build and strengthen relationships of colleagues in various sectors.

Founded in 1998, RIHEL emerged as a program through the combined efforts of the Colorado Department of Public Health and Environment (CDPHE); the University of Colorado Health Sciences Center; the University of Denver; and the University of Northern Colorado. Today, the program remains headquartered at the University of Denver, but receives additional support from federal, state and local partners including the Centers for Disease Control and Prevention, the Colorado Foundation for Public Health, and the Colorado Department of Public Health and Environment. RIHEL’s curriculum is arranged into four separate three-day seminars in which teams or individuals gather to learn about leadership performance, their own behaviors, and current theories of leadership which can be translated into practice. RIHEL’s faculty consists of nationally recognized experts including faculty members of the University of Colorado Health Sciences Center and the University of Denver.

While results of such trainings are not easily quantifiable, strong evidence does exist on the impact of participation in programs such as RIHEL. The Office of Health Disparities at CDPHE, founded in 2004, is seen as a major outcome of RIHEL fellows and their projects. A 2000 RIHEL Fellow in a new position at the CDPHE, had a vision of developing a state office of health disparities, and credits her RIHEL leadership skills with being able to see this through. She did this not only by using these skills, but also by using RIHEL to engage others in her vision. She developed the Colorado Turning Point Initiative scholarship program for RIHEL scholars who would complete a project on health disparities. In one RIHEL project, fellows, who were awarded scholarships, approached the CDPHE senior administration with a proposal to create a Minority Health Advisory Commission. As a result of their work, the Commission was created in 2004 and included minority members of the local communities, to advise the state public health department on its work. Subsequently, two new fellows took the idea to the next level and conducted community focus groups, to bring the community perspective into how the new Office of Health Disparities should conduct its business, communication, and be accountable to the public it serves. The focus groups voiced concerns to the project leaders regarding inequities and availability to health services. The project leaders learned that the state’s health disparities programs were not visible to the public it hoped to serve, and took this information back to the CDPHE.

“Leaders keep their eyes on the horizon, not just on the bottom line.”
– Warren G. Bennis
Another project focused around public health preparedness at the local level. A team of three participants focused on local management of the Strategic National Stockpile (SNS). The team developed an assessment tool to help prepare local health agencies for receiving and distributing an SNS push-package. The tool, entitled Local Evaluation for Acceptance Tool for SNS (LEATS), is a guidance document and checklist that can be adapted to a health agency’s specific need. The tool became widely popular and is now used nationwide for health agencies’ SNS planning.

These are only a few examples of advanced leadership training and its significant impact. One attempt to demonstrate the change that participation in RIHEL had on its participants was documented in a doctoral dissertation by a candidate at the University of Denver. The dissertation, entitled “A Study of Leadership Development in the Regional Institute for Health and Environmental Leadership,” examined and interviewed RIHEL alumni from 1999-2002 to document significant changes in the alumni’s leadership behavior. The research found that 95.5% of RIHEL participants identified specific situations in which their behavior was influenced by their participation in RIHEL. The research identified four key themes that emerged throughout the interviewing processes. These themes are: confidence; self-awareness; skills; and frame-of-reference. Participants credited RIHEL for increasing their confidence and willingness to take action in leadership situations. They also felt that participation increased their own self-awareness and potential to be leaders in any situation. Lastly, the participants identified leadership skills and a frame-of-reference (i.e., philosophy and theory of leadership) allowing them to become more aware of situations where leadership is needed and what types of actions can be taken.

One thing is certain: participants admit that none of their projects would have been otherwise undertaken if it weren’t for their participation in RIHEL. “RIHEL was a life changing experience for me,” says Jill Hunsaker, MPH, Public Health Manager for Eagle County Colorado and former Director of the Turning Point Initiative in Colorado that assisted with the creation of the Office of Health Disparities at CDPHE. “The creation of the Office of Health Disparities was a significant, significant achievement. I don’t think I would have been able to propose it and see it through without RIHEL. Through the institute I found the leadership skills, collaboration skills and fortitude that I needed to help everyone invested, achieve this mission.” Ms. Hunsaker received the 2002 Colorado Society of Health Education Award, the 2005 Minority Health Forum award, and a 2005 Southern Ute and Ute Mountain Ute honor for her work on this issue.

For more information please visit:
Regional Institute for Health & Environmental Leadership
Online - http://rli.uchsc.edu/rli/index.html

“Action springs not from thought, but from a readiness for responsibility.”
– Dietrich Bonhoeffer
Creating a network of exceptional leaders in public health is the core element of many advanced leadership training programs that contribute to the development of the senior state public health workforce. One such program, The National Public Health Leadership Institute (PHLI), is a well-established program which fosters the development of state public health leadership at the national level. The program focuses on the application of leadership skills to real world problems and the development of strong personal and team networks to help advance public health goals.

The National Public Health Leadership Institute, in its fifteenth year, remains one of the leading institutes for training and developing leaders in public health on the national level. Through an innovative program model, scholars or teams of scholars, pursue a project of their own choosing. The goal of the development program is to create stronger public health leadership through activities that build networks and collaboration. The scholars learn how to apply these values to solving complex problems while improving trust, information sharing and partnerships among departments and organizations.

PHLI was established in 1991 with funding from the Centers for Disease Control and Prevention as a program to enhance senior leadership in the field of public health. Since 2000, the program has been hosted by the University of North Carolina at Chapel Hill (UNC). The goal was to foster senior public health officials by generating a network of competent, visionary leaders with a focus on systems thinking and team collaboration. PHLI is a collaborative partnership between the UNC, School of Public Health, the Kenan-Flagler Business School and the Center for Creative Leadership.

PHLI’s contributions to state-based public health have been considerable. A myriad of State Health Officials, ASTHO Alumni, and ASTHO Senior Deputies – PHLI’s primary target audience – have participated in the Institute since its inception. Last year’s scholars included a team of ASTHO Senior Deputies who explored the creation of an orientation program for new Senior Deputies. The results of a survey reinforced the need for a comprehensive Senior Deputy development program, including an orientation component. The Year 15 scholars include several ASTHO members: Chiyome Fukino (HI), Mike Crutcher (OK), David Gifford (RI), Cathy Slemp (WV) and Richard Mandsager (AK).

“Destiny is not a matter of chance; but a matter of choice. It is not a thing to be waited for, it is a thing to be achieved.”
– William Jennings Bryant
The PHLI program includes an extensive evaluation process, which focuses on continuous improvement of the program and scores the successes of each year. The institute has developed a comprehensive evaluation document entitled “The Scorecard of Success Indicators.” This evaluation document focuses on five areas of the project and allows for evaluation and strategies for improvement. The five areas are: applications and target audience enrollment; participation and completion of program; satisfaction with the educational process; outcomes of the program; and dissemination activities. Scholars are asked a series of questions immediately after completing their experience with PHLI, and once again eight months after the program’s completion. The results of the evaluation are integrated into the program’s improvement strategies for the following year.

Overall, the National Public Health Leadership Institute, as originally intended, continues to have an impact on state public health leaders, by forging and fostering collaborative skills, furthering networks of leaders, and facing new challenges in managing complex agencies and issues. Oklahoma Commissioner of Health Mike Crutcher, MD, MPH, notes the impact participation in which PHLI will have on him and his staff. “PHLI is giving Oklahoma the opportunity to not only pursue our project of performance management in our state, but develop the leadership of our senior state level employees as well. My staff and I will get to explore this project together and learn the value of collaborative leadership in complex settings.”

For more information please visit:
The National Public Health Leadership Institute
Online - http://www.phli.org/

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**Leadership Training with a Management Focus**

Leadership Institutes are one way to help foster leadership in governmental public health. Another program that approaches it from a management perspective is the Management Academy for Public Health (MAPH).

The Management Academy for Public Health’s mission is to prepare teams of health professionals for new management challenges in public health. The program is a ten-month, intensive executive education program combining traditional, face-to-face learning and web courses. The curriculum improves the effectiveness of public health agencies across the nation.

The academy trains teams of public health managers and their community partners and uses a project-based approach. Teams actually develop comprehensive, practical business plans to actively implement in their own organizations.

Original funding for the Academy was provided in part by the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration as well as the Robert Wood Johnson Foundation and the W.K. Kellogg Foundation. The program was founded in 1999 and is currently administered through University of North Carolina at Chapel Hill and receives further continued support from CDC as well as the states who participate in the program.

Management Academy for Public Health’s Website:
Online - http://www.maph.unc.edu/
National Public Health Leadership Development Network: Building Tomorrow’s Public Health Leaders
By: Adam Reichardt, ASTHO Senior Analyst, Public Health Performance Improvement

The National Public Health Leadership Development Network (NLN) represents and promotes the advancement of leaders and leadership programs in the field of public health. NLN's mission is to build public health leadership capacity by sustaining a collaborative and vibrant learning community of leadership programs in order to improve health outcomes. NLN is a key contributor to the development of leadership competencies which have been widely accepted by organizations promoting future leaders such as public health leadership institutes, schools of public health, and governmental public health agencies.

The release of the groundbreaking Institute of Medicine’s 1988 The Future of Public Health drew attention to the need to promote and sustain programs that focused on building future leaders in public health. Hence, the National Public Health Leadership Development Network was established in 1994, through assistance from the Centers for Disease Control and Prevention (CDC), the Association of Schools of Public Health and Saint Louis University, to better meet this need. NLN's ability to connect public health leadership training programs grew through the mid-1990s, and by 2000, NLN became more formalized with the creation and approval of the first NLN bylaws.

Since then, NLN has not only served as a consortium for leadership institutes and individuals involved in public health leadership training but also as an innovator for addressing and setting the agenda for building a stronger public health workforce. Beginning in 2000, members in the NLN formed a Public Health Workforce Strategic Development Workgroup to study and produce data regarding workforce development strategies conducted at the state level. This data was collected annually between 2000 and 2004 and a report summarizing the results was produced each year to assist states with their workforce development strategies.

In 2004, the NLN’s Public Health Workforce Strategic Development Workgroup conducted a study of public health workforce diversity in order to help states understand the diversity of the future leaders of their public health workforce and aid in developing strategies on diversifying that workforce. The purpose of the study was to promote racial minority public health workforce participation in public health leadership development and to promote minority professionals as role models within public health. The study led to the development of a standardized demographic data collection form which has been made available to member institutes for data collection purposes. In addition, the study aimed to assist the NLN in achieving its goal of increasing and diversifying participation in public health leadership programs.

Similarly, members of the NLN identified and addressed another emerging aspect of public health leadership that focuses around emergency preparedness. Starting in 2003, the Competency Framework Workgroup realized the importance of creating a common understanding of crisis leadership and the need to include key aspects of preparedness leadership components in leadership training. The workgroup identified key curriculum areas for crisis leadership, such as ethics and the law, critical thinking, and risk communication. The workgroup is expanding its work to include the development of competencies for public health crisis leadership.
As Lou Rowitz, Director of the Mid-America Regional Public Health Leadership Institutes affirms, “The National Public Health Leadership Development Network is a vital component of our nation’s public health system. By compiling best practices, common curriculum and encouraging the development of tomorrow’s public health leaders, the NLN puts together the scattered pieces of today’s public health workforce to build a cohesive picture for tomorrow.” Moving forward, the NLN hopes to paint this picture by increasing linkages among state, regional, national, and international leadership institutes, increasing joint workforce development initiatives with other organizations to demonstrate unique collaborative models for resource development, and assuring a robust, sustainable infrastructure to enhance the development of future public health leaders.

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“Good leaders make people feel that they’re at the very heart of things, not at the periphery. Everyone feels that he or she makes a difference to the success of the organization. When that happens people feel centered and that gives their work meaning.”

– Warren G. Bennis
State Based Public Health Leadership Development Programs

Arkansas Public Health Management and Science Leadership Institute
Public Health Leadership Institute of Florida
Kansas Public Health Leadership Institute
Kentucky Public Health Leadership Institute
Massachusetts Regional Public Health Leadership Forum (CDC)
Michigan Community Health Leadership Institute
Emerging Leaders Network (Minnesota)
Missouri Public Health Leadership Institute
Ohio Public Health Leadership Institute
Oklahoma Public Health Leadership Institute
Healthy Wisconsin Leadership Institute

For information on these programs visit:
http://www.heartlandcenters.slu.edu/nln/programs/state.html

Regional Public Health Leadership Development Programs

Great Basin Public Health Leadership Institute
Great Plains Public Health Leadership Institute
Mid-America Regional Public Health Leadership Institute
Mid-Atlantic Health Leadership Institute
Northeast Regional Public Health Leadership Institute
Northwest Regional Public Health Leadership Institute
Regional Institute for Health and Environmental Leadership
South Central Public Health Leadership Institute
Southeast Public Health Leadership Institute

For information on these programs visit:
http://www.heartlandcenters.slu.edu/nln/programs/regional.html
The Public Health Leadership Society: Connecting Leaders with Leaders
By: Patricia Nolan, MD, MPH, ASTHO Alumnus

The Public Health Leadership Society is committed to leading public health into the future and promoting healthy people and healthy communities.

Leadership is characterized by a set of skills, not just a personality type or a job description. In public health, we have made an investment in preparing professionals and managers to be successful leaders through the national Public Health Leadership Institute, the State Health Leadership Initiative, and a number of state and regional public health leadership institutes. The investment in training has proven successful in preparing leaders for the challenges of governmental public health and in public health policy and practice roles. Among important leadership skills are networking and life-long learning: the Public Health Leadership Society is a product of our learning these skills.

The Society is not simply an alumni association for the leadership institutes: it is a learning collaborative and a networking organization. We are dedicated to supporting each other, strengthening leadership capacity through on-going educational activities, drawing emerging leaders into collaborative relationships with colleagues across the nation, and supporting public health leadership institutes in order to assure our institutions can protect and improve the public’s health.

In 2005, the Society’s programs focused on leading for quality. The educational teleconference series, four to five 90-minute teleconferences a year, focused on performance improvement, certification, credentialing and accreditation as tools for performance improvement. The annual program, which coincided with the American Public Health Association’s Annual Meeting, featured a panel and discussion on the roles of accreditation and credentialing in public health.

PHLS has exciting plans for 2006. The education teleconference series will continue a focus on performance improvement through one session on the proposed model for accrediting state and local health departments this summer. The main theme for 2006 is leading in public health disasters and recovery. We are building on a very successful series in 2002, addressing leadership “post 9/11,” and visiting the leadership implications of wide-scale disruption of health care services, housing, and basic services over a long period of time. Headquartered in New Orleans, the Society has had its own experiences with disaster and recovery! Maureen Lichtveld, now Professor and Chair of Environmental Health at the Tulane University School of Public Health and Tropical Medicine, is our education committee chairperson. The theme of leadership in disaster and recovery will be reflected in our annual meeting program in the late fall.

The Society has a continuing leadership role in public health ethics. The emergence of a focus on ethics in public health has been very important. The challenges of thinking about and acting for populations in a society that prizes individual interactions highly require high level leadership. Funded initially by the Centers for Disease Control and Prevention and working with many public health professionals and organizations, PHLS has formulated and published a set of public health ethics. We now promote these to academic public health and to operating agencies as basis for considering ethical issues in public health.

The Society welcomes public health leaders from all the public health leadership programs. Join us in life-long learning for public health leadership!
Principles of the Ethical Practice of Public Health

Public health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes.

Public health should achieve community health in a way that respects the rights of individuals in the community.

Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members.

Public health should advocate and work for the empowerment of disenfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all.

Public health should seek the information needed to implement effective policies and programs that protect and promote health.

Public health institutions should provide communities with the information they have that is needed for decisions on policies or programs and should obtain the community’s consent for their implementation.

Public health institutions should act in a timely manner on the information they have within the resources and the mandate given to them by the public.

Public health programs and policies should incorporate a variety of approaches that anticipate and respect diverse values, beliefs, and cultures in the community.

Public health programs and policies should be implemented in a manner that most enhances the physical and social environment.

Public health institutions should protect the confidentiality of information that can bring harm to an individual or community if made public. Exceptions must be justified on the basis of the high likelihood of significant harm to the individual or others.

Public health institutions should ensure the professional competence of their employees.

Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public’s trust and the institution’s effectiveness.
“Management is doing a thing right; leadership is doing the right things.”
– Peter Drucker
States Plan for the Future through Succession Planning
By Melissa Lewis, MPH, ASTHO Analyst, Public Health Systems

Workforce trends indicate that state health agencies will experience an exodus of senior leadership as they approach retirement eligibility. The growing rate of retirement age of eligible public health professionals could result in a loss of valuable institutional knowledge and leadership at state health agencies. According to the 2003 State Public Health Employee Worker Shortage survey, by 2008 it was projected that state health agencies would lose up to 45 percent of their workforce to retirement. Retirement trends for the federal government’s senior executive services indicate that their senior leadership has higher retirement eligibility rates than the general workforce.

In order to preserve institutional knowledge, maintain future leadership, and prevent shortages in critical public health disciplines, some state health agencies have begun to look at succession planning as one of the possible solutions to the public health worker shortage.

Succession planning is a strategy of workforce planning that allows management to prepare promising employees to fill future leadership roles in critical positions. According to the Commonwealth of Pennsylvania “succession planning is an ongoing process that identifies necessary competencies, then works to assess, develop, and retain a talent pool of employees in order to ensure a continuity of leadership for all critical positions.” By carefully determining the human capital needs of an organization, using succession planning as the strategy to meet those needs, recruitment becomes more targeted and leadership is developed from within.

A succession plan is defined by the needs of the organization and provides a step-by-step guide for maintaining a strong talent pool of skilled employees. The purpose is to achieve the agency’s mission and workforce planning initiatives. The activities identified in the succession plan are methods used for skill and leadership development, knowledge transfer (i.e. coaching or mentoring), or methods used to attract and retain promising staff (i.e. bonuses or tuition assistance).

Many state health agencies have not developed formal succession planning initiatives, but they have engaged in activities to develop their leadership and maintain a fully competent workforce. The most comprehensive information sources about succession planning efforts that ASTHO is aware of are the New York and Georgia state-wide personnel systems. New York State Department of Civil Service (NYSDCS) and the Georgia Merit System (GMS) offer two distinct views of succession planning. NYSDCS oversees a decentralized program that assists each state agency in designing its own leadership development program. They emphasize a more universal approach to their selection process. GMS also oversees a decentralized program that assists each state agency in designing its own leadership development program. It emphasizes a highly selective process for identifying potential future leaders based on assessment of job related competencies and performance results. While all employees are managed and developed to improve performance in their current roles, the GMS process identifies a pool of individuals based on leadership potential who receive additional training and developmental experiences to prepare them for future leadership levels. These are two of the states profiled in ASTHO’s upcoming succession planning resource guide.

Anyone who has never made a mistake has never tried anything new.
– Albert Einstein
ASTHO’s workforce team has created a guide on succession planning for its members and partners to use as a resource as they develop a succession plan for their state health agency or to strengthen their existing succession plans. The guide includes approaches used by states to develop their plan; highlights innovative leadership development ideas by states; and provides resource links as well as contact information that may be of assistance to the planning efforts of state health agencies.

Succession planning is slowly developing momentum among state health agencies as an effective workforce planning tool and may become more commonplace as the public health workforce continues to age and tightening state budgets influence workforce legislation.

Leadership Development for Public Health Laboratories

The Association of Public Health Laboratories (APHL) is committed to building the leadership pipeline for state lab directors through their National Center for Public Health Laboratory Leadership. The Center provides information, training, and technical assistance to public health laboratories nationwide.

Its primary function is to address three key areas of need:

• The immediate need for new state laboratory directors and the needs of newly appointed directors for rapid on-the-job training;

• The intermediate need for a systematic approach to recruit and train candidates as future state laboratory directors; and

• The long-term need for succession planning, establishment of career pathways, and continuing education.

Recently, APHL broadened their leadership development efforts, and accepted a new planning project to assist its membership to address the leadership crisis currently faced by laboratorians in all fields (i.e., nursing, environmental health, orthodontics). APHL, with assistance from members and partners, will develop a strategic plan to attract, develop, and retain directors of public health labs.

For more information please visit:
Online - http://www.aphl.org

Obstacles cannot crush me. Every obstacle yields to stern resolve. He who is fixed to a star does not change his mind.

— Leonardo da Vinci, Notebooks