

# **Generative health leadership: a turning point in thinking and practice**

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**Abstract:** The capacity to catalyze change is a core competency for health promotion and education professionals, defined by the Galway Consensus Conference as “enabling change and empowering individuals and communities to improve their health.” Generative health leadership offers innovative thinking and practice tools for health practitioners working to promote healthy change in organizational and community settings. While technical and adaptive skills will always be needed, it is generative approaches to change that most effectively address salutogenic objectives for individuals and communities.

A generative perspective on health and change leadership is congruent with calls for a more integrative health system, one that can more effectively meet the needs of the 21<sup>st</sup> century. With generative thinking and practice tools, health leaders *and* engaged citizens are better prepared to act on complex change challenges, generate health improvements throughout the population, and leave a legacy that benefits future generations.

**Keywords:** generative change, culture of health, complexity, adaptation, integration, salutogenic, healthy human development, Generative Asset Building, health improvement, Fifth Wave.

**Draft of paper submitted for publication**

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## **Introduction**

Health leadership is at a crossroads, and public health agencies and educational programs are engaged in an important inquiry: what's needed next? The thinking and practice skills required to address 21<sup>st</sup> century health improvement goals and challenges are growing in complexity. And the social and organizational contexts in which health improvement initiatives are implemented and evaluated are also growing more complex. In response, health practitioners must develop the leadership skills that will skillfully serve current and future public health needs, in rapidly changing and increasingly uncertain contexts.

As emphasized by the 2008 Galway Consensus Conference, the capacity to catalyze change is a core competency for health promotion and education professionals, defined as “enabling change and empowering individuals and communities to improve their health” (1). This priority is reflected in a recent shift in direction by US-based Robert Wood Johnson Foundation (RWJF), a primary funder of policy and practice innovation within the health sector. Announcing a substantive change in the funding of leadership programs, the foundation states that “the current and evolving landscape demands new approaches to the challenges we face. As we look to the future, our goal is to create a culture of health that makes it possible for everyone to lead healthy lives, now and for generations to come” (2). And, as RWJF president and CEO Risa Lavizzo-Mourey explains, this is much more than an additional program focus; creating a culture of health in America will become “the central aim of everything we do” (3).

Significantly, Lavizzo-Mourey observes that this renewed direction calls for renewed thinking. Building a culture of health, she says, “requires us to stretch our understanding of health in ways we have never done before” (3). And to this I would add a caveat: It will also require that we stretch our understanding of *change* ... again, in ways we have never done before.

## **Changing the ways we think about change**

Within the health sector, leaders are questioning a long-held assumption about change, a lingering belief that, like health infrastructure and budgets, change can be predicted, planned and managed. In this view change leadership is understood as a technical problem, for which technical solutions can be identified, learned and implemented. The objective of our change-making is simple: fix the problem, and maintain the system.

Recognizing that the complexity of our current health challenges calls for flexible thinking and practice, health leaders are now exploring a second approach: adaptive leadership (4) (5). At a 2013 conference of Canadian health leaders, for example, Harvard University's Ronald Heifetz explained the differences between technical and adaptive approaches to leadership (6). Making a compelling case for adaptive change practices, Heifetz cautions that leadership efforts frequently fail when leaders treat adaptive challenges as if they were technical problems. Technical problems "can be resolved through the application of authoritative expertise and through the organization's current structures, procedures and ways of doing things. Adaptive challenges can only be addressed through changes in people's priorities, beliefs, habits and loyalties" (7). In other words, with adaptive change it's the change leader who changes (4) (8). In a discourse that has focused on the attributes and actions of an effective leader, this is an important and innovative contribution.

<b>Technical Change</b>	<b>Adaptive Change</b>
<ul style="list-style-type: none"> <li>• The problem is clearly defined;</li> <li>• The problem-solving solution is well-defined, and the needed skill-set can be learned;</li> <li>• The current mindset is adequate for the complexity of the task;</li> <li>• Goal: fix the problem, maintain the system.</li> </ul>	<ul style="list-style-type: none"> <li>• There's little agreement on the problem, let alone the solution;</li> <li>• The way we've done things no longer works; innovation is required;</li> <li>• Our current mindset is no longer sufficient to understanding the problem, and finding a solution;</li> <li>• Goal: foster resilience and equilibrium in the system by adapting to changing (and often difficult) life conditions.</li> </ul>

**Table 1.** Characteristics of technical and adaptive change

Here's an example of a technical change challenge: When I needed a root canal a few years ago, I was sent to a specialist. A skilled technician, he had performed thousands of root canal procedures before I ever set foot in his office, and will perform many more before he retires. I'm happy to say that the work went smoothly, and I greatly appreciated his calm expertise. Although learning to perform a root canal isn't necessarily easy, it qualifies as a technical challenge because the method is well known and widely practiced. And, while surprises may show up from time to time, this dentist is unlikely to encounter a problem that can't be solved by the honing of technical skills.

Adaptive change challenges make greater demands; they require that we expand our thinking, as well as our skills. To succeed in today's job market, for example, young people are advised to be flexible in their approach and their expectations. Unlike earlier generations, their career paths are likely to change several times throughout their working lives. While technical skills will always be needed, it's the capacity to adapt to changing social and economic realities that will influence both paycheck and job satisfaction. And it's not just those employed in the trades sector who are affected; increasingly, university educated professionals are offered practical career advice: expect the unexpected, and be prepared to adapt to changing circumstances.

Framing adaptive leadership as a more adequate response to complex challenges, Heifetz and colleagues point to a common blind spot: the assumption that complexity can be tamed through technical problem solving. In future, they advise, leaders must be better prepared to embrace complexity, navigate uncertainty, and respond adaptively to the challenges that pervade today's world (7).

But here's an important question for 21<sup>st</sup> century change leaders: Will adaptive change approaches offer sufficient flexibility and guidance to leaders working to generate higher levels of health and well-being in their jurisdictions, and to create a culture of health? This paper points to a third leadership approach: leading generative change.

### **Generative change: a practical capacity for 21<sup>st</sup> century health leaders**

What is meant by generative change? According to my dictionary, generate means to "to be the cause of; to bring into existence" (10) And change, of course, means "to make different" (10). Generative change, then, is a creative act, not merely an adaptive act. It's a dynamic means by which we can focus attention on our change challenges and opportunities, and cultivate more of the life conditions that promote thriving. Taking important steps beyond technical and adaptive approaches to change, it is generative change that will empower us to become the architects of a preferred future.

### Generative Change

- Purposefully emergent, fostering health, well-being and healthy development ... now and for future generations;
- Complex systems (which include people, organizations and communities) respond to life conditions with adaptive resilience *and* intentional generativity;
- Generating healthier, more equitable and more sustainable life conditions;
- Goal: equilibrium *plus* nudging the system toward a preferred future.

**Table 2.** Characteristics of generative change

Like most cities, Vancouver has upscale neighborhoods and inner city neighbourhoods where poverty reigns. You'll find community gardens in both. These collectively-constructed garden plots make a substantive contribution to the health and well-being of a community; along with carrots and cucumbers they generate beauty and belonging, creativity and contribution, self-sufficiency and association, citizenship and good governance. Community gardens are an elegant exercise in place-making: public space with a salutogenic purpose.

Community gardens offer a vivid example of generative change in action. They also help to illustrate the value-added nature of generative change, incorporating the best of technical and adaptive skills while adding generative perspectives, objectives, and tools.

Community gardens make good use of technical problem-solving skills: for example, participants will share their knowledge of soil chemistry, weed and pest control, the best time to pinch and prune. They can also meet adaptive needs. For example, community gardens are often promoted by health authorities in response to food security concerns; they give residents access to high quality, locally grown food at a fraction of the cost of produce shipped across a continent. But they also serve a generative purpose: thriving. They help to create healthier, more equitable and more sustainable life conditions for individuals and for communities, now and into the future. And, because gardening together has become a sought-after activity, equally desirable in affluent neighbourhoods and the poorest postal codes, it contributes to building a culture of health.

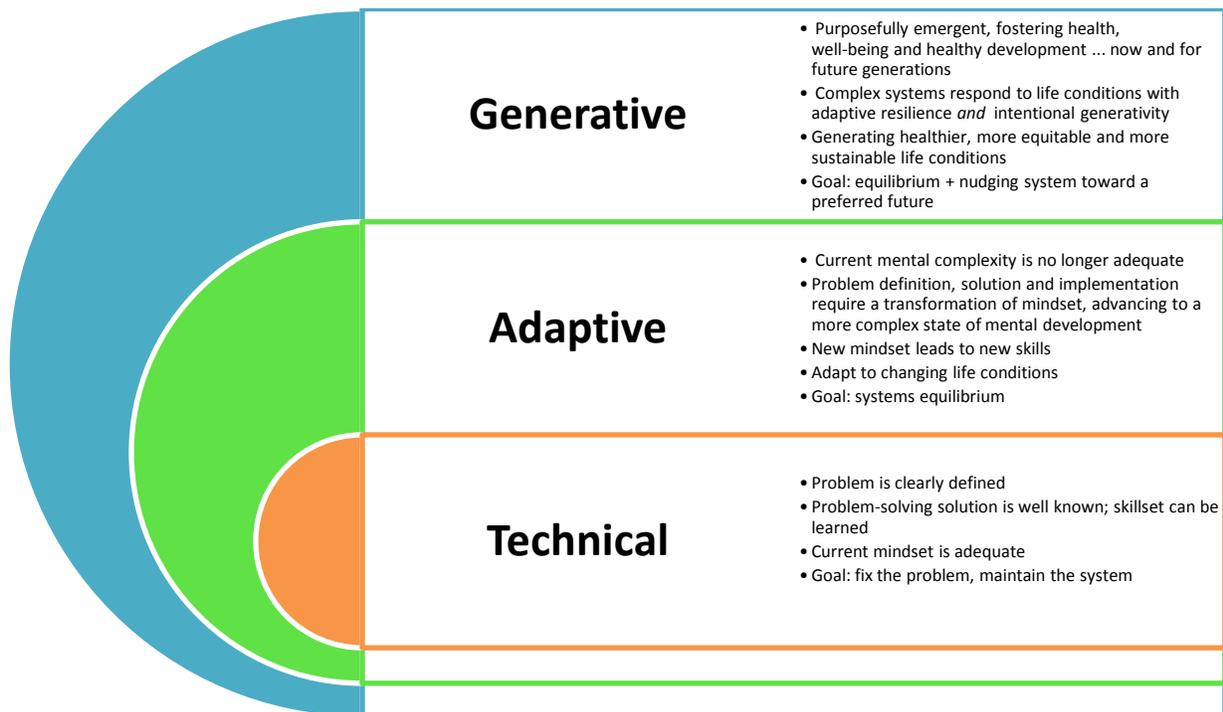
### **Three change technologies: finding the best fit**

As health leaders step up to the complexity of current and future challenges, it's important to discern the best-fit change technology. Most importantly, the approach we choose must align

with our change-making goal. Are we simply looking to maintain healthy aspects of the current system, fixing problems as they arise? If so, technical change may be all that's required. If our intention is to seek stability in a changing world, even bounce back from adversity and shocks, then adaptive change will offer helpful tools. But if our goal is to address problems *and* maximize potential – with a focus on what the individual, the organization or the community can become – then generative change is the best fit.

When choosing a change approach, then, leaders are advised to carefully consider what's needed most in the current situation:

- To fix what's not working ... *and/or*
- To become more resourceful and resilient by adapting to conditions that are increasingly complex ... *and/or*
- To purposefully and mindfully generate a healthier future, a thriving future, a preferred future ... for yourself, your organization, your community.

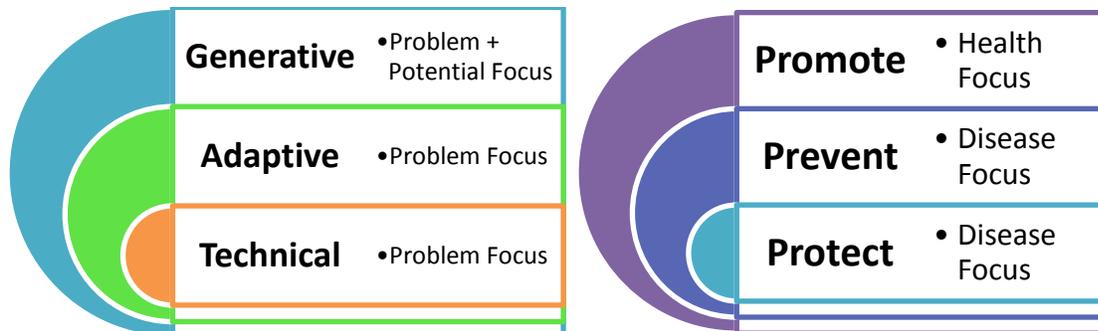


**Figure 1.** Three Change Technologies: Technical, Adaptive and Generative

## Generating higher levels of health and well-being

Whereas adaptive change offers an effective way to address problems and maintain the health and stability of a system, a generative approach puts additional focus on potential, on what the system can become. Here, the equilibrium sought by adaptive change approaches is enlivened with a new wave of possibility: a healthier future for all. In this way, generative change is highly congruent with the salutogenic objectives of health promotion and education: to generate higher levels of health, in individuals and in populations. With a salutogenic focus, practitioners and policy makers will put at least as much attention on the factors and processes that create health and well-being as on the factors that cause disease (10) (11).

A generative perspective also calls attention to the habitual way we view health: as a problem to solve. While problem solving will always be important, it's only half of the story. There is another perspective that health professionals will want to consider: thriving is primarily about potential. Thriving is not about solving our problems, and it's not about adapting to life's challenges. When we're thriving, we grow more fully into our potential. Generative perspectives and approaches help to bring the problem/potential equation into better balance.



**Figure 2.** Aligning the change objective with the 'best fit' change technology

## Toward a new era of health improvement

A generative perspective is also congruent with calls for a more integrative health system, one that can more effectively meet the needs of the 21<sup>st</sup> century (12) (13) (14) (15). This inquiry has been taken up by Hanlon, et al. in their recent book, *The future public health*. Acknowledging the inadequacies of certain evidence-based practices to address encroaching public health challenges, they advise that “change is needed to move us beyond the technical and

reductionist mindsets that have characterized modernity and produced our current ingenuity gap” (15). Such change, they predict, will signal the emergence of a Fifth Wave in public health.

A little background will be helpful here. Hanlon and colleagues trace four historical phases or “waves” in health improvement that have characterized the public health sector since the early years of the 19<sup>th</sup> century. Each new wave reflects a shift in thinking about the nature of health, as well as the factors and interventions that improve health. Each wave is hegemonic for a time, influencing the thinking and practice of researchers, practitioners and policy makers. But, as ideas evolve and assumptions are tested, the wave crests, then declines in influence, making way for an emergent new wave of thinking and practice. Although public health initiatives continue to be influenced by earlier waves, “none exerts the same impact as when it first emerged” (14).

For the past half century we’ve witnessed the rise and reification of Fourth Wave thinking, with its primary focus on risk factors and lifestyle issues, consumer choice and behavior change. While a great many health gains have been made during this time, a growing body of evidence shows that current public health interventions have failed to turn the tide on such challenges as chronic disease, obesity, drug, alcohol and other addictions, and mental health issues. As Hanlon and colleagues suggest, it’s likely that we have now reached the peak of effectiveness offered by the modern era and, despite increases in health spending, are witnessing diminishing returns. Like each preceding wave of public health improvement, the effectiveness of the current wave is ebbing.

Is a Fifth Wave just around the corner? With leadership from the Robert Wood Johnson Foundation, an open invitation to participate in building a culture of health in America offers a welcome sign that change is coming, that a new wave is building. Consider, for example, Lavizzo-Mourey’s address to the 2014 Aspen Ideas Festival, in which she frames a vision for a culture and a country in which “promoting health is as important as preventing disease,” and “everything we do is building health” (3). Challenging previously held assumptions regarding health, and by extension the narrow parameters of much current evidence-based practice, this renewed direction reflects a significant shift in values and action. By its very nature, creating a culture of health is a generative undertaking. We’re not merely adapting to the problems we’ve inherited from the past; we’re taking generative steps toward a preferred future, a healthier future for all.

### **Generative health leadership: innovations in thinking and practice**

As we reach a point of diminishing return on investments in well-established methodologies, it's time to seek new forms of ingenuity. Generative health leadership offers practical ways to re-think and re-tool, inviting skillful application of generative change principles and practices, including:

- a) A **salutogenic stance** guides planning and practice – with an intentional focus on the factors that generate higher levels of healthiness and thriving in people and populations.
- b) An **integrative perspective** reconnects separate and siloed parts into a more inclusive and integrated whole, bringing renewed attention to *all* of the factors that influence health, well-being and healthy development, and their interconnections. Paying integrative attention to physical health and mental health, as well as to healthy cultural influences and social structures, we are better able to generate healthy bodies and actions, healthy minds and emotions, healthy relationships and culture, and, importantly, healthy institutions and systems (see Figure 3 below).
- c) A **developmental perspective** acknowledges the causal interrelationships among health, well-being and healthy human development (16). Robert Kegan, a respected developmental psychologist at Harvard University, calls human development the “hidden curriculum of adult life.” (17). Since there is much evidence that adults not only have the potential to develop, but that our very health and well-being depend on it, it's time to bring the hidden curriculum into plain view.
- d) **Rebalancing the problem/potential equation**, paying at least as much attention to potential as we do to problems, focusing on the factors that produce a sufficiency of health-generating life conditions, and not simply deficits. With increased emphasis on potential, the disease/health equation is correspondingly rebalanced, moving the needle further in the direction of health and thriving.
- e) Our guiding purpose is to **generate a preferred future**, creating the conditions for a healthier now, while leaving a healthy legacy for future generations. This purpose influences everything from large-scale systems planning and accountability to everyday activity.

To summarize, then, a generative perspective is salutogenic, integrative, and developmental; it rebalances the problem/potential equation, while taking a stand for a healthier now *and* a preferred future. And in practice, generative health leaders will choose actions and tools that align with these principles.

### **Generative Asset Building: a practical tool for health improvement**

Asset building offers an example of a thinking and practice approach that is enhanced by a generative lens. In recent years, the asset orientation has elicited interest among professionals in the health sector, and is finding its place in the professional literature (18) (19) (20) (21). For some, it is tempting to embrace asset approaches as a panacea for an overburdened health system. For others, it is tempting to dismiss asset-oriented health approaches as lacking an evidence base. This paper does not seek to refute or rebut. Instead, it calls attention to the history and evolution of asset-based methodologies, and emergent options that support generative approaches to health leadership.

Within the literature that addresses asset building, two methodologies have dominated the discourse. Both offer important contributions to health leaders and practitioners addressing complex change challenges. They are:

- 1) **Asset-based Community Development (ABCD)**. Pioneered by John McKnight and Jody Kretzmann, Asset-Based Community Development puts a focus on asset-mapping to uncover and mobilize community abilities, as well as on capacity building and citizen empowerment. In the words of the ABCD Institute, “building on the skills of local residents, the power of local associations, and the supportive functions of local institutions, Asset-based Community Development draws upon existing community strengths to build stronger, more sustainable communities for the future” (22). An underlying assumption is that communities have “skills, networks, resources and energy that can be used to tackle problems and improve the community’s quality of life” (23). A personal observation is that, while ABCD practitioners seek to discover and mobilize knowledge, skills and abilities within the community, the focus of the change effort is typically deficit-defined and problem-oriented.
- 2) **Developmental Asset-Building (DAB)**, with leadership from Peter Benson and colleagues at Search Institute, has produced a strong research and evidence base for the effectiveness of asset-oriented change. With a focus on health and well-being in children

and youth, Search Institute has identified 40 Developmental Assets that support kids to thrive. As Richard Lerner explains, “assets include the kinds of relationships, social experiences, social environments and patterns of interactions known to both promote health and over which a community has considerable control” (25). Developmental assets are the building blocks of healthy development; the more assets a child has the better the chances they will thrive, even under challenging circumstances.

Put very simply, assets are building blocks for thriving. An underlying assumption, then, is that healthy development is a key determinant of thriving. And the contribution of family and community is the creation of life conditions, or assets, that promote healthy development.

### **Generative Asset Building: putting principles into action**

Generative Asset Building (GAB) is the newer kid on the block; it incorporates the best of ABCD and DAB, while contributing innovative perspectives and practice tools (25). For example, Generative Asset Building applies the principles enumerated above: it’s salutogenic, integrative, developmental, problem- *and* potential-oriented, and takes a stance for a preferred future, not simply an inherited future. Let’s explore this a little further.

#### ***Generative Asset Building is salutogenic***

Generative Asset Building begins with an important inquiry: How can we better understand the factors that generate health so that we can create more of it? As a concept, salutogenesis is helpful for health professionals and community members alike; it helps us to reframe our thinking about health, not only in individuals, but in organizations and communities as well. And it can also help us to reframe our thinking about health and sustainability for the planet. Paying attention to the continuum by which we measure disease and health, we give more attention to those factors that, as Antonovsky advises, promote “movement toward the healthy end of the continuum” (10). In this way, over time GAB is strategically oriented to lean further and further in the direction of health.

#### ***Generative Asset Building is integrative***

As an integrative approach, Generative Asset Building draws on and operationalizes integral theory, first articulated by Ken Wilber (26) and practically applied to health contexts by this author in a previous issue of *Global Health Promotion* (12). As suggested earlier in this paper, integrative perspectives and practices are congruent with an emergent Fifth Wave in health

improvement. They are equally congruent with a growing body of research and evidence in neuroscience and the interdisciplinary field of interpersonal neurobiology. For example, eminent psychiatrist and neuroscientist Daniel Siegel notes that, “over the last twenty years I’ve come to believe that integration is the key mechanism beneath both the absence of illness and the presence of well-being. Integration – the linkage of differentiated elements of a system – illuminates a direct pathway toward health” (27). Further, he contends, integration “might be the principle underlying health at all levels of our experience, from the microcosm of our inner world to our interpersonal relationships and life in our communities” (27).

Taking an integrative whole-systems perspective on health improvement, Generative Asset Building pays equal attention to four domains of health-generating activity:



**Figure 3.** Four Integrated Asset Building Domains

It’s important to note that these asset building domains are interconnected, irreducible and interdynamic; we can’t make significant and sustainable gains in one area without making gains in each of the others. And by building health-generating assets in one area we enhance health and well-being in each of the others. Among other contributions, an integrative perspective helps to redress concerns about asset-oriented health approaches that privilege one domain over another (21).

### ***Generative Asset Building is developmental***

Generative Asset Building also acknowledges that thriving doesn't merely describe health, but healthy human development. In fact, to thrive means to grow or develop, to progress (9). Everyone knows that children progress through stages of development; while each child is unique, his or her growing capacities emerge in predictable patterns. But ample research shows that adults also have the potential to continue developing throughout their lives, in similarly predictable patterns. Each growth spurt reveals a new mindset – an increasingly complex way of knowing, feeling, valuing and making sense of life and the world around us. Each emerging mental model reveals new perspectives, new insights, new solutions and new resources.

In addition to promoting life conditions that promote higher levels of health and well-being, Generative Asset Building connects the dots between those assets that support healthy human development ... in children and youth, in adults, and in communities. It clarifies that healthy development, in kids and adults, is the work of communities. Further, healthy development in kids depends on healthy development in adults. From an integrative perspective, thriving kids need thriving adults *and* thriving communities.

### ***Generative Asset Building rebalances the problem/potential equation***

According to neuropsychologist and author Rick Hanson, human brains are hardwired for negativity (28). Since the earliest humans walked the planet, our primary concern has been survival; as a result, our brains developed a *negativity bias*. It's an evolutionary strategy that allowed us to prosper as a species. And this helps us to understand why, even in the modern world, humans are so focused on problems, and why an orientation toward potential often seems like an unaffordable luxury.

To survive means to maintain life. Despite challenging circumstances, we continue to exist, continue to function. When we survive, we've beaten the odds. We've encountered a threat, and managed to thwart it. We've faced a storm, and come out strong. Survival, then, is problem-focused. When the problem is solved, life gets back to normal. Or so we hope.

Thriving is different; here, the focus is on potential. To thrive means to grow vigorously, to flourish, to bloom. The problem-focus of the survival mindset expands to include attention to potential: on what we can become, as healthy people on a healthy planet, now and into the future. Thriving, then, has a developmental component. When thriving is our intention, we

generate the conditions that cultivate blooming: health, well-being and healthy development. And this opens doors to a new normal.

The problem/potential imbalance begins to resolve when our focus is on thriving, on that salutogenic admix of health and human development. From this perspective, it becomes clear that assets that facilitate healthy human development are as essential to a present-time health strategy as to the prospect of a preferred future.

### ***Generative Asset Building promotes a healthier now, and a preferred future***

Generative change approaches will help us to create a preferred future – a future we choose and create through our actions – and to leave a legacy that benefits future generations. Because Generative Asset Building is oriented to both the present and the future, it pays attention to two types of assets: *here-and-now assets* and *legacy assets*. Here-and-now assets address current problems and potentials, and promote thriving in kids, in adults, in communities. But, from a generative perspective, a healthy society also leaves a legacy: a healthier, more equitable and more sustainable world, not just now, but for generations to come.

So, generative assets are human attributes and life conditions that actively promote higher levels of health and well-being in people and in communities. Going beyond technical problem-solving and adaptive resilience, Generative Asset Building is salutogenic, integrative and developmental in its approach. It rebalances the evolutionary tilt toward negativity, opting to put equal emphasis on possibility and potential, now and into the future. Generative Asset Building expands the toolkit of change leaders and citizens who want to make a difference, even as our world grows increasingly complex.

### **Catalyzing change: an essential competency for health practitioners**

And this brings us back to the core competency identified by the Galway Consensus Conference: the capacity to catalyze change. More than at any time in our professional history, it is essential that health practitioners demonstrate skillful change leadership, within their organizational working environment and the communities they serve.

Reflecting on current realities, however, most will acknowledge that it's challenging enough simply to navigate changes imposed by our working environment. For example, a senior government employee describes her response to constant change in her organization: "I am a blade of grass," she says, "bending and swaying in the wind." This, of course, is adaptive

change, a useful skill in an unpredictable, and sometimes chaotic, environment. But the capacity to catalyze change is different. Metaphorically, it asks that we be the wind.

When asked if they consider themselves competent to enable change and empower individuals and communities to improve their health, the majority of health professionals confess to feeling a little “in over my head.” While well-educated and well-credentialed, neither training nor practice experience has provided most leaders or on-the-ground practitioners with the tools needed for this aspect of the work: to act, purposefully, mindfully and skillfully as an empowered generator of health-oriented change. As one university-based public health educator notes in response to a system-wide request to catalyze change at the community level, “we find it hard to envisage this happening without some radical changes to either health professionals’ training or the systems within which they work” (29).

A problem, certainly. But also an opportunity for public health agencies and education programs to consider the question with which this paper begins: what’s needed next? What are the learning needs of emergent and seasoned health practitioners, many of whom are stepping into change leadership roles in organizational and community settings? While educational programs will continue to provide clinical training, professional learning will be enhanced with a parallel curricular focus on the capacity to catalyze change ... the sort of change that generates health.

### **Generative health leadership: building a bridge across the ingenuity gap**

Many innovations will be required as the public health sector steps into the future. Generative health leadership offers new perspectives and hands-on practices.

The objectives of generative health leadership are both operational *and* aspirational, including:

- responding competently to complex change challenges;
- putting salutogenic principles into practical action;
- building health-generating resources, or assets, in people and communities;
- creating a culture of health and thriving; and
- making a stand for a preferred future.

Generative health leadership offers encouragement and empowerment to those seeking effective ways to promote health, well-being and healthy development. And Generative Asset Building offers an everyday way for practitioners and engaged citizens to work together toward a preferred future, a healthier future, leaving a legacy that benefits future generations. Down the

road a way, as generative thinking and practice approaches are more universally embraced and enacted, generative health leadership may come to be recognized as an indicator of a Fifth Wave in health improvement.

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