

## Adaptive Leadership: The Next Requirement for Sustainable Community Health Improvements?

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The scenario is familiar to funders. A significant grant is given to a coalition of nonprofits working with community leaders to address a thorny issue in health, education, workforce development, or the environment. The grantees have met all the requirements of the grant with fidelity. Then evaluation proves more difficult than envisioned, and it is not clear that the investment has resulted in meaningful or sustained change: while many stakeholders have been reached, the impacts are negligible at best. As the end of the funding cycle looms, the foundation, the accountable agencies, and the community are concerned about future funding. Do we need more time? Was the investment large enough? Maybe we should have anticipated that surprise.

In the end, the foundation provides continuation funding at a significantly reduced level and the project moves along, albeit slowly. The foundation, feeling somewhat conflicted about continuing funding versus withdrawing support altogether, silently wonders about its ability to effectively and efficiently drive meaningful change.

### THE PROBLEM IS NOT TECHNICAL

Meeting communities where they are in the quest to identify and implement work that may improve health is complex and complicated, as the issues facing communities are not simple. Therefore, funders have an obligation to go beyond providing programmatic or operational funding. They must play a larger role if they are to contribute to meaningful and sustained change and responsibly steward the resources in their trust.

Traditional approaches to accomplish this have involved working in health and health care domains such as ensuring that communities have access to healthy food and opportunities to participate in physical activity. Funding serves as the primary means of driving these improvements. However, making the transition from simply measuring reach to measuring impact is difficult. Moreover, the social determinants of health require understanding how education, violence, race/ethnicity, economic mobility, and a host of other factors indirectly and directly affect community health status. Add in

policy, politics, and culture and it becomes even more difficult to assess *what works*.

The approach used to address issues, measure success over time, and both celebrate and communicate results requires navigating a number of cultures within cultures at the foundation, agency, and community level. When this is done well, all boats rise. When it is done poorly, significant damage can ensue: loss of trust, wasted resources (time, talent, and treasure), and potentially avoidable delays in effecting change.

A useful concept that illuminates the underlying problem is introduced by Ron Heifetz in his book *Leadership on the Line*. Heifetz emphasizes the importance of understanding the difference between technical and adaptive challenges. A technical challenge is one wherein the solution is well described and largely agreed upon. Grantmaking processes are an example of this. Adaptive challenges are different and aptly describe the complex, current environment in which funders work.

Foundations face both technical and adaptive leadership challenges in their efforts to improve health status, and adaptive challenges far outnumber the technical ones. According to Heifetz, organizational leaders frequently apply technical solutions to adaptive challenges, which makes our efforts at change all but impossible, wastes time, and dispirits teams.

How do you recognize an adaptive challenge?

- The challenge is complex.
- Answers are not known.
- Implementation requires learning.
- No single entity has authority to impose the solution on other stakeholders.
- There is a gap between the way things are and the desired state.
- There are multiple perspectives on the issue.

- Behaviors and attitudes need to change.
- Old ways need to change, creating a sense of loss.
- People with the problems are key to solving the problems.
- Resistance is triggered in stakeholders.

Foundations have both tangible and intangible assets to address community issues, while assisting participants in creating their own solutions. Whether they are established anchor institutions or emerging ones, they have at their disposal financial *resources*, strong *reputations*, multisector *respect*, deep and multidimensional *relationships*, and access to the best *research* and evaluation regarding effectiveness. This capital can be leveraged to drive convergence, facilitate conversation, and build capacity; in short, to solve the adaptive challenges facing communities. But a different approach to leading is required, which both funders and their boards must understand and embrace...and this is not easy.

Developing and using an *adaptive leadership* framework provides useful tools that might help funders apportion their resources wisely in service to improving community health. Since the publication of *Leadership on the Line*, Heifetz and others have described ways in which foundations and human services agencies are accomplishing this. In *Leading Boldly*, Heifetz proposes both imaginative and even controversial approaches to drive change and suggests that foundations are in a unique position to drive significant change by leveraging adaptive leadership skills. In exercising adaptive leadership, foundations stretch well beyond technical grantmaking activities to help communities identify the problems they seek to solve, work through stakeholder conflict, identify conflicting and competing priorities, enhance local leadership effectiveness, and wield influence in circles over which they have neither formal nor informal authority. The good news is that this capacity can be learned.

### ADAPTIVE LEADERSHIP IN ACTION: IMPLICATIONS FOR THE FIELD

The first requirement of adaptive leadership is to determine which type of challenge we are confronting, a technical problem or an adaptive one. Once that has been done, the real work begins.

- **Lead from the balcony instead of the dance floor. This allows foundations to see the big picture.** Approach communities as asset based, and therefore in the best position to solve their own problems with the right type of assistance. Maintaining perspective is a delicate dance and requires that foundations provide the right amount of assistance, knowledge, *and* pressure. Deep listening at the outset, meeting communities where they are, and understanding how work gets done increases local commitment. This approach requires providing appropriate assistance as communities wrestle with setbacks and challenges. It also involves ensuring that all the parties who

have accountability for results are present from the beginning of program development, including the evaluators, policymakers, and others.

- **Hold all parties accountable, including yourself.** The responsibility to be good stewards of resources is a primary responsibility of funders. At Kaiser Permanente, much of this resource comes from families and others who pay for health care services, so we must be able to stand behind the work we fund.
- **The most important role that foundations can play is that of capacity building.** If communities are part of the solution to their problems, we must ensure that investments are not viewed as unlimited by recipients. Opportunities to “teach people to fish” while “providing fish” improve the odds that lasting change will ensue. Holding regular education and learning sessions for community members and key nonprofit agencies accomplishes this and more.
- **Maintain flexibility and be willing to diverge from the grant plan as surprises emerge.** Given the complexity involved in solving community health problems, adaptive leadership appreciates that setbacks and the unanticipated are the norm. We should only accept that “change takes time” when we can confidently state that slowing down to reassess the situation is critical to achieving the goal rather than an admission of failure.
- **Conflict is. Be ready for it and be ready to serve in the role of mediator.** Our resources, reputation, respect, research, and relationships place us in a very unique role. No other entity is in a position to serve in this capacity.

Improving community health is a multigenerational endeavor. However, we should challenge the notion that this must take as long as we think by leading with an adaptive frame of reference. Doing so requires flexibility, courage, imagination, resourcefulness, and humility. I would encourage all of us to become ardent students of Heifetz and begin conversations in the boardroom and at the leadership-team levels within our organizations...and watch the magic happen!

### SOURCES

Heifetz, Ronald A., Kania, John V., and Kramer, Mark R. “Leading Boldly.” *Stanford Social Innovation Review*. Winter 2004: 21-31.

Heifetz, Ronald A., and Marty Linsky. *Leadership on the Line: Staying Alive Through the Dangers of Leading*. Boston: Harvard Business School Publishing, 2002.

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