Empowering Women in Least Developed Countries

Similar to many other loan recipients, this weaver signed her agreement with her thumbprint as she is unable to write her name.
(Photo courtesy of Greater Philadelphia Women International Leaders.)

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THE EDITOR’S DESK
Donna K. Ramer, President, StrategCations, Inc. and Editor-in-Chief, The HBA Advantage

Moving Aside

After more than a decade, I have decided to step down as editor-in-chief of The HBA Advantage. While this is bittersweet for me, I strongly believe the primary focus for leaders of voluntary organizations is to support — and then make way for — the next generation of leaders. So for me, a decade of organizational leadership dictates that I move aside, but not without looking at my HBA legacy.

In fact, Susan Torroella’s column in this issue (see page 8) is quite timely because, she, too, has looked at her legacy as her tenure as this year’s HBA president comes to an end. In her column, Susan says “Your legacy is the culmination of your actions tomorrow. Next week. Next month.”

So what is my legacy? Perhaps my proudest achievement is The HBA Advantage, which evolved from the association’s original print newsletter, The Bulletin, now our monthly e-zine. Although The Advantage is still evolving to meet its mission to be a world-class women’s leadership publication, it now addresses issues within and outside the healthcare industry as well as women’s issues. And because the future of the magazine is still important to me, I have been asked to and will stay on as an advisor. I could not have done this alone, of course. Teamwork is the heart of the HBA volunteer experience. So my deepest thanks to my mentor and friend, Susan Youdovin, who also is a senior editor of The Advantage. To The Advantage’s first editorial advisory board — Cathy Sohn and former HBA presidents Helen Ostrowski, Mary Cobb, Nancy Larsen and Daria Blackwell — who supported the quest to create a world-class publication. To editors Wendy Hauser, Diana Bartlett and Kathleen Rohrbach who provide quality content and creativity and will continue to do so into 2011. And to managing editor Joanne Tanzi, also a former HBA president, who, along with art director Debbie Sandike and Carol Davis-Grossman and Lisa Kelly at The Charles Group, held my hand and managed a demanding budget and editor-in-chief.

What truly is important for me is that the HBA offers volunteer opportunities for each of us to give as much time, energy and expertise as we care to at the different stages of our lives and careers along with a safe environment to try out new roles and responsibilities. During my tenure on the HBA corporate board, I had one of my greatest professional challenges: I assumed the role of the association’s first director of operations, but found it wasn’t a good fit and was relieved when I returned to my role as director of communications. Great fits for me were co-chair and then sole chair of the 2002 and 2003 Leadership Conference, respectively, during my first term as director of communications; and managing the association’s messages and reputation, especially during restructuring.

I also have made lifelong friends and secured a number of clients for my public relations and communications/crisis training consultancy. I have worked with and learned from numerous industry professionals. And I have mentored and been mentored.

As I look back, I feel my HBA legacy to date is what I would have designed had I had a master plan. It is now exciting to move into a new chapter of my HBA volunteer career. HBA

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Strategic Influencing

Influencing is synonymous with leadership and leaders often need to create change as a solution to a complex issue. Whether that change is on a large or small scale, it is frequently uncomfortable for many people because they have to give up what is known and familiar for the unknown and unfamiliar.

But how do you as a leader go about leading change is a key ingredient to the success of any change effort. Your success as a leader depends upon your ability to get things done efficiently and effectively, especially those over whom you have no formal authority.

In today’s fast-paced and global business environment where virtual teams are often the norm, it might seem that the best way to lead a change effort would be via telling. The reality is, if you need to obtain buy-in to achieve goals, you need to strategically influence and save the telling for real emergencies.

Strategic influencing is about being in a position to readily and successfully address evolving business issues, challenges and opportunities by continually building, strengthening and sustaining relationships so you are in a position to create rapid buy-ins for win-wins.

Strategic influencing is about relationships that will serve you well. Therefore, it is not a one-time event, about manipulation or achieved via logical arguments.

Typically, when someone senior to us requests we do something, all too often we assume our efforts will have a pre-stamp of approval so any buy-in will be automatic.

Consider what happened to Tom, the new vice president for professional and organizational development at a major money center bank. The president asked Tom to turn the customer support organization for a particular global line of business into a professional, effective, profit-generating function for the business. To realize these goals, Tom needed to get the buy-in of one EVP and five SVPs. Capitalizing on successful ideas from previous positions, he came up with a restructuring plan and called a meeting with the EVP and the SVPs.

Using PowerPoint slides, he presented his restructuring idea and then asked everyone for their buy-in. The EVP and four of the five SVPs concurred. The result was that the idea could not be implemented since the buy-in from everyone was needed.

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Strategic Influencing on page 3
The Accidental Networker

Susan Youdovin
Rosica Strategic Public Relations; and Senior Editor, The HBA Advantage

My personal networking philosophy is the old standby: do what you love and the rewards will follow. The HBA is a great example. I’ve gained good friends, good experience and good business leads. The same holds true for other volunteer activities for causes I believe in and want to support.

When it comes to business networking, we all know the rules: stay in regular contact with people, share information of value to them, target your contacts, follow up, play golf (not my strength!), etc. It can be challenging to keep up.

Truth be told, many of my clients over the years came via this approach. I volunteered for and networked in organizations like the HBA, attended and spoke up at healthcare conferences, followed up on leads and connected to people and companies where our firm could make a difference. And it paid off. Clients we worked with years ago have found us at Rosica Public Relations, where my team now leads the healthcare and corporate communications practice.

But there’s another kind I call Accidental Networking, the serendipitous contact that unexpectedly leads, usually by a circuitous route, to business, friendship or simply a new adventure. For example:

1. My favorite “shaggy dog” client story (literally as it turned out): The head of a California veterinary marketing group called a friend in Montclair, NJ, for a public relations firm recommendation. The friend contacted us (we were based in Montclair at the time). We did some work for the West Coast marketer, who then recommended us to an ad agency in Pennsylvania. The agency brought us on to provide public relations plans for an animal health company in NJ, which is now a top client for both product and corporate communications.

2. Years ago, still new in town, I offered an hour of public relations expertise at a synagogue service auction. “I need a public relations plan for my new home dry cleaning product. How soon can you be here?” She became a major client and a lifelong friend.

3. An ad agency on Long Island found us (through HBA) and invited us to be their public relations adjunct for a major presentation to an international life sciences company. The ad agency made a serious error in the presentation and it was a disaster. “You’ll never work for this company!” we were told. I went home and threw out all the research and prep files. Three years later I received a call: “You may not remember me, but you did a presentation for us a while back, and I thought you guys were kinda good.” Oh I remember you,” I said, “vividly.” We wound up working for that company for several years.

4. Remember Rolodexes? Back in the day, we created a business card with a raised edge that would stand out. Someone we sent it to called and said: “I just kept seeing your name and wondered what it would be like to work with you.” That raised Rolodex card turned into a major public affairs project, international crisis management and several internal communications assignments.

• One of the first rules of business development is to call contacts regularly. One day, when I actually did that, I called a former corporate communications client at a pharma company. She shrieked with delight. She had just changed jobs from manufacturing to vaccines and needed help that very day. Within a week we covered an international conference for the division and had launched a decade-long relationship. And last week I met someone at another networking event who had been her college roommate and worked for a dozen years at a global medical technology company now on my list. See how it works?

Everyone has stories like these and sees them as random occurrences. But my view is more mystical. I call it “stirring the cosmic pot.” It’s like sending a signal into the universe and now and then getting a response. They say that opportunity comes to the prepared mind: being open, tuned in and following your instincts are part of that preparation.

And you can always write a column called The Accidental Networker. You never know where it will lead. HBA

Susan Youdovin can be reached, intentionally, at susan@rosica.com.

STRATEGIC INFLUENCING continued from page 2

What had Tom failed to do? He followed only one of the four requisite steps of the Strategic Influencing Process.

1. Tom did quantify the corporate value. All ideas need to benefit the business. Since time is of the essence and resources are always limited, quantify the benefits of your idea so others will easily understand its value in terms of the bottom line.

2. Tom didn’t specify the decision maker benefits. We often assume our ideas have such obvious and intrinsic value that we will easily obtain the needed buy-in. When we find others are not embracing our idea, we try to convince them by reiterating the corporate value. This is not usually an effective approach, because we have not taken into account the specific impact on and unique benefits for the decision maker(s) whose support we need. Specifying the unique immediate and long-term payoffs for each of the decision makers is the key leverage point for successful strategic influencing. One by one, you will be building a coalition for a powerful win-win.

3. Tom didn’t develop a strategy for the naysayers. Invariably, there will be those for whom your idea will not be a priority, or might be threatening. Make sure you have done your homework so you can approach these individuals in a way that will genuinely and pro-actively address their concerns in addition to specifying the corporate value and the decision maker unique payoffs.

4. Tom didn’t align the communications strategy. First, make sure you have the necessary credibility — the foundation for effective influencing — with each of the individuals you need to turn to Strategic Influencing on page 8.
IN THE KNOW... EMPOWERING WOMEN IN LEAST DEVELOPED COUNTRIES

Start with the Basics: Access to Financial Resources, Education and Healthcare

Kathleen Rohrbaugh
Manager of Planning, Marketing & Communications, CGFNS International; and Editor, In the Know

Village Banks Provide Needed Capital for Entrepreneurship

Imagine having less than one year of schooling, not being able to write your name, living on less than $2 a day and applying for a loan to start/support a business selling a common product everyone else in your country is selling to support your family. This common thread for women in Least Developed Countries (LDCs) is being brought to light by a powerful movement known as microfinance or microcredit implemented globally in the fight to alleviate poverty.

In April 2010, 11 successful businesswomen who are members of the Greater Philadelphia Area Chapter of Women International Leaders (WIL), traveled to Guatemala to meet some of the women who have received loans through their local “trust bank.” These trust banks are created by Friendship Bridge, a non-profit, non-governmental organization (NGO) that provides microcredit and educational programs for women and their families to create their own solutions to poverty through The International Alliance for Women (TIAW).

The group reported back to the Greater Philadelphia Area WIL chapter with six critical observations.

1. 75% of the population of Guatemala — which is the size of Tennessee — lives in poverty.

2. The women empowered through the microcredit initiative average 36 years in age and head an average household size of six.

3. One of the women in the second cycle of the microcredit loan is a tortilla baker who competes with several other tortilla bakers selling their products in the community. Others are candy makers, embroiderers, beadworkers and weavers.

4. The microcredit loans range from $100 to over $800 (average $175) and typically carry 6-12 month terms (average 4-9 months), pay 2% per month and are eligible for larger loans based on their performance.

5. Borrowers sign loan agreements with their thumbprint as they are unable to write their name. They also attend monthly repayment meetings as part of the education associated with the loan.

6. The women co-guarantee the repayment of the loan for each other.

BENEFITS OF MICROCREDIT AND EDUCATIONAL PROGRAMS

- Decreased malnutrition in an area where 44% of the children are chronically malnourished;

- Greater ability to weather economic shocks, such as illness or natural disaster (the community experienced an eruption of its volcano one week after the Philadelphia contingent visited them);

- Decreased spousal abuse;

- Improved hygiene and health care;

- Increased number of children attending school, especially girls;

- Increased support, camaraderie and self-esteem among borrowers; and

- Increased level of family planning (borrowers are 50% more likely to have fewer children).

Pharma Steps Up

In a February ’09 speech titled “Big Pharma as a Catalyst for Change,” GlaxoSmithKline CEO Andrew Witty committed to expanding GSK’s efforts to improve health in the LDCs. In looking at how GSK can move from being a supplier of drugs to being a partner in delivering healthcare, he said that in working with partners such as NGOs, GSK will reinvest 20% of the profit it makes from selling medicines in LDCs to help strengthen healthcare infrastructure in these countries. GSK’s sales in LDCs are relatively low so this profit is limited and initially amounts to about £1-2 million annually.

Claire Hitchcock, GSK’s Director of Global Community Partnerships, has seen the difference the company’s commitment to become a healthcare delivery partner has made in the form of several sponsored initiatives to train healthcare workers and faculty in Thailand, India, Vietnam and Pakistan. She knows the importance of working with local women’s organizations in the implementation of such programs, where to recruit potential candidates and how to navigate government regulations. GSK provides funding for training and development, educational materials and, in some cases, accommodations for trainees who need to live away from home.

As a result of these training programs, the self esteem of the healthcare workers in these countries, predominantly women, has been significantly raised by increased knowledge. They are better equipped to provide the necessary healthcare for patients, local hospitals recognize their value and they are held in high regard by the communities they serve.

“Women in least developed countries have limited career opportunities and are often relegated to low-paid, unskilled work to earn the money needed to live,” said Hitchcock. “I have had the opportunity to attend the graduation
cereomies of those who have successfully completed GSK’s supported programs and have seen the proud faces of their families as they walk across the stage. They have been given hope for a better future.”

**Safeguarding Women’s Health and Giving Women Power Over HIV/AIDS**

HIV/AIDS has evolved to become one of the greatest of all threats to women’s health. Women represent roughly half of all people living with HIV/AIDS worldwide and approximately 60% of those infected with HIV/AIDS in sub-Saharan Africa. With 97% of new HIV infections occurring in developing countries, the epidemic is exacting a particularly high price from the world’s most vulnerable societies.

Women in developing countries can have limited decision-making power within the household so they are vulnerable to HIV/AIDS because they may be unable to persuade their male partners to use condoms or remain faithful.

The International Partnership for Microbicides (IPM) recently announced the initiation of the first clinical trial among women in Africa to test a once-monthly vaginal ring containing an antiretroviral drug (ARV) that could one day help prevent HIV transmission during sex. According to HBA member Erin Bettine, a senior Research & Development Project Manager at IPM, microbicides specifically address one of the central weaknesses of the existing continuum of HIV prevention methods: the lack of a discreet prevention method that women can initiate to avoid sexual HIV transmission.

IPM is an organization dedicated to giving women power over HIV/AIDS by developing and ensuring access to vaginal microbicides and other HIV prevention methods. “Vaginal rings, commonly used in Europe and the U.S. for hormone delivery, could be well-suited to deliver HIV prevention drugs for women in developing countries,” said Zeda Rosenberg, PhD, IPM’s Chief Executive Officer. “This study will provide key information on the safety and acceptability of this technology for HIV prevention. It is an important step forward in our efforts to give women options they can use to safeguard their health.”

The medical research undertaken to make microbicide products a future reality also yields immediate and long-term benefits to global development and public health, including building stronger clinical research capacity in areas hard hit by the HIV epidemic. Investments strengthen physical infrastructure and provide employment and development opportunities for staff at research centers. Clinical research programs also strengthen the delivery of and access to health services for communities and clinical trial participants, including HIV testing. Outreach efforts empower women through education and counseling, leading to improved HIV awareness and health-seeking behaviors in communities where clinical trials are carried out.

**For more information**

- **The International Alliance for Women (TIAW)** (www.tiaw.org) serves as the global umbrella organization that unites, supports and promotes professional women and their networks to work together, share resources and leverage ideas, its Microenterprise Development Program, Women on Boards Program, Entrepreneurs Program, Corporate Women’s Leadership Network Program and the Daughters Program to prepare girls, ages 10-14, for financial independence, and is under expansion to include physical, intellectual and emotional development of talented young university women through a global eMentoring program.
- **Kiva** (www.kiva.org) empowers individuals to lend to an entrepreneur across the globe. By combining microfinance with the internet, Kiva is creating a global community of people connected through lending. As of November 2009, Kiva has facilitated over $100 million in loans.
- **UniversalGiving™** (www.universalgiving.org) is a web-based marketplace that helps people give and volunteer with top-performing, vetted projects all over the world. 100% of each donation goes directly to the cause.
- **IPM** (www.IPMglobal.org) is a nonprofit product development partnership dedicated to developing and ensuring the availability of safe and effective vaginal microbicides and other HIV prevention methods for women in developing countries where they are at greatest risk for HIV infection. HBA
Nurse Practitioners and Physician Assistants: Taking a Closer Look

Melissa Hammond, MSN, GNP
Snowfish, LLC

You might meet them when visiting a clinic or hospital: clinicians who are not physicians though they perform examinations, order tests, make diagnoses, make rounds, write prescriptions and perform minor office-based procedures.

These are nurse practitioners (NPs) and physicians assistants (PAs).

Recent phenomenon? Absolutely not. In the U.S., NPs and PAs have been practicing as far back as the 1960s and ‘70s — when the professions were created in response to a shortage of healthcare providers — and has evolved to more than 150,000 NPs and 74,000 PAs (sources: ACNP and AAPA, respectively).

Despite their history and rising numbers, there is opportunity to learn more about how these clinicians fit into the healthcare system, which can impact decisions from business strategy to hiring.

The influence of NPs and PAs within the U.S. healthcare system is likely to grow. As a result of provisions included in the Healthcare Affordability Act, tens of millions more individuals will likely enter the healthcare system. HBA member Karen Massey, Director, U.S. Primary Care at Pfizer, says that primary healthcare providers are “already stretched way too thin.” Hence, according to Robert Wooten, President-elect of the AAPA, the U.S. government is looking to NPs and PAs to take on a greater role to accommodate this growth, noting the healthcare reform language “talks about the physician, PA and NP.” This will also further facilitate the shift away from the individual provider model toward the patient-centered medical home in which a team approach is used to optimize patient outcomes.

NPs and PAs practice autonomously. A recent survey conducted by Snowfish* with over 500 NPs and PAs noted that while 81% reported having a physician on-site at all times, they diagnose independent of their collaborating physician 95% of the time. Furthermore, 66% of NPs and PAs reported making their own treatment decisions and 78% indicated they make this decision independent of the physician review 76% to 100% of the time.

It is not uncommon to have situations in which there is no physician on-site. “I am the lone provider and work with eight psychotherapists,” says Janine Anderson, a psychiatric NP practicing in Kansas. She adds that her collaborating physician is located 90 minutes from her office. NP-owned/managed clinics already exist and are expected to expand if legislation being considered in 28 states is passed permitting NPs to practice without a physician collaborative practice agreement.

NPs/PAs and physicians are not interchangeable. Though she emphasizes the similarity between a NP/PA and a physician “in the responsibility of diagnosis and treatment,” and that “the standard is the same,” Penny Grillos, an Illinois PA makes it clear that she is not a physician. “It is extremely important that I am aware of my limitations so if I either have questions, doubts or suspicions about what I am seeing or hearing, I get in touch with my supervising MD.”

The length of training is significantly shorter for NPs and PAs so they tend to concentrate on the less complicated cases. This is not necessarily a limitation, as noted by Mr. Wooten, for “it allows the physician to focus on the patient with the complex problem” and the NPs and PAs can “spend a little more time” with the less complex patients, ultimately providing “a better experience” for them.

NPs and PAs are not exclusive to the U.S. The UK and Canada employ NPs and PAs and the model is now being recognized in Japan. The Netherlands began to train NPs in the 1970s as they faced a shortage of providers. NPs are also found in Sweden, Australia, New Zealand and South Africa. Other nations including Taiwan have recently begun exploring the role.

Adele Gulfo, President and General Manager, U.S. Primary Care at Pfizer and an HBA member, stresses that NPs and PAs are already valuable members of the primary care team. “We feel they are important customers and are seriously considering new ways of engaging them.”

Along with their team, Ms. Gulfo and Ms. Massey are using an interactive model to better understand how they can assist these clinicians to obtain better outcomes for their patients and then customize the approach to based upon their practice interests. As put by Ms. Gulfo, it is “not a one-size-fits-all approach.” As Ms. Massey stated, “we’ve always engaged mid-level providers, but we need to ensure we’re having a dialogue with them, not just a one-way delivery of information.”

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For more information about nurse practitioners and physician assistants, visit www.acnp.org and AAPA: www.aapa.org.

*For more information on the results of their NP/PA market analysis, please send an e-mail to info@snowfish.net.
OTC: Haven’t Joined the Online Conversation Yet?

Kathy Carliner  
SVP, Rosica Public Relations

If you haven’t joined the online conversation yet, you’re not alone. But don’t worry; the barriers are easier to overcome than you may think.

Facebook now has more than 500 million active users around the globe. Twitter reports 100 million people have accounts, 60% of whom come from outside the U.S. While it may seem everyone has moved well beyond “should I do social media?” plenty of professionals have yet to take the plunge. I recently asked a group of colleagues in OTC healthcare how they use social media professionally. The majority sheepishly replied with some version of: “I know I could use it to educate consumers, but I can’t risk the negative comments,” or “I have a Twitter account but no clue what I should tweet.”

Social media and online marketing can be a cost-effective way to promote and protect your OTC brand

One of the easiest ways is by starting a corporate blog for your OTC product. A stand-alone subset of an official company Web site, a branded blog offers more control than any other social media tool. It serves as a content management system enabling you to create a personality, tone and face for your brand more informally than through a traditional corporate site. Of particular benefit in our highly regulated environment is that you control the content by populating the blog with articles, research, Q&As, white papers, virtually anything developed and approved for other purposes. If you’re worried about negative postings to your blog, simply disable “user comments” and you eliminate that concern. Thanks to RSS — real simple syndication — you don’t need to laboriously update your other social media platforms like Facebook or Twitter; it happens automatically.

Social media lets OTC marketers break new ground

That’s exactly what Prilosec OTC® did with its “Official Sponsor of Everything You Do Without Heartburn” social media campaign. Well-known for its traditional, high profile sponsorships, Prilosec OTC used social media to put a new twist on “sponsorship” by directing it straight at consumers. The “Official Sponsor of You” contest invites consumers to post videos and stories to say why Prilosec OTC should sponsor their passion, whether sports, art, health and fitness, volunteerism and more. Consumers apply on the contest site and automatically become members of the contest’s online community. Then they do what social media does best: spread the word virally, encouraging friends to register on the site and vote for them. Prilosec OTC stays in touch with the winners by encouraging them to provide online updates.

Mobile marketing connects with tech-savvy consumers

Mobile marketing is on the rise and offers great opportunity for OTC marketers to successfully promote their brands. Witness the Tylenol® PM “Get Ready for Bed” campaign, featuring a free iPhone app that lets consumers see “how beneficial a good night’s sleep can be.” The Tylenol PM Sleep Tracker iPhone application lets users track their sleep patterns and related moods, start a sleep journal and get tips for better sleep.

Leverage the power of influential bloggers

Smart OTC marketers are tapping into blogger networks to sample products, spur conversations, test ideas and get honest, practical feedback. Rosica PR, for example, developed a campaign with the maker of an innovative thermometer that is extremely accurate, easy-to-use and non-invasive. One of the most effective elements of the public relations campaign was intensive blogger outreach, especially with the community of highly influential “mommy bloggers.” After reading a testimonial on a mommy blog, a buyer from a leading national retail chain decided to stock the product, resulting in a dramatic increase in sales. This was an unexpected bonus in a campaign designed to spread positive word-of-mouth.

Follow the ever-evolving rules

If you are developing a marketing campaign that includes use of blogs, Twitter, YouTube videos, online bulletin boards or other social media platforms, make sure you are in compliance with the latest FTC guidelines. Start by checking with your company’s legal department to understand their interpretation. Consumers...
What Is Your Legacy?

**THE PRESIDENT’S FORUM  Susan Torroella**

We often think of our legacy in terms of a lifetime or a career. What if we actually contemplated our legacy in terms of each day and month? Would we act more meaningfully in every interaction at work and home? Would we be a more intentional leader, parent, spouse or friend?

Seven years ago, I raised my hand to start a chapter in the Mid-Atlantic region to help advance the careers of women in healthcare in Washington, DC, Maryland and Delaware. I did not realize then that this action would lead to many opportunities, including the presidency of a continually growing association of 6,000 members.

The HBA is entering its 34th year. What could be my legacy in this brief, 365-day tenure? Like anyone in a new role of significance, I felt the great honor and great pressure; how could I make a difference? Then I realized the focus should be on we — not me — which then became Year of the Chapter, because HBA Chapters are where each of us are most impacted by the value of the HBA.

For me, it was at the chapter level that mentors helped me raise capital, friends helped me through challenging times and a member became a friend who ultimately led me to the amazing role as COO of MEDEX Global Solutions. The list goes on and on as to how HBA members at the chapter level helped me personally and professionally.

And I’m sure you feel similarly.

The HBA’s mission is to advance the careers and leadership impact of women in healthcare worldwide. Have you actualized this mission? Have you helped others in the HBA achieve their career goals? Have you clarified what you are trying to accomplish so others can help you?

In this season of contemplation, consider how your involvement in your local chapter can make a difference in your life and the life of others around you. In whatever role we fill, we are really carrying the torch for the next generation, carefully with kindness and thoughtfulness.

Your legacy is the culmination of your actions tomorrow. Next week. Next month.

And, of course, the HBA is here to help you fulfill this legacy, both in your life and others. HBA

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Let Them Row

**THE CEO’S CORNER  Laurie Cooke, RPh, CAE**

I recently had the privilege of hearing Shelly Lazarus, chairman of Ogilvy & Mather Worldwide, speak at a global summit on women transforming the world. She shared her views on what makes leaders good leaders and recounted a story I think will resonate with each of you.

She described the findings of a cultural anthropologist who studied the Cambridge 2007 men’s rowing team to better understand how teams are built. He noted that technical competence was routinely replaced by social competence. This aligns with the E.D.G.E. in Leadership study finding where senior management routinely pointed out that social skills — versus technical skills — is what they look for in middle managers as a key indicator of potential for more senior roles.

The key finding the anthropologist shared was about the roles of the cox and the team. The cox was an extraordinary leader, but had an aggressive style and was described as trying to win for the team. Ten days prior to the race, a woman, Rebecca Dowbiggin, replaced the cox. She, on the other hand, had a calm style and lavished praise, often being heard shouting words of encouragement rather than orders. After winning the race, she described her strategy as just letting the team row.

As leaders in this very complex industry, we can’t know everything so we need to count on our team. Top leaders put in place the strongest team possible and assume a role that inspires and coaches.

Are we compelled to demonstrate our competence so strongly that we overshadow the talent in our team? Reflecting on the traits of good leaders and the Cambridge story, I challenge you to check yourself: are you the rower when you should be the cox? As you strive to be a better leader, my advice is to build a strong team and let them row. HBA

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To influence. Then, use your knowledge about each of those decision makers to develop rapport and individual approaches to communicate with them. Set up individual meetings and obtain their buy-in prior to the big meeting. When you broaden your network and deepen your individual relationships, you will be in a better position to influence strategically and achieve win-wins. HBA

Kathy Carliner, SVP at Rosica Strategic Public Relations, can be reached at kathycc@rosica.com.

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SAVE THE DATE

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**THE CEO’S CORNER  Laurie Cooke, RPh, CAE**

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