3 Third in a series of Turning Point resources on Leadership development

Academics and Practitioners on Collaborative Leadership

Sponsored by the
Turning Point Leadership Development
National Excellence Collaborative

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Collaborating for a New Century in Public Health

Acknowledgements

The membership of the Turning Point National Excellence Leadership Development Collaborative includes individuals representing four national organizations and seven state public health systems:

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The Expert Panel Forum was conducted was conducted on April 6, 2001.

The Collaborative would like to recognize Dr. Carl Larson for organizing and facilitating this event and the experts themselves who through their shared knowledge and experience gave tremendous insight to the Collaborative regarding ways to strengthen collaborative leadership skills development in the public health workforce and its partners.

The State/Local Reactor Panel was held in Scottsdale, Arizona, on May 1, 2002.

The Collaborative would like to thank the participants who shared their insights on collaborative leadership as well as Lee Kingsbury of the Minnesota Department of Health for providing a starting point for the discussion and Darvin Ayre of Ayre Associates for his deft facilitation of the dialogue.

Complete transcripts of both the Expert Panel and the Reactor Panel may be found on the Web at www.turningpointprogram.org or www.collaborativeleadership.org.

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Introduction

This document summarizes the findings from two events sponsored by the Turning Point Leadership Development National Excellence Collaborative. The first, held in April 2001, was a conference on leadership development. The second, held in May 2002, was a reactor panel on collaborative leadership. The purpose of both events was to build an understanding of the nature of collaborative leadership as it relates to the practice of public health.

The conference convened leadership scholars from a broad range of fields to answer questions about the nature of collaborative leadership—what are the skills, strategies, and settings in which it is best applied? The reactor panel brought together a group of twelve panelists representing a mix of public health practitioners (administrators, academicians, and leadership training program developers) to build on the first conference. They compared and contrasted specific challenges and opportunities in the practice of collaborative leadership in different public health settings and at the state, local, and federal levels.

The following highlights from these events offer the experts' and practitioners' answers to the following questions:

- What is collaborative leadership?
- What are the skills, competencies, and capacities needed to do it well?
- How is collaborative leadership being practiced in different settings?
- How can collaborative leadership be incorporated into training programs?

These proceedings offer many insights for serious students of leadership, public health practitioners, and community members about how public health work can be accomplished when the practice of collaborative leadership is used to bring together diverse people, organizations, and interests.

Proceedings of a Conference on Leadership Development

On April 6, 2001, a group of leadership development scholars and practitioners met with members of the Turning Point Leadership Development National Excellence Collaborative on the University of Denver campus. The purpose of the meeting was to help participants in the Turning Point Initiative to further refine their plan for collaborative leadership development among U.S. public health practitioners and their partners. This volume contains the proceedings of a portion of that conference.

The conference addressed four questions:

1. What is the nature of collaborative leadership? That is, what are the skills, competencies, and capacities that are associated with success in bringing people together, helping them focus on a common problem, and sustaining the energies necessary to productively manage the differences and impact the root problem?
2. What are the most effective strategies or approaches for developing or promoting collaborative leadership? That is, how can the skills, competencies, and capacities of collaborative leadership be strengthened in individuals and communities?
3. How does collaborative leadership vary? That is, do collaborative leadership principles vary across local, state, and federal levels, or in rural versus urban settings, or by other conditions?
4. What feedback do the conference participants have to offer Turning Point members with respect to their emerging leadership development plan? That is, what factors should be weighed, what priorities should be kept in mind, what strategies should be followed as the leadership development plan is further refined?

This volume contains a rich variety of answers to these four basic questions. Indeed, you will find much food for thought in these proceedings. Whether you identify, explore, and reflect on specific insights, or look for recurring patterns of thought, or both, you will find these proceedings interesting, challenging, and worthwhile. In an effort to be helpful, we offer the following "highlights," by no means exhaustive, of the day-long discussions.

Topic I: The Nature of Collaborative Leadership

A number of recurring patterns were observed during the discussion of the first question: what is the nature of collaborative leadership?

One of the earliest themes involved ***clarity***. Not clarity in the sense that the problem or the solution is clear, but the kind of the clarity that is associated with values. In fact, the first contribution in the conference made reference to clarity. A participant stated that "People engaged in collaborative leadership have a responsibility to be clear about the context in which they're discussing the subject, and the values and, I think, politics that go with it." Later, data was reported from one survey of 3000 respondents, and among the qualities most

admired in leadership was clear commitment to particular values, such as family, caring for the community, identification with the neighborhood, etc. Another participant summarized his approach to leadership by saying, "Clarity drives confidence, confidence drives commitment. And we've defined what clarity looks like in an organization environment, and what confidence looks like, and commitment to act. The clearer people are about what it is they're trying to accomplish, the more you can capture their imagination. The more you can focus on an objective that everyone can say, you know what, that is important."

Clarity of values is a quality that characterizes collaborative leaders. Commitment to a cause which transcends the self, the recognition of a spiritual reality or imperative, ethical and moral standards that provide guidance, whatever the source of the inner gyroscope, collaborative leaders seem to exhibit clarity of purpose, often about creating and sustaining process.

A second important quality of collaborative leadership is ***seeing commonalities***. The capacity to recognize common interests, especially the capacity to recognize and understand other perspectives, seems to be a fundamental quality of collaborative leadership. In fact, one of the participants defined leadership as involving goal attainment around shared visions, purposes, and values. Another participant quickly followed with, "As you bring different kinds of points of views to the table, what a leader tends to do is make connections, trying to figure out ways to develop mutual benefits, mutual purpose. This I think is critical." Another participant provided contrast between old and new models of leadership: "In the old world, the leader was the person who came in the room and did all the talking. In the new world, the leader is the person who comes in the room and asks really good questions and takes a lot of notes. Completely different styles. In the old world, leaders sought power to impose their will on others. In the new world, leaders seek power to use that power to empower others, to convene others, to catalyze difficult conversations."

But this is not to say that collaborative leaders do not have goals or visions of their own. Indeed, one theme that was quick to emerge in the conference involved ***visioning and mobilizing***. Often the vision has to do with either a process or a better way. "So what we really try to do is provoke the kind of discussion that then could lead toward a deeper dialogue about ends . . . assuming always that it's building that capacity for collaboration that in the end creates that possibility of alignment." A real world example was offered: "I mean, Federico Peña, when he was Mayor of Denver, was ridiculed in the political world because he wouldn't make decisions. Anybody who flew in here, probably flew into that big airport called DIA. Denver had all of the formal political authority it needed to build that airport, but Federico Peña, in his wisdom, recognized that if the Denver City Council simply voted to approve the annexation of the land and the construction of that airport and the issuance of those bonds, that they would have all the legal authority they wanted in the world, but no moral authority to make such a significant shift in the character of this metropolitan area, and so he deferred. He said we have to have a vote, and he not only had one vote, he had two votes. He had one vote in Denver, and then another in Adams County, which is where the land was going to be annexed. In the political world, he was completely mocked for not being a leader, not being willing to stand up and take charge and say what his vision was, and yet he knew in his heart that that wasn't going to get him where he needed to go." As often as not, the visioning and mobilizing has to do with a commitment to a process, a way of doing things. And often the "mobilizing" refers to helping people develop the confidence to take action and sustain their

energies through difficult times.

A genuine concern for ***developing people***, bringing out the best in others, maximizing the use of other people's talents and resources, building power through sharing power, and giving up ownership or control are themes which all seem to relate to realizing and promoting the potential present in other people. One participant expressed it this way, "We feel in our organization the responsibility of every leader, and we say it up front, we measure people against it, we reward people on it, is this whole notion of building confidence. That the responsibility of all of us is to bring out the best in the people around us and we have ways that we go about doing that that I won't bore you with. Confident people can commit to an action and not have to ask everyone around them." Bringing out the best in others, and giving up control or ownership is not a common quality, even among leaders. One of the participants stated, "And one of our leaders . . . I'm just going to read a quote because it's so beautiful about this whole issue of maturity and the need for that in terms of doing this type of work and she said, 'Personal maturity. Collaborative leaders are personally mature. They have a solid enough sense of self that they do not fear loss of control.'"

A number of other themes emerged from the discussion. Some of these themes were not so much explicitly stated, but rather ran through the discussion in underlying currents. The capacity to manage conflict productively, when differences or contention inevitability arise, is another core quality of collaborative leadership. Recognizing and appreciating alternative ways of making decisions, nontraditional ways of communicating, and creative ways of discovering shared meaning are hinted at as qualities that underpin the capacity to manage conflict productively. And, of course, one of the more important qualities of collaborative leadership is the capacity to promote and sustain trust. Referred to often by the conference participants, trust is a theme that ran through almost every example that was offered in the discussions.

You will undoubtedly recognize other qualities of collaborative leadership offered by the conference participants. This is simply a "starter list" and a first step towards synthesizing the discussion.

Topic II: Developing and Promoting Collaborative Leadership

This topic was, of course, the main reason the conference was held. It is an incredibly complex and difficult topic. Throughout these proceedings, you will find many implications for strategies for developing and promoting collaborative leadership. We found some of the following things to be especially noteworthy.

- **Action or experience**. Contemporary leadership development strategies might be said to rely too heavily on in-class, seminar-type training methods, rather than practice or experience as the fundamental strategy in developing collaborative leadership capacities. Without denigrating in-class training, especially as a way to deliver knowledge about leadership, conference participants seemed definitely to favor action, experience, "doing something" as a primary ingredient in developing collaborative leadership.

One participant discussed responses collected from interviews in which individuals were asked how they developed their collaborative leadership style. One of the themes that emerged from those interviews was the importance of experience in learning about leadership and developing leadership capacity. Experience weighed heavily in another participant's five-part model of leader-

ship development. Another participant talked about the importance of taking advantage of learning moments, of opportunities to practice and to try out leadership skills. Another talked about natural opportunities to model leadership behavior. Others gave examples of action projects in their leadership development programs. From facilitations in the U.S., Northern Ireland, and Guatemala came descriptions of learning that occurred when the individuals involved engaged in some kind of action, usually out-of-the-ordinary, which allowed for insight to occur and progress to develop. The participants seemed to favor an active, experience-based approach to developing leadership capacity.

• **Reflection**. Action, followed by the opportunity to reflect on and understand the implications and results of various actions, are two fundamental strategies for developing leadership capacity. Reference was made at several points to new evidence that leadership development strategies should promote considerable reflection, reflection designed to increase an understanding of the leadership experience and the self in relationship with others. The evidence was associated with both an academic conference on leadership development at West Point and some new but yet unpublished research from the Generon Group in Boston.

Reflection was highlighted in one participant's model of leadership development: "Third is reflection. And I think that's been talked about this morning. The capacity for self-reflection, the capacity to participate with others in a reflection of one's self and other people." Reflection was addressed in one person's description of favored methods: "And it's something that was said earlier about this whole notion of reflection. And what I'm about to say is going to sound unbelievably simpleminded and inane. But one of the things when I work with people from a leadership standpoint, or we have others work with them, one of the things we have people do is to keep a log. Everyone has something they look at. But there might be a couple of things. One of them may be maturity. One of them may be making it safe for other people to contribute. One of them may be how supportive are you of other folks. One of them may be do you initiate, do you try and get out there and do something, you know, as opposed to waiting for somebody else. Whatever they are, we have them keep a log. It can be daily, it can be a couple times a week, of what they did well and where there were opportunities, upon reflection, that they missed." Another favored method included audio recordings: "We found that when it really got tough, we tape recorded all the proceedings and we could take a piece where it was very critical, bring it back and say why was this, why did we get stuck there, why did it get so enraged, how did people perceive it, what was going through your head. So you're starting to understand how other people frame, how they make sense of their worlds. You have to slow down the dynamics and provide that reflection." Action, backed up by reflection, received considerable support from the conference participants.

• **Coaching and Mentoring**. Action-reflection-coaching seems to be a combination of strategies mentioned individually by conference participants. Coaching and mentoring maximize the learning which comes from action or experience. Combined with reflection, coaching and mentoring, in addition to promoting insight, may build an individual's confidence and increase the person's willingness to try new leadership behaviors in new settings. It is unlikely that any skill will develop in the absence of experimenting with new forms of behavior.

A combination of action-experience-coaching was seen as particularly effective by one of the participants: "With the opportunity to observe someone else who is further along developmentally doing it, and then the opportunity to

experience it with responsibility for what happens. And the follow on to that then becomes high-fidelity feedback about what happened, how that played out, what was the learner's role, what were they trying to do, what happened, what alternatives could they imagine after the experience." And research conducted by the Turning Point group provided the point of departure for the discussion of the most effective strategies for leadership development: "We asked that question specifically to the people we interviewed, and there seems to be some consistent themes of how, we asked them how did you develop your collaborative leadership style and the one that was most strong and most consistent was through mentoring or observing others."

• **Conceptual Understanding**. Within a broader strategy of leadership development, some support existed for including a conceptual understanding of leadership, or leadership models.

One conceptual model that was elaborated is the model developed by Ronald Heifetz, that differentiates among problem types in terms of the kind of leadership most appropriate for a given problem situation. Some respondents to the Turning Point interviews mentioned formal training and leadership institutes as important sources of learning. And several participants addressed specifically the value of conceptual learning: "We need to give the learner a conceptual framework, a way to think about what this experience is going to look like; what are the elements of it, what are the dynamics of it." And, "That in addition to the skills people have and the characteristics of leadership, I think it is important to know how coalitions work and how things happen in multi-organizational change. I think there's a knowledge base there that's important. It's not just skills and attitudes. There's a knowledge base."

These four strategies seem to me to form a coherent overall approach to developing collaborative leadership skills, competencies, and capacities. You will undoubtedly see others as you read the proceedings. Given the incredible variety of individuals that Turning Point will be dealing with, and the subtleties of the learning you are attempting to promote, you may choose to add more ingredients to the mix. If the flavors are complementary and the effect cumulative, the result will get progressively better.

Topic III: Variations in Collaborative Leadership

This topic involved discussion that occurred in four small groups during the afternoon of the conference. Generally, there was considerable consistency among the small groups with respect to conditions under which collaborative leadership principles vary. Collaborative leadership principles were seen as reasonably constant, though circumstances in different cultural contexts and agendas may vary greatly. Collaborative principles are seen as relatively consistent across levels (local, state, federal), but the sense of immediacy or urgency might vary. Within these general themes, the following ideas were highlighted.

One of the primary differences among levels is the extent to which priorities focus on immediate versus long-term determinants of health, that is to say, whether the policies and practices allow for long-term relationship development and the commitment of resources necessary to impact community health problems. Participants frequently made distinctions related to time or urgency. "I think that there's a very big difference between what happens at the local level and what happens at the state level. And that difference needs to be respected in terms of the kinds of skills that are required of people at a local level, by those at a state level – the time that's required at a local level in contrast to a state level – in terms of the long-term impact on personal

relationships and on process." A number of participants were concerned about the implications of funding cycles. That is, funding periods seem much shorter than the time required to impact root problems, the kinds of problems that collaboration typically addresses. Policy makers and resource allocators seem often to operate with a set of expectations that are out of line with the realities of changing long standing community norms or practices. These variations produce some subtle differences: "Our conclusion was that parts of collaboration are the same. The principles that you use are exactly the same, but because there's a difference in immediacy at the different levels that, in fact, you end up experiencing a difference in interpersonal dynamic and intergroup dynamic that gives you a different feelings at those different levels."

Some principles of collaborative leadership seem particularly constant across levels and contexts. One participant commented that, "Based on my experience working with different sectors of the economy on creating collaborations, I think there are some core competencies at all three levels that, regardless of what level you're at, one has to focus on. We talked a lot about it this morning. One, for me, in this pilot that I'm just finishing with 40 folks from the community across different sectors, is trust." Other participants saw great consistency across levels and contexts for core competencies of collaborative leadership. Trust was mentioned often, as were conflict management, change management, perspective taking, promoting dialogue, setting clear direction, having clear values, etc. As one participant stated, "The actual inherent nature of what collaboration demands, I think, is the same anywhere."

There doesn't seem to be much reason to adjust the leadership development plan by levels, except, perhaps, to address the issue of leading upward. More emphasis might be given to leading upward, especially at the local level.

One participant declared, "That's a skill I need at the local level. I also need to be able to formally pick my battles with the elected officials of the community, communicate with my state legislators so that they stick with the right policies over time . . . At the state level, it's figuring out who the leaders are in a similar way, except oriented more toward the organization. I mean you either have to get the president of the organization, or the president's designated person, to be sitting at the table and not sending an alternate every time there is a meeting. You need to be able to focus on the key policy issues that keep the state policy makers happy, but that are also going to make a difference to your mission as a statewide organization." The same point is made in a more general way by another participant: "The discussion is causing me to wonder about the relevance of a couple of leadership dimensions that may or may not be thought of as part of collaborative leadership, but to me they're critical. In the context of a meeting within an organization or institution, one of the things that I seem to be hearing is that there may be need for leaders to learn how to lead upward. We always think of leadership as downward."

A number of special issues surfaced that might need to be addressed in the leadership development plan. These include sustaining people's energy beyond burnout; sustaining a deeper understanding of, and clarity around, purpose; and creating a program of sufficient length to foster deep insight and learning. These are difficult issues, hinting at the darker side of collaboration. It's a lengthy and demanding process. It's often draining and frustrating. It can become a substitute for meaningful action. The participants often implied, or explicitly stated, that collaborative leadership development must also address the tough issues.

A representative and illustrative comment follows: "Call it a critique of existing power relations, whatever you want to call it. You have to make a judgment of whether or not you think the current funding processes are, in fact, being

promoted to build the capacity of communities to solve problems. Or are they ways to dump money into communities that look like things are going on so that people can cover their political behinds by having some activity in their communities? And I think the evidence is quite clear that the funding patterns are not about building sustainable communities over the long term. They're not about long-term problem solving. And they're very dangerous to people. So, yesterday I said to the group in Weld County, 'What are your terms and conditions for engaging in collaborative effort? What are the principles upon which you would say we are not going to pursue a funding source?' We're going to have to figure out some other way of addressing this issue, because we believe that the way the money is described is too prescriptive, too disrespectful, and actually toxic. I think that's a very serious issue."

The hard issues tend to be interrelated. In order to be successful, unrealistic expectations, loss of focus, and burnout are difficult but very realistic issues for a program in collaborative leadership to address.

Topic IV: The Turning Point Leadership Development Plan

As the last agenda item for the conference, four small groups discussed the Turning Point Leadership Development Plan, in an effort to apply the ideas that emerged during the day's discussion. A number of worthwhile ideas emerged from these small group discussions. I would suggest the following three:

1. The discussion suggested that the Turning Point group become more specific, put more definition to the leadership development plan. Given the richness of the ideas and recommendations in these proceedings, becoming more specific about the leadership development plan should be an engaging and worthwhile process.

With respect to this first point, some representative comments include: "What is the nature of the training, of the learning experience?" And later, the comment: "So, then what are the products? What are the services besides the state projects and the local projects – which are wonderful – but you're trying to go beyond that? What are some of the products that could come out of it?" And a comment that was made by several participants: "The program seems strong in assessment and advocacy, but needs some beefing up in terms of what to do to enhance people's capacity."

2. You may want to give special attention to creating support groups. Consider bringing trainees together so that two or three trainees come from the same home location. Participants, or trainees, might be more capable of sustaining their energy, taking risks, reflecting on their experience, if they had even a minimal support system.

This suggestion shows up at a number of places, including dialogue among the conference participants regarding the advisability of having participants in the program come from the same organization, so that they can provide support for each other when they return to their organizations after the program is completed. "Dyads that would be able to go from this training back to a place where they could continue to mentor each other." And, "So instead of one, always send 10 or 11."

3. Many of the ideas and recommendations imply new departures, or nontraditional approaches to leadership development. These ideas may not fit well within the structure of a traditional one-, two-, or three-day seminar. Developing collaborative leadership in public health may be best accomplished by a new structure or process. If so, the ideas that would be instrumental in

shaping that new structure or process are here in these proceedings.

In addition to the ideas discussed under question II, Strategies for Developing and Promoting Collaborative Leadership, a number of suggestions emerged with respect to the Leadership Development Plan. These include: the four models for promoting collaborative leadership capacity; the impact of training group size on the development of informal and formal networks across sectors and levels; sustaining leadership capacity once it's developed; the size of "classes"; high touch versus high tech; different content areas for the training program; length of the training; and so on.

These highlights of the conference proceedings are the ones that struck me as interesting, or relevant, or insightful. This summary is by no means exhaustive. You will find many things of interest in these proceedings that I haven't even mentioned in this summary. Please don't rely too heavily on this summary. Of the many conclusions I reached, the one in which I have the most confidence is that the conference participants were a group of people who exhibited hard-earned and deep insights into an incredibly complex phenomenon.

Expert Panel Participants

Dr. Victor Dukay, President
President of the Lundy Foundation, which does applied research and leadership development targeting community members and is headquartered in Denver.

Chris Gates, President
President of the National Civic League, the oldest, good government organization in the country founded in 1894. He is also the founder and chair of an 11-year-old, nonprofit organization called The Colorado Institute for Leadership Training.

Dr. Robert Goodman
Professor of Community Health Science at Tulane University at the School of Public Health and Tropical Medicine.

Dr. Gary Gunderson
Runs the Interfaith Health Program, at the Rollins School of Public Health at Emory University.

Arthur Himmelman
Owner of Himmelman Consulting, based in Minneapolis, Minnesota, focusing on community and systems change collaboration and the transformation of power relations that can result from such change.

Dr. Kathy Kennedy
Associate professor of Preventative Medicine at the Health Sciences Center at the University of Colorado. She also directs the Regional Institute for Health and Environmental Leadership, which conducts a public health leadership program for the Rocky Mountain region.

Dr. Marshall W. Kreuter
Former associate director of Health Promotion Policyin the Division of Adult and Community Health, at the Centers for Disease Control and Prevention

Dr. Frank LaFasto
Senior vice president of Organization Effectiveness with Cardinal Health, a provider of products and services to the health care industry.

Hugh O'Doherty
Lecturer in Public Policy at the New Center for Public Leadership at the John F. Kennedy School of Government, at Harvard.

Reola Phelps
President of the Headwaters Leadership Group, in Denver, which does corporate leadership development. Also served as program pirector and president of the American Leadership Forum.

Dr. Howard Prince
Director of the Center for Ethical Leadership at the LBJ School of Public Affairs at the University of Texas in Austin, Texas. He was also founding dean of the Jepson School of Leadership Studies at the University of Richmond in Richmond, Virginia, and the chairman of the Leadership Department at the Military Academy at West Point.

Alfred Ramierez
President of the National Community for Latino Leadership, a national think tank clearinghouse, and resource on Latino leadership and leadership in the broader community based in Washington, D.C.

Collaborative Leadership State and Local Reactor Panel

By Darvin Ayre

This executive summary is a discussion and overview of the proceedings of a panel discussion held at the Millennium Ranch Resort on May 1, 2002, in Scottsdale, Arizona. Twelve panelists, representing a mix of accomplished public health practitioners, academicians, developers of leadership training and administrators (see attachment for biographical information), were convened by the Turning Point Leadership Development National Excellence Collaborative. The purpose of the panel was to continue building understanding and knowledge of Collaborative Leadership as it applies to specific challenges and opportunities in the field of public health. The Panel addressed four questions that emerged from a previous expert panel session that was facilitated in Denver, Colorado on April 6,2001, by Dr. Carl Larson.

Questions

- How is collaborative leadership practiced at the federal, state, and local level? Is the skill set the same? If not, what are the differences?
- How is the practice of collaborative leadership approached by the individuals and organizations that are present?
- How can collaborative leadership be incorporated into "traditional" accredited training programs (e.g., leadership development institutes and schools of public health) in order to be integrated into organizational cultures at the local, state and federal levels?
- What are the best approaches to moving the content of the Turning Point Leadershipship Development National Excellence Collaborative's work into circulation and acceptance?

The following highlights represent almost 100 pages of transcript, reflecting a 3 1/2 hour panel discussion. As facilitator and moderator for the panel, my role was to help frame the four questions and provide reference points for the panelists. This Executive Summary captures key recurring themes, thought-provoking comments, and lessons that can be applied elsewhere.

Should the reader be interested, considerable information on collaborative leadership within the full transcript is available at www.turningpointprogram.org and at www.collaborativeleadership.org. Whether one is a serious student of leadership, a public health practitioner, or a civic-minded bystander interested in how things get done when diverse people, organizations and interests come together, these proceedings offer many insights into how critical public health work is currently being accomplished.

First, a working definition of a collaborative leader:

> **A collaborative leader is one who engages others by working together, convening appropriate stakeholders, and facilitating and sustaining their interactions.**

Key Themes

Though there were many interesting directions our conversations took with twelve panelists and four questions, there were key themes that emerged.

- **Proximity = Greater Accountability.**

There was agreement among panelists that both collaboration and collaborative leadership were more apparent at the local level. Part of this stems from the day-to-day reality of being closer to the shared issues and concerns of a neighborhood, community or region and part stems from the level of accountability that is required when working together in a collaboration at the local level.

When, as one participant put it, "I tell somebody at a community meeting that I'm going to do thus and such, there is a darn good chance I'm going to run into them at the grocery store and probably our kids go to school together… and so you end up being real accountable to the people that you run with."

In contrast, she went on to say, "In my work in public health, I have had some wonderful federal partners who go above and beyond the call of duty, but I know there are some that don't necessarily feel the accountability, because you aren't going to run into them again… there isn't that interaction on a frequent enough basis to really develop that trust and relationship, to feel like they're going to be accountable later on for what they say or do."

These concepts were supported by another participant who talked about the "human-ness" inherent in working at the local level. "I think we have the benefit in the local community of dealing with the people who experience gaps in health care or have other kinds of problems that we can put our resources together to respond. So they're always there for us to see what happened and they're always there to ask us why things aren't working well."

Though some panelists cited examples of greater collaboration and cooperation being initiated at the federal level (some due to September 11th), one panelist offered, "I'm not sure it'll ever be natural at the federal level. The extent to which you're connected to your stakeholders, and at the federal level, it's very difficult to be connected to your stakeholder, the closer they are to you… those connections, the tighter those are, the more natural it is to be collaborative."

- **Collaboration is absolutely vital to the work of public health.**

Several panelists raised the issue of how absolutely necessary it was for collaboration to occur, given the complexity of public health issues (e.g., health disparities, a coordinated response to bioterrorism, etc.) and the need for systems thinking.

One participant stated, "You're not going to do it in silos. You're not going to get at the issues plaguing society if we don't come together and be more efficient in our communication and in our efforts and where our dollars go."

Many agreed that while it may indeed be more difficult for collaboration to occur at the federal level, and the practice of collaboration may vary between local, state and federal levels, the principles were the same.

From a panelist who had interviewed several colleagues working at the federal, state and local levels, we heard, "Unanimously, folks told me that collaborative leadership is collaborative leadership. The skill set is the same. The question is how is it practiced? It varies. How does it vary?... Here's a conglomerate of their responses: it varies according to institutional memory, so what people have seen

and what they're used to is something that is modeled for them… And it's what people practice and also to the extent that it's modeled by the person at the very top. If collaboration is practiced at the very top, then other people fall into line that way."

▪ People define collaboration differently, depending on their experiences and roles.

Panelists described the work they and others do in being collaborative leaders. At times these descriptions varied, some felt, due to their perspectives and experiences. One panelist said, "I don't see much (collaborative leadership) at the federal level and often this kind of leadership isn't at the state level either." She went on to describe her work with 39 partnerships and 14 health jurisdictions. "Many would call themselves collaborative leaders, but boy, are they finding out what that's all about. They're having to listen in ways they've never had to listen before. This issue of respect and trust, it's not something you build in a classroom situation. It happens on a day-to-day basis. Testing consistency, testing focus, community folks aim high."

She went on to say, "Collaboration is really hard… the decision-making process is hard. It is hard to be inclusive. It is hard to support participation. It is difficult resource-wise and time-wise to foster the kind of development that all individuals need. It is very difficult to step outside of being one collaborative leader and recognize that you need multiple centers of leadership. Collaborative leaders, as good as they are, who get up there and do it alone burn out. And they leave huge gaping holes when they leave, by the way, that are very difficult to fill… It's called renewable leadership. You've got to be in the process of constantly developing, constantly bringing along new leaders as you move through the years that it will take to do what it is that you're trying to do."

Another panelist, though agreeing that the federal government often fails at getting connected at the community level, felt they (as a federal government entity) had been fairly productive at creating partnerships with professional associations and private foundations. He said, "Virtually everything we do in our division and in public health practice is done with others, whether that be the development of performance standards or leadership development work."

Following these comments, one panelist suggested that partnerships and collaboration can be very different animals, depending on who is providing the majority of the funds. He responded saying that "Often the federal government has funding, and that, in my opinion, sets a different power base in terms of how collaboration actually occurs, and I think that in those sorts of situations it's even more difficult to have a true collaborative. People have to work a lot harder to build consensus."

▪ Different situations require different styles of leadership.

It was also acknowledged that collaborative leadership wasn't the best leadership style to use in every situation. Indeed, panelists suggested that a dictatorial style of leadership might be advantageous in the case of a severe disease outbreak, leadership through making personal decisions after asking the opinions of others might be appropriate when monitoring the scientific results of a community screening, and a collaborative style of leadership is best used to mobilize a community for shared action around community activities. Leaders need to be prepared to use an array of leadership styles that fit given situations. One panelist challenged participants not to get caught in stereotyping leadership styles among people or organizations at the federal, state or local level. He noted, "The ques-

tion sets us up to force artificial distinctions and to reinforce stereotypes that we may bring with us… The more interesting question to ask: Are there opportunities for collaborative leadership to be practiced, and how might the outcomes be different if, in fact, the collaborative style were used where it is an appropriate style? At all levels of government, the basic idea behind government is as a public function, and I think, in the area of public function, disagreement, opportunities for disagreement, and opportunities for sharing philosophy would be very different."

The speaker went on to say that, given the kinds of improved health outcomes for the public that we desire as public health organizations, we need to have good public processes that make people feel like they are part of what's going on and not victims of solutions that are imposed. "At all levels of government," he said, "there are many more opportunities for collaborative leadership, for the skills and capacities of collaborative leadership, than we recognize. But historically, the training we receive, the role models that are in front of us, the experience we get in our systems, whether they be federal, state or local, are ones that present zero-sum games to us constantly. These (experiences) drive us to, in many cases, styles of leadership which are less than collaborative and which don't seek to share what we have."

There were related comments from other panelists during the first half of our discussion that echoed this need for stronger public processes and collaborative skills that could assist any size of community or grouping of organizations and interests in being more successful in tackling challenges together. Additionally, there was broad agreement that much work has yet to be done to ensure that there is a greater integration and sharing of learning between the federal, state and local levels.

One panelist stated, "There's not an integrated, collaborative approach across those levels, and I think we're challenged to think about examples when that has worked well, or real opportunities and mechanisms where we could have that happen in a more usual kind of way. There's a real divide… and no wisdom shared across levels (i.e., federal, state and local)."

- **It is important to build relationships and continually nurture them.**

A key theme that emerged during the first half of our discussion was that of the importance of building collaborative relationships and continually nurturing them.

One example was shared by a panelist, saying, "I think we're a lot more alike than we are different (referencing federal, state and local levels), in terms of the different ways collaboration is practiced. One of the things that I've heard talked about here and mentioned several times is the importance of relationships. Those relationships are really the foundation of anything that we hope to be able to achieve, and part of collaboration is trust, and that's an essential ingredient. You don't develop that in a one-shot deal. You can't go somewhere and say, 'I want to collaborate with you today.'… The best time to make a friend is before you need one. You can't really wait until you need something from somebody to go to them and say, 'Hey, I think you have something that I need in order to succeed.' "

Many more comments followed this and pointed towards the importance of proactively developing a web or network of interconnectedness and what those relationships allowed people and organizations to accomplish well beyond the initial collaboration. Often these relationships enabled people (and their organiza-

tions) to accomplish things their individual and organizational capacities or levels of influence couldn't.

One panelist offered, "You use your partnerships to help you move into different arenas and different strategies for accomplishing things. Whether you had the skill at the beginning or not, you knew where to go and (the) partner to help you get those skill sets."

Another panelist described being able to find a more credible voice through one of their partners, someone else who could "carry the water" for them. In this case, they were interested in establishing an alternative government structure to improve community health. The partner was a hospital and healthcare association with whom they had worked before. This relationship proved particularly meaningful because "They (members of the association) were the ones who took this issue forward to the key members of the joint rules committee in both Houses. They're the ones that went to the chairmen of those committees and said 'This is important to do and this is why.' And it was much more effective than if we'd gone there and said 'Hey, we want to do this.' "

■ Collaboration is unpredictable.

A key theme that emerged multiple times throughout our conversation was the unpredictable nature of collaboration. As we heard in several panelists' examples and comments, one cannot always predict the specific outcomes of a change effort, or from where the resources, relationships or impetus for change will come. This rather trial-and-error, experientially-driven nature of collaboration and collaborative leadership is not often readily accepted by those leaders accustomed to controlling outcomes or those accustomed to working in a highly predictable environment.

Collaboration, by its very nature, tends toward disorder at times and a lack of central control by any one entity. Additionally, given the emergent nature and understanding of collaborative practices, there has been little research on how it works or where it works best.

Several panelists offered a number of examples that suggested how they and their organizations had benefited from collaboration and the practice of collaborative leadership. A few of these examples illustrate the heuristic nature of collaboration.

Minnesota Family Services Collaborative

A family services collaborative was designed conceptually to bring together different sectors that had to work with family and children services in order to reduce competitiveness among service providers and look for more creative ways of solving problems. Individual family service collaboratives, now spread throughout the state, are very different from one another.

A panelist stated that, "They really reflect whatever the local community needs, but out of that, we came to first identifying high-priority, difficult problems that were hard to deal with. And now, as things have moved along over several years, we're getting much more futuristic in terms of looking at what could happen here with the partnerships we've developed."

Anthrax Contamination

This example relates how the state of Virginia, an area impacted by anthrax attacks, was able to maintain public health funding in the midst of major state budget cutbacks. Our panelist related, "When our medical society and stakeholders saw how stretched thin we were in terms of responding to that (anthrax contamination), they came forward in op/ed pieces in the newspaper… and the

medical society actually made appropriate funding (in protecting public health agencies from budget cuts) their number one legislative priority this past year. It's that kind of success story I think that we need to be able to tell as a way to explain to people how and why collaboration works."

Tobacco Control Legislation

In another example, a county health department, several community non-profit organizations, other agencies, and some citizens came together over a two-year period to promote regulations that could restrict the locations where tobacco could be sold or used. Though the tobacco industry fought to defeat this community generated effort, the collaborating partners were successful in getting the county board to adopt the regulations restricting tobacco product sales.

As our panelist noted, "I think the ultimate lessons out of that were (that) the most effective processes are ones in which people begin to identify the resources that each can bring. They share the resources that each has. They understand where their interest in something overlaps. They discard the areas where there may be differences that could pull them apart. They decide to focus on something specific, and then they work over time toward this very specific outcome."

"It's another illustration," he added, "of how one doesn't necessarily know how things are going to go and what one learns through work with other people are the strengths and the skills that others can bring to a collaboration."

Other examples from this panel discussion and found in the full transcript include:

- A collaboration among health systems, health departments and research institutions to begin advocating for access to medical information that will help them in their work.
- How a large metro area's public health department saw their community of supporters (including faith-based, business and entertainment representatives) step forward to advocate for not cutting $4 million from the public health department's budget.
- Two compelling stories that describe what happens when youth are an integral part of important decision-making conversations.

■ Engage the skeptics.

Panelists offered several pointers on how they'd been successful in engaging so-called "skeptics." The skeptics they described included individuals who were heads of organizations and groups of scientists steeped in research and evaluation.

- Get people involved in the process of collaboration in some small way. They must be able to experience how it works and see the benefits for themselves.
- Help people identify the common values that will drive the work long term and also provide the "glue" to be successful over time.
- Do the "under-the-radar" work of building relationships and the champions that will help move the work forward.
- Build the support and infrastructure that enables those with special skills or knowledge (e.g. scientists) to apply that skill as participants in a collaborative process toward improving community health outcomes.

- Understand what the "skeptic" cares about. Identify their interests and provide ways to show how the collaborative process is likely to ultimately support their interests as well. Be clear, however, that they (or anyone else) cannot divert the collaborative process to meet their own agendas. Help them see the negative consequences of trying to do so.

Panelists also recognized that one must not ignore the need to sometimes provide evidence to others that the collaborative process is a valuable one… There is an emerging body of evidence, in the fields of education and public safety for example, that suggest that there is value to collaboration and collaborative leadership. At times this academic literature is helpful in making the case for the value of a collaborative approach to problem solving.

As one panelist states, "I think we have a responsibility to produce this kind of data. I don't think it's impossible and that we should shrink from the challenge of being able to do some basic research and produce quantifiable data that this (collaborative leadership/ collaboration) does make a difference."

▪ Develop and integrate the skills of collaboration and collaborative leadership.

Later in the discussion panelists were asked "What must we do to raise a new generation of people with the kind of skills who will naturally be inclined to work more collaboratively?" Prior to discussing specific strategies, panelists stated that recent shifts toward collaboration were in large part due to foundation and government initiatives that have funded collaborative planning and implementation efforts. These efforts to reduce duplication of services and work toward systematic change have already helped seed the ground for collaborative leadership and action. One panelist suggested, for example, that if the National Institutes of Health would commit 5% of its budget to the science of collaboration (i.e. understanding the conditions under which it works and doesn't), we would soon know a lot more about it and quickly have a constituency that was both clear on the value of collaboration and inclined to practice it regularly.

Panelists also talked about how to incorporate collaborative leadership skill building into traditional accredited training programs.

The following is a summary of strategies that panelists described as they discussed ways for building skills and interests in collaboration and collaborative leadership. In the course of discussion it became clear that we also need to address non-traditional strategies for learning since many public health workers do not come from formal, institutional training settings.

- **Integrate leadership as core competency.** Make leadership training a part of traditional public health and other health related curricula. Storytelling and case studies, for example, can be used as methodologies that work well in teaching leadership.
- **Develop teaming skills.** Integrate teamwork instruction into training curricula. Corporate America has led the way in this direction as they've built interdisciplinary teams of scientists and engineers at the cutting edge of the genomic, proteomic and information revolutions.
- **Observe leaders.** Create environments where students can observe leaders, reflect on what they observe, and receive mentoring in their own leadership development.

- **Build new leadership paradigms.** Continue building a new paradigm of leadership that includes collaboration and collaborative leadership. We know that not every public health worker comes to us from an accredited training program. We need to develop a new mindset with new values and principles where we can, over time, both define and build the skill sets necessary to change the way we work. This will eventually create a collaborative leadership knowledge base that is part and parcel of the mainstream.
- **Practice.** Make opportunities available for students to work in the trenches with communities around real issues. This can bring home the lessons of what public health is about and how collaboration works.
- **Focus on community ownership.** Encourage people in your own public health organizations and training programs to practice collaborative leadership through working in groups on the problems to which they are closest. Help them find the opportunities for problem-solving that develop ownership of problems and their solutions.
- **"Incentivize" change.** Create incentives for effective problem solving. Give people opportunities to identify challenges that they can address (individually or as teams). Provide the support, infrastructure and other resources, including funds, that will encourage innovation and ownership.
- **Disseminate client/community-centric strategies.** Identify and disseminate strategies to close the gap in understanding between how we lead and learn from the top down and how we lead and learn from the bottom up. As one panelist stated, "How do we ensure that we are truly client-centered and that we're able to lead and create change alongside members of our communities and our constituencies?"

Panelists also addressed the issues associated with life-long learning, again recognizing that few public health professionals arrive through traditional or institutional channels and that given the pace of new knowledge creation, it is unrealistic to expect that our institutions and training venues will meet all the needs for professional development. A few tactics and strategies were identified.

Budgets. Build "learning" into your budgets over time. Plan for it. Build it into grant applications and look for ways to get training to your people. Trust that they can choose the right training to fit their professional need.

On-the-job training. Provide resources such as CD-roms and printed materials from public health organizations and agencies as well as mentoring and training by other public health professionals.

Measurements. "What gets measured gets done." Further promote the development of knowledge and practice of collaboration by ensuring that we assess how collaborative leadership is being done in federally funded programs. Include evaluation questions on every Request for Proposals (RFP) that make this type of assessment the norm. Also, consider building a tool specific to public health that aids people and organizations in measuring their capacity for and practice of collaboration and collaborative leadership.

Credentials and Certifications. Consider mandating credentialing and certification requirements for public health officials. This is a complex issue fraught with varieties of strong opinions and is currently under discussion among numerous public health institutions.

Curricula for Certification. Build a core curriculum that will help public health professionals know the basics of public health.

Standards and Practices dissemination. Identify standards and practices of a high performing health department and disseminate them. This could dovetail with the work currently being done by the CDC's Public Health Practice Program Office.

Community- focused learning. Create increased opportunities for MPH graduate students to do their academic study, research, and thesis work on emerging issues at the community level. Immerse them in communities and have their work be informed by the challenges they see and experience.

Core competencies. Make use of the core public health competencies articulated by the Council on Linkages in Public Health and build curriculum focused on building these competencies. These discussions are currently underway for accredited institutions.

What next?

How do we move forward the concepts and findings of the Turning Point Leadership Development National Excellence Collaborative so that they are integrated into public health practice and systems?

We closed our session by asking panelists and audience members how the work of collaborative leadership could best be moved forward. Described below are several of the suggestions given for broadening the use and application of collaborative leadership concepts and skills.

- Create new incentives for people to work more collaboratively. Influence funders to require evidence of collaboration or collaborative processes that will be employed in project/program proposals.
- Create a compelling vision of collaborative leadership and describe related vignettes. Offer case studies that show people what can be done when things go wrong, when resources dry up, or when unexpected challenges arise. Direct people to tools that help guide the process (e.g., MAPP & 360º evaluations on personal collaborative leadership).
- Help public health professionals understand that collaboration and collaborative leadership are a part of the job and that systems must support this. This can be done by promoting some of the many strategies discussed.
- Model the behavior and practice of collaboration and collaborative leadership. And tell the story of how it works.
- Address the issue of diversity within collaborations and in the practice of collaborative leadership. If we want to have a greater impact in the communities and among the constituencies we serve, we must more accurately reflect diverse voices and perspectives.
- Continue to promote the value of collaboration and the building of relationships locally. If our communities come to value public health and see their potential role in it, we may all benefit from broader investment and participation in improving the health in our communities.

Intriguing and unanswered questions

- Do leaders at the federal, state and local levels have the same understanding of or expectations for what collaborations and collaborative leadership should look like in practice? Is there agreement on the attitudes, behaviors and practices that collaborations and collaborative leaders hold in common in these different sectors?

- If collaboration occurs less naturally at the state and federal levels, is there a common framework that can give direction and focus to collaborations or skill sets that collaborative leaders can use to be more effective?
- How effective is a collaboration model at addressing issues of health disparity, and the racism that can be associated with health disparities? How is power truly shared in the context of these dramatic differences?

The study of collaboration and collaborative leadership is a new and exciting avenue for understanding how we can do the important work of public health through broader participation, investment, and creative thinking. It goes without saying that this summary is by no means the "be all and end all" of this conversation. Our panelists and audience members brought years of varied experiences to this discussion. I urge readers to take the time to review the full transcript of this dialogue to experience the nuances and insights of these public health leaders and this rich discussion. (See www.collaborativeleadership.org)

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