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ABSTRACT

In the 2008 volume of the Florida Public Health Review we published some student essays in which specific leadership paradigms were applied in theory to tackle some of public health's most challenging problems. We continue that in effort in 2009 and invite other public health students, faculty, and practitioners from around the state to contribute ideas that foster leadership skills and the development of dynamic leaders.
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Introduction

The emergence and eventual election of Barack H. Obama as President of the United States is an illuminating example of the hunger Americans have for leadership. One area in which leadership has waivered is in the area of health care and preventive services. Depending on when one wants to start counting, national health care plans have been discussed without a dynamic result for between 16 and 76 years – spanning the gap between the William Jefferson Clinton and Franklin Delano Roosevelt administrations. Some authorities might argue that the debate has gone on for many years longer than that. In 1883, German Chancellor Otto von Bismarck mandated health care for citizens paid through the so-called "sickness funds" (Taraszka, 1992). Inherent to this day in the German system is complete medical, dental, hospital, eye care, drugs, income support during illness, a paid maternity leave policy, and independent choice of health care providers. The German plan has flourished rather rigidly and without much flap for over 125 years. Obama's plan during the 2008 campaign contained both mandatory and flexible elements (Obama, 2008). The point is that the United States is the only developed country that leaves a large proportion of its population uninsured and at risk, yet prides itself on its leadership in government.

Whereas America's leadership in public health may not lack vision, arguably, it has lacked solutions that are politically acceptable to elected officials and economically feasible to the people who elected them. Whether leaders are born or nurtured, it is evident that benefit will be gained from formal exposure of public health students to leadership frameworks and their application in theory and practice to various public health challenges. Leadership frameworks addressed in the one-credit hour seminar-style course entitled *Professional Foundations of Health Education* at the University of South Florida College of Public Health include:

- Servant leadership (Greenleaf, 1977);
- Transactional-transformational model (Burns, 1978);
- Enabling model (Bennis & Nanis, 1985);
- Eight-stage process of change model (Kotter, 1986);
- Leadership-commitment model (Kouzes & Posner, 1987);
- Principle-centered leadership model, (Covey, 1992);
- Leader-follower relationship model (Rost,1993);
- Leadership training model of the Directors of Health Promotion and Education (1997) presented through the Public Health Education Leadership Institute;
- Relational leadership model (Komives, Lucas, & McMahon, 1998);
- Resonance model (Goleman, 2002); and
- Situational leadership model (Hersey, Blanchard, & Johnson, 2007).

Clearly, other paradigms and leadership models and frameworks could be advanced and tested for their application to public health problems.

The Task

Students are required to prepare a paper 3000 $\pm$ 500 words in length that incorporates the elements of a professional leadership model, theory, framework, or approach in addressing a particular *health education problem* of their choosing and a *setting* (school or university, worksite, health care setting, community setting, voluntary health organization, government agency, professional organization, or public-at-large). A more extensive description of this assignment has been published previously (McDermott, 2008). The

paper is a theoretical application only, not a real application.

As I have pointed our previously (McDermott, 2008) students experience at least four problems in fulfilling this assignment. These problems are probably not uncommon at other institutions as well:

- Identifying problems of significance for which they have both understanding and passion;
- Distinguishing among leadership models or their application to real-world problems;
- Articulating their position because of inadequate writing or logical thinking skills (in part, perhaps, because they have a limited history of being challenged as undergraduate students to write); and/or,
- Combinations of these limitations.

These issues notwithstanding, five essays were generated this year that illustrate the value added of challenging future public health practitioners to think in unfamiliar dimensions. Each essay is unique: Ellen Garnett undertakes the problem of enhancing patient-provider communication in the lesbian community; Emily Koby describes a leadership plan for improving community-based obesity prevention interventions; Tamara Looney offers leadership insight for augmenting HIV risk reduction among African American women; Alison Oberne contributes some related thoughts about HIV risk for middle-aged and older adults; and finally, John Trainor brings new ideas using a combination of leadership approaches to fostering better participatory research in communities. These essays do not present comprehensive plans but they do show how opportunity to be innovative can move students out of the lock-step of thinking that sometimes paralyzes public health authorities and elected officials. I hope that these essays inspire others and spark interest in leadership, the Florida Public Health Association, professional preparation in public health in Florida, and in the *Florida Public Health Review*.

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