Managing Effectively in Today’s Public Health Environment

Session 1: Setting the Stage
Acknowledgements

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Series Content Editor and Today’s Instructors

[Images of two individuals]

Grace Cleaves
EXECUTIVE COACH & EXPERT FACILITATOR

Mike Miles, SPHR
YOUR HUMAN RESOURCE
GOOD NEWS!
COURSE OVERVIEW & REQUIREMENTS
Classroom rules of engagement

- Mute phones to eliminate noise
- Limit use of competing technology
- Share the floor – be respectful
- Ask questions at anytime
- Protect confidentiality
- Bring in your own work context and reality
- Participate actively
Purpose of the Course

Provide public health professionals with the knowledge, skills, and tools to manage effectively in today’s dynamic environment.

- People
- Budgets
- Projects and teams
- Operations
- Performance
Overview of Management Course (Key Skills Needed for the Future)

1. Introduction – Setting the Stage and Managing in the “New Normal”
2. Leading Organizational Change and Supporting a Culture of Resilience
3. Managing Budgets and Fiscal Resources
4. Managing Projects and Project Teams
5. Hiring, Managing and Retaining Employees
Whole Course Learning Outcomes

- Understand the need/urgency to manage differently in today’s complex and dynamic environment

- Be able to use new information, tools, and resources to help manage more effectively

- Develop enhanced skills to better manage all aspects of public health organizations
Today’s Session 1
SETTING THE STAGE
for Effective Management
Learning Outcomes for this Session

- List 3 trends affecting public health organizations today
- Give 2 examples of implications/consequences of the trends on public health organizations
- Identify 2 skills needed to thrive in the “new normal”
- List one contemporary theory of change
- List 2 ways to support resilience in your organization
Participant assessment
What is your current position?

1. Local or State Health Director
2. Public health nurse
3. City or state health agency/department manager
4. City or state health agency/department worker
5. Health Inspector/Sanitarian
6. Other
How many years has your career been focused on public health?

1. < 1
2. 1 – 3
3. 4 – 8
4. 9 – 20
5. 21 - 40
TRENDS AND IMPLICATIONS ON PUBLIC HEALTH ORGANIZATIONS
TRENDS
Public Health 3.0
21st Century Public Health Infrastructure

Karen O’Rourke, MPH
PI, New England Public Health Training Center at UNE
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Public Health 3.0 Learning Objectives

1. Explain the difference between Public Health 1.0, 2.0 and 3.0

2. Describe the factors that led to a call for Public Health 3.0

3. Understand the implications for Public Health managers working in a PH 3.0 environment.
ZIP codes remain a more accurate determinant of health than our genetic codes
Public Health has the responsibility improve the health of ALL members of our communities
Silos result in missed opportunities to leverage critical knowledge of communities
Health Outcomes Ranking 2017
Public Health 1.0, 2.0 and 3.0
Public Health 1.0

- Late 19th Century – much of the 20th century
- Public health became an essential governmental function
- Systematized sanitation, improved food and water safety, expanded our understanding of diseases, developed powerful new prevention and treatment tools such as vaccines and antibiotics
- Expanded capability of epidemiology and laboratory science
- All this led to comprehensive public health prevention
PRE-VACCINE ERA ESTIMATED ANNUAL MORBIDITY IN THE U.S.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Pre-Vaccine Cases</th>
<th>Decrease</th>
<th>Most Recent Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td>21,053</td>
<td>100%</td>
<td>0</td>
</tr>
<tr>
<td>H. Influenza</td>
<td>20,000</td>
<td>99%</td>
<td>243</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>117,333</td>
<td>91%</td>
<td>11,049</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>44,232</td>
<td>83%</td>
<td>11,269</td>
</tr>
<tr>
<td>Measles</td>
<td>630,217</td>
<td>99%</td>
<td>61</td>
</tr>
<tr>
<td>Mumps</td>
<td>162,344</td>
<td>99%</td>
<td>982</td>
</tr>
<tr>
<td>Pertussis</td>
<td>200,752</td>
<td>89%</td>
<td>21,291</td>
</tr>
<tr>
<td>Pneumococcal Disease</td>
<td>16,069</td>
<td>74%</td>
<td>4,167</td>
</tr>
</tbody>
</table>
Public Health 2.0

- Emerged in second half of 20th century
- Shaped by the 1988 IOM report “The Future of Public Health”
- Recognized that public health was unprepared to address the rising burden of chronic diseases and new threats such as HIV/AIDS.
- Led to development of core functions and essential services of public health
10 Essential Services of Public Health

Public Health Functions Project, U.S. Dept. of Health and Human Services
In October 2016, the US Dept of HHS Office of the Assistant Secretary for Health released a set of recommendations to achieve Public Health 3.0.

PH3.0 recommendations seek to shift the responsibilities of public health upstream.
PH 3.0 Transforming Public Health

- Public health faces extreme public health funding challenges, changing population health demands, ACA, mounting data on disparities.
- New model of public health will build on historic success at health improvement by adding greater attention to the social determinants of health in order to achieve health equity.
- This will happen through deliberate collaboration across both health and non-health sectors.
Health Impact Pyramid

Increasing Population Impact

- Counseling and Education
- Clinical Interventions
- Long-Lasting Protection Interventions
- Changing the Context to Make Individuals’ Default Decisions Healthy
- Socioeconomic Factors

Increasing Individual Effort Needed

Frieden T. American Journal of Public Health | April 2010, Vol 100, No. 4
Health Equity*

“In order to solve the fundamental challenges of population health, we must address the full range of factors that influence a person’s overall health and well-being. From education to safe environments, housing to transportation, economic development to access to healthy foods—the social determinants of health are the conditions in which people are born, live, work, and age.”

“Resolving the fundamental challenges of population health will require shifts further upstream to integrate narratives and actions that confront institutionalized racism, sexism, and other systems of oppression that create the inequitable conditions leading to poor health.”
SOCIAL DETERMINANTS
FACTORS THAT INFLUENCE YOUR HEALTH

The conditions in which you live, learn, work and age affect your health. Social determinants such as these can influence your lifelong health and well-being.

HOUSING

HEALTHY FOOD
6.5 million children live in low-income neighborhoods that are more than a mile from a supermarket.

INCARCERATION
The incarceration rate in the U.S. grew by more than 220% between 1980 and 2014, though crime rates have fallen.

POVERTY

GRADUATION

ENVIRONMENT

HEALTH COVERAGE
More than 89% of U.S. adults had health coverage in 2014. But 33 million Americans still lacked insurance.

ACCESS TO CARE

LITERACY

The NATION'S HEALTH
A PUBLICATION OF THE AMERICAN PUBLIC HEALTH ASSOCIATION
www.thenationshealth.org/sdoh
Strategies to Achieve PH3.0

1. Public health leaders should embrace the role of Chief Health Strategist for their communities.
2. Public Health Departments should engage with community stakeholders—from both the public and private sectors—to form vibrant, structured, cross-sector partnerships.
3. Public Health Accreditation Board (PHAB) Accreditation for public health departments should be strengthened to ensure that every person in the United States is served by nationally accredited health departments.
4. Timely, reliable, granular-level (i.e., sub-county), and actionable data should be made accessible to communities throughout the country, and clear metrics should be developed to document success in public health practice.
5. Funding for public health must be enhanced and substantially modified.
Social Determinants of Health

HI-5

Changing the Context
Making the healthy choice the easy choice

School-Based Programs to Increase Physical Activity
School-Based Violence Prevention
Safe Routes to School
Motorcycle Injury Prevention
Tobacco Control Interventions
Access to Clean Syringes
Pricing Strategies for Alcohol Products
Multi-Component Worksite Obesity Prevention

Early Childhood Education
Clean Diesel Bus Fleets
Public Transportation System
Home Improvement Loans and Grants
Earned Income Tax Credits
Water Fluoridation

Health Impact in 5 Years
Public Health Managers in a Public Health 3.0 Environment

- Draw on leadership from both the public and private sectors that impact community health—
  - for example, housing, education, and economic development.
- Empower local leaders to be the chief health strategists in their communities. (That means you!)
1. Public Health Leaders Should Embrace The Role Of Chief Health Strategist For Their Communities.

Chief Health Strategists:

- Can be a public health agency, the elected official, the hospital, major business employer, etc. in the area
- Should work with all relevant partners to address environmental, economic, and social determinants of health
- Must acquire and strengthen their knowledge base, skills, and tools in order to meet the evolving challenges to population health
- Must be skilled at building strategic partnerships
2. Public Health Departments Should Engage With Community Stakeholders—From Both The Public And Private Sectors—To Form Vibrant, Structured, Cross-Sector Partnerships

- These partnerships should:
  - Share a vision for creating health, equity, and resilience in a community over the long term
  - Include employers and payers among the key partners
  - Organize in order to share governance, set shared vision and goals, blend and braid funding, and capture savings for reinvestment upstream.
School-Based Programs to Increase Physical Activity
School-Based Violence Prevention
Safe Routes to School
Motorcycle Injury Prevention
Tobacco Control Interventions
Access to Clean Syringes
Pricing Strategies for Alcohol Products
Multi-Component Worksite Obesity Prevention

Changing the Context
Making the healthy choice the easy choice

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Water Fluoridation

Social Determinants of Health

HI-5

Health Impact in 5 Years
Activity – 10 minutes

- You are pulling your team together to begin action on public health 3.0 by addressing 2 of the HI-5 Initiatives:
  - Early Childhood Education
  - Home Improvement Loans and Grant

Discussion:
- For each initiative who are the partners that you know would need to be part of this initiative? Who will you need to meet?
- What would bring them to the table?
- What are some potential barriers and/or opportunities to collective action

Brief Report Back – great idea; interesting observation; concern; insightful strategy
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Break

OR

GO OUTSIDE & PLAY
Moving to Public Health 3.0 = Change
Discussion of Pre-work

Managing Change and Leading Through Transitions

Figure 1: Planned and Unplanned Change With Transition Phase
Where Does Change Management Come In?

What are the recent or upcoming changes in your own environments?
The New Normal

- **Span of Control:**
  Today’s supervisors may manage 20+ people

- **Reporting Relationships:**
  Today’s employees often have multiple supervisors

- **Organizational Structure:**
  Today’s organizations are flatter

- **Individual Strengths:** Inherent strengths of individuals present opportunities
• Organizational Design
  Today’s organizations must be built to change

• Breadth and Depth of Programs
  Today’s organizations are having to do more with less and less simultaneously
• **Complexity of Issues:** Issues today are more complex and involve many stakeholders.

• **Recruiting and Retaining Top Talent:** As a result of a shrinking labor force, there will be increased competition for top talent.
Kotter – 8 Steps for Change

Kotter Change Model

1. Increase urgency
2. Build the guiding team
3. Get the right vision
4. Communicate for buy-in
5. Empower action
6. Create short-term wins
7. Don’t let up
8. Make it stick

Engaging and enabling the whole organisation
Implementing and sustaining change
Creating a climate for change
Tempered Radicals

“People who want to succeed in their organizations yet want to live by their values or identities, even if they are somehow at odds with the dominant culture of their organizations.”

Debra Meyerson
Traits of Tempered Radicals

• Speak their truths, even when afraid
• Have strong support networks
• Take bias toward action, especially “small deviant actions”
• Have clarity about and focus on their most important goals
• Promote experimentation and deep conversations, by example and with their advocacy
Resistance: symptom of an underlying issue

- Fear of the unknown
- A belief that the innovation is not necessary
- Personality conflicts
- The desire to protect oneself from risk or uncertainty
- An assessment or understanding that differs from yours
- Lack of rewards for innovating or accepting change
- Fear of disruption of organizational order or company culture
- Concern about workload or available resources
Exercise

Identify a change that you’re implementing and put it through one of these models.

(Regional groupings to answer handout questions)
Employee Motivation and Engagement
Traditional Theories of Motivation

Maslow’s Hierarchy of Needs

- **Physiological Needs**
  - (hunger, thirst)

- **Safety Needs**
  - (security, protection)

- **Social Needs**
  - (sense of belonging, friendship, love)

- **Esteem Needs**
  - (self esteem, recognition, status)

- **Self Actualization**
Traditional Theories of Motivation

Frederick Herzberg –
Two-Factor Theory of Motivation

- Motivators/Satisfiers
  Direct motivators (responsibility, achievement, interesting work, recognition, promotion)

- Hygiene Factors
  Don’t necessarily motivate, but can cause dissatisfaction if not present (level of pay, job security, working conditions, quality of supervision)
Employee Motivation and Engagement

Ken Blanchard – Work Passion

Influenced by 8 factors:

1. Meaningful work and proud of contributions
2. Collaborative environment and organizational culture
3. Fairness, respectful treatment, leaders act ethically
4. Autonomy to do work and make decisions
Motivation and Engagement (cont’d)

5. Recognition and rewards for accomplishments and positive relationships
6. Growth, opportunity to learn and develop skills for advancement and career growth
7. Connectedness and trust of their leader
8. Connectedness and trust of their colleagues
LUNCH
Employee Engagement

Four Corners Exercise

We don't see things as they are, we see them as we are.

Anais Nin

What if how YOU see things was recognized?
Resilience as a Workplace Satisfaction Strategy

Enhancing Your Resilience Core
Gail Wagnild, Ph.D.

Five essential characteristics

- Purpose (Meaningful life)
- Perseverance (Get up, again)
- Self-Reliance (Remember?)
- Equanimity (Balance, optimism)
- Authenticity (Coming home to yourself)
Some successful resilience techniques

Deliberate acts of kindness

What is the observed effect on the giver?
Do you see why you should let others help you?
Mindfulness
Where’s the “You” in Your Office?

What makes you smile?

What helps you remember what’s important in life?
What else?

- Meditations
  [http://marc.ucla.edu/mpeg/Body-Sound-Meditation.mp3](http://marc.ucla.edu/mpeg/Body-Sound-Meditation.mp3)
  CALM app

- Appreciation board

- Three good things in life – the evening gratitude list
Tools for Community Education, Outreach and Collaboration

Jim Douglas
Partnership Director, Health Oxford Hills
Evaluation – Learning Outcomes

• List 3 trends affecting public health organizations today

• Give 2 examples of implications/consequences of the trends on public health organizations

• Identify 2 skills needed to thrive in the “new normal”

• List one contemporary theory of change

• List 2 ways to support resilience in your organization
Post-session “Assignment”

Identify two take-away lessons from this session.

Describe what you will do differently (better, more of, less of) to implement your ideas, ultimately enhancing your management effectiveness.
Next Management Course Session

Session 2: Budget and Financial Management

October 4, 2017, 12-1 p.m., Webinar
Upcoming Course Schedule

Budget and Financial Management - Part A
(October 4, 2017, 12-1:00) Webinar

Budget, Financial and Project Management – Part B
(October 13, 2017, 9-3) In Person

Recruiting and Hiring: Getting the Right People for your Team  (October 25, 2017, 12-1) Webinar

Coaching, Developing and Managing Performance
(November 13, 2017, 12-1:30) Webinar

Conflict Management and Collaboration
(December 1, 2017, 9-3) In Person
Pre-work for Next Session
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Thanks for attending!

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