

MANAGING THE PUBLIC HEALTH ENTERPRISE

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978-443-5000
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www.jbpub.com

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Mississauga, Ontario L5V 1J2
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Composition: Achorn International
Art: Accurate Art, Inc.
Cover Design: Scott Moden
Cover and Opener Image: © Victoria Field/Shutterstock, Inc.
Printing and Binding: Malloy, Inc.
Cover Printing: Malloy, Inc.

Library of Congress Cataloging-in-Publication Data

Managing the public health enterprise / [edited by] Edward Baker, Anne Menkens, and Janet Porter.
p. ; cm.

Includes bibliographical references and index.

ISBN 978-0-7637-6382-4 (pbk.)

1. Public health administration. I. Baker, Edward L. II. Menkens, Anne J. III. Porter, Janet.

[DNLM: 1. Public Health Administration. WA 525 M2665 2010]

RA427.M36 2010

362.1068—dc22

2008054202

6048

Printed in the United States of America

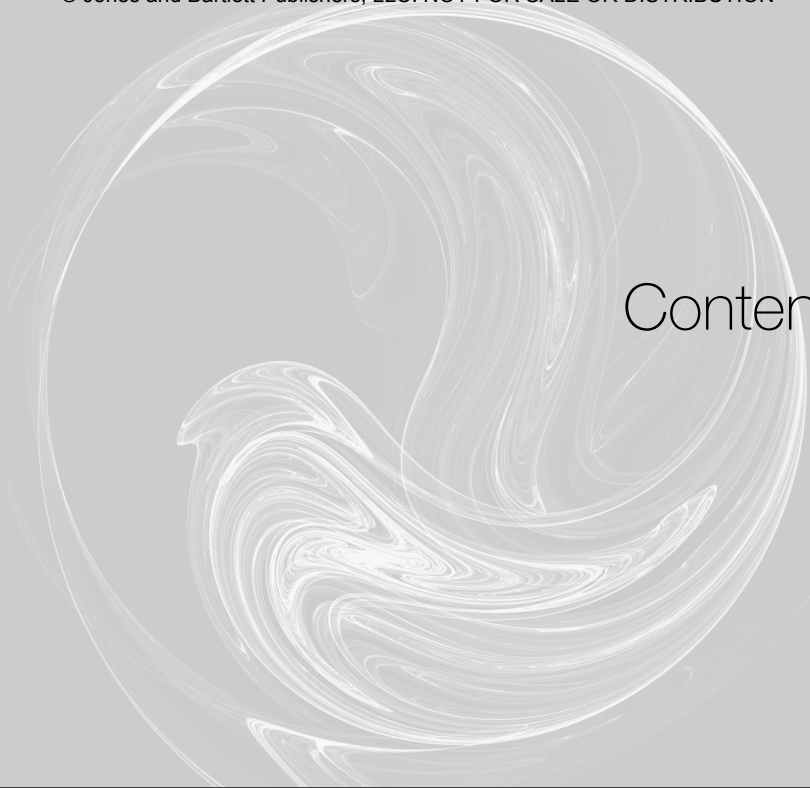
13 12 11 10 09 10 9 8 7 6 5 4 3 2 1

Dedication

To Pam, Justin, Ryan, and Lindsay.
—E.L.B.

To JAE, whose commitment to public health and dedication to good writing are truly inspirational. Thank you for your support and friendship.
—A.J.M.

To my parents, Myrna Dible Porter, who passed on her passion for public health nursing, and Hugh Fredrick Porter, who instilled in me a strong work ethic and desire to lead.
—J.E.P.



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Foreword

Making a Difference through Public Health Management

Much of my career has been spent advocating preventive public health. Studies show that life expectancy in the United States grew from 45 in 1900 to around 80 today. It has been demonstrated that 30 of those years gained are attributable to preventive activities, with the remaining five associated with advances in treatment. And those preventive activities had to be applied at the population level to affect a demographic variable such as life expectancy.

Public health managers lead the organizations that have helped make these advances possible. Every day, public health managers run the programs and provide the services that lead to better health and safety for us all. Furthermore, they deal with management challenges for which they may not have been trained.

This book is for those busy public health managers. The work is a collection of new and previously published articles from the

“Management Moment” column, a regular piece in the *Journal of Public Health Management and Practice*, which provides commentary and practical guidance on management issues commonly encountered in public health practice. Today’s public health manager must keep both the big picture and the details in mind to envision new projects and run long-standing ones. While looking out for the next SARS or avian flu outbreak, the next hurricane or terrorist attack, while testing well water and immunizing babies, the public health manager must balance budgets, hire personnel, run meetings, communicate with staff and partners, learn to use new technology, and find funding, all within the context of turbulent economic times, new and re-emerging health and safety threats, and a growing burden of chronic disease.

Managing the Public Health Enterprise contains concrete advice for these management challenges. It is an excellent tool for people in the field, in public health or in other management situations—a refresher, perhaps, for seasoned veterans, and a source of information and inspiration for those just starting their careers. Individuals might want to use it to handle particular problems that arise, and leaders might want to use it to spur discussion within teams or for individual development activities for staff. The book is practical and clear. It is broad in scope and yet focused on timely matters at hand, and the range of perspectives make it enjoyable and relevant to a broad audience.

The concepts raised and suggestions offered in this book will help today’s public health managers lead their organizations, and their communities, to conquer tomorrow’s health challenges.

William L. Roper, MD, MPH
CEO, University of North Carolina
Health Care System
Vice Chancellor for Medical Affairs
Dean, University of North Carolina
School of Medicine

Looking Inward: Better Management for Better Public Health

So much of our work in public health is outward looking. The challenges and opportunities that we face increasingly have effects beyond our local, state, and even national boundaries. With this truth in mind, however, it is important not to forget the significance of looking inward: examining and improving how we run our local health departments and, specifically, how we as individuals manage the relationships we have with internal and external colleagues and partners; how we manage the

information we share and disseminate; and how we manage to fund and sustain our public health enterprise in uncertain economic times.

Developing management is a fundamental part of improving the public's health, and the essays in this volume present the tools and strategies to help us get there. Some of the articles have been published previously, in the *Journal of Public Health Management and Practice*; others are new to this volume. All present practical advice for today's public health manager. The reader will find a diversity of voices, wide-ranging cases to illustrate the practical points, and a little bit of theory. Most important, this book presents ways to think concretely about the things we do to make the organization run smoothly, so that the work we do can have the best—and broadest—impact on population health.

Barbara K. Rimer, DrPH
Dean and Alumni Distinguished Professor
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Acknowledgments

We would like to acknowledge some people whose work and advocacy have made this book possible. First, Dr. Lloyd Novick has been an invaluable ally in this project, offering both practical guidance to us and inspiration and leadership to the field as a whole. Dr. Novick is a pillar in the field of public health practice, known for his work as a leader of statewide health agencies, as a professor and program director of preventive medicine (currently leading the Division of Community Health and Preventive Medicine and master's program in public health at East Carolina University), and as the author or editor of several books, including the most widely used textbook in public health administration. Individuals at every level of public health practice turn to his *Journal of Public Health Management and Practice*, in which we first published many of these chapters. We are thankful for his support of our work.

We also wish to acknowledge Dr. Bill Roper. Dr. Roper has been a major supporter of efforts to improve public health management in the United States for decades and is an inspiration to both healthcare

and public health professionals. A pediatrician by training, Bill Roper began his public health career as a local public health director in Birmingham, Alabama. When he later served as director of the Centers for Disease Control and Prevention, Dr. Roper made strengthening the public health system a priority, including giving managers and leaders the skills they needed to face the challenges of a new millennium. He continued to light our way as dean of our School of Public Health and is now dean of the University of North Carolina School of Medicine, CEO of UNC Health Care, and vice chancellor for Medical Affairs.

Third, we'd like to thank our contributing authors, whose contributions show forth their great dedication to the field of public health management development. They include our colleagues at the Dana Farber Cancer Institute, whose work ensures that the crucial conversation between healthcare and public health professionals continues. They also include our colleagues here at the University of North Carolina at Chapel Hill—at the North Carolina Institute for Public Health, the Gillings School of Global Public Health, the Kenan-Flagler Business School, and the Medical Foundation of North Carolina. All of these individuals generously shared their expertise and knowledge to help us advance knowledge in the field about essential public health management competencies.

Finally, to our students, colleagues, and audience—the public health practitioners who have informed our knowledge on these topics and who have let us know over the years that our work is valuable to them in their day-to-day working lives. Their feedback and support have given us the confidence that these lessons truly relate to people in the field. You make this book possible.



About the Authors

Edward L. Baker, Jr. serves as director of the North Carolina Institute for Public Health (NCIPH), the outreach and service unit of the University of the North Carolina Gillings School of Global Public Health. He is also a professor in the Departments of Health Policy and Administration and Epidemiology. He previously served as assistant surgeon general in the U.S. Public Health Service and director of the Centers for Disease Control and Prevention's Public Health Practice Program Office. Initiatives developed under his leadership include the Public Health Leadership Institutes, the Information Network for Public Health Officials, the Public Health Training Network, the Sustainable Management Development Program, the Health Alert Network, the National Public Health Performance Standards Program, the National Laboratory Training Network, and the Management Academy for Public Health. Previously, he served as deputy director of the National Institute for Occupational Safety and Health and on the faculty of Harvard University School of Public Health's Occupational Health Program. Currently, Dr. Baker is the director of the National Public Health Leadership

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Janet E. Porter has been a passionate advocate for leadership development throughout her career. She is currently the executive vice president and chief operating officer of Dana-Farber Cancer Institute. Previously she served as associate dean for Executive Education for the School of Public Health at the University of North Carolina at Chapel Hill for seven years. Their leadership programs now have 1,200 professionals in them. Before UNC, Dr. Porter was the chief operating officer for Children's Hospital in Columbus, Ohio, for nine years. She is on the faculties of the University of Minnesota, the University of North Carolina at Chapel Hill, Ohio State University, and Harvard University. Dr. Porter received a Bachelor of Science and Master of Health Administration from Ohio State University and a PhD in strategic management from the University of Minnesota.



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Tracy Lockard is the business process director for the Cabarrus Health Alliance, the Public Health Authority of Cabarrus County, North Carolina. In this role, she manages the agency's work associated with the Robert Wood Johnson Foundation Common Ground grant and provides expertise in business process analysis, business process redesign, and requirements definition for information systems and business improvement projects. Most recently, Ms. Lockard directed a project to develop requirements for a practice management/electronic medical records system, facilitating collaborative meetings with nine divisions and seven regional North Carolina public health departments. Prior to joining the Alliance, Ms. Lockard spent 15 years working for several high-tech companies in product management, marketing, and business development roles, creating strategic business and marketing plans, developing and launching new and existing products, and building processes and procedures. She holds a Bachelor of Arts in Communications from the University of Kentucky, a certification in Software Product Management from the University of Washington, and completed the Management Academy for Public Health program at the University of North Carolina at Chapel Hill.

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Introduction

Why Public Health *Management*?

Our goal in this book is to provide public health managers with something they can use, something that will help them when they receive the feedback “She doesn’t listen to me” (from a subordinate), or “He should be more proactive with handling staff problems” (from a superior). We wish to contribute something to turn to when a new project is presented: when you have to figure out how to fund the new mobile flu vaccination unit, form a team to implement new human resources policies, find a community partner to help address the obesity problem in children, explain to the media why the sewage treatment plant failed during the spring flood, and what you are going to do next time to prevent such an event . . . or *whatever*—because you know as well as we do how difficult it is to anticipate everything that will come your way as a manager of a public health agency.

Or, maybe you don’t. Maybe you are just starting out, or are still a student or moving up through the ranks hoping to have the top job

some day. Maybe you work in another industry and dream of moving over to the public health realm. Or, maybe you work for a partner organization who just wants to understand the inner workings of the local health department, the way public health practitioners think, what their concerns and challenges are. In any of these cases, this book is for you, too.

Many of the chapters in this book are reprinted articles from the “Management Moment” column of the *Journal of Public Health Management and Practice*, with permission of the publisher and with encouragement from Dr. Lloyd Novick, who has so ably edited the journal for many years. The *Journal of Public Health Management and Practice* is a leading peer-reviewed journal that provides practice-based information applicable to the design and implementation of public health programs. Managers have to design and implement programs every day, and they turn to the journal to see what works and what does not. But a lot of what public health managers do is *manage*—they manage staff, manage external relationships, manage money and resources, manage communication at all different levels and for different purposes. This book speaks to this gap in public health education and professional development.

Why *Public Health Management*?

Although the tasks may be similar, public health management is different from other management positions in some important ways. For one thing, public health managers generally lead governmental organizations, which says a lot about the money streams they work with (not always gushing and often strictly controlled), the organizational culture they can expect (not necessarily open to innovation or change), who their stakeholders are (everybody, to some extent), and how they make decisions (or decisions are made for them) on a daily basis. Also, few public health managers are actually trained in public health. That means managers have little or no training often in the very field they are overseeing—or in management more generally; this lack of educational preparation may be the case in other fields, but it is almost guaranteed in public health.

Public health managers have a unique relationship within the communities they serve. They are expected to be both broad and deep subject-matter experts and effective public policy leaders and also be connected to local politics—an incredible amount to handle. As one of our local health directors stated, “People really do expect me to know about everything from how to control dog bites to the risk of avian flu.”

Moreover, the public health enterprise is different from other organizations. In some ways, the differences are good. Most people get into public health work because they care about people and want

to make a difference: this fills public health organizations with people with high ideals and goals, who are not necessarily driven by a “return on investment” motive. The perception of this quality can give a public health organization a reputation of being an “honest broker” in the community, trusted by political leaders, business colleagues, and other community members. However, all organizations need a “return on investment,” however that is defined. Do you know your programs actually work? How much do they actually cost, and will you be able to sustain them over the long term? What if the grant runs out or government priorities change? These types of questions require idealistic public health professionals to think about “return on investment,” and “sustainability,” and even “revenue generation”—terms we ran away from the business world to escape.

Finally, everyone seems to have a stake in what public health organizations do: taxpayers, the public health “customer” (who is everyone, whether they know it or not), local and state politicians, the media, community competitors for some of the services offered, local employers, educators, businesses . . . the list goes on. How much any one of these stakeholders supports public health is closely tied to economic well-being, either personal or communal, to political whims, and to the perception of crisis. Public health organizations have to manage in economic downturns and changes in political priorities and communicate need and raise awareness without overdoing the “crisis” message. All of this is a lot to juggle.

How Do We Know the Subject?

Now, we do not pretend to know everything about public health practice. You will notice that none of us is a local public health department manager, for example. However, we have gleaned what we know from reliable sources: from our own education and experience managing our own enterprises in the public health, healthcare, and education fields; from our colleagues and clients at the North Carolina Institute for Public Health and at the Dana-Farber Cancer Institute; and from the hundreds of students who have come through the executive education and certificate education programs at the North Carolina Institute for Public Health for whom, in essence, we began writing the “Management Moment” in the first place. These include the over 1,000 graduates of the Management Academy for Public Health who have come in teams since 1999 to learn about applying business planning in their work. Our students also include the prominent leaders who have attended the Centers for Disease Control and Prevention–sponsored National Public Health Leadership Institute (PHLI), offered by the North Carolina Institute for Public Health in partnership with the

Public Health Institute of Oakland, California, and the Center for Creative Leadership in Greensboro, North Carolina; and finally, the students of our other leadership institutes, the Southeast Public Health Leadership Institute, the Emerging Leaders in Public Health program, our Certificate Education programs for working professionals, the Food Safety Leadership Institute, and the PREVENT (Preventing Violence through Education, Networking and Technological Assistance) program. These public health professionals have helped us know what challenges public health professionals are facing, what tools and resources they need, and where they want to go from here.

In a way, this book is a collection of “lessons learned,” as managers and from managers, over the years. Here are some of those lessons:

1. PUBLIC HEALTH MANAGERS NEED GOOD “PEOPLE SKILLS.”

Public health workers, like workers at any profession, expect more than a paycheck. And because in some cases public health workers are not getting very big paychecks, they may expect a lot more than a paycheck. This expectation may translate into a desire for mentoring and personal development opportunities, which need to be fully supported by their supervisors and organizational culture for them to be successful. Also, as the workforce ages and retires (a crisis in and of itself), the younger workers coming in are used to working in teams and thinking in terms of “group projects”: they deserve well-planned and well-managed teams to facilitate their projects, and their manager needs to be able to handle (and welcome) diversity, recruit good colleagues, deal with difficult interpersonal situations, and maintain a satisfied workforce over the long term.

The first several chapters in this collection cover “managing people,” offering concrete advice for building, motivating, and maintaining your own team. They look at ways to be more effective both personally and interpersonally, give hints on creating a positive work culture, and define what “diversity” can mean, and why it is important, to the contemporary manager.

2. PUBLIC HEALTH MANAGERS NEED TO UNDERSTAND THE WIDER COMMUNITY.

Maybe there never was a day when public health organizations were strictly isolated from nongovernmental realms of health care and other businesses, but if there was, it is over now. A lot of what the contemporary public health manager does is manage relationships with people outside the health department doors, developing and maintaining partnerships in an increasingly interdisciplinary field. The proliferation of possible partnerships for public health entities is good for generating ideas and strengthening broad support for public health programs. It

is good for actually getting things done in the current economic and political climate. However, it does require skill and diplomacy, a dose of humility, and (always) a healthy sense of humor.

All the leadership programs that we have developed at the North Carolina Institute were founded as partnerships. We worked with the Kenan-Flagler Business School and the Center for Creative Leadership and School of Public Health departments, such as Epidemiology and Biostatistics, to bring the best resources possible to the table to meet the needs of our clients. Partnerships have been key to our success—and they will be key to yours.

The second set of chapters that follow provide examples and definitions of good partnerships: what makes good partnerships and how to build and maintain them, how to analyze stakeholders, and what is the difference between management and leadership in this regard.

3. PUBLIC HEALTH MANAGERS NEED TO BE GOOD COMMUNICATORS.

Public health has a lot of audiences. With new technologies come greater expectations for how quickly and broadly we can share information with the community. With the changing workforce, expectations are increasing for timely, transparent top-down communication within the organization. A manager has to know what can (and should) be communicated, and how. Good communication can translate into success at spreading health information, improving the image of the health department in the community, and positively affecting the political process. Bad communication can translate into misunderstanding or mistrust (within and outside of the public health organization), not to mention poor health outcomes.

The third set of chapters that follow cover how best to communicate with a variety of audiences, from successfully connecting with your colleagues of all levels, to managing with the myriad of new technologies available, to handling the nitty-gritty of effectively speaking, writing, and presenting your ideas.

4. PUBLIC HEALTH MANAGERS NEED TO UNDERSTAND THE BUSINESS OF RUNNING AN ORGANIZATION.

Most of the participants in the Management Academy come to us needing help reading the most basic financial spreadsheet; even those at the National Public Health Leadership Institute, who have been handling big budgets and complicated funding models for years, profess that they are not facile with finances. The need to understand fiscal management is ever growing. Why? Because the key competency for success in public health is the ability to get resources. And you have to understand finances to get sufficient resources to realize your dreams

for your community. The final chapters of this book cover both basic and innovative fiscal management for public health managers: thinking creatively about sustainability, applying business thinking to public health challenges, and fundraising from corporate and private foundations.

This Is the Beginning

Again, most of these chapters were initially published as “Management Moment” columns: as the name implies, they are meant to succinctly address acute, concrete problems rather than systematic, long-term challenges of the public health system. We hope you will find them useful as you face the expected—and unexpected—challenges that you come across every day. If they spur questions and ideas for future columns, please write to us at thepublichealthenterprise@unc.edu. We’ll be happy to hear from you.