

Leadership

The Five Dimensions of Meta-Leadership: Application to US Public Health Leadership During the Onset of H1N1

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Introduction: In April 2009, the United States Centers for Disease Control and Prevention (CDC) learned that a novel and seemingly lethal strain of H1N1 was present in Mexico and was spreading into US border states. The majority of senior CDC leaders were trained in meta-leadership, a strategy for emergency preparedness and response developed at the Harvard University National Preparedness Leadership Initiative. This study reports on an analysis of senior leaders involved in that response.

Methods: Senior CDC leaders involved in the H1N1 response between 22 April and 22 May 2009 were interviewed using a structured interview tool and a qualitative analysis of their responses.

Results: Given the short time since the onset of the event, research still is in progress. However, preliminary interviews confirm that senior CDC leaders, including Acting Director, Dr. Rich Besser, were knowledgeable in the five dimensions of meta-leadership and were intentionally practicing and applying the strategy. A public opinion survey indicated an 83% approval rating for public health leaders managing the event.

Conclusions: The five dimensions of meta-leadership are: (1) the leader; (2) situational awareness; (3) leading one's silo of responsibility; (4) leading up to one's boss; and (5) leading intra-agency and cross-agency connectivity. When adopted across the government and out to the private sector, meta-leadership provides three important advantages: (1) a strategy of action designed to advance coordinated planning and response to major emergencies; (2) a conceptual framework and vocabulary that encourages intentional networking and cohesion to connect the purposes and work of different public and private stakeholders; and (3) a practice method that both instructs and guides multi-dimensional problem-solving. By deploying the skills and abilities of meta-leadership, positive outcomes were achieved during the early phase of the H1N1 outbreak in the US.

Keywords: H1N1; leadership; meta-leadership; public health

Prehosp Disaster Med

Relationship of Hospital Leadership to Regionally Coordinated Disaster Response: Applying a Standardized Assessment to Hospitals in the Aftermath of Hurricanes Katrina and Rita

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Introduction: The US National Response Framework is grounded in the perspective that disaster preparedness

responsibilities stem from local, to state and national planning levels. The Hospitals Preparedness Program, prompted by the 11 September 2001 terrorist attacks, continues to emphasize the value of developing coordinated response capabilities by community leaders. In the aftermath of the catastrophic 2005 Gulf Coast hurricanes, this study examined the hospital emergency preparedness coordinators' leadership style and applied leadership theory to Louisiana planners. It further assessed priority planning areas among nine in-state regions for the purpose of exploring the relationship of leadership styles to coordinated planning priorities and proximity to ground zero of Katrina and Rita.

Methods: Three hospital groups participated, representing 135 hospitals: 22 Designated Regional Coordinators at acute care facilities, 73 Designated Hospital Coordinators at acute care facilities, and 40 Designated Hospital Coordinators at non-acute care facilities, e.g., psychiatric, and rehabilitation. Four professional positions at each hospital participated in this 360° assessment. Two survey tools were used: the Multifactor Leadership Questionnaire (Bass, 1995) and the Emergency Preparedness Indicator Tool.

Results: Transformational leadership, the dominant leadership style, had a positive association with hospital performance cohesion scores. Planning priorities varied considerably between regions, but not between hospital licensed bed size or profit structure.

Conclusions: These results have significance in understanding more about how experienced hospital responders implement effective programs and how that implementation can be examined across other local, state, and national disaster response systems.

Keywords: disaster; hospital; Hurricane Katrina; Hurricane Rita; leadership; response

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Healthcare Preparedness for Disasters: An Update on US Federal Government Resources and Preparedness Activities

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This update for healthcare leaders will present US federal resources and programs available to medical and public health communities to augment the nation's capacity and capability to respond to bioterrorism, infectious disease outbreaks, local and national disasters and mass-casualty incidents, and other threats to the public health. The vast funding provided to the states over the past decade by the US Department of Health and Human Services (HHS) drastically has improved the capabilities and resource capacity of our healthcare system to prepare for, respond to and recover from disasters. A number of programs are and will continue to be critical to local-level healthcare leaders