Leadership Development to Advance Health Equity: An Equity-Centered Leadership Framework

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Abstract

Enduring questions about equity are front and center at this watershed moment in health care and public health. Inequities that became evident in the COVID-19 pandemic in 2020 have highlighted long-standing disparities in health by race and ethnicity. Current crises require examining and reorienting the systems that have, for decades, produced these health inequities; yet, public health and health care leaders are inadequately prepared to respond. The authors offer an equity-centered leadership framework to support the development of visionary leaders for tomorrow. This framework for leadership development programs interweaves traditional leadership and equity, diversity, and inclusion domains in both conceptual knowledge and skills-based teaching for health care and public health leaders, grouping competencies and skills into 4 domains: personal, interpersonal, organizational, and community and systems. A framework such as this will equip leaders with the mindset and skill set to challenge the paradigms that lead to inequity and health disparities.

There are years that ask questions and years that answer.

—Zora Neal Hurston, *Their Eyes Were Watching God*[1]

We are at a watershed moment in health care and public health, when enduring questions about equity are front and center. Health inequities that became evident in the COVID-19 pandemic, the growing realization that structural racism is a foundational driver of health, and calls for police violence to be recognized as a public health issue have highlighted long-standing disparities in health by race and ethnicity in the United States.[2,3] As this country becomes increasingly racially

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and ethnically diverse, meeting today's challenges in our public health and health care systems calls for leadership approaches that center equity to ensure each person has the opportunity to live a healthy life.

Current crises in this country are forcing health care and public health leaders and professionals to examine and reorient systems that have, for decades, produced the health inequities clearly exposed in 2020[4]—and we are discovering that our leaders are inadequately prepared to respond. Positioning these fields to have explicit, intentional, and consistent plans to identify, address, and monitor health inequities is essential. However, there is a gap that lies between being able to recognize the problem and having the skills, mindset, and commitment to effectively implement a remedy. If we could bridge this gap, we could address the roots of health inequities rather than only pledging to do so.

Bridging this gap will require public health and health care leaders who have a deep understanding of the structures, policies, and practices that underlie inequitable outcomes, in combination with more traditional leadership skills. These leaders will need new knowledge; new skills; a greater consciousness; and the courage to challenge assumptions, realign values, and embrace the kind of change that fundamentally alters the way this country responds to disparities in health outcomes. Here, we offer an equity-centered competency framework for leadership development programs as a guide for developing leaders with the mindset and skill set needed to address equity-based challenges in the U.S. health care system.

A New Direction for Health Care Leadership Development Programs

The U.S. health care sector is a $3.6 trillion industry[5] (as of 2018) and an estimated $166 billion is spent annually on leadership development in the United States,[6] where many health care leadership development programs are sponsored by academic health centers. For decades, health care leadership development programs have been built on a masculine, Eurocentric framework with little evolution in leadership competencies.[7] Only recently have leadership development programs started to include frameworks that also embrace Black, Indigenous, and People of Color (BIPOC) perspectives. However, equity, diversity, and inclusion (EDI) topics (see Table 1 for definitions) are often presented in a single lecture/seminar or as a separate unit or module, if they are included at all.[8–10]

In highlighting long-standing health inequities, the COVID-19 pandemic also demonstrated inadequacies of the frameworks underlying most current

Table 1

Definitions of Key Terms in the Equity-Centered Leadership Framework[a]

Term	Definition
Equity	The fair provision and distribution of resources and power so all people may realize their full potential. To reach equity means elimination of the privilege and advantage of historically included groups, and the oppression, disparities, and disadvantages of historically excluded groups.[17,18]
Diversity	The representation and mix of identities, differences, and similarities, both collectively and as individuals. These differences may include race, ethnicity, gender identity, disability, sexual orientation, socioeconomic status, personal historical experiences, philosophical approaches and paradigms, among others.[17–19]
Inclusion	The conceptual state by which all voices, perspectives, and people can contribute, be heard, and their talents used. It is not merely a seat at the table; it is full participation, engagement, and belonging.[17,18]

[a]Table adapted from Fernandez C, Corbie-Smith G, eds. *Leading Community Based Changes in the Culture of Health in the US: Experiences in Developing the Team and Impacting the Community.* London, UK: InTech Publishers; 2021. https://www.intechopen.com/books/8794. Used under the Creative Commons Attribution-NonCommercial 4.0 International license (https://creativecommons.org/licenses/by-nc/4.0).

health care leadership development programs. This pandemic is a harbinger of many challenges to come—from the impact of climate change on human and economic health to the insecurities of deeper social unrest. Re-tooling leadership development programs to embrace a more inclusive model relevant to today's challenges and contextual realities will help equip leaders in health care and public health to meet such slow-motion VUCA (volatile, uncertain, complex, and ambiguous) challenges.[7] We must maximize the return on leadership investment dollars by exploring paradigms that equip leaders with the skills, knowledge, humility, empathy, and attitudes needed for these times.[11] Leadership principles and EDI principles can no longer be seen as separate training topics. They must be equally weighted and fully integrated in terms of content and skill acquisition if we expect leaders in health care and public health to rise to the challenges in front of us.[12,13]

A year like 2020 raises many questions. For leadership development programs, the important questions include: What does a program that integrates both traditional leadership and EDI competencies look like? What are the most important skills to cover? How do you incorporate impactful learning events for participants along the continuum of thought diversity and fully include topics like systemic racism?[14,15]

An Equity-Centered Leadership Framework

In response to such questions, and based on our collective experience designing and leading leadership development programs and health equity efforts, we offer an equity-centered leadership framework of integrated competencies to support the development of leaders for tomorrow—visionary leaders who can break down silos, tackle the root causes of health inequities, and share power to effectively partner with communities and create sustainable change in a rapidly evolving landscape (see Figure 1). Developed to guide an equity-focused, interprofessional leadership development program,[16] this framework interweaves leadership and EDI conceptual knowledge and skills-based teaching for health care and public health professionals (see Appendix 1).

The equity-centered leadership framework's competency set joins traditional leadership skills with contemporary EDI skills, grouped into 4 domains: personal, interpersonal, organizational, and community and systems (see Appendix 1). Competencies in the *personal* domain focus on cultivating a mindset of self-awareness of leadership style and strengths, as well as an appreciation of individual differences to support engagement with diversity. Competencies in the *interpersonal* domain focus on developing the skill sets of building and leading through relationships with diverse others. The o*rganizational* domain competencies focus on developing a systems orientation to leadership and assessing and understanding strategies to use evidence to shift organizational culture. Finally, the *community and systems* domain

competencies focus on developing skills to engage and partner with communities and stakeholders to address current and future structural drivers of health equity.

As this framework demonstrates, EDI principles should not be treated as just one of a handful of competency focus areas, but rather as foundational; they must be equal to, addressed alongside, and woven together with traditional leadership competencies. For example, emphasis placed on EDI concepts, such as intercultural sensitivity and transforming systemic power structures, must be equal to that placed on traditional leadership concepts, such as self-awareness, creating a vision, and negotiation.[16] Self-reflection and self-awareness must go beyond a simple 360-feedback assessment to the examination of humility and one's ability to listen deeply, create space for the voices of others, and genuinely share power. Leaders must build skills in both allyship and managing difficult conversations. And while discussions about successfully leading change are important, they must be braided with conversations about changing the policies and practices that have historically led to health inequities. An equity-centered leadership framework such as this will equip leaders with the mindset and skill set to thoughtfully challenge the paradigms that lead to inequity and health disparities, to approach their work in more equitable ways, and to capitalize on strategies that have long been embraced for their effectiveness in leadership.[10]

Looking Forward

The murders of George Floyd, Breonna Taylor, and many other BIPOC individuals at the hands of law enforcement have spurred the awakening of a new civil rights era in the United States, and we must not ignore this call to action. Police violence, the COVID 19 pandemic, intransigent inequities by race and ethnicity in the health of our communities, and structural drivers of health are signs of the complexities involved in providing equitable opportunities for all to live healthy lives in this country. Health care is only part of this complex picture and does not exist in isolation. Leadership programs across all sectors need to rise to this challenge.

An integrated framework of competencies for equity centered leadership
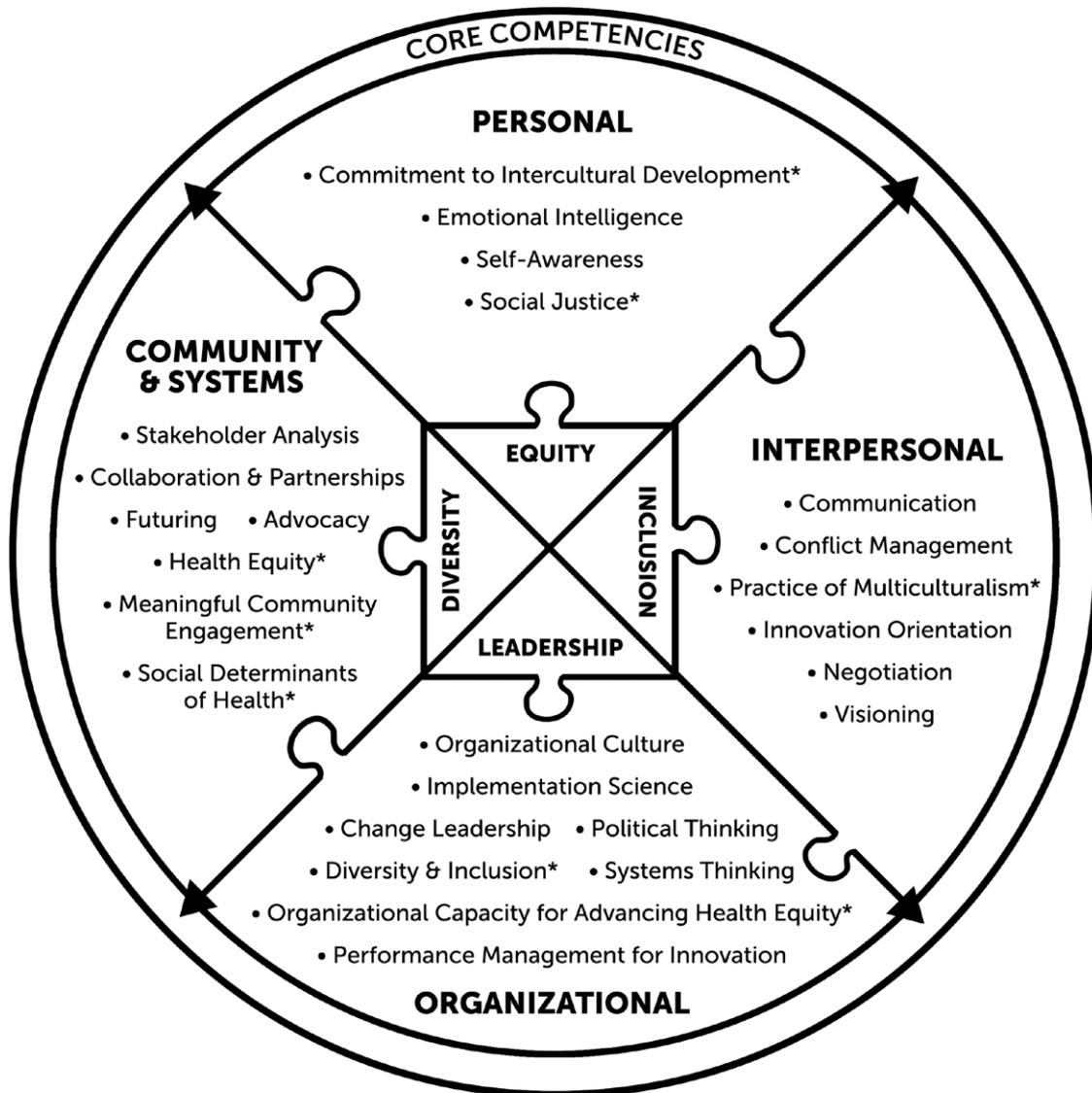
Figure 1 An integrated framework of competencies for equity-centered leadership, developed for the Clinical Scholars Program, a leadership development experience for clinician leaders that weaves the concepts of leadership, equity, diversity, and inclusion together in a 3-year, robust curriculum, which the authors of this paper developed.[16] *Source:* Reproduced from Fernandez CSP, Corbie-Smith G, eds. *Leading Community Based Changes in the Culture of Health in the US: Experiences in Developing the Team and Impacting the Community.* London, UK: InTech Publishers; 2021. https://www.intechopen.com/books/8794. Used under the Creative Commons Attribution-NonCommercial 4.0 International license (https://creativecommons.org/licenses/by-nc/4.0).

However, leaders in health care and public health must begin to understand and address these signs as elements of a system of interlocking vulnerabilities and oppression, or we risk struggling through these current crises only to fall back to the status quo. We can and must do better for our communities and our neighbors.

Leaders must be equipped with the knowledge, skills, and attitudes that can prepare them to bring us through these challenging times and help us thrive in new and more inclusive environments and organizational cultures. The full integration of EDI principles with traditional leadership competencies has the potential to take leadership development programs to the next level. Together, these principles form the foundation of the leadership we need for the future. Leadership development programs that adopt this updated and expanded view of leadership will prepare leaders who have the potential to finally—and completely—address the root causes of health inequity, not just in the short term, but for generations to come.

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Appendix 1
Equity-Centered Leadership Framework: Domains and Competencies, With Definitions and Curricular Examples

Competencies with definitions[a]	Curricular examples[b]
Personal domain	
Commitment to intercultural development[c] Continually increase one's awareness, content knowledge, cognitive sophistication, and empathetic understanding of the complex ways individuals interact within systems and institutions; develop and demonstrate an active, intentional, and ongoing engagement with diversity in people, in the team, in populations, and in communities, with respect to ability, intellectual, social, cultural, geographical.[4]	• Training in cultivating thought diversity in teams and organizations • Training in power sharing and community engagement with communities • Theater-based training in facing issues of "isms" and structural prejudice
Emotional intelligence Assess and understand the emotions of one's self, others, and groups; relate to others beyond technical concerns; implement soft skills in interpersonal or organizational settings and manage stress.[15,20]	• Discussions on how to address racism, dismantle structural racism, and build community across racial and other lines dividing communities • Discussions on how to become an ally of marginalized groups • Practice responding to insensitive or harassing comments and situations targeting marginalized people/groups
Self-awareness Assess and understand one's personal leadership strengths and development areas (weaknesses); be aware of how one's personal preferences and leadership style differ from others'; understanding what one still needs to learn; "own" mistakes; use self-examination and reflection to create a lifelong leadership learning plan.[21]	• Debriefing of all personal assessments through a lens of supporting and cultivating thought diversity to create cultures of psychological safety • Naming and claiming of personal identities • Discussions on awareness of implicit bias • Discussions on the burden of code-switching, with an emphasis on being aware of personal style while refraining from judging others
Social justice[c] Develop the knowledge, skills, and disposition needed to create environments that foster equitable participation and self-determination of all groups while seeking to address and acknowledge issues of oppression, privilege, and power.[22]	• Training in the social determinants of health • Training in managing difficult conversations around "isms" • Allyship skill development through role play • Training in power sharing • Applications to team projects
Interpersonal domain	
Communication Effectively communicate with individuals and groups representing diverse stakeholders both within and without the organization; speak in a clear and concise manner in both routine and high-tension situations, with individuals, groups, and the press.	• Training in how to engage stakeholders from diverse communities, listening, and relationship building • Skill building in community and stakeholder engagement • Training in principles of authentic partnership • Training in peer coaching and intentional listening skills to support empathy and communication • Skill building in empathy-based communication in crisis situations
Conflict management Use dialogue to solve critical problems; implement alternative dispute resolution strategies; successfully manage conflict between people or groups.	• Skill development and application of strategies to situations of actual and presumed discrimination with both practice case scenarios and interactive theater workshops • Practice identifying and responding to implicit bias • Training in allyship and how to respond to "isms" comments and statements by others
Innovation orientation Implement interpersonal strategies to promote the generation of new ideas, approaches, and processes; engage in innovation and entrepreneurship at a personal level in addressing and advancing health equity.	• Training in ways to foster innovation through supporting thought diversity and diversity of styles • Training in innovation models • Application of innovation to challenging problems in team projects
Negotiation Engage in productive dialogue to resolve disputes between people or organizations; represent/defend the interests of one's organization/self when crafting agreements with other parties while creating new opportunities for partnerships and collaboration.	• Training in persuasion skills to create the foundations of negotiable change • Training in empathetic listening skills to foster understanding of perspectives in negotiation situations • Training in understanding stakeholder values and application to stakeholder analysis in negotiation situations
Practice of multiculturalism[c] Articulate and readily integrate into one's work the concepts of identity, culture, equity, diversity, and inclusion; examine and build respect and appreciation for individual differences (e.g., personality, learning styles, life experiences) and group/social differences (e.g., race/ethnicity, class, gender, sexual orientation, country of origin, ability, as well as cultural, political, religious, or other affiliations) that can be engaged in the service of learning and working together.[23]	• Debriefing of psychological assessments highlighting thought diversity of group and how to foster that diversity • Training in recognizing and appreciating differences • Skill development in communication across differences • Training to recognize personal, interpersonal, institutional, and cultural barriers to inclusion • Training in the ongoing effects of historical and contemporary exclusion and oppression
Visioning Create a compelling, engaging vision that embraces a holistic perspective of a chosen concept; integrate the vision with the mission of the larger organization; inspire others to work toward achieving that vision as well.[24]	• Stakeholder engagement training that actively shares power with marginalized groups, focused on implementation science projects

(Appendix continues)

Appendix 1
(Continued)

Competencies with definitions[a]	Curricular examples[b]
Organizational domain	
Organizational capacity for advancing health equity[c] Understand and develop techniques, approaches and strategies to advocate for transformation of systemic power structures and policies such that shared power arrangements, increased community access and engagement, and equitable outcomes result.[25]	• Discussions and strategy development sessions for sharing power and translating those activities to the home organization • Training in allyship • Communications training in persuasively engaging others in the value of dismantling racism and structural racism and other "isms" • Application of equity frameworks for health care organizations to strategize for institutional change
Organizational culture Create an organizational culture that embraces varying skills and perspectives to capitalize on the contributions of various members; impact the organizational culture of groups such that members are engaged and mission focused; create a work environment where group member satisfaction is high and people feel valued, engaged, and used to their full potential.	• Debriefing of all assessments to support skills in creating psychological safety and foster thought diversity in both team and organizational contexts • Application of principles of collaborative, community-based work through projects
Diversity and inclusion[c] Foster cultures that support diversity and inclusion; employ language and behaviors that acknowledge that a community or institution's success is dependent on how well it values, engages, and includes the rich diversity of its members or constituents.[26]	• Training in recognizing, understanding, and interrupting implicit bias • Training in strategies to promote thought diversity and psychological safety in groups, in teams, and in working with communities • Training in power sharing • Training in addressing prejudice and "isms" • Training in managing difficult conversations • Applications through team projects
Implementation science Identify and use factors and methods to examine the process of implementation to effectively operationalize proven interventions and produce positive outcomes.[25]	• Projects in which teams apply implementation science skills and embrace equity, diversity and inclusion skills in the pursuit of social justice and creation of a culture of health in historically marginalized communities
Performance management for innovation Develop measures of performance improvements; develop and/or implement performance standards which foster accountability and facilitate innovation; link performance measures and standards to a potential strategic plan/innovation plan for the organization; implement systems to promote innovation at the team or organizational level.	• Development of community-collaborative goals and outcome measures • Training in project management as applied to community-based process and outcome measures • Evaluation training
Change leadership Understand personal change style and personal preferences when navigating change; identify the need for organizational change; understand the cycle of organizational change; implement processes to bring necessary changes and achieve organizational sustainability.[21]	• Training in leading change and change resistance • Training to understand organizational and historic structural barriers toward change • Skills development in persuasion around change • Training in applied adaptive leadership.
Systems thinking Identify systems influences health disparities in planning solutions; implement systems theories to address organizational change and transformation; build organizational capacity to envision and select system-wide strategies to address acute problems.	• Systems thinking training with application to team projects • Application of system analysis to make policy and systems level changes in communities • Training in building community resilience
Political thinking Developing and implementing political strategies both within the organization and externally.	• Training in communications in press and legislative situations • Training in stakeholder analysis • Training in policy and advocacy to advance health equity • Identification of "entry points" to create policy-based change in team projects

(Appendix continues)

Appendix 1
(Continued)

Competencies with definitions[a]	Curricular examples[b]
Community and systems domain	
Advocacy Influence groups, policy, public policy, and resource allocation decisions within political, economic, and social systems and institutions; create persuasive dialogue to support one's issue or goal.	• Training in advocacy strategies • Practice in advocating for social justice issues • Training in persuasion skills • Training in Op-Ed writing skills
Collaboration and partnerships Recognize and reconcile emotional and rational elements in collaboration building and strategic planning; create opportunities for individual, team, and organizational success through the development of creative partnerships internal to and external to the organization; link partnership development with community impact, positive revenue streams, and sustainability.	• Real-time practice in team dynamics and strategies through team coaching • Training in power sharing and authentic engagement with communities • Training in sustainability strategies that incorporate communities • Application of partnership development through team projects
Futuring Assess current trends for potential future developments in programs, concerns, political agendas, or concepts that are aimed at building a culture of health; contribute to creating the relevant systems of the future through technology, innovation, partnerships, and political influence.	• Training in futuring strategies (forecasting, backcasting, consequence charting) • Application of strategies to issues of health equity concerns and team projects
Health equity[c] Pursue the highest possible standard of health for all people, with special attention to the needs of those at greatest risk of poor health, based on social conditions.[25,27]	• Training to champion and advocate for interventions or policies that advance opportunities for all be healthy • Application of health equity frameworks to team projects
Meaningful community engagement[c] Training in the 4 specific elements of authentic community engagement: (1) guiding principles of partnership, (2) quality processes, (3) meaningful outcomes, and (4) transformative experience(s).[25–27]	• Application of the 4 elements of authentic partnership while working collaboratively with and through groups to address issues affecting the well-being of communities to build trust, enlist new resources and allies, create better communication, and improve overall health outcomes
Social determinants of health[c] Understand how the social determinants of health impact both individuals and communities.[28]	• Integration of intervention strategies and policies to address social determinants of health into approaches in team projects
Stakeholder analysis Assess and analyze important players/factors that contribute to or impede individual, team, or organizational success; develop and implement strategies to align stakeholders to organizational mission and vision.[29]	• Training in stakeholder analysis as applied to political leaders, community members engaged in projects, and organizational leadership

[a]Domains, competencies, and definitions adapted from Fernandez C, Corbie-Smith G, eds. *Leading Community Based Changes in the Culture of Health in the US: Experiences in Developing the Team and Impacting the Community.* London, UK: InTech Publishers; 2021. https://www.intechopen.com/books/8794. Used under the Creative Commons Attribution-NonCommercial 4.0 License (https://creativecommons.org/licenses/by-nc/4.0).
[b]Curricular examples are drawn from the Clinical Scholars Leadership Institute.
[c]Denotes equity, diversity, and inclusion competencies.