My daughter Anna just finished her master’s degree in nursing and is heading back into the workforce. As we talked about her upcoming interview at a community clinic with the type of bicultural and bilingual focus she wants, I found myself listening for how much of her preparations were about what they did compared to why they did it. I visited their website and concluded that I took the same short path of clicks Anna had navigated to become similarly impressed. Home page: same old, same old. Click. About us: mostly same old, but also, “We advocate for a fair distribution of resources.” Click. History: Nothing same old; rather, many community firsts in providing care for Spanish speakers and the homeless as well as pioneering school-based clinics. Click. Publications: Way cool stuff including a recent article by clinic staff in the American Journal of Public Health on Affordable Care Act implications for youth access to care. Just 3 clicks and my thinking aligned with Anna’s: What this clinic does every day is important.

Though similar to many places, why they do it is inspiring and sets them apart.

There is a bromide in health services research circles that the best way to predict a person’s future healthcare utilization is simply to review their prior utilization. The same can be said for how people will behave in relationships, how to sort out candidates for a job, or how to decide if an organization will be a good fit for you. Look to their past if you want to predict what values, vision, and tendencies inform their present and guide their future.

Can the same be said about leadership in health promotion? I don’t know how to answer whether leaders are made or born, but I do know the “everyone needs to lead to get things done” premise is nonsense. Indeed, the opposite is true: If everyone is a leader, no one is a leader. Put another way, if everyone is a leader, there are no followers, and that’s a sure way to get nothing done. (Think Congress. Enough said.)

So this column in 2013 will be dedicated to exploring leadership in
health promotion. What does it mean to be a leader in health promotion? How is health promotion leadership different from, say, leadership in banking or baseball? How is leadership different from management? How can you assess and improve leadership skills and abilities? What does it mean to be an exemplary follower? How do you decide when to lead and when to follow?

Well, to begin, if leadership is a journey, as most leaders will attest, then it must have a starting place. If you’re destined for leadership and you’re reading this column, you have plenty of personal history already for contemplating whether you’re wired to lead. The roots to trace are what you’ve done, how you’ve done it, and why. As you’ll see in columns to come, the sources of power that leaders have at their disposal derive from both success and failure at these experiences, but the “why” is critical. The more clearly you can answer that question, the more likely you’ll be cast as a leader. (I’ve served on about a dozen community boards or professional associations over the past 25 years. Not once have I sought position leadership, but in every case I ended up as the board chair or association president. What gives? I believe in servant leadership, but I’m no glutton for punishment.)

Anna’s final essay for her graduate program offers a clue about where “whys” begin. The paper was about connecting her past academic training and personal experiences to plans for her future in nursing. I was touched to see the prominent role I played in her paper. She traced her awakenings to the potential of health education to the pancake breakfasts I’d make for her adolescent friends after sleepovers. She remembered, far more specifically than I recall, the safe sex messages I’d weave into our chats about the trouble with boys. She noted that her friends fabricated interesting love lives just to set me off. She wrote about how, to this day, she sees my passion for my work, how health promotion is not a job for me but a calling and a way of life. You simply can’t fake who you are or are not around your loved ones.

My “whys” relate to a love of teaching and a belief in health for all. Now Anna’s “whys” are being fleshed out with her own rich professional experiences: seeing community needs from her vantage point in the Peace Corps, working in a domestic violence center, winning a research fellowship to study abroad, testing her physical abilities in rowing and triathlons. Coming to own her “whys” explains her clear intent to match her passion for service with an organization that leads in areas she is eager to emulate and advance.

Just as Anna and I needed only a few clicks to assess the authenticity of a community clinic, so too are you being judged as a prospective leader every day. Simply put, if you accrue no followers, you’re not a leader. Where does the journey begin? Are you staying current as a subject expert? Click. Do you love to team up to get things done? Click. And, most important, is it clear why you do what you do?

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Bibliography