changes brought about through the period of disruption push the organization into a transition phase.

For the organization in transition, the core functions and essential public health services provide a foundation on which to create change as the organization moves to a more community-based approach to public health. This transition phase is often short-lived, and the organization enters into another period of disruption. Leaders will need to use systems thinking skills, collaboration, public–private connections, culture competency learning, and performance measurement techniques to move to the organization's next level of development. Eventually, the agency will be much more community based and will use many new skills to relate to its community. In natural and human-made crises, leaders will also use these tools and techniques to aid their agencies to deal with the disruption and needed adaptation due to these emergency events.

Clearly, different skills as well as the utilization of traditional leadership skills tied to the severity of the change in the environment are required by leaders in different phases of organizational change. Exercise 15-1 presents a chance to look at the skills needed to maintain an organization internally in a traditional day-to-day organization pattern, externally in a noncrisis-affected organization, and finally in crisis situations.

THE CRISIS CYCLE

Since September 11, 2001, public health leaders have been involved in developing emergency preparedness and response activities in their communities. This model of preparedness appears to affect the overall orientation of public health leaders to the work of public health in a crisis-oriented society. Public health leaders must understand that the effectiveness and efficiency of the work they do depends on the organization of the public health system and on the strong foundation of principles guided by public health practice. These practice principles are critical in addressing all types of public health issues. It is imperative for public health leaders to integrate their knowledge of public health with the changing environment in which they work.

Since the disaster caused by Hurricane Katrina in the summer of 2005, there has been a renewed interest in public health and natural disasters. Between 1953 and the end of 2011, there was an average of 34 declared disasters per year.[2] The Federal Emergency Management Agency (FEMA) data in **Table 15-2** show the number of declared disasters for each of these years and the total for each state during this period. Note that the years since 1989 have shown above-average designated disasters, with major increases since 2000.

TABLE 15-1 A Systems Approach to Public Health Organizational Change

Traditional Organization	Chaos I	Organization Transition	Chaos II	Community Organization
1. Organizational planning	1. Evaluation	1. Core functions (system)	1. Systems thinking (transition to outside the agency)	1. Community building
2. Organizing	2. Communication	2. Essential services	2. Collaboration	2. Preparedness and response
3. Heading internally	3. Strategic planning	3. Public health law	3. Public/private	3. Community engagement
4. Motivating staff	4. Continuous Quality Improvement (CQI)	4. Health communication	4. Partnerships	4. Tipping awareness
5. Controlling activities	5. Re-engineering	5. Complexity	5. Cultural competency	5. Learning organization
6. Organizational practices	6. Reinvention		6. Performance measurement	6. Meta-leadership
7. Budgeting	7. Turnaround			
8. Development	8. Goal realignment			
9. Cultural diversity	9. Problem solving			
10. Mentoring/ coaching	10. Decision making			
11. Linear thinking	11. Conflict resolution			
	12. Negotiation			
	13. Emotional intelligence			
	14. Risk communication			
	15. Change			