



State of the Network Report

Spring 2006

*National Public Health Leadership Development Network ~ 3545 Lafayette Avenue, Suite 300
St. Louis, Missouri 63104 ~ <http://www.heartlandcenters.slu.edu/nln/>*

National Public Health Leadership Development Network State of the Network Report

Preface

The need for leadership in public health is well documented and many would agree that at no time in this nation's history has the need been greater. The continuing emergence of infectious diseases, as demonstrated by the strategic preparedness planning now underway related to pandemic influenza, as well as the continuing concerns related to threats of biological and chemical terrorism, have made effective leadership imperative at all levels of public health administration. While those at the federal and state levels prepare our nation for these eventualities, local public health leaders must struggle to protect every individual and, through collaboration within their communities, do this with confidence and assurance so that the risks are properly addressed and effectively communicated.

Leadership does not appear by chance. This was recognized in 1988 when the Institute of Medicine (IOM) wrote in *The Future of Public Health*; "Today, the need for leaders is too great to leave their emergence to chance." The members of the IOM Committee writing that report decried the lack of focus on leadership development in public health education. There was an almost immediate response to this finding by both academic and practicing public health organizations. In 1990, with the support of the Centers of Disease Control and Prevention, the first leadership development programs for public health officials, the National Public Health Leadership Institute and the first state based Leadership Institutes were established. Today, when the need for effective leaders may be even greater than in 1988, there is an infrastructure of over 30 leadership development programs available to practitioners working across the nation.

In an effort to enhance the performance of these education opportunities, the key stakeholders of the leadership programs have formed a collaborative and vibrant learning community called the National Public Health Leadership Development Network. This report describes the formation of the Network and its value to the public health workforce. Specifically, it documents the expanding network of leadership development programs for public health practitioners, the mission and objectives of the Network, the accomplishments of this collaborative consortium and the benefits of this network of institutes to the member programs.

I. Introduction

The National Public Health Leadership Development Network is a consortium of organizations and individuals from academic institutions, national and international organizations, and local, state, and federal agencies dedicated to advancing the practice of public health leadership. The mission of the Network is to build public health

leadership capacity by sustaining a collaborative and vibrant learning community of leadership programs in order to improve health outcomes.

The Network continues to play a key role in facilitating inter-state, inter-regional, and international collaboration efforts and in encouraging the recognition and support of the leadership institutes to further enhance their efforts of increasing access to systematic public health workforce education and training programs. The Network continues to facilitate partnering among current and new funding agencies in order to expand their range of support for Institutes and enable them to increase integrated strategic development of, and expanded scope of service for, professional development programs through academic and practice partnerships across the country.

The purpose of the Network is to:

- Collaborate with and promote linkages among organizations, agencies, associations, foundations, and other stakeholders to develop and/or expand public health leadership programs
- Increase and diversify participation in public health leadership programs
- Disseminate information regarding need and access to public health leadership development programs
- Provide technical assistance to emerging and existing public health leadership programs
- Contribute to the body of knowledge around public health leadership and leadership development and improve utilization of public health leadership resources, assets, and knowledge
- Expand advocacy and visibility of the Network and member institutes

*"I have been encouraged, motivated and privileged to work with [NLN] professionals that truly have a shared vision and commitment to public health workforce development . . . in the betterment of our nation's citizens."
--Hope Rollins, Michigan Community Health Leadership Institute*

II. Background

In 1991, the Public Health Practice Program Office of the Centers for Disease Control and Prevention (CDC) began providing support for the establishment of state, regional, and national public health leadership institutes throughout the country. These institutes provided access to a unique professional development opportunity for a broad array of public health professionals and other stakeholders who were integral to the development of healthy communities. The curriculum of these 1- to 2-year programs was designed to specifically enhance leadership competence in individuals facilitating systems' capacity to perform essential public health services.

In 1994, the Public Health Practice Program Office sponsored a cooperative agreement with the Association of Schools of Public Health (ASPH) and Saint Louis University to establish the National Public Health Leadership Development Network (NLN). The idea behind establishing the NLN was to support the growth of and improve the access to public health leadership institutes throughout the country, as well as provide a formal

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means for expanding collaboration among academic and practice institute directors and coordinators, leadership institute alumni, and representatives of other federal, professional, and private organizations.

Historically, the relationship between the National Public Health Leadership Development Network and CDC has been significantly more than that between a funding source and a project. From the very beginning, it has been a valuable partnership between two entities that believed in the critical importance of public health leadership development. In addition to serving as official technical advisors to the NLN, CDC representatives serve on the NLN Executive Committee and on other standing committees and workgroups, provide consultation on numerous NLN projects, and provide expertise and information as speakers at the NLN Annual Conferences and NLN sponsored sessions at APHA. The CDC investment has been significantly maximized by this collaborative partnership and sharing of expertise throughout the more than twelve years of the NLN's existence.

*"The NLN provides an excellent resource to which I may route public health leaders in their early or mid-career development."
Frank Holtzauer, Ohio State University School of Public Health*

III. Formalization of NLN

As the interest in leadership development activities continued to grow and expand and as the NLN membership increased, it was determined that the work of the NLN should become more formalized. In 1999, the NLN Advisory Board, which consisted of state, regional, and national leadership institute representatives, formed a Bylaws Workgroup and a Membership Criteria Workgroup. The first NLN Bylaws were developed and approved in November 2000. They have since been revised in April 2001 and March 2005. These Bylaws can be found on the NLN website (<http://www.heartlandcenters.slu.edu/nln/>).

The NLN membership application process has facilitated the continued growth of the NLN representation across the country and internationally. As the area of leadership development grew, the criteria was revised in 2003 and 2004 to accommodate the growing number of individuals and discipline-specific public health leadership institutes that were being developed. The network of leadership institutes have expanded through academic and practice collaboration among schools of public health and state public health departments, resulting in the establishment of 12 state-based institutes, 10 regional institutes, 6 national institutes, and 3 international institutes. Forty-seven states plus the District of Columbia and Puerto Rico have access to a state, regional, or national public health leadership program. These programs have graduated over 6,000 public health practitioners across the world.

Since the inception of the NLN, annual conferences and membership meetings have been held, as well as technical assistance has been provided to further expand access to leadership and public health workforce development throughout the country. The NLN Executive Committee and other committees and workgroups are either newly

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established or sustained on an annual basis in accordance with the NLN's current goals and objectives.

*"The Saskatchewan Institute of Health Leadership was able to use the expertise and advice of members of the [NLN] in establishing our initial Institute. Due to their generous assistance we have had two successful Institutes and are planning the third."
--Loanne Myrah, Saskatchewan Institute of Health Leadership*

IV. Goals and Objectives

The overall goal of the Network is to ensure increased linkages among the state, regional, national and international leadership programs in order to expand development, implementation and evaluation of competency-based leadership and workforce development programs, as well as to increase the development of collaborative models for co-sponsorship of continuous learning opportunities.

The following goals and objectives have been determined through a strategic planning process involving NLN members and other key stakeholders including CDC advisors.

GOAL A: Increase accessibility of public health leadership development programs.
OBJECTIVE A1. Increase and diversify participation in public health leadership programs

OBJECTIVE A2. Increase funding opportunities, promote linkages and maximize resource sharing between leadership institutes and other organizations to support public health leadership development initiatives

GOAL B: Improve the quality of education and training programs for public health leaders.

OBJECTIVE B1. Provide technical assistance and support to emerging and existing public health leadership programs

OBJECTIVE B2. Identify and/or develop educational opportunities and products for leadership development

GOAL C: Contribute to the body of knowledge around Public Health Leadership and Leadership Development.

OBJECTIVE C1. Jointly publish lessons learned by NLN Members

OBJECTIVE C2. Reward contributions made to leadership development

"As a newer PHLI, it's been very helpful for us to learn about the cutting edge resources and evaluation tools used by other institutes. Just as important, the social capital in the NLN is remarkable; everyone is very generous with their time and expertise."

-Suzanne Hawley, Kansas Public Health Leadership Institute

"NLN and its members have inspired me and helped me to maintain my energy and enthusiasm for leadership development. The new ideas generated during the conference calls and annual conferences have kept the Missouri PHLI on the cutting edge with innovative ideas and exciting emerging topics. The NLN Competency Framework provided MPHLI with the core areas necessary for a comprehensive program to meet the needs of the public health leader."

-Diane Weber, Missouri Public Health Leadership Institute

V. NLN Accomplishments

❖ Development and Validation of the *Public Health Leadership Competency Framework* (1995)

NLN academic and practice members identified the need to develop a Competency Framework specific to professional preparation of public health leaders and for those who aspire to or hold public health leadership positions. The objective was to develop a competency framework for use by Leadership Institutes to serve as a basis for the design of core curriculum modules based on expected performance levels. The NLN provided an efficient means for producing consistent core competencies and curriculum content and to determine levels of professional development, prerequisite criteria, and measurement and evaluation protocols. A competency framework provides a foundation for standards development to be used to operationalize teaching objectives and design impact and outcome evaluation methods. Competency-based instruction is a means to achieve accountability through teaching practice-based clusters of knowledge and skills, the mastery of which builds the foundation for individual performance evaluation. The validation of a competency framework and the development of standards also protect the interests of leaders in practice who wish to define the area of specialty and obtain public and professional recognition for achievement and performance. (Publication available upon request.)

The NLN's Framework, consisting of 79 competencies was developed over a three year period by NLN members. The final set of recommended competencies, which can be viewed on the NLN's website, were divided into the following four competency areas:

- 1) Core Transformational Leadership Competencies: Public health needs and priorities require leaders to engage in systems thinking (including analytical and critical thinking processes), visioning of potential futures, strategic and tactical assessments, and communication and change dynamics.
- 2) Legal and Political Competencies: The field of public health requires leaders to have the competence to facilitate, negotiate, and collaborate in an increasingly competitive and contentious political environment.
- 3) Transorganizational Competencies: The complexity of major public health problems extends beyond the scope of any single stakeholder group, community unit, profession or discipline, organization, or government unit, thus requiring leaders with the skills to be effective beyond their organizational boundaries.
- 4) Team Leadership and Dynamics: Effective communication and practice are accomplished by leaders through team building and work group capacity and capability.

❖ Survey of State Health Departments' Public Health Workforce Strategic Development (1999)

Because of the NLN's investment in leadership development, the Network believed it was important to have a comprehensive view of the public health workforce development. The NLN took the initiative to collect this data due to a lack of existing data on workforce development. The Public Health Workforce Strategic Development

Workgroup was established with the mission to study and produce a report regarding the 50 states' efforts in public health workforce strategic development.

Beginning in February 2000, contacts were made in every state regarding their current public health workforce development efforts and their status of a comprehensive workforce development plan. Although a comprehensive plan is not required, it is recommended by CDC. Through the collection of this data, the workgroup hoped to develop a Public Health Workforce Strategic Development Process Model, which would be made available to state departments of health as a resource.

Annually, from February 2000 through March 2004, this data was collected and a report was produced and disseminated to every state health department and key national agencies and organizations such as NACCHO, ASTHO, CDC, and HRSA. These results and the supporting documents (also located on the NLN website) provided by the states served as critical resources to state agencies and national organizations in their efforts to develop or assist in the development of comprehensive public health workforce strategic development plans, models of plans, or recommendations regarding the development of a plan. As time progressed, it became more of a challenge to create a comprehensive picture of the workforce development due to a large number of changes at the state level; therefore, the NLN produced its final report in March 2004.

❖ NLN Leadership Sessions at APHA (2000)

The purpose of the leadership sessions held annually at APHA is to expand awareness of the NLN and its mission to a broader public health audience. These sessions have increased awareness of many critical issues related to public health leadership and continue to focus on challenges, which may compromise public health workforce and leadership development. Past topics for sessions include how to develop a Public Health Leadership Institute, advancement of global public health leadership opportunities, and two sessions on crisis leadership.

❖ Conceptual Model for Leadership Development (2001)

NLN members developed a *Conceptual Model of Leadership Development* that is used to design effective, efficient, and consistent public health workforce education and training programs. This model contains seven elements considered imperative for the design of leadership programs in public health. These elements are: capacity/competence needs; program target; area served; program content; training levels; learning approach, and implementation methods. The benefits of using this model include the integrated development of program content and methods, the use of common competency frameworks, and the consistent design for assessment and evaluation. (Publication available upon request.)

❖ Balderson Leadership Awards (2001)

NLN established three separate leadership awards to honor the memory of Tom Balderson and to recognize the achievements of public health leaders. Tom was the Acting Branch Chief of the State and Community Services Branch in the Division of

Public Health Systems Development and Research within the Public Health Practice Program Office of CDC. He was best known by many people as a mentor and partner in the development of state, regional, and national leadership institutes, as well as the NLN. The Balderson Leadership Awards serve to recognize scholars/fellows of leadership institutes who have made an important contribution to the field of public health. These individuals have expanded the national field of public health and public health leadership development and strived to raise the global awareness and the importance of developing leaders who will continue to play key roles in state, national, and international public health. In addition, the Balderson Support and Lifetime awards have also given recognition to individuals who have dedicated their career to public health and advocating for public health leadership.

- Balderson Leadership Project Award – Annually, an outstanding Public Health Leadership Institute Alumni Project/Case is selected to receive this award and three runners-up projects/cases are honorably mentioned. The award recipient and the three runners-up are invited to present their projects/cases in a poster format at a NLN sponsored session at APHA. These awards presented at the annual APHA conference give the NLN the opportunity to showcase the impact of leadership education and training on the public health workforce and the public health infrastructure.
- Balderson Lifetime Public Health Leadership Award – The NLN honors a public health leader who has made significant academic and/or practice contributions and has had national impact in the field of public health and public health leadership throughout his/her career. This individual is honored at the Network Annual Conference each year and is invited to give an address during the conference on his/her career in the field of public health. The first award was presented posthumously to Tom Balderson.
- Balderson Award for Support of Public Health Leadership Development – This award is presented annually at the Network's Annual Conference to an individual who plays an imperative role in the support and promotion of the public health leadership institutes and/or public health leadership in general. This individual may influence and/or impact leadership institute curriculum and/or culture, serve as a liaison to or partner with state/regional/national public health leadership programs, advocate for public health leadership, and most important of all, exemplify the qualities of Tom Balderson (dedicated, patient, ethical, positive, attentive, passionate, loyal, and motivating).

❖ International Members of the NLN (2002)

The first international members, The Institute of Public Health in Ireland and The National Public Health Leadership Programme, England, joined the NLN in July 2002. In 2004, the third international member, the Saskatchewan Health Leadership Institute, was accepted as a NLN member. The NLN expansion to international horizons demonstrates the need to improve leadership development in all global public health systems and supports the critical role played by the NLN and its members in the development and maintenance of leadership development efforts.

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❖ Public Health Workforce Strategic Development Demographic Data Collection Survey (2002)

During the 2002 Network Annual Conference, the Public Health Workforce Strategic Development Workgroup was challenged to address the issues of health disparities and efforts to increase public health workforce diversity. A plan was developed in August 2002, the Racial Minority Review Study, to determine the proportion of racial minorities that have received public health leadership training through CDC sponsored state, regional, and national public health leadership institutes. Even though this was not a “scientific” study, it assisted in understanding what is going on in the area of diversity in the public health workforce. The purposes of collecting the data are:

- 1) To promote racial minority public health workforce participation in public health leadership development.
- 2) To promote racial minority public health professionals as role models within public health.

The project was piloted among the leadership institutes and based on the results, the workgroup began to take measures to create a systematic process of collecting demographic scholar data from the Institutes. A demographic data collection form was developed in Spring 2005, which will be made available to the institutes for prospective data collection. The information collected will assist state, regional, and national institutes in comparing the demographic makeup of their public health workforce with that of their graduating scholars to see how well they are reaching minorities within the state(s) the Institute serves, as well as assist states in determining whether they might want to focus attention on minority recruitment. In addition, this information will assist the NLN in measuring progress toward its goal to increase and diversify participation in public health leadership programs.

❖ Evaluation Workgroup Proposals/Evaluation Logic Model (2002)

From 2002-2005, the Evaluation Workgroup has submitted proposals to CDC to evaluate the impact public health leadership education and training on the public health workforce and on the public health infrastructure. Each year the proposal has been approved; however, the funds to sustain the project have not been available. In the meantime, the Workgroup began the process of collecting evaluation methods, models, and instruments from the leadership institutes. This information, which was collected in 2002 and updated in the spring of 2005, supported the development of a *Public Health Leadership Institute Evaluation Logic Model*. It will also be used in the development of a Leadership Institute Evaluation Resource Guide, which will include methods, models, and instruments to assist in the short and long term evaluation impact of leadership education and training programs. (Publication available upon request.)

❖ Crisis Leadership Development Efforts (2003)

The Competency Framework Workgroup recognized the importance of including a component on crisis leadership development due to the increased need to prepare

public health leaders for emergency situations. The Workgroup held a meeting to address the need for a common definition of crisis leadership; begin the identification of crisis leadership competencies; develop core curriculum for crisis leadership, and review current crisis leadership development materials, programs, and literature being utilized by existing institutes. As a result of the group's efforts, a *Working Definition of Crisis Leadership* was developed (the practice of anticipating, recognizing and responding effectively to the elements of crisis by influencing others through the judicious use of moral, technical, positional, or assumed authority). *Core Curriculum Areas* were identified (e.g., ethics and the law, critical thinking, risk communication, etc.) and *Crisis Leadership Sub-Competency Sets* were developed. The future work of this group will include the development of crisis leadership competencies for public health.

❖ Resources Sharing Workgroup Survey (2004)

The Resources Sharing Workgroup was formed to support the creation of a clearinghouse of information, materials, models, curricula, and other resources critical to the development and enhancement of leadership development programs. The Workgroup developed and conducted a preliminary survey of all the leadership institutes in February 2005. The results supported the need for a Resource Center for Leadership Development, which will serve as a useful guide and tool for everyone interested or involved in leadership development. The preliminary survey data is being disseminated via the NLN's website.

❖ Partnership: Turning Point Leadership Development Collaborative (2004)

In April 2004, the National Public Health Leadership Development Network strengthened the partnership with the Turning Point Leadership Development National Excellence Collaborative (Collaborative). The Collaborative is currently a member of the NLN and, in turn, the NLN has an official representative to the Collaborative. Turning Point has benefited from the experience and input of a number of NLN members as the materials and products were created. Because of this productive partnership, the Collaborative has requested and the NLN has agreed to take a significant role in continuing to disseminate and sustain the series of curriculum materials and products developed over the course of the Robert Wood Johnson Foundation's Turning Point Initiative implementation phase. This partnership between the NLN and the Collaborative has and will continue to allow NLN to share significant resources with leadership institutes and other agencies and organizations eager to provide various levels of leadership development training to public health professionals and other members of their community.

❖ Endorsement of Public Health Code of Ethics (2004)

To uphold the ethical standards of practitioners in the field of public health, the NLN supported the adoption of the Public Health Code of Ethics developed by the Public Health Leadership Society (PHLS). A letter was sent to PHLS from the NLN's Chairperson and Director explaining the NLN's adoption of this code of ethics, as well as stating the importance of practicing ethical leadership principles while administering the essential services of public health to the community.

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❖ Environmental Public Health Leadership Institute (2004)

In 2004, NLN received a request from CDC and a local Kentucky partner to provide technical assistance and program development for the National Environmental Public Health Leadership Program. NLN was identified as the unique source to develop this discipline specific Leadership Institute and was sought out to provide this service because of their recognized expertise and capacity as a national infrastructure for leadership development. The NLN's individual and combined experiences and the partnership with CDC provided the necessary skills and knowledge required to design, develop, implement and evaluate a comprehensive, competency-based leadership institute.

The project is spearheaded and funded by the National Center for Environmental Health at the Center for Disease Control and Prevention. The project goal is to create and implement a program to strengthen the leadership and preparedness capabilities of the environmental public health workforce. Specifically, the project will provide leadership development to prepare local, state, tribal, and federal environmental leaders from public health agencies and organizations in the provision of essential environmental public health services in order to anticipate, prevent, respond to, and recover from emerging environmental health threats (including unintentional, intentional and natural disasters).

❖ Letter to CDC Regarding Futures Initiative (2004)

NLN recognized the efforts CDC has undergone to improve public health infrastructure through the CDC Futures Initiative. The NLN advocated for the critical importance of leadership development within this process by sending a letter to CDC from the NLN's Executive Committee. This letter addressed the NLN's and Public Health Leadership Institutes' role in strengthening the public health infrastructure through the leadership institutes' training of the public health workforce.

❖ Core Leadership Development Curriculum (2004-2005)

Through a collaborative effort, a committee of NLN members developed and implemented a *Core Competency Based Public Health Leadership Curriculum* derived from the state, regional and national leadership institutes' best practices and supported by the current literature on leadership development. The NLN, through its dedicated membership, possesses the unique expertise, organization, facilities, and other demonstrated qualifications to support this effort. This core curriculum, built upon the Public Health Leadership Competency Framework and utilized extensively by leadership institutes, strengthens the leadership capabilities of the public health workforce throughout the country.

❖ Strategic Planning Process (2004-2005)

Beginning in October 2004, the NLN engaged in a strategic planning process. The process continued via web-based technology, conference calls, and face-to-face meetings including the membership meeting during APHA in 2004 and a special strategic planning session at the Annual Conference on April 27-29, 2005 in St. Louis.

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The results of this process included the Network's vision, mission, goals, objectives, values, internal and external strengths being revised and/or developed. This information can be found on the NLN's website.

V. Sustainability of the NLN

Over the past 12 years, the National Public Health Leadership Development Network has played a major role in ensuring sustainability of these efforts by: 1) increasing linkages among state, regional, national, and international institutes; 2) expanding access to leadership and workforce development programming throughout the country and across the globe; 3) coordinating intra-Network technical assistance for program development, implementation, and needs assessment for and evaluation of competency-based leadership development programs; 4) increasing joint workforce development initiatives with other organizations to demonstrate unique collaborative models for co-sponsorship and resource development; 5) publishing articles to disseminate Network models and frameworks; and, 6) developing and sustaining a Network website and internet based communication systems. Ultimately, the current and future efforts of the National Public Health Leadership Development Network assure a sustainable infrastructure to develop and enhance professional leadership practice to fulfill public health's mission - education and training for performance of the core functions and essential services.^{1, 2}

The need for qualified, competent leadership and public health workforce underscores the imperative for the development of resources and the capacity necessary to establish a national system of workforce and leadership development programs.³ Public health academicians and practitioners involved in state, regional, national, and international institutes have developed the NLN to sustain and expand nation-wide programming through inter-state, inter-regional, and international collaboration. The NLN is a unique example of sustained national and international collaboration to systematically expand access to public health workforce and leadership development through cooperation among departments of health, professional associations, federal and private organizations, schools of public health and other academic institutions.

"The biggest strength of the NLN is the collective knowledge of its membership. Everyone is willing to share this knowledge as well as their experiences, resources and ideas. This has been very helpful to me as a new PHLI coordinator."

Melissa Sever, Office of Workforce Development, Ohio State University

VI. Conclusion

The National Public Health Leadership Development Network and Public Health Leadership Institutes have gained visibility and achieved importance and impact across the country and globally. The NLN has the potential to play an even more valuable role as the infrastructure poised to expand its role in strengthening the practice of public health through accomplishing its proposed objectives. Public health academicians and practitioners involved in state, regional, national and international public health

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leadership Institutes have, over the last twelve years, dedicated a great deal of effort to create a sustained, viable, and competent Network.

The NLN will continue to provide a forum for the further development and expansion of public health leadership and workforce development programs. In turn, these state, regional, national, and international programs will increase capacity and competence in order to achieve the high level of performance of the essential services of public health. The formalized NLN has a strong identity and structure that will continue to increase visibility and expand support for the development of an integrated national public health workforce development system.

"NLN was instrumental in providing me with information and encouragement to establish the Northeast Public Health Leadership Institute [which includes the New England states plus Pennsylvania, New York and New Jersey]. In 1996 [when we started NEPHLI] there were nowhere near the information and resources available on leadership development—NLN . . . [was] invaluable. NLN has matured and continues to connect us with the most current information on leadership development and breaking events in the field of public health. NLN is 'the straw that stirs the drink,' the main ingredient linking the state and regional public health leadership institutes."

-Dwight Williams, Northeast Public Health Leadership Institute

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