"Becoming the Best at Getting Better"
The CDPH lean transformation and leadership philosophy

Tomás Aragón, MD, DrPH
State Public Health Officer and Director
California Department of Public Health
tomas.aragon@cdph.ca.gov (email)
DrTomasAragon.github.io (blog)
@DrTomasAragon (twitter)

November 19, 2022

Outline

Public health approach

Public health: The science and practice of population health 1/2

Public health approach

1. Ecological-social ("eco-social")
2. Life course and inter-generational
3. Equity, antiracism, and health equity
4. Prevention, esp. primary prevention[a]

---

[a] JM Shultz, L Sullivan, S Galea. Public Health: An Introduction to the Science and Practice of Population Health. Springer Publishing Company, 2019

Figure: https://ohi.vetmed.ucdavis.edu/

Public health: The science and practice of population health 2/2

Public health approach

1. Ecological-social ("eco-social")
2. Life course and inter-generational
3. Equity, antiracism, and health equity
4. Prevention, esp. primary prevention[a]

---

[a] JM Shultz, L Sullivan, S Galea. Public Health: An Introduction to the Science and Practice of Population Health. Springer Publishing Company, 2019

Figure: https://doi.org/10.17226/25466.

The public health system: Role of public health agencies[1]

[1] JM Shultz, L Sullivan, S Galea. Public Health: An Introduction to the Science and Practice of Population Health. Springer Publishing Company, 2019
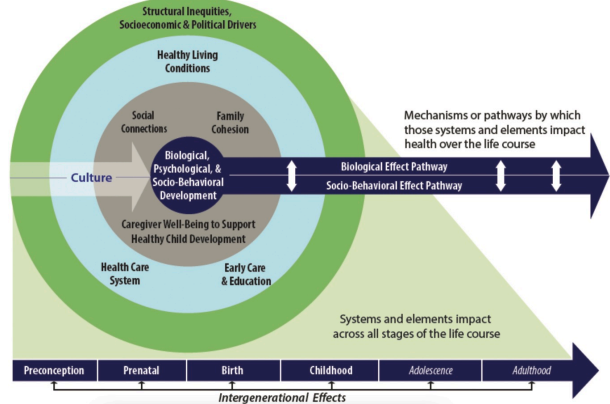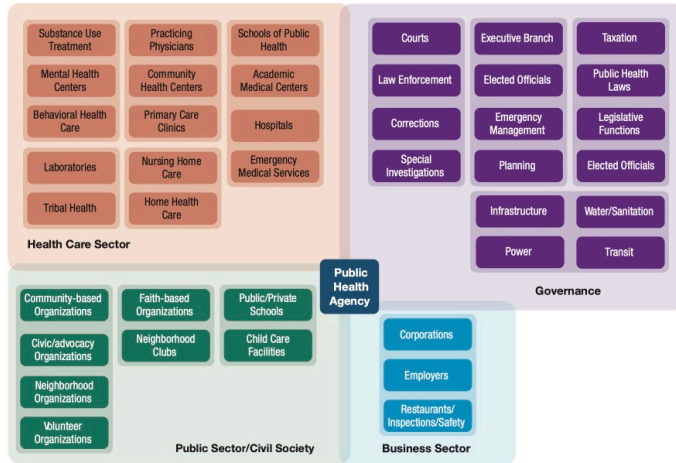
CDPH lean transformation

The CDPH Way — *"Becoming the Best at Getting Better"*

1. Be a learning, healing, impactful organization
   - Lean management with OKRs[a]
   - Trauma informed and responsive
   - Equity, antiracism and health equity
2. Develop our people
   - Core public health competencies
   - Personal professional development
3. Tackle key public health challenges
   - Future of Public Health Initiative
   - Behavioral health promotion (esp. youth)
   - Community Health Improvement
   - Emergency readiness and pandemic recovery
   - Climate action and community resilience

Figure: Transformation theory of change

---

[a]See "Objectives and Key Results" (OKRs)

The CDPH Way — *"Becoming the Best at Getting Better"*

Lean thinking and practice is "systematically developing people to solve problems and consuming the fewest possible resources *while* continuously improving processes to provide value to community members and prosperity to society"[2]

The lean DNA encodes for the following:

1. Respect for people (staff, community, client, patient, customer)
2. Continuous improvement (incremental and breakthrough) ("The Improvement kata")
3. Scientific thinking, problem solving, and innovation ("A3 thinking")
4. Management by objectives (*what*) and key results (*how*) ("OKRs")[3]
5. Elimination of waste and undesired variability in processes and results
6. Being agile, adaptive, and responsive to meet challenges and opportunities

---

[2] https://www.lean.org/the-lean-post/articles/public-service-leans-next-frontier/
[3] See "Objectives and Key Results" (OKRs) at https://www.whatmatters.com/get-started

Five fundamental lean leadership traits[4]

"Continuous improvement is the work."
... *Iman Nazeeri-Simmons, Healthcare COO*

Lean leadership traits

1. Willingness to change
2. Leading with humility
3. Curiosity
4. Perseverence
5. Self-discipline

Figure: Transformation theory of change

---

[4] John Toissaint & Kim Barnas. Becoming the Change: Leadership Behavior Strategies for Continuous Improvement in Healthcare. McGraw Hill, 2021

# 1. Respect for people through universal values (lean value 1)

Components
- Humility
- Compassion
- Equity
- Dignity

- Universal values apply to everyone, everywhere and leaves no one behind, including our adversaries. Universal values enable us to transcend differences, find common ground, and solve problems together. We should strive to embody and promote universal values in every interaction and in every conversation.

- Dr. Monica Sharma, former director of leadership development for the United Nations, discovered that univeral values, especiallly dignity, equity, and compassion, enabled her teams to tackle the toughest public health challenges around the world.[a]

- Humility "is the noble choice to forgo your status, deploy your resources or use your influence for the good of others before yourself."[b]

---

[a]https://www.radicallytransform.org/about2
[b]John Dickson (2018), Humilitas: A Lost Key To Life, Love, and Leadership.

1. Respect for people through universal values (lean value 1)

- Intellectual humility is a mindset that involves recognizing and owning our intellectual limitations in service of pursuing deeper knowledge, truth, and understanding (Figure).[a]

- Cultural humility is committing to lifelong learning and critical self-reflection; realizing our power, privilege, and biases; redressing power imbalances for respectful partnerships; and promoting institutional accountability.
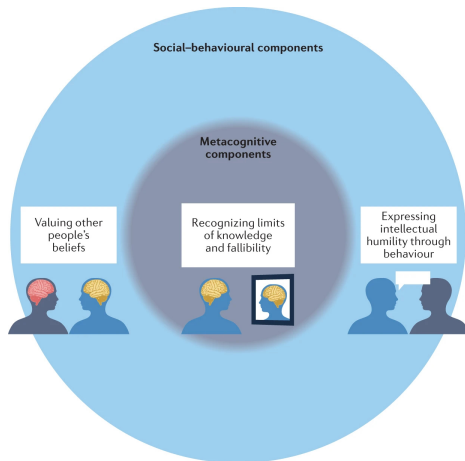
[a]Source nature.com/articles/s44159-022-00081-9

2. Continuous improvement (The Improvement Kata) (lean value 2)

Components

- Challenge
- "Go and See"[a]
- Kaizen[b]
- Teamwork

---

[a]Go to the place (*gemba*) where value is created and learn with humility.

[b]A continuous improvement mindset.
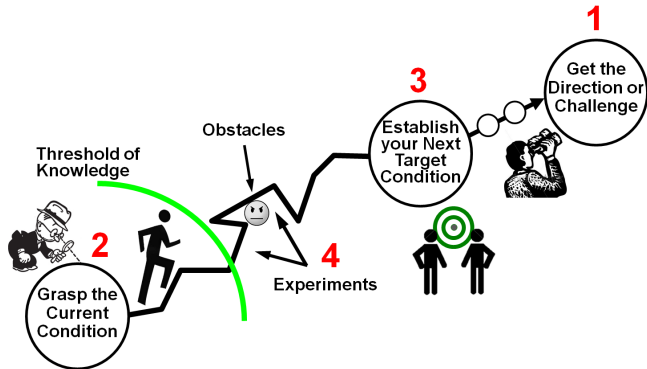
Figure: The Improvement Kata (Source here.)

2. Continuous improvement (The Improvement Kata) (continued)

1. Embrace a challenge and set Objective(s).

2. Grasp the current condition.

3. Establish target conditions (ie, Key Results to be achieved in order to reach an Objective).

4. Conduct activities ("experiments") that enable learning, improvement, and progress (Key Results) toward Objective(s).

Figure: The Improvement Kata (Source here.)
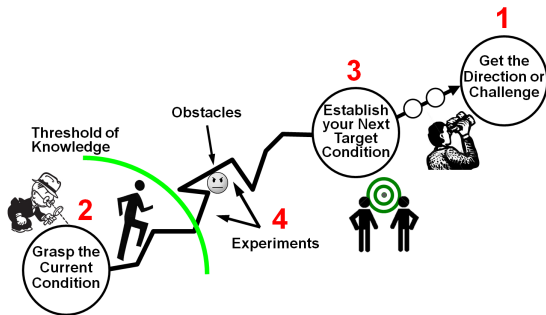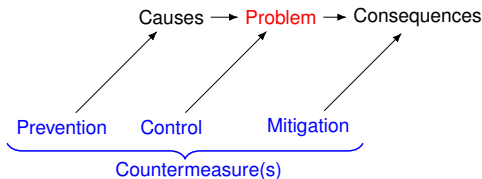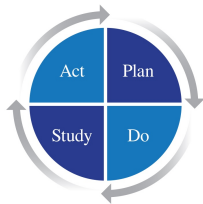
3. Scientific thinking, problem solving, and innovation (A3 thinking)

1. Plan:
   - ▶ Problem definition (see causal graph)
   - ▶ Consequence (risk) analysis
   - ▶ Root cause analysis
   - ▶ Countermeasure selection
2. Do:
   - ▶ Countermeasure implementation
3. Study:
   - ▶ Countermeasure evaluation (causal analysis)
4. Act:
   - ▶ Act on what you learn to improve.

3. Scientific thinking, problem solving, and innovation (A3 thinking)[5]

Table: A3 Report

PDSA	No.	Components (steps need not be chronological)
P	1	Problem statement
	2	Background
	3	Current condition
	4	Objective(s) and Key Results[a] (OKRs)
	5	Analysis (gaps and root causes)
	6	Proposed countermeasures (theory of change)
D	7	Implementation plan (theory of action)
SA	8	Improvement kata (PDSA learning cycles)

[a] target conditions
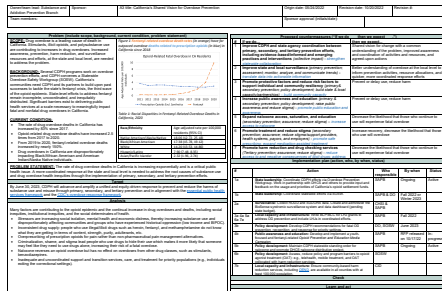
Figure: A3 Substance Addiction and Prevention Branch, Center for Health Communities, CDPH

[5]See 10 min video from Stanford University: https://www.youtube.com/watch?v=rtyia0ci12I

4. Management by objectives (*what*) and key results (*how*) (OKRs)[6, 7]

OKRs connect activities to strategic priorities.

Strategic priorities ← Objectives ← Key Results ← Activities
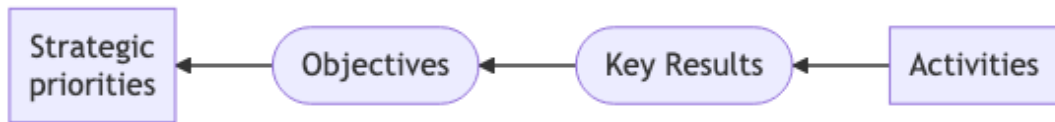
Why?

- FACTS: Focus, Alignment, Commitment, Tracking, and Stretching
  - ▶ what we intend to accomplish (Objective), and
  - ▶ how we measure progress and success (Key Results).
- Is core to Improvement Kata, A3 thinking, and Incident Command System (ICS).

---

[6]See "Objectives and Key Results" (OKRs) at https://www.whatmatters.com/get-started
[7]In Improvement Kata or in A3 Thinking, target conditions are Key Results.

4. Management by objectives (*what*) and key results (*how*) (OKRs)[8]

- Multiple Objectives can be grouped under a high-level Objective ("goal").
- Key Results are linked to specific Objectives.
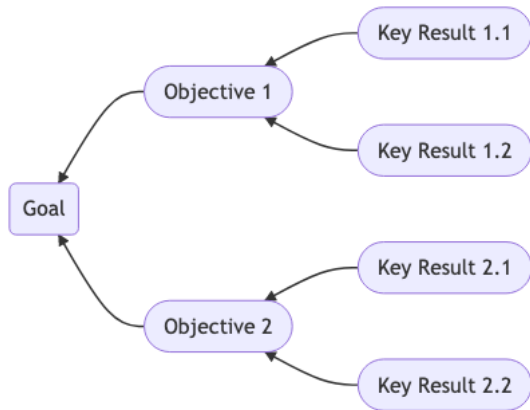
---

[8]See "Objectives and Key Results" (OKRs) at https://www.whatmatters.com/get-started

4. Management by objectives (*what*) and key results (*how*) (OKRs)[9]

Example (part 1 of 2): COVID-19 vaccine equity
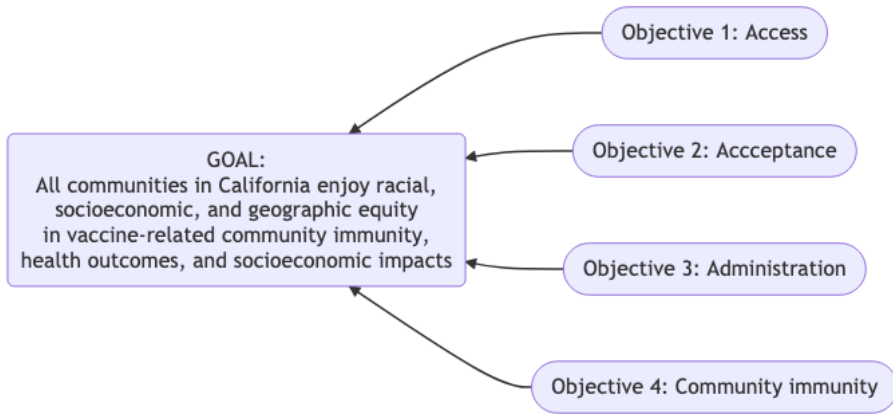
---

[9]See "Objectives and Key Results" (OKRs) at https://www.whatmatters.com/get-started

4. Management by objectives (*what*) and key results (*how*) (OKRs)[10]

KR 4.1: Vaccine coverage >= 80%, stratified by HPI, and race/ethnicity

KR 4.2: Low COVID-19 case rates, stratified by HPI, and race/ethnicity

Objective 4: Achieve equitable community immunity

KR 4.3: Low COVID-19 hospitalization rates, stratified by HPI, and race/ethnicity

KR 4.4: Low COVID-19 death rates, stratified by HPI, and race/ethnicity
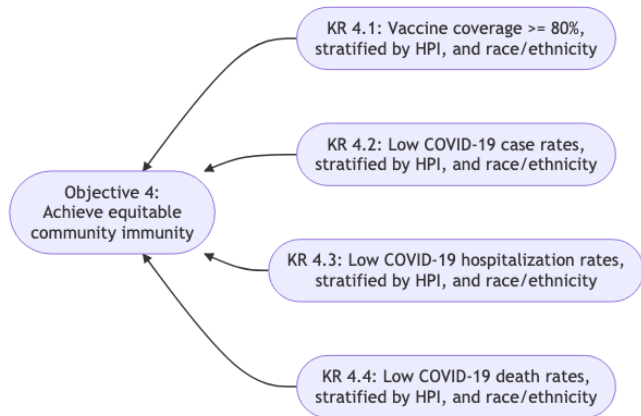
Example (part 2 of 2): "We will [Objective 4], as measured by ..."

Objectives are

- Significant,
- Concrete
- Action-Oriented
- Inspirational

Key Results are

- Specific and Time-bound
- Aggressive yet Realistic
- Measurable and Verifiable

---

[10]See "Objectives and Key Results" (OKRs) at https://www.whatmatters.com/get-started

4. Management by objectives (*what*) and key results (*how*) (OKRs)[11]

Here are Objectives (with KRs pending)

|	Proposed countermeasures ("If we do...
#	**If we do…**
1	**Improve CDPH and state agency coordination between primary, secondary, and tertiary prevention efforts, including evidence-based/informed and emerging practices and interventions** *(collective impact) - strengthen statewide collaboration*
2	**Improve state and local surveillance** *(primary prevention; assessment; monitor, analyze, and communicate trends)* - *translate data into actionable information*
3	**Promote protective factors and reduce risk factors to support individual and community resiliency** *(primary& secondary prevention; policy development; build state & local capacity/partnerships) – build community capacity*
4	**Increase public awareness and education** *(primary & secondary prevention; policy development; raise public awareness and reduce stigma) - promote public education and awareness*
5	**Expand naloxone access, saturation, and education** *(secondary prevention; assurance; reduce stigma) – increase access to naloxone*
6	**Promote treatment and reduce stigma** *(secondary prevention; assurance; reduce stigma/support providers, health systems, payors, and employers) - promote safe prescribing; expand medication-assisted treatment*
7	**Promote harm reduction and drug checking services** *(Tertiary prevention; assurance; reduce stigma) - reduce access to and negative consequences of illicit drugs; address*
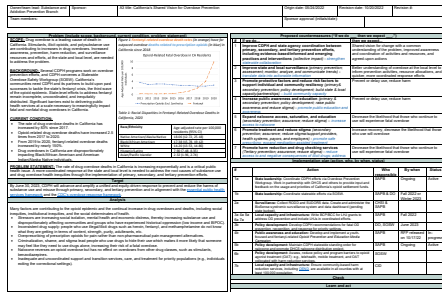
Figure: A3 Substance Addiction and Prevention Branch, Center for Health Communities

---

[11]See "Objectives and Key Results" (OKRs) at https://www.whatmatters.com/get-started

Appendix A — Lean management

How are lean, OKRs,[12] and RBA[13] related?
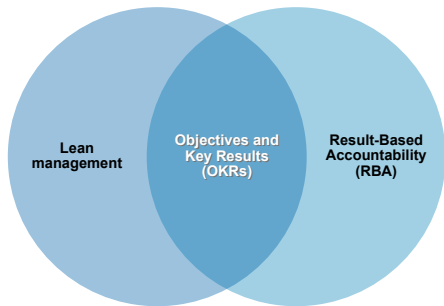
Figure: Lean, OKRs, and RBA are complementary and synergistic

- Lean is a comprehensive organizational management system focused on worker empowerment; scientific problem solving, innovation, and improvement; high quality and elimination of waste; and delivering and sustaining results for primary customers.
- OKRs is an updated version of "management by objectives" focused on achieving audacious goals ("Objectives") and tracking progress ("Key Results").
- RBA is a framework for engaging external partners and communities on solving complex health problems through "collective impact" initiatives.

---

[12]Objectives and Key Results
[13]Results-based Accountability™

Generic lean compass (left) to transform culture and systems (right)
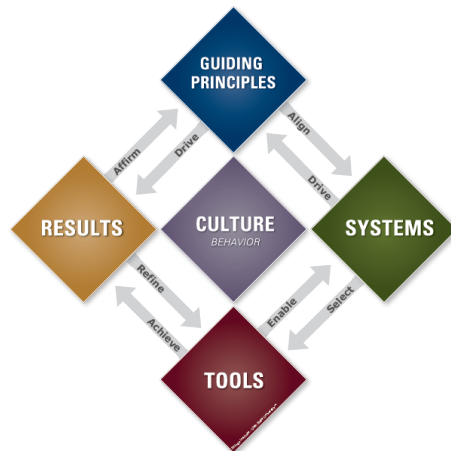
CDPH Lean Compass to transform culture and systems
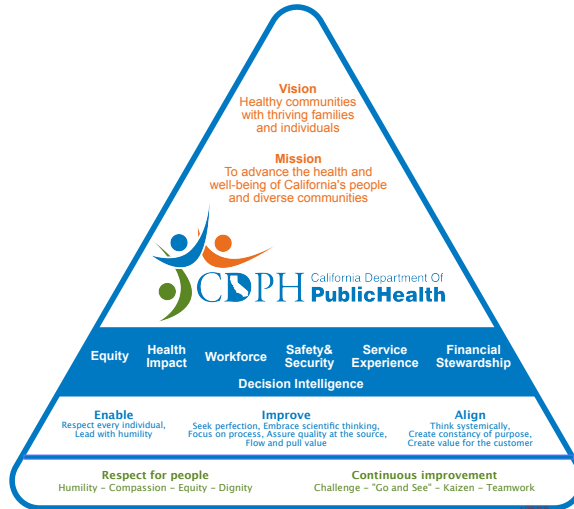
CDPH Lean Compass to transform culture and systems (with legend)
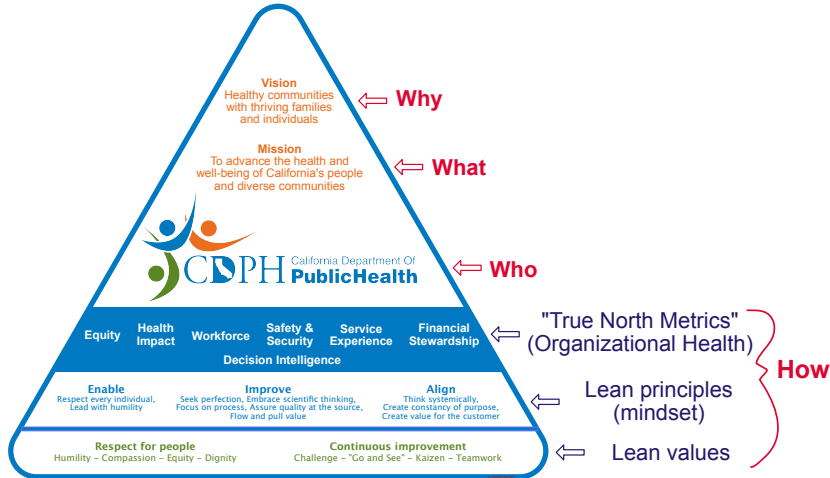
Transformation theory of change

Figure: The Leading Population Health Framework

Lean leadership philosophy is central to the theory of change
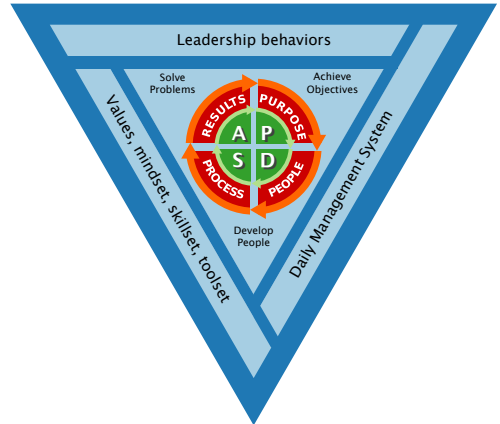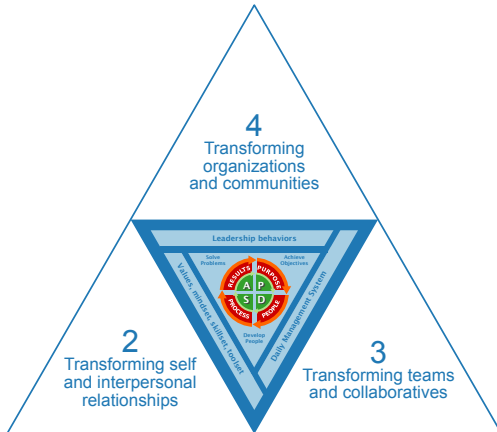
Lean leadership philosophy is central to the theory of change

1. Deployment of lean values, principles (mindset), skillset, and toolset

2. PDSA for scientific thinking, problem-solving and innovation

3. Observable improvements in leadership behaviors (willingness to change, leading with humility, curiosity, perseverence, self discipline, etc.)

4. Leader Standard Work (LSW): Starting with self, "develop people to solve problems and achieve objectives."

5. Daily Management System deploys team huddles, standard work, visual management, tiered reporting, staff development, and management by Objectives and Key Results (OKRs).
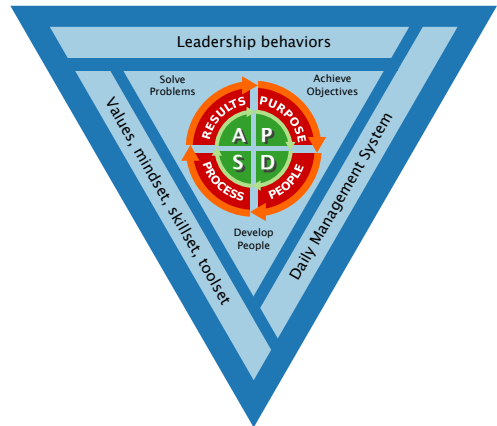
Lean 4P model and 14 principles (from *The Toyota Way*, 2nd ed.)[14]

Philosophy — Think long-term.

1. "Base your management decisions on long-term systems thinking, even at the expense of short-term financial goals."

Process — The right process will produce the right results.

2. "Connect people and processes through continuous process flow to bring problems to the surface." Work processes are redesigned to eliminate waste (*muda*) such as overproduction and waiting times through the process of continuous improvement (*kaizen*).

3. "Use 'pull' systems to avoid overproduction."

4. "Level out the workload, like the tortoise, not the hare (*heijunka*)." This principle is aimed at avoiding overburdening people or equipment and creating uneven production levels (*mura*).

---

[14] Jeffrey Liker. *The Toyota Way, Second Edition: 14 Management Principles from the World's Greatest Manufacturer*. McGraw Hill; 2nd edition (2020)

Lean 4P model and 14 principles (continued)

Process (continued) — The right process will produce the right results.

5. "Work to establish stanardized processes as the foundation for continuous improvement."

6. "Build a culture of stopping to identify out-of-standard conditions and build iin quality." Quality takes precedence (*jidoka*). Any employee has the authority to stop the process to signal a quality issue.

7. "Standardized tasks and processes are the foundation for continuous improvement and employee empowerment."

8. "Use visual control to support people in decision-making and probelm solving." Included in this principle is the 5S, steps that are used to make all workspaces efficient and productive, reduce time looking for needed tools, and improve the work environment.

9. "Adopt and adapt technology that supports your people and processes."

Lean 4P model and 14 principles (continued)

People — Respect, challenge, and grow people.

⑨ "Grow leaders who thoroughly understand the work, live the philosophy, and teach it to others."

⑩ "Develop exceptional people and teams who follow your company's philosophy."

⑪ "Respect your value chain partners by challenging them and helping them improve."

Problem solving — drives organizational learning

⑫ "Observe deeply and learn iteratively (PDSA) to meet each challenge." Go and see for yourself the place (*gemba*) where value is created in order to understand the actual situation (*genchi genbutsu*). Practice relentless, honest self-reflection (*hansei*).

⑬ "Focus improvement energy of your people through aligned goals at all levels."

⑭ "Learn your way to the future through bold strategy, some large leaps, and many small steps."

Appendix B — Objectives and Key Results (OKRs)

What are OKRs?

OBJECTIVES AND KEY RESULTS

OKRs are a management methodology which helps to ensure that your company focuses efforts on the same important issues throughout the organization.

OBJECTIVES

An Objective is what you want to accomplish.

A good Objective is significant, concrete, action-oriented and inspirational. Can be set annually or over an even longer-term.

KEY RESULTS

Key Results are how you will accomplish it.

Good Key Results are specific, timebound, aggressive yet realistic measurable and verifiable. Can be set quarterly and evolve as work progresses.

What Matters

KR4

KR3

KR1

KR2
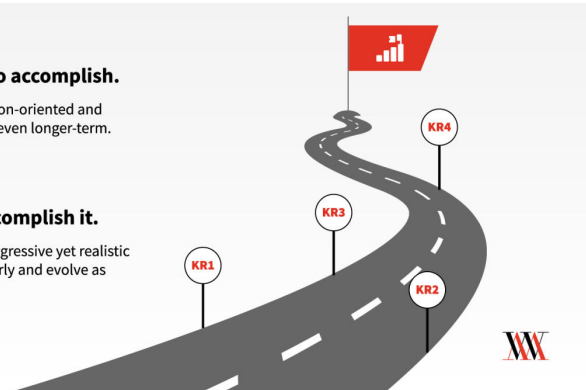
Source: OKR Certification: Leadership and Goal Setting (https://www.coursera.org/learn/okr)

In *Measure What Matters*, John Doerr reminds us that OKRs are the few things that matter most to your team's success. They consist of two parts: Objectives and Key Results.[15]

Objectives are

- Significant
- Concrete
- Action-Oriented
- Inspirational

Key Results are

- Specific and Time-bound
- Aggressive yet Realistic
- Measurable and Verifiable

---

[15] Measure What Matters: How Google, Bono, and the Gates Foundation Rock the World with OKRs. Portfolio (April 24, 2018)

Writing great Objectives

Consider the following and create a list. No need to edit yourself yet:

☐ What are the most important things that need to get done in the next 90 days?

☐ What needs to change from where you (or your team or organization) are today?

☐ What does success look like in the next 90 days?

How many potential Objectives did you list? A few? A whole page?

Keeping in mind that OKRs are not "the sum of all things." Now, can you narrow or consolidate your potential Objectives to the three, two or even one that would matter the most?

It's okay to be picky. OKRs are there to help us focus our efforts. If something doesn't make the list this cycle, you can reconsider it next cycle.

Write great Objectives (continued)

And now that you've prioritized the list, be nice to yourself and your team. Does the narrowed down list represent realistic expectations for what can be accomplished in one cycle?

We'll work on improving your short list of Objectives soon. For now, ask yourself:

- ☐ Are these Business as Usual? Or would accomplishing them make real, meaningful change?
- ☐ Are they concise? Have you used simple, active language with inspirational verbs?

Connect objective to organizational purpose and mission

A purpose answers the question, "Why are we here?"

Mission statement is one layer more specific than a purpose. It answers the questions, "What do we do?" and "Who do we serve?"

Even if your purpose isn't explicitly stated by your organization or program, take some time to think about the why, the what and the who:

☐ Why are we here?

☐ What do we do?

☐ Who do we serve?

Summary: OKRs should connect to our organization's purpose:

Purpose → "Why are we here?"

Mission → "What do we do?" and "Who do we serve?"

Objectives → "What are we trying to do?"

Key Results → "How do we know when we've made it?"

Refining Objectives—Ask the following questions

1. Is the Objective a meaningful change?
2. Is the Objective an inspiring change?
3. Is the Objective an audacious change?
4. Is each one specific enough, articulating a clear direction?
5. Do they inspire action with verbs and avoid passive language?
6. Are they all concise? Or could you say them in a simpler way?

Writing great Key Results

What are the three to five measurable ways to prove that we accomplished the Objective?

Check to see if each one meets the following basic criteria of a KR:

☐ Is it specific and timebound? → We'll get "this far" in "this amount of time."

☐ Is it aggressive yet realistic? → Does it have an appropriate amount of stretch built into it?

☐ Is it measurable and verifiable? → There's no question at the end of the cycle about whether or not it has been met. Can it be measured? Can anyone on the team verify it?

Additional criteria:

☐ Does it capture progress? → Can you tell if you're on the way to meeting the Objective?

☐ Does it capture achievement? → Is there a clear end result that can be met?

☐ Would it provide early warning signals when something isn't working out right? → Will you be able to tell if an effort is stalled or if it's sliding backward?

The 3 Types of Key Results

Different approaches to Key Results can inspire different actions by teams. We can group KRs into three categories:

- Inputs/Processes: *processes* (activities) that transform *inputs* (financial, material, and human resources) into outputs
- Outputs: delivery of products, services, or communications
- Outcomes: change in knowledge, behaviors, skills, conditions, etc.

We have control of inputs, processes, and outputs, but usually only influence on outcomes.

Key Results based on outcomes are more meaningful, but more difficult to measure and track.

The Table on the next page summarizes Key Results using the Results-Based Accountability™ (RBA) framework. RBA is an epidemiologic framework that distinguishes program versus population results and is commonly used for collective impact initiatives.

Key Results are accomplishments in inputs/processes, outputs, or outcomes

	Performance measures (program, agency, service system, or partners)[a]		
	Leading indicators (effort)		Population health indicators[a]
			Lagging indicators (effect)
	Inputs/Processes	**Outputs**	**Outcomes**
	(1. How much did we do?)[a]		*(3. Is anyone better off?)[a]*
Quantity	cycle and lead times	average or median wait time	circumstances (social, environmental)
	value- and non-value-added times	# on schedule	knowledge, attitudes, beliefs, skills
	mura (unevenness) and variation	# products/services met std	risk and protective factors
	muda (waste)	# clients served at standard	health and wellness
	muri (overburden)	# defects	disease, injury, disability, and death
	(2. How well did we do?)[a]		*(3. Is anyone better off?)[a]*
Quality	cycle and lead times	average or median wait time	circumstances (social, environmental)
	% value- and non-value-added times	% on schedule	knowledge, attitudes, beliefs, skills
	mura (unevenness) and variation	% products/services met std	risk and protective factors
	muda (waste)	% clients served at standard	health and wellness
	muri (overburden)	% defects	disease, injury, disability, and death

[a]Categories and three performance accountability questions used in Results-Based Accountability™ (RBA)

Refining Key Results

Let's look at some checks to make sure you get the most out of your OKR-writing efforts.

1. Phrase each of your Key Results as an input/process, an output, and an outcome.
2. Look for leading indicators (predictive, early warning)
3. Pair quantity KRs with quality KRs
4. Determine if your KR is a hold, an increment, or a leap
   1. Hold → Keep getting the same results.
   2. Increment → Improve what's working today.
   3. Leap → Make a big step forward.

The 3 Kinds of OKRs

OKRs are a communication tool that describe what success looks like. To reach your Objective, what do you need to accomplish? And how far do you need to stretch your efforts this cycle to get there?

OKRs are one of three types:

- Committed OKR: Though still a stretch, we must achieve 100% in the next cycle.
- Aspirational OKR: A significant stretch in the next cycle; typically only 70% of these KRs will be met.
- Learning OKR: What you want to learn in the next cycle.

Summary of refining OKRs

1. The 3 Kinds of OKRs: Committed, Aspirational, Learning
2. Working as a Set: "If we accomplish all of these Key Results, have we accomplished the Objective?" (KRs are *necessary* and *sufficient* to achieve Objectives.)
3. Inputs/Processes, Outputs, Outcome: Try reframing each KR as an Input/Process, Output and Outcome.
4. Leading versus Lagging Indicators
   - ☐ Do you have Key Results that serve as leading indicators?
   - ☐ Is there a *better* measurement available that will help you detect a lack of progress sooner?
5. Pairing Quantity and Quality: Are your Quantity KRs balanced with Quality KRs?
6. Hold, Increment, and Leap: Label each of your Key Results as
   - ▶ Hold → Keep getting the same results.
   - ▶ Increment → Improve what's working today.
   - ▶ Leap → Make a big step forward.

Recap of OKRs

1. OKRs are Objectives and Key Results. Every OKR has two parts:
   - Objective: A simple statement describing WHAT you want to accomplish
   - Key Results: A set of three to five measures that describe HOW you'll reach that Objective—and how you'll know when you've done so.

2. OKRs help teams achieve audacious goals in five ways ("FACTS"):
   - Focus: They highlight your top priorities.
   - Align and Commit: They transparently share both teams' plans with the whole organization.
   - Tracking and Stretching: They make it easy to measure progress and track momentum.

3. Well-written OKRs share three traits:
   - They capture the CHANGE you are trying to make.
   - They push you to stretch beyond what you've done before.
   - They connect to an organization's mission and purpose.

4. Strong OKRs are NOT activities, business as usual, or key performance indicators (KPIs)

Recap of OKRs (continued)

5. Well-written Objectives are:
   - Significant, concrete, action-oriented, and inspirational.
   - Specific and concise, typically short enough to fit on one line.
   - Everyone on the team sees how to contribute to its success.

6. Well-written Key Results are:
   - Timebound, aggressive yet realistic, and measurable and verifiable.
   - Interconnected — they work as a set. If one KR falls short, the Objective will be at risk.
   - Indicative of progress and achievement, rather than simple activities.
   - Leading Indicators that signal when an Objective might be off track.

7. The three types of OKRs are:
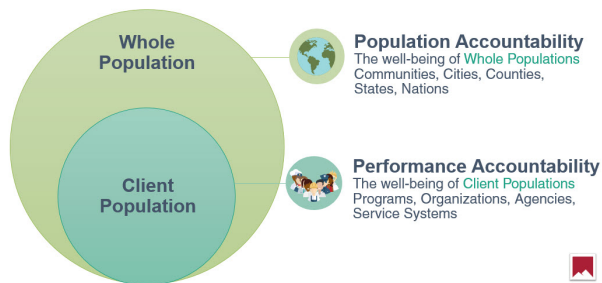   - Committed: The team must fully attain the goal by the end of the cycle.
   - Aspirational: They push the team to think bigger and work in new ways.
   - Learning: The team defines what they want to learn before committing time and resources to the OKR.

Appendix C — Results-Based Accountability™ (RBA)

Introduction to Results-Based Accountability™ (RBA)[16]

Population Accountability
The well-being of Whole Populations
Communities, Cities, Counties,
States, Nations

Performance Accountability
The well-being of Client Populations
Programs, Organizations, Agencies,
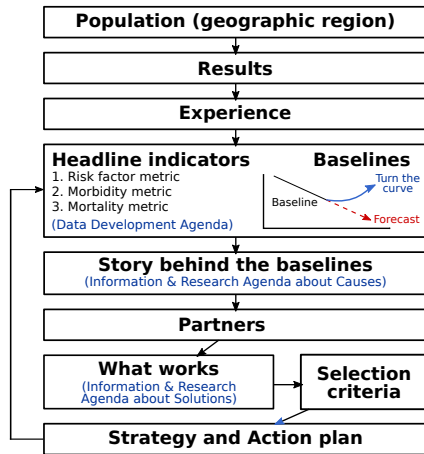Service Systems

RBA is a framework for engaging partners to tackle community health challenges. The objective is to improve the collective health of the community (*population accountability*). In contrast, when an entity (program, agency, or service system) directly serves a community resident, the objective is to improve the health of service recipients (*performance accountability*). Therefore, performance accountability contributes to population accountability, but they are not the same (see Figure).

---

[16]Mark Friedman. Trying Hard Is Not Good Enough: How to Produce Measurable Improvements for Customers and Communities. CreateSpace Independent Publishing (2015)

Population accountability in RBA

Engage partners with six questions:

1. What is the "end"? (Objectives)
2. How are we doing? (Key Results; review trends and forecasts)
3. What is the Story Behind the Curve of the baseline? (root cause analysis)
4. Who are partners who have a role to play in Turning the Curve?
5. What works to Turn the Curve? (theory of change; evidence-based)
6. What do you propose to do to Turn the Curve? (theory of action)

Performance accountability for single program, agency, or service system

Engage partners with six questions:

1. What is the "end"? (Objectives)
2. How are we doing? (Key Results; review trends and forecasts)
3. What is the Story Behind the Curve of the baseline? (root cause analysis)
4. Who are partners who have a role to play in Turning the Curve?
5. What works to Turn the Curve? (theory of change; evidence-based)
6. What do you propose to do to Turn the Curve? (theory of action)
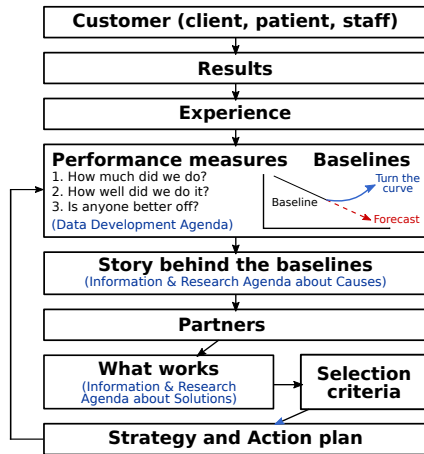
RBA for collective impact initiatives[17]

RBA was designed to use plain language to engage community partners in solving complex health and social problems. RBA is ideal for collective impact initiatives.

Collective impact is a collaborative, multi-sector approach to address complex social problems. FSG.org defines collective impact as "the commitment of a group of important actors from different sectors to a common agenda for addressing a specific social problem at scale." Collective impact fulfills five conditions:
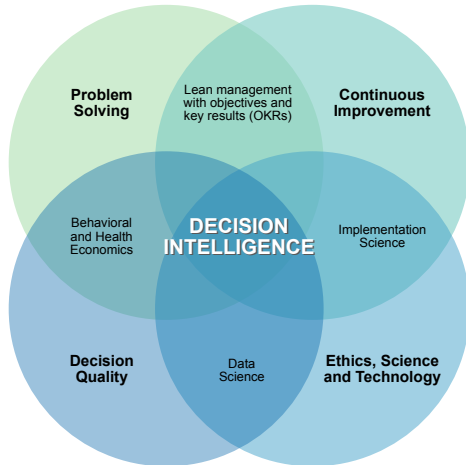
1. common agenda (Objectives),
2. shared measurement (Key Results),
3. mutually-reinforcing activities
4. continuous communication and improvement, and
5. backbone support (strategic project management).

---

[17]See https://collectiveimpactforum.org/what-is-collective-impact/

Appendix D — Decision intelligence

Decision Intelligence

Decision-making is our most important activity. "A decision is a choice between two or more alternatives that involves an irrevocable allocation of resources." Decisions drive vision, strategy, policy, and transformational change. Every decision has causal assumptions, predictions, trade-offs, and an opportunity cost—the lost benefit of the better option(s) not chosen or not considered.

Decision intelligence is using ethics, science and technology to improve individual and team decisions for finding and solving problems, and achieving objectives in novel, challenging environments, including VUCA[a] environments.

___

[a] volatile, uncertain, complex, and ambiguous

Appendix E — Miscellaneous

Defining leadership

Stephen MR Covey (Speed of Trust: The One Thing That Changes Everything)

"Leadership is getting results in a way that inspires trust."

Drs. James Begun and Jan Malcolm (Leading Public Health: A Competency Framework)

Public health leadership is "the practice of mobilizing people, organizations, and communities to effectively tackle tough public health challenges."

Adapted from Dr. Monica Sharma (former UN director of leadership development)

Radical transformational leadership is leading change from the universal values[a] of dignity, equity, compassion and humility to transform self, people, systems and cultures towards equity, antiracism, and sustainable results.

---

[a]Universal values are values that apply to everyone, everywhere, and leaves no one behind, including adversaries. Universal values enable us to transcend differences, to find common ground, and to solve problems together. We should strive to embody and promote universal values in every interaction and every conversation.

What is trust?

To understand trust we must define it precisely. Trust is an aspect of relationships; it varies within and across relationships. Organizational trust researcher, Roger Mayer, defines trust as follows:[18]

"Trust is the willingness of a party [trustor] to be vulnerable to the actions of another party [trustee] based on the expectation that the other party will perform a particular action important to the trustor, irrespective of the ability to monitor or control that other party. . . . Making oneself vulnerable is taking a risk. Trust is not taking a risk per se, but rather it is a willingness to take risk."

---

[18] Mayer RC, Davis JH, Schoorman FD. Chapter 3: An Integrative Model of Organizational Trust. In: Kramer RM, editor. Organizational Trust; A Reader. Oxford University Press; 2007. p. 82–108.

What is trust?

In short, trust is the *willingness to be vulnerable to another party*. Therefore, trust is a state of readiness to take risk in a relationship. Trust is the willingness to assume risk; behavioral trust (or a trusting action) is the assuming of risk. Our focus is on trust as a state of readiness ("willingness"). An organizational culture of trust is a culture where staff feel safe to tackle and vigorously debate the most challenging, sensitive topics in service of the organizational purpose.

Our objective is to earn others' trust of us, our teams, and our organization. Therefore, our job as leaders is

- to be trustworthy,
- to behave in ways that inspire trust, and
- to design systems that promote a culture of trust.

"Leadership is getting results in a way that inspires trust." ... SMR Covey

1. Have character: honesty, integrity and loyalty.
2. Be caring: cultivate humility and compassion; ensure equity and dignity; be kind and help others without expecting anything in return.
3. Be competent: capable, consistent and continuously improving.
4. Be humble: cultivate general, intellectual, and cultural humility.
5. Be accountable: own your influence; own your mistakes and failures; apologize and make amends; keep commitments and promises.
6. Be transparent (clarity): communicate intent [what], motive [why], agenda [how: who, when, where], and (mutual) expectations.
7. Ensure safety (psychological and physical): listen, respect boundaries, assume good intent, risk vulnerability, be curious — not judgmental.

Trust vs. confidence

Do not confuse trust with confidence. Trusting someone is not equivalent to having confidence in them. Trust requires a risk of vulnerability. A corollary: earning others' complete trust almost always earns confidence in you, but earning others' confidence (e.g., in your abilities) does not mean they also trust you (i.e., willingness to be vulnerable to your actions).