

**Mid Atlantic Health Leadership Institute**

**September 29, 2008**

**Effective Public Health Leadership Practices**

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## **Introduction**

Public Health is the science and practice of preventing disease, promoting a healthy public and protecting health among groups of people, from small communities to entire countries (APHA, 2007.) Although America has been a leading and prominent country in many fields, our public health system is not as prominent or effective as it could be. In order to build a healthier nation, our leaders in public health must be prepared and ready to address the challenges that face them. Hence, the goal of this project is to create a briefing manual of “Effective Public Health Leadership Practices” to provide a discussion of effective practices and serve as a valuable resource for future public health professionals who will serve as public health leaders.

The members of the MHLI team conducted personal interviews between July and August 2008 with nine well respected and knowledgeable public health professionals. The data collected provides valuable information on public health issues and leadership practices and serves as a capacity building tool for leaders. This briefing manual could also be used as a resource to support advocacy/policy efforts and in educating public health partners about current trends and the structure of the public health system. The manual also contains responses to focused questions, additional public health data and resource links for use by public health professionals.

## **Background**

The team of MHLI scholars has a unique array of public health experience, as well as, educational, geographic, and professional backgrounds. The team of scholars is comprised of practitioners from the state public health workforce- such as finance, microbiology laboratories and a pharmacy practice regulatory board; the other team members represent academia and a non-profit membership association. While some members of the group address health at the state and local level, others work at the national level. In addition, the members live and work in four states with their employers and residences. With this level of workforce diversity, we selected a project to which would be beneficial and appropriate for each member to participate in planning and implementing.

Our initial thoughts were to produce a briefing manual that would provide resources and links for policy makers, consumers and practitioners. However, after some initial research and helpful advisement, the team decided to narrow and redirect the focus of the project.

Rather than focus on a broad spectrum of public health issues and targets, the team concluded that identifying essential traits and practices for public health leaders would be a more realistic and valuable project issue. As public health professionals, our team of scholars saw the benefit of creating a briefing manual of leadership practices and resources specifically for public health leaders. The manual could also be used to improve the health of our nation by enhancing the leadership practices of future public health leaders. Once we redefined our team focus, the next step was to incorporate as much professional diversity as possible in the group to be interviewed. We then established the criteria for selecting interviewees from among available public health professionals.

The respondents have backgrounds that stretch far and wide (see Appendix for each specific biographical outline.) Their public health occupations include: health officer, university professor, organizational and departmental administrator, and elected official. Educational backgrounds of the interview participants include medicine, nursing, management, and public health. With a variety of educational and professional backgrounds represented, the interviewees for the briefing manual represent an array of outlooks on leadership principles.

### **Main Body**

The MHLI Team, comprised of seven members, initially planned to create a manual of public health resources to orient consumers, public health practitioners and policymakers. We created three sub-committees to identify, review and collect public health literature from various Internet sites about public health from four perspectives: policy makers, practitioners and consumers. A fourth sub-committee was formed to develop the project presentation framework. Two of team members were assigned as co-conveners to insure that the project timeline and tasks were met. The team recruited a

team advisory, Hugh Kelsey, Informatics Fellow and Program Manager at John Hopkins Bloomberg School of Public Health.

As the team began work on the initial steps of the project, they realized there was an overwhelming amount of information and potential questions to answer. The team met with Mr. Kelsey, who posed a series of thought-provoking questions about their direction, goals, and vision. Through discussion, the team realized the topic focus was too broad and had the potential to “lose” one or more of the targeted populations. The project evolved into a decision to focus on policymakers. This decision was based on the impact of policymaking decisions on consumers and practitioners and the increasing role of policymaking in the growing public health field.

Soon after this change in direction, however, the project took another turn. After a meeting with Kathleen Edwards, PhD, Program Director, Health Care Administration, University of Maryland- University College Graduate School, she recommended that the team focus on examining the practices and characteristics of effective, well-respected public health leaders. Dr. Edwards based this recommendation on the team members’ primary focus area and the reasonable access they would have to high ranking policy makers through their professional networks. Also Dr. Edwards noted that to her knowledge, a manual on this subject containing the perspectives of public health leaders through direct interviews had not been done before now. This idea was well-received by the team, and we redefined our project to reflect the new focus, a briefing manual of “Effective Public Health Leadership Practices.”

### *Methodology*

Once we formalized our project focus, we determined our methodology. The team established specific criteria for selecting interviewees while striving to incorporate as much professional diversity as possible. The public health leaders selected to participate in the project had to meet the following criteria:

1. Worked in the public health field for 5 or more years in a prominent, well-respected position.
2. Offered significant contributions to the field of public health.
3. Managed others in a leadership capacity and developed considerable policies in the field of public health.

The team set an objective to conduct 8-10 interviews. The information collected during the initial literature review formed the basis for creating the interview questions for the identified public health leaders selected for interview. Ten interview questions were developed (See Project Summary for the questions) and each team member selected one or two public health experts to interview over a period of six weeks, between July and August 2008. Eight interviews were conducted through a variety of modalities; in-person, telephone, and paper formats were used.

Following the interviews, the team met to determine the next steps and timeline. Five team members were assigned to each summarize interview responses for two questions, while the team co-leaders began working on the MHLI project report. Throughout September, the team members worked to summarize interview responses, identify themes, draft the MHLI Final Project Report, and draft the briefing manual of “Effective Public Health Leadership Practices.” The team completed the MHLI Final Project Report in September. The final steps to be completed in October were to finish creating and designing the briefing manual, to prepare the MHLI team presentation, and to deliver the presentation at the final MHLI Retreat on October 20-22, 2008.

## **Project Summary**

### **Question 1: What characteristics do you think an effective public health leader should possess?**

*“To be effective, public health leaders should possess a willingness to seek out and listen to what others have to say; a willingness to involve others in an action-learning, team approach to meeting challenges and solving problems; and a willingness to go out on a limb to suggest and effect needed change” - Jack DeBoy, DrPH, Director, Labs Administration, MD Department of Health and Mental Hygiene*

### **Summary of Responses:**

The responses to question #1 suggest that from the interviewees’ perspective, effective public health leaders possess personal characteristics and professional competencies that are in line with current literature (National Leadership Public Health Development Network, 2005 and Council on

Linkages, 2001). We also found that leaders' characteristics and competencies complement each other. The following details the most commonly cited characteristics and competencies:

- Knowledge – self-knowledge, public health knowledge
- Ability to empower and inspire others
- Strategic vision
- Creativity
- Effective communication
- Understanding of the value of relationships.
- Loyalty

One respondent also recognized the concept of natural born leaders, suggesting that certain leadership characteristics and qualities cannot be learned, but rather are innately acquired and possessed. The detailed, valuable responses given demonstrate the range of qualities and competencies necessary to lead effectively, as well as demonstrate the universal traits viewed to be indicative of an effective leader.

**Question 2: From the numerous positions you've held, what tips would you suggest in hindsight for those who may be assuming roles similar to your own?**

*“Have patience. Learn your strengths and weaknesses and act accordingly. Delegate, follow up but be willing to jump in and help at any level.” - Neil R. Powe, MD, MPH, MBA - University Distinguished Service Professor of Medicine, Epidemiology and Health Policy and Management, The Johns Hopkins Medical Institutions*

**Summary of Responses:**

Many of the answers given for question 2 did not follow one simple pattern or provide a generic framework. The eight interviewees' responded to this question from three perspectives – personal development, career development, and professional development.

Regarding personal development, interviewees emphasized a need for leaders to know their strengths and weaknesses, not be afraid to take risks, learn how to admit mistakes, and be patient. Knowing when to delegate tasks and to make decisions, even if they are not always the right ones, were stressed as necessary in order to grow into a successful leader. Finally, learning to be a team player and to help out when needed were noted as key to one's personal development as a leader.

In terms of career development, interviewees advised that seeking quality mentors and clearly defining one's career path. Recommendations for professional development included the need for one to develop expertise in particular areas; to expand his or her knowledge base; to develop professional networks; to facilitate optimal teamwork and group dynamics; and to focus on both strategy and policy.

**Question 3: What resources do you generally rely on to learn about trends and statistics in the field of public health?**

*“The best, reliable source of data is the National Center for Health Statistics in addition to data that comes out of the Centers for Medicaid & Medicare.” - Georges Benjamin, MD, FACP, Executive Director, APHA*

**Summary of Responses:**

Interviewees acknowledged the importance of accessing reliable data from federal resources as well as publications released by national and state level organizations. Frequently used resources included the Centers for Medicare & Medicaid Services, the National Center for Health Statistics, the Centers for Disease Control and Prevention, the American Public Health Association, the Association of State and Territorial Health Officers; and the National Association of County and City Health Officials.

Often, statistical data generated from national sources for a particular jurisdiction is more extensive and valuable than the data that a particular jurisdiction can create for its own use. With this in mind, one respondent noted that she had to create a project within one of the professional colleges in her state to routinely screen public health statistics generated by national organizations to better track public health changes that would impact their state. One respondent stressed the need to validate new information and compare that information to the leader's perception of how the world works. Often overlooked, another respondent mentioned that listening to people within the profession, being where the action is, and actively attending events within the field will allow a public health leader to see and hear first hand what certain outcomes are -- and see where the field is succeeding or failing. Access to information, whether it be via the Internet, newsletters, or health care industry literature, is

critical to learning about current trends and statistics in the field of public health. The more information that can be gathered through a variety of sources, the better the conclusions that may be drawn.

**Question 4: Based on your experiences with public health planning, what role has communication played in ensuring a positive outcome and how?**

*“People who do not feel informed or engaged in the process will not be in the boat rowing with you.” -  
Arlene Stephenson, Deputy Secretary DHMH*

**Summary of Responses:**

All interviewees agreed that communication is the foundation for any successful public health endeavor – from developing a policy to implementing a program or campaign. Interviewees felt that communication was the most difficult, but most important, activity that a public health leader will do. If it is not done properly, the effort runs a high risk of failure. One respondent put it this way, “Communication always plays an important role and frequently, we’re not good at it.” A public health leader should identify all stakeholders and understand, through skillful communication, their positions. Stakeholders include the affected population and their advocates, policy makers and program administrators, as well the employees who are expected to implement decisions. A leader should listen to the ideas and concerns of stakeholders, communicate effectively the importance of an idea to the stakeholders, and assure them that their concerns were heard and understood even if not met.

**Question 5: What are some of the greatest barriers that decision makers and leaders face in addressing public health concerns and what are some ways to overcome them?**

*“Budgetary constraints are a major impediment to solving public health issues. Whether federal, county, or local, the cost to address public health places a major burden on budgets. Expanding and encouraging non-profit sector solutions lessens the burden on local government, and allows charitable giving to supplement controversial taxpayer funding”. -Delegate Richard B. Weldon, Jr., Maryland Legislator, District 3B, Frederick and Washington Counties*

### **Summary of Responses:**

All respondents indicated that the greatest barriers that decision makers and leaders face in addressing public health concerns are – 1) **a lack of funding and personnel resources; and 2) misconceptions of public health.**

Some of the public health experts who were interviewed indicated that there is a resistance by the public to spend money on public health until something falls apart and only then is there recognition of a problem. To overcome this resistance, interviewees advised that public health leaders need to take on marketing roles by educating legislators, partners and the public about public health and the advantages of funding public health efforts. The leader should actively advocate for the passage of legislation for funding that effort. The messages should provide supporting evidence and communicate the need for the ask and the consequences of not approving the ask.

Suggested solutions to address a lack of funding or personnel resources included identifying additional funding sources, such as public and private grants, to augment public funding, and offering incentives to attract people to the public health workforce.

Most all respondents noted the important role that education plays in removing barriers. Legislators, the public, and agency heads all need to be educated about what barriers exist, the problems they cause, and how they may be best removed. Anecdotal stories gleaned during the interviews indicated that although there are hundreds of ways to remove barriers to addressing health concerns, good leaders must be creative since there are hundreds of entities competing for very limited dollars and other resources.

**Question 6: What are the greatest trends in public health that need to be addressed today by leadership regarding society, global economics, public health workforce practice, disease prevention, public health ethics, and finance? What trends do you expect will need addressing in the next ten years?**

*“The greatest success of public health is conquering communicable & infectious diseases & prolonging life. Now we must deal with the results of our success-growing populations that are living longer.” - Barbara*

*Hatcher, PhD, MPH, RN, Director of the Center for Learning and Global Public Health, American Public Health Association*

### **Summary of Responses:**

**All of the** primary trends discussed have a direct or indirect impact on public health. Most respondents believe the current trends that need to be addresses will as such throughout the next ten years. The primary trends mentioned are as follows:

- Public health ethics
- Public health workforce shortages and development
- Funding for public health programs
- Aging population
- Environmental health
- Obesity
- Access to and cost of health care and health insurance
- Urbanization
- Global health issues and economics
- Socioeconomic and health disparities
- Dental health

Despite the many trends that are facing public health leaders today and in the next ten years, there were suggestions for leaders to pursue actions that would have widespread impacts, such as building a public health agenda into all policies, promoting universal health care, and preventing or reversing future trends through public health education.

### **Question 7: What advice would you give to future public health leaders related to effective decision making?**

*“Attain and maintain the proper knowledge in your public health field, learn to be an effective communicator and always ensure buy-in from your stakeholders.” – Paula Hollinger, RN, Associate Director Health Workforce, Maryland Department of Health and Mental Hygiene*

### **Summary of Responses:**

Interviewees provided a range of perspectives on effective decision making, but shared several key sentiments. The most common and important themes were to listen to others, ask questions, identify and explore the possible options, examine pros and cons of each option, and gain input from a range of perspectives. One interviewee, however, made the important distinction that while big

decisions may require significant time and input, many day-to-day decisions are simple and small. Other key recommendations included maintaining objectivity, thinking critically, and choosing the option that will most benefit the public. Finally, they advised one to accept mistakes and perform self-evaluations for one's own quality improvement.

**Question 8: What types of technology do you feel will be needed for the advancement of public health?**

*"Affordable and feasible availability of technology for environmental health field work, clinical patient management, and health promotion and disease prevention efforts." –Barbara A. Brookmyer, M.D., M.P.H., Health Officer, Frederick County Department of Health*

**Summary of Responses:**

Most respondents cited biotechnology, genetics, information, management systems and advanced communication tools as technologies that the public health and health care community need to advance the public's health. One interviewee noted the need to advance technologies that allow public health leaders to more readily make data-driven decisions. Additionally, expanded use of communications technologies was noted as key to educate policymakers and the public on public health issues and to advance public health at a grassroots level.

One respondent noted that future and current public health leaders also need methods for staying up-to-date on new technologies and how to use them.

**Question 9: What effect will adequate resources and funding of public health have on its development in the technology realm?**

*"It has an obvious effect. If you don't have resources, it's hard to do something." - Richard J. Cohen, PhD, President and CEO, Public Health Management Corporation (PHMC)*

**Summary of Responses:**

This question built upon questions 5 and 8. Interviewees agreed that funding of public health plays a critical role in its development in the technology realm. Citing the common scenario of limited funding and resources, but the profound potential for certain technologies to impact public health, two respondents emphasized the importance of prioritizing needs. One respondent acknowledged the critical decisions that need to be made when flexible assets are available,

recommending that one should determine the value and always execute the decision that will add long-term value. Also emphasized was the coupling of being adequately funded and spending those funds adequately.

**Question 10 - Would you share with us the personal philosophy that guides your public health decision making?**

*“A public health leader needs to accept the fundamental principle that they do not possess the keys to all knowledge. There is no shame in seeking diverse and opposing viewpoints, and the result will almost always be a better, more thoughtful and much more successful overall policy implementation.” - Delegate Richard B. Weldon, Jr., Maryland Legislator, District 3B, Frederick and Washington Counties*

**Summary of Responses:**

As the responses to this final question reflected each interviewee’s personal philosophy, each interviewee’s response was provided as such.

**Georges C. Benjamin, MD, FACP, FACEP(E)**

- Think logically through decisions and policies, and the potential impacts before making decisions.
- Listen very carefully to the other side. Make an attempt to achieve the same goal or end as everyone involved. A supportive tool of this philosophy is respect, critical listening, especially with a person(s) with different (a) view(s) than your own. Try to understand that person’s views. Try to determine if that person(s) share(s) the same goal as you. If not, try to get to the same place. Then the only difference is the means to achieve the agreed end(s). If you can’t get to the same place, that is a problem, but most of the time, you can.
- I always try to do what I say I’m going to do. Keeping promises is essential to trust, which is the cornerstone of the public health enterprise.

**Barbara Brookmyer, MD**

- With limited resources, try to meet the greatest need to achieve the greatest good while ensuring fairness and equity.
- Try to identify the motivations and interests of the involved parties in order to get them invested in ensuring that the decision results in success.

**Richard J. Cohen, PhD**

- “Perfect is the enemy of good.”
- Listen, think, communicate, and make the best decisions that you can.
- Make compromises.
- Maintain relationships and loyalty.
- Being respectful and responsive to those who are committed to serving public health while understanding that public health is a business.
- Working with public and philanthropic money, we have an enormous responsibility to do the best we can with the money to serve the people that everyone cares about.

### **Barbara Hatcher, PhD, MPH, RN**

- Network and take care to build strong professional and personal relationships.
- Do unto others what you would have them do unto you.
- Learn from the past and bring the best features forward to help create the future.

### **Paula C. Hollinger**

- When prioritizing public health issues and how they should be addressed, my guiding philosophy is that universal access to health care is a right, not a privilege.
- Also, promotion of disease prevention initiatives is important in addressing the rates of disease within the state and across the country.

### **Neil Powe, MD, MPH, MBA**

This question is about values. I value participative and collaborative attitudes, mentoring and career development, creativity, and opportunities for leadership, diversity and inclusion.

### **Arlene H. Stephenson, MA**

- I believe strongly in doing what is right and not necessarily what is popular or politically correct. Sometimes we have to use alternate resources such as our stakeholders to advance a message when it would not otherwise be heard.
- Ask colleague(s) or mentor(s) whom you trust to assist with your decision making.
- Gather the best information that one can before making a decision.
- One needs a personal ethics system to guide every decision.
- If applicable, utilize legal resources to assist in your decision making. Find a way to make policies work versus identifying barriers.
- A solid decision is one that is made with the best interest of the patient or public in mind.
- I try to structure my efforts and decision making around things that I will be proud of when I am retired and sitting in my rocking chair. But you must also allow yourself to celebrate your successes now.

### **Richard B. Weldon, Jr.**

- I can best share my philosophy by telling a story: In my first two years in the Maryland General Assembly, I opposed any state funding for embryonic stem cell research. In fact, I helped craft the floor debate strategies to defeat the bill. In the summer of 2005, I spent time talking to stem cell researchers, visiting labs conducting the research, and talking to people who suffered from diseases that would be targeted by this research. I also met with and read extensive studies and papers on the question of medical ethics and moral concerns related to this controversial research. At the conclusion of my own policy research, I decided that my previous political position was both misguided and short-sighted. In 2006, I was a co-sponsor of a bill to allow multiple forms of stem cell research, including embryonic. My extensive research enabled me to counter previous arguments and provided me with technical background and credibility on this topic from opponents and proponents.
- A public health leader needs to accept the fundamental principle that they do not possess the keys to all knowledge. There is no shame in seeking diverse and opposing viewpoints, and the result will almost always be a better, more thoughtful and much more successful overall policy implementation.

## **Conclusion**

The intent of our project was to highlight leadership practices which are reflective of successful leaders in the public health profession. We also referenced resources that could be helpful to new public health leaders.

A variety of respondents were included in the survey to capture the breadth of their expertise in recognition of the diversity in the work force. Communication was consistently recognized as being critical and the foundation for success, whether it be with staff, stakeholders or policy makers. Listening, asking questions, identifying and exploring options, gaining input from a range of perspectives were also important skills for effective decision making. The respondents were consistent in their thinking on the need to stay on top of changing trends, accessing reliable data and statistics.

One valuable factor that became more apparent to the MHLI team was the need to be flexible and willing to change your position to reflect the most current and reliable data available. The project evolved over time as our vision became more apparent to our project deliverable. Despite the fact that we had limited resources, the team members' diverse backgrounds, and prior experiences as public health leaders themselves, allowed for multiple priorities to be managed. This led to the successful coordination and contributions towards tasks the necessary to successfully complete the project.

## **Recommendations**

As is the case with most projects, the team gained hindsight and learned lessons throughout the process. This section presents our recommendations for project duplication or future study and why.

First and foremost, although leaders often share similar leadership qualities, competencies and decision-making skills, each leader is unique in their experiences, values, and philosophies. After completing our interviews, we recognized the challenge of summarizing and organizing the interview

responses. We acknowledge that the diversity of responses reflect our diverse team as well as the diverse workforce and leadership in today's society. However, the information lends itself well to a qualitative analysis and presentation, but not to a quantitative analysis. Quantitative analysis would lend itself to identifying trends and frequencies. For future study, we would recommend interviewing a larger sample of leaders to gain both qualitative and quantitative perspectives.

Another recommendation is to incorporate more age diversity within the sample. With the growing number of students enrolling in public health programs, adding younger leaders would provide a significant element to the future project results ("Global Generation, 2008"). Our selected sample of public health leaders reflects diversity of gender, race, educational background, work experiences, and profession within public health. However, in hindsight, we recognize that our sample excluded the perspective of the younger, mid-level public health workforce. Although the public health workforce is aging, paradoxically, public health has become a popular profession and field of study among younger generations. The criteria used in selecting our interviewees may take many years to accomplish, but there are many public health leaders who have met the criteria at a younger age. We would recommend that a future project incorporate the perspective of younger leaders as well.

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# Appendix

## Meeting Minutes

Retreat February 25-27, 2008

**Group Members:** LaVerne Naesea(INTP), Kimberly Moore(ESTJ), Chengru Zhu(ESTJ), Noelia Cantu(ENFP), Jacqueline Douge (ISTJ), Catherine Henze, Audrey Parham-Stewart(ISFJ)

**Group Plan:** Prepare a briefing manual to educate/prepare new administrators, practitioners, and consumers on public health issues and benefits/services available from Maryland Agencies.

### **Action Steps:**

- Set Up Google Group to communicate with group members – Chengru
- Contact Internet presenter from our retreat for information that we may need in the future for our project and to confirm that we have access to him - Noelia
- Determine the date we are available to meet monthly – LaVerne
- Determine technology key resources – Chengru, Noelia
- Send out minutes – Audrey
- Establish questions we want answered for both the presentation and the content of the manual – LaVerne, Jacqueline

Team Convener – Kim, LaVerne

Team Scheduler – Kim, LaVerne

Team Scribe – Audrey

Team Spokesperson – Kim, LaVerne

Team Structure-

Team Governance/Management –

## Meeting Minutes 3/14/2008

**Meeting Participants:** LaVerne Naesea, Kim Moore, Chengru Zhu, Noelia Cantu, Jackie Douge, Katie Henze, Audrey Parham-Stewart

### **Opening Comments**

Roles were defined as LaVerne –facilitator for meetings; Kim – liaison for team members, time-keeper, meeting scheduler, prepare agenda for meetings.

### **Discuss Project Topic(This needs to be developed further to include: bulleted points representing various ideas on our project, pros/cons, etc)**

“Develop an online briefing manual of Public Health resources designed to educate(orient?) practitioners, policy makers, and consumers.”

### **Discuss Initial Tasks** (*Refer to page 11, section 1 of MHLI manual*)

1. **Team Co-Convener/Scheduler** – LaVerne Naesea & Kim Moore will share the roles and be responsible for the following tasks:
  - Communication with team leads - Kim
  - Formulating meeting agendas – Kim (co-decision w/LaVerne)
  - Moderating (facilitate) team meetings - LaVerne
  - Responsible for coordinating the scheduling of meetings and time keeper - Kim
2. **Team Scribe** - Audrey Parham-Stewart will serve as the team scribe (responsible for recording the notes or key decisions and circulating these to team members and MHLI staff, lead for coordinating write-up of the project).
3. **Team Spokesperson** - Katy Henze will serve as the team spokesperson (coordinate/moderate project presentations at the May and October Retreats.) Each subcommittee will be responsible for presenting their portion of the project during the final presentation.
4. **Team structure**  
**Four Committees**
  - Policy maker- Jackie\*,Katy, LaVerne
  - Practitioners- Katie\* & Kim
  - Consumers- Audrey\* & Chengru
  - Presentation Development (Technology/Communication Resources) – Noelia\* & Chengru\*Committee chairs  
\*\* Each team member can volunteer to work on multiple committees and/or serve as a resource to different committees. All members will have input to each committee output.
5. **Team governance/management**
  - All decisions require a group vote and quorum to approve the project content, data, and presentations (majority of those voting on an issue).
  - Kim will serve as liaison between Conveners, Committee Chairs, and the Group by informing them of meeting times/dates, posting information on the Google page, and deadlines.
  - Committee Chairs will convene committee meetings and provide committee updates and outcomes by posting on Google site and/or submitting to Kim. Also, the chairs will

inform the committee and Kim of any problems/concerns regarding meetings assignments/meeting schedules/cancellations, etc.

**6. Decision-making process**

- Following each team meeting/conference call and as needed, Kim and LaVerne will determine next steps and the agenda for next meetings based on team discussions and progress.
- After consulting with committee members, the Committee Chairs will determine committee information to be submitted for the entire Team's consideration.

**7. List of items to be completed**

- Each sub committee will review the current list of questions and generate a list of questions that will lead to the development of the project content for each section by the next meeting. Some questions may be appropriate for a specific section and others may span all three sections. Chengru suggested that we focus on the statistics that everyone would be interested in.
- Each subcommittee will begin research for the project content. and identify any online links for inclusion in the manual and bring ideas to next meeting.
- Noelia has identified an advisor for the IT component of the project. He will not be the advisor for the group but will critique the presentation from a technology perspective. Each subcommittee should decide if they need an advisor and if the group needs an advisor. Bring ideas to the next meeting on what qualities we need in an advisor.
- Think about the option of branding and marketing this initiative and if we need to discuss the project with our specific entities to see if they are interested in funding the initiative or if it is just a 9 month project to meet our class deliverable. We can make a decision after we further define the project and write the abstract..
- Chengru will be the Google Group contact for questions if you are having difficulty.
- Kim will post each deliverable on Google prior to submission for group approval. Next deliverable is due Friday March 21, 2008

**8. Meeting logistics (March-May)** Kim and LaVerne will review the minutes and set up the next meeting. Kim will send out a meeting wizard for everyone next week to get input on the best day and time for our regular meetings.

## Meeting Minutes 04/02/2008

**Meeting Participants:** LaVerne Naesea, Kim Moore, Chengru Zhu, Jackie Douge, Katie Henze, Audrey Parham Stewart

**Review of Minutes:** Minutes were accepted with a change in the spelling of the name of Katie Henze.

### **Follow up on Items to be Completed from March 14 meeting:**

- Each subcommittee reported on their update of the list of questions.  
*Consumer* – Audrey and Chengru did not update the list of questions and will review and update the consumer list by 4/11.  
*Practitioner* – Kim will provide additional links for the group to review.  
*Policy Maker* - Jackie provided some questions and links for her subcommittee. There is an issue with having to pay for some of the links which needs to be explored. This will be put on hold.
- Kim suggested that each subcommittee post their own updates on the google group webpage. She wants the information to be distributed timely.
- We need to decide on a team advisor. Several people have suggestions and will follow up with their potential advisor...Kim will discuss with Alan Baker, Laverne suggested Paula Hollinger and Audrey suggested Arlene Stephenson.  
There was a discussion on whether we should have a committee as our team advisor or an individual. The consensus was not to have a committee and just have informal advisors or mentors review our material and have one team advisor. We are all required to have a mentor by April 4<sup>th</sup>.
- By April 18, we have an assignment due which includes: defining the target audience and population; defining project goals, objectives and outcomes; defining the pros cons, benefits and cost; method for accomplishing and evaluating the project; timeline; and next steps. We have a question on what is meant by competing stakeholder/issues and Kim will email Harriett for direction. A 2 page abstract should include our responses to all of these questions. After a discussion on how we should write the abstract, Katie volunteered that she and Kim would provide a draft for the committee to review by April 11. If they encounter difficulty with meeting the date, they will notify the committee so that we can achieve the April 18 due date. Katie and Kim will email the draft out to the google group for review and input and it will be finalized by Kim and LaVerne.

### **Closing Comments/Next Steps:**

- Jackie suggested that we go with the questions that we have and refine them as we write our briefing manual. The group agreed.
- The next conference call will be April 22, 2008 @ 2:00 hosted by Audrey.
- We will need a host for the May 13, 2008 conference call.
- Before the next meeting we each will think about the sponsorship decision and in the interim, the online design should be generic to be able to fit whatever format is used.
- The next deliverable is May 9 for a project update.

## Meeting Minutes 4/22/2008

**Meeting Participants:** LaVerne Naesea, Kim Moore, Chengru Zhu, Jackie Douge, Katie Henze, Audrey Parham Stewart

**Opening Comments:** LaVerne requested that someone volunteer to host the next conference call. After a discussion, LaVerne will host followed by Chengru.

**Review of Minutes:** Minutes were accepted.

### **Old Business:**

- The abstract was submitted on time to Harriett by Kim and LaVerne. Thank you for everyone providing input.
- Discussion of the format of our final deliverable. A PDF manual may be more feasible since we have not determined that we will have a sponsor for our proposed online manual. There was a discussion of the potential resources required for an online manual which we are not individually able to commit to at this time due to budget restraints within our agencies.  
**Chengru and Noelia will pursue having a discussion with our technical advisor on the best approach for the format of our online manual.**

### **Committee Reports:**

Each subcommittee reported on their update of the list of questions.

- *Consumer* – Chengru provided some questions to add to the Consumer listing. **Audrey and Chengru will identify sites which can be linked to the manual.**
- *Practitioner* – Kim submitted a list of links for the questions. **She will continue to update the links.**
- *Policy Maker* - Jackie has some links posted on our web page.
- *Technology*- On track with everything we discussed and they will start thinking about a format for the manual. **They will try to set up a meeting with our technical advisor as soon as possible.**

### **Next Steps:**

- A project update is due on May 9. After a discussion of the format, Kim and Laverne will draft a document based on the abstract submitted and the decisions made at the meeting today.
- Katie will be the team spokesperson at the retreat and make the group presentation.
- We discussed the need to have a focus group to gather feedback and input for our manual. How to invite individuals, size of the groups, format of the meeting and how to provide materials to them for their review were all questions that we had. We decided to have the group size from 6-9 with 3 representatives from each category. We would hold 2 different sessions with 1 being a face-to-face and the other being electronic. **Kim and LaVerne will talk to Harriet to determine if the Institute can provide a resource for the facilitation of the focus groups.**
- **Noelia and Chengru will look into what it takes to get links on to the online manual and how to get permission for web site usage.**
- A possible format for the manual was discussed:
  - Table of Contents
  - Introduction to the Site
  - What everyone needs to know broken down by

- Consumers
- Practitioners
- Policy Makers

The next meeting will be May 13 at 2:00.

The next offsite Retreat is scheduled for May 19-21.

## **Meeting Minutes 05/14/2008**

A brief discussion was held during the MHLI Retreat; however, no formal minutes were taken. The Scholars discuss any progress made since, their last meeting and future plans.

## **Meeting Minutes 06/10/2008**

**Meeting Participants:** LaVerne Naesea, Kim Moore, Chengru Zhu, Jackie Douge, Katie Henze, Audrey Parham Stewart

(Sorry, I was late and did not get anything before this.)

### **Overview of the new project focus:**

- Jackie sent out a link to the team on the NACCHO website and suggests that we look at it. Perhaps we can provide them with our document and they would be willing to put it on their website. There is a document on the website titled “A City Officials Guide to Public Health” which is an introduction to public health.
- We discussed the definition of Policy Maker which was a decision maker in a public health focused organization.
- We re-committed to host two focus groups with the first being in mid July for 1 hour to 1 hour and half. Each team member is to identify one public policy maker who would be willing to participate in the focus group. Kim will use her meeting wizard tool to set up the meeting. A letter of confirmation will follow to each participant. We recognize that all team members will not be able to participate but as long as we have representation we should be okay. We will prepare a list of questions/format for discussion prior to the focus group meeting. LaVerne and Kim will talk to Kay and/or Harriet(again) about the facilitator role. The second focus group will be to review the document prior to our retreat in October.

### **Restructure of Tasks:**

- LaVerne and Kim will provide us with recommendations.

The next meeting will be hosted by LaVerne.

## **Meeting Minutes 06/23/2008**

**Meeting Participants:** LaVerne Naesea, Kim Moore, Chengru Zhu, Jackie Douge, Katie Henze, Audrey Parham Stewart

### **Overview of the new project focus:**

- We discussed the feedback we received from Kay Edwards which LaVerne provided in her email and it was decided to narrow the focus of the project to specifically legislators including their staff.
- Goal –To enhance State Legislators knowledge of and role of the public health system.
- Objective- Develop a briefing manual using the NACCHO document as the model *“Promoting and Protecting Healthy Communities: A City Officials Guide to Public Health”*.
- Action Steps – Review the sections of the document and determine if they are appropriate or if it should be customized. Assignments are:
  - What is Public Health – Kim and Katie
  - The Main Function of a Public Health System – Jackie
  - How the Public Health System is structured – Chengru and Noelia
  - Elected Officials and Public Health – LaVerne
  - Preparing for Public Health Emergencies – Audrey
  - For More Information ... - Everyone
- Assignments are due to LaVerne or Kim by July 8 and they will compile. The group will review the draft document and then meet with Kay to plan for a focus group.
- A conference call will be scheduled for July 10 and Kim will send out a meeting wizard to determine the time. Audrey will host the meeting.
- A focus group will be convened on either July 15, 16, 17 or July .22,23, 24 to provide input on the draft manual

### **Next Steps**

- Kim and LaVerne will discuss with Kay Edwards our meeting decisions from today and provide feedback to the group on her recommendations via email

## **Meeting Minutes 07/01/2008**

### **Summary of Special Called-Meeting**

Group members in attendance: Kimberly Moore, Catherine Henze, LaVerne Naesea, Jackie Douge', and Noelle Cantu.

The purpose of today's call was for Kim and Laverne to brief the group of their follow-up discussion with Dr. Kay Edwards. Kay strongly suggested that we reach our goal by taking a different approach in the group project. By creating a best practices of "Effective Public Health Leadership Practices" through personal interviews with well respected and knowledgeable professionals in our respective work areas. Since the group is comprised of a variety of public health backgrounds, the data collected will provide valuable information and serve as a tool for future public health leaders. This project could also be used as a resource to support advocacy /policy efforts and in educating partners of the current trends and structure of the public health system.

Kay also suggested that we develop a list of open-ended questions that will be used to guide each interview and possibly taping the interviews for transcription purposes. Developing clearly scripted questions that answer specific items and allow the interviewees to expound will provide a wealth of information for the project outcome. Establishing some basic criteria for selecting the PH professionals can offer validity and diversity to the project's structure. Using the links that we have researched as the project appendix will offer further data and resources for public health and public health leadership. A final suggestion would be to interview 2 consumers (male and female) to gauge their opinions of public health—if time allows. This could provide a unique perspective for the project.

After the overview, the group members on the call agreed this would be a reasonable approach and began discussing the actions and next steps listed below. Jackie suggested video taping the interviews if possible.

#### **Actions:**

Criteria for selecting public health professionals to interview:

4. Worked in the public health field for 5 or more years in a prominent, well-respected position.
5. Offered significant contributions to the field of public health.
6. Managed others in a leadership capacity and developed considerable policies in the field of public health.

Each group member will nominate 1-2 PH professionals to be interviewed, which will provide a maximum of 14 individuals that will assist the group in reaching their goal of at least 10 PH professionals.

During the next meeting, the group will confirm a team timeline, review and confirm the interview questions and the identified PH professionals.

#### **Next Steps:**

- ✓ Kimberly will confirm the next conference call (week of July 7-11).
- ✓ LaVerne and Jackie will develop a list of questions for the group to review during the next meeting. ***If you have any ideas, please email them.***
- ✓ Before the next call, each group member should email their nominees and a brief bio to the entire group.

## **Meeting Minutes 08/28/2008**

**Meeting Participants:** Kimberly Moore, Chengru Zhu, Jackie Douge, Catherine Henze, Audrey Parham-Stewart, Noelia Cantu

Kim asked if anyone had any revisions to the previous minutes and there were none.

### **Status of Biographies and Interviews**

- Jackie has submitted 2 biographies and 2 interviews.
- Chengru has submitted 1 biography and 1 interview.
- Audrey has submitted 1 biography and 1 interview
- Kim has submitted 1 biography and has to submit the interview
- Noelia has to replace her person because the person is not available until after 9/15. She will use her boss.
- LaVerne has submitted 1 biography and has to submit the interview.
- Catherine has submitted 1 biography and has to submit the interview

### **Next Steps**

- LaVerne and Kim will discuss with our advisors,(Kay and Hugh) our plan to consolidate the interviews and ask for their input on our format ideas.
- A letter will be drafted to the interviewees with a consistent message regarding our approach once we have reached consensus.
- Each team member will have an assignment for the compilation of the manual and the presentation when we meet with the group in October. We will have a face to face meeting prior to the meeting in October.
- Assigned summaries of common themes are to be emailed to LaVerne and Kim. Questions assigned are Noelia (1,2), Audrey (3,4), Jackie (5,6) Catherine (8,9) Chengru (7,10)
- The Project Report will include a description of what we did.

### **Timeline**

- Submit remaining biographies 9/2
- Talk to advisors about the proposed methodology for briefing manual 9/5
- Submit the remaining interview write ups 9/5
- LaVerne and Kim will draft the Project Report 9/12
- Complete a summary of common themes 9/12
- LaVerne and Kim to review the common theme write ups 9/17
- Briefing manual draft 1 complete 9/17
- Send draft to advisors 9/17-9/19
- Conference call to discuss the contents of the draft manual 9/19
- Briefing Manual Draft 2 Open
- Meet to discuss the presentation Open
- Project Report draft is due 9/24
- Project Report is due at the MHLI office 9/29

## Meeting Minutes 09/22/2008

**Meeting Participants:** Kimberly Moore, Chengru Zhu, Audrey Parham-Stewart, LaVerne Naesea

### **Current things to be done:**

- Kim asked that everyone review the chart submitted by Noelle for comparison and use as a reference to prepare a chart for the question summary. It was suggested that we should use a reference from current thinking in the literature to show that the common theme is supported by current material.
- Add a link to the bibliography
- Report has to be finalized by 9/29 and submitted electronically to Harriett.
- The report is being sent to the two advisors by 9/30 for their feedback and then we will decide if we want the references supported by the literature based on their feedback.
- Each person should write a paragraph about their team experience by Friday and email it to Kim.
- The appendix should include: the questions and responses, biographies, charts, meeting minutes, links, and any resources used.
- The suggested reading material section should include anything we want referenced. The links should be forwarded to Kim. We should look at our links and reference them to our questions.
- Team members should respond to the draft by 9/23
- Kay and Hugh will be contacted and sent a draft by 9/23
- Feel free to make edits based on your interview and review the draft with a critical eye.
- **Be flexible and respond quickly to drafts sent out by LaVerne and Kim.**

## **Interview questions**

1. What characteristics do you think an effective public health leader should possess?
2. From the numerous positions you've held, what tips would you suggest in hindsight for those who may be assuming roles similar to your own?
3. What resources do you generally rely on to learn about trends and statistics in the field of public health?
4. Based on your experiences with public health planning, what role has communication played in ensuring a positive outcome and how?
5. What are some of the greatest barriers that decision makers and leaders face in addressing public health concerns and what are some ways to overcome them?
6. What are the greatest trends in public health that need to be addressed today by leadership regarding society, global economies, public health work force practice, disease prevention, public health ethics, and finance? What trends do you expect will need addressing in the next ten years?
7. What advice would you give to future public health leaders related to effective decision making?
8. What types of technology do you feel will be needed for the advancement of public health?
9. What effect will adequate resources and funding of public health have on its development in the technology realm?
10. Would you share with us the personal philosophy that guides your public health decision making?

## **Biographical Sketches of Interview Participants**

**Georges C. Benjamin, MD, FACP, FACEP(E)**  
Executive Director  
American Public Health Association

**Georges C. Benjamin, MD, FACP, FACEP(E)** is well known in the world of public health as a leader, practitioner and administrator. Benjamin has been the executive director of the American Public Health Association (APHA), the nation's oldest and largest organization of public health professionals, since December 2002. He came to that post from his position as secretary of the Maryland Department of Health and Mental Hygiene, where he played a key role developing Maryland's bioterrorism plan. Benjamin became secretary of the Maryland health department in April 1999, following four years as its deputy secretary for public health services. As Secretary, Dr. Benjamin oversaw the expansion and improvement in the states Medicaid program.

Benjamin, of Gaithersburg, Md., is a graduate of the Illinois Institute of Technology and the University Of Illinois College Of Medicine. He is board-certified in internal medicine and a fellow of the American College of Physicians; he is also a Fellow Emeritus of the American College of Emergency Physicians.

An established administrator, author and orator, Benjamin started his medical career in 1981 in Tacoma, Washington, where he managed a 72,000-patient visit ambulatory care service as chief of the Acute Illness Clinic at the Madigan Army Medical Center. A few years later, he moved to Washington, D.C., where he served as chief of emergency medicine at the Walter Reed Army Medical Center. After leaving the Army, he chaired the Department of Community Health and Ambulatory Care at the District of Columbia General Hospital. He was promoted to Acting Commissioner for Public Health for the District of Columbia and later directed one of the busiest ambulance services in the nation as interim director of the Emergency Ambulatory Bureau of the District of Columbia Fire Department. Prior to joining APHA, he was the chief executive of the state of Maryland's Department of Health and Mental Hygiene, a cabinet level agency.

At APHA, Benjamin also serves as the publisher of the nonprofit's monthly publication, The Nation's Health, the association's official newspaper and The American Journal of Public Health, the professions premier scientific publication. He is the author of over 90 scientific articles and book chapters.

Benjamin also serves on the boards of Research America, Partnership for Prevention, and the Regan-Udall Foundation. He is a member of the Institute of Medicine of the National Academies of Science.

**Barbara A. Brookmyer, M.D., M.P.H.**  
Health Officer  
Fredrick County Department of Health

**Dr. Brookmyer** serves as the lead health official for Frederick County. In the role of Health Officer she directs the Frederick County Health Department's seven divisions and their numerous programs including immunizations, family planning, cancer prevention, emergency preparedness planning, dental services, well and septic inspections, substance abuse and mental health counseling, school health services, and programs for developmentally disabled children and adults.

Dr. Brookmyer earned a Bachelor of Science degree in toxicology from Philadelphia College of Pharmacy and Science (now University of Sciences Philadelphia) and her medical degree from Hahnemann University (now Drexel University) in Philadelphia. She earned a Master of Public Health degree from Johns Hopkins University before completing residency training in Family Medicine at the Ventura County Medical Center in Ventura, California.

Dr. Brookmyer previously served as Deputy Health Officer on the Eastern Shore of Maryland in Somerset County and Dorchester County. Additionally, she worked as a family physician in the migrant and community health centers in both of those counties. Her commitment to public service led her to join the U.S. Department of Health and Human Service's Health Resources and Services Administration where she developed policies to increase the availability of primary care clinicians and other health professionals in underserved areas, enhance the diversity of the health professions, and improve the quality of health care.

Dr. Brookmyer also served as a co-coach in the Council For Excellence in Government's Fellowship Program from September 2001 through September 2002 following completion of the fellowship the year before. She also completed the U.S. Public Health Service Primary Care Policy Fellowship Program in 2000.

The Frederick County Health Department is leading efforts through working with community partners to improve access to quality health care for persons who are uninsured and unable to pay for care, to reduce the impact of diabetes in our community and to increase access to dental services for children who are currently unable to find a dentist who accepts Medicaid insurance.

**Richard J. Cohen, PhD.**  
Chief Executive Officer  
Public Health Management Corporation

**Richard J. Cohen, Ph.D.** is the President and Chief Executive Officer of the Public Health Management Corporation, a non-profit public health organization that is committed to improving the health of the community through outreach, education, research, planning, technical assistance and direct services. For over 25 years, Dr. Cohen has worked in the field of public health focusing on services across the broad spectrum of issues confronting people and their communities. Prior to joining PHMC he was employed with the City of Philadelphia and the not-for-profit sector, working in the area of behavioral health.

Dr. Cohen is actively involved in a wide array of public health issues through membership in and affiliation with a number of local, state and national committees and organizations, including the Pennsylvania Public Health Association (past president); American Public Health Association (Treasurer); Pennsylvania Psychological Association (past president of the Community Division and past Board member); United Way of Southeastern Pennsylvania (member, Board of Directors and Chair-elect of the Professional Advisory Committee); National Council on Crime and Delinquency (Board member); and the National Alliance for Children and Families.

Dr. Cohen is a Fellow of the College of Physicians of Philadelphia and chairs its Section on Public Health and Preventive Medicine. He is also a Fellow of the American College of Healthcare Executives, serving on its Higher Education Committee and as a Regent for Southeastern Pennsylvania Area A, a Deputy District Governor and Fellow of the Association of Behavioral Healthcare Management and a Fellow of the Pennsylvania Psychological Association. Dr. Cohen serves on the Board of Directors of numerous non-profit and community organizations and has been recognized for his dedication to the field of public health. He was a recipient of the Albert Einstein Society Freda Kraftsow Sacks Award and the Pennsylvania Public Health Association's President's Award and Award of Merit.

Dr. Cohen is a licensed psychologist in Pennsylvania and is board-certified in behavioral healthcare management and the treatment of alcohol and other psychoactive substance use disorders. He received his doctorate at the Medical College of Pennsylvania, Master's Degree from Temple University and Bachelor of Arts Degree from the University of Maine in Psychology.

**John M. (Jack) DeBoy, MPH, DrPH**

Director

Laboratories Administration, Department of Health and Mental Hygiene

**Dr. John M. (Jack) DeBoy** earned Bachelors Degrees in Zoology and in Microbiology from the University of Maryland, and MPH and Dr.P.H. Degrees in Public Health Laboratory Practice from the School of Public Health at the University of North Carolina. His professional training also includes a pre-doctoral research trainee-ship at the Centers for Disease Control in Atlanta and a postdoctoral training fellowship at the Washington University Medical Center in St. Louis. He began his laboratory career as a serologist, clinical microbiologist, food microbiologist, virology research technician, and molecular biology research assistant.

He later served as Director of Laboratory Operations for the NY State Veterinary Diagnostic laboratory at Cornell University, and as a division chief, assistant director, deputy director, and, since 2003, as Director of Maryland's state public health laboratory (Laboratories Administration) overseeing a staff of 260 and an annual budget of \$23M.. His last position involves oversight of fields ranging from public health and environmental microbiology, environmental chemistry, and newborn screening to regulatory oversight of Maryland's medical laboratories, tissue banks, crime laboratories and pharmacies.

Dr. DeBoy's professional activities also include serving as chairman, member, or consultant on dozens of professional and governmental boards and committees, and writing over 180 peer-reviewed publications, state statutes and regulations, government reports, and mass media and newsletter articles. Dr. DeBoy was born and raised in Baltimore and currently lives in Columbia, Maryland, with his wife. His family also includes a grown daughter and son, a second son in college, and a third in high school.

**Paula Hollinger, RN**  
Associate Director  
Health Workforce, Department of Health and Mental Hygiene

**Paula Hollinger** grew up in Washington D.C, and graduated from Mt. Sinai Hospital School of Nursing in New York. Her nursing career included positions in both Emergency Medicine and as head nurse of the first Surgery Intensive Care at Mt. Sinai Hospital, as a specialist in the Acute Stroke Unit at the University of Maryland Hospital, teaching Psychiatric Nursing to students from the Tuskegee Institute and camp and Public School Nursing.

Senator Hollinger served in the Maryland General Assembly for 28 years - 8 years in the House of Delegates and 20 years in the State Senate where she served as Chair of the Education, Health and Environment Affairs Committee for 4 years after serving as Vice Chair for the previous 8 years. She is recognized as a national leader in health care policy and is responsible for pace-setting public health policy legislation such as embryonic stem cell research funding, long term care, health care for children, and bio-ethic issues. Currently Paula is the Associate Director, Health Workforce in the Maryland Department of Health and Mental Hygiene.

- Citation, Maryland Healthy Air Act Coalition, 2006.
- Public Policy Maker of the Year, Washington Psychiatric Society, 2005
- Legislator of the Year, Chesapeake Bay Foundation, 2004
- Maryland's Top 100 Women, Daily Record, 1999, 2001, 2003 (Circle of Excellence)
- Jessie M. Scott Award for Leadership in Health Policy, University of Maryland School of Nursing, 2002
- Legislator of the Year, Mental Health Association of Maryland, 2001
- Presidential Award of Recognition, Maryland Occupational Therapy Association, 2001
- Career Achievement Award, Nurse Practitioner Association, 2001
- Outstanding Service Award, Maryland Psychological Association, 2000
- Public Policy Advocate of the Year, Alzheimer's Association, 1999
- Assisted-Living Legislator of the Year, Maryland Assisted-Living Association, and Maryland Advocates for Assisted-Living Residents, 1999
- Advisory Board, Medical Eye Bank of Maryland
- Medical Advisory Board, Maryland Organ Procurement Center, Inc. Board of Trustees, Transplant Resource Center of Maryland, Inc., 1997
- Chair, United Seniors of Maryland. Murray Guggenheim Award for Excellence in Nursing

**Barbara J. Hatcher, PhD, MPH, RN**

Director

Center for Learning & Global Public Health of American Public Health Association  
And Secretary General  
World Federation of Public Health Association

**Barbara Hatcher** is Secretary General of the World Federation of Public Health Associations (WFPHA). She is the first nurse – and the first African-American – to head the international group.

Dr. Hatcher is a proven leader with first-hand experience in health policy, nurse regulation, policy-related research and administration. Her workforce and maternal and child health research are internationally recognized and have global implications. The research findings and recommendations continue to impact women and children's improved health status in the U.S. and abroad. Also, her work challenges policy makers and nursing, globally, to adopt cutting-edge and creative solutions for retaining older, experienced nurses and transferring enduring nursing knowledge in the workplace.

Dr. Hatcher established the American Public Health Association's (APHA) Center for Learning & Global Public Health and serves as its director. Her organizational leadership and experience as a senior policy maker, regulator and researcher have made a difference, globally. Dr. Hatcher continues to demonstrate her commitment to equity and social justice in health through research, publications, program development and national and international public speaking.

She is a graduate of the University of Connecticut, School of Nursing where her keen interest in public health and social justice began. After practicing as a visiting nurse in the District of Columbia, she pursued a master's in public health degree at the University of North Carolina at Chapel Hill. Dr. Hatcher received her PhD in Nursing from George Mason University.

**Neil R. Powe, MD, MPH, MBA**  
Professor of Medicine in the Department of Medicine  
Johns Hopkins University School of Medicine

**Neil R. Powe, MD, MPH, MBA** is Professor of Medicine in the Department of Medicine at the Johns Hopkins University School of Medicine. Neil Powe's accomplishments represent the very best of Hopkins," says Myron Weisfeldt, M.D., chief of medicine and the William Osler Professor of Medicine at Hopkins. "He is a reputable scholar in his own specialty, a recognized educator in clinical research who has changed national policy on how physicians care for their patients, and he is a mentor to other leaders in medicine, cultivating young scientists, especially minority groups, and leaving a legacy of talent at institutions across the country." Dr. Powe is the first African-American to be promoted to full professor in the Department of Medicine at Johns Hopkins in its over 100 year history.

Dr. Powe also is Director of the Welch Center for Prevention, Epidemiology and Clinical Research, an interdisciplinary research and training center at the Johns Hopkins Medical Institutions focused on clinical and population-based research. He also is Professor of Epidemiology and Health Policy and Management at the Johns Hopkins University Bloomberg School of Public Health, where he directs the Clinical Epidemiology Program and has trained hundreds of fellow clinical researchers and medical students in the past two decades. His work on the population level has reached millions of patients.

Dr. Powe is an expert in chronic kidney disease. His work has examined health disparities and quality of care for cardiovascular and kidney disease using prospective methods of randomized controlled trials and cohort studies, cost-effectiveness analysis, meta-analysis, retrospective analyses of administrative databases and survey research. Dr. Powe has studied racial differences in cardiovascular procedure use and kidney transplantation as well as the relation between volume, technology and outcomes of patients with myocardial infarction and thrombolytic therapy in the elderly. Dr. Powe has also leads the Choices for Healthy Outcomes in Caring for ESRD (CHOICE) study funded by AHRQ and the ESRD Quality (EQUAL) Study by the NIH. He has extensive experience in developing and measuring outcomes in chronic disease and methods of assessing resource allocation in health and health care. Dr. Powe is author of more than 295 articles.

A hallmark of Powe's leadership has been his commitment to promoting diversity in medical research. Fifty-two percent of the Welch Center faculty are women, and 26 percent represent visible minorities. He works nationally with the Robert Wood Johnson Foundation and Howard University College of Medicine in Washington to identify promising, young minority faculty and fellows for clinical research training at Hopkins.

Dr. Powe trained in internal medicine, epidemiology and health services research, receiving his MD degree from Harvard Medical School, MPH degree from Harvard School of Public Health, and MBA from the University of Pennsylvania. He completed residency at the Hospital of the University of Pennsylvania where he was also a Robert Wood Johnson Clinical Scholar and fellow in the Division of General Internal Medicine. Dr. Powe was born in Philadelphia, PA and graduated from John Story Jenks School and Central High School. Dr. Powe is a member of the Institute of Medicine (IOM) and has served on a number of its committees including the Committee on Paying for Performance and Conflicts of Medicine in Medical Research, Education and Clinical Practice. He has testified before the U.S. Congress on the role of patient outcomes research in improving the quality of care and on value science as a means to assess medical practice.

Dr. Powe is also a member of the American Society of Clinical Investigation and the Association of American Physicians, a Fellow of the American College of Physicians and member of the American Epidemiology Society. He is the recipient of several national honors including the Garabed Eknoyan Award from the National Kidney Foundation (2004), the John M. Eisenberg National Award for Career Achievement in Research from the Society of General Internal Medicine (2005) and the Distinguished Educator Award from the Association for Clinical Research Training (2007).

**Arlene Hahn Stephenson**  
Acting Deputy Secretary  
Department of Health & Mental Hygiene

**Ms. Stephenson** is currently the Acting Deputy Secretary for Public Health Services for the Department of Health and Mental Hygiene (DHMH) where she oversees 7 public health administrations. She began her career in health care in 1974 as a statistical analyst for Blue Cross and Blue Shield of Delaware where she assisted with rate setting and filings before the state's insurance commissioner. She has spent most of her career working for DHMH. She began her work with DHMH in 1981 as a Research Statistician for the Health Services Cost Review Commission. In this position she worked on the hospital discharge database, the Nurse Education Support Program and the Commission's first "Consumers' Guide to Maryland Hospitals". She left there for the private sector where she worked for a company that established preferred provider organizations for private insurers. She then returned to DHMH as the Assistant Director of the Policy and Health Statistics Administration working on statistics that drove policy and cost containment measures for the Medicaid Program. Her next position with the Department was as Chief of Staff to the Deputy Secretary for Public Health Services and then Chief of Staff to the Secretary of Health. She then became the Deputy Secretary for Public Health overseeing the 10 Public Health Administrations. She had responsibility for over 7,000 employees, a 2 billion dollar budget, 16 state facilities and 24 local health departments. She left DHMH headquarters to become the Director of Performance Improvement and Patient Safety at Springfield Hospital Center overseeing hospital licensing and accreditation activities, emergency management and patient safety activities. In January of this year, she was called back to DHMH by the current Secretary to be the Interim Deputy Secretary for Public Health Services. She has a bachelor's degree in Mathematics, a Master's in Administrative Science from Johns Hopkins University, and recently completed a Certificate in Aging at Johns Hopkins University.

**Richard B. Weldon, Jr.**  
President and Chief Executive Officer  
United Way of Frederick County

**Mr. Weldon** is currently the President and CEO of the United Way of Frederick County. Prior to his position with the United Way of Frederick County he was a member of House of Delegates since January 8, 2003. Member, [Health and Government Operations Committee](#), 2003- (government operations subcommittee, 2003-; health occupations subcommittee, 2003-04; public health subcommittee, 2003-04; pharmaceuticals subcommittee, 2005-06; public health & long-term care subcommittee, 2007-); [Joint Committee on Federal Relations](#), 2007-; [House Work Group to Study Maryland Law regarding Access to Firearms and Sharing of Health Information](#), 2007-. Chair, Frederick County Delegation, 2007- (vice-chair, 2003-06). Parliamentarian, and Chair, Rules Committee, Republican House Caucus, 2003-. Member, Maryland Rural Caucus, 2003-; Maryland Legislative Sportsmen's Caucus, 2003-; Maryland Veterans Caucus, 2005-. City administrator, City of Brunswick, 1994-99. Chief operations officer, City of Frederick, 1999-2001. Member, Board of County Commissioners, Frederick County, 2001-02. Board liaison, Tourism Council of Frederick County, 2001-02; Board of Trustees, Frederick Community College, 2001-02. Member, Forum for Rural Maryland, 2003; Task Force to Study Efficiency in Procurement, 2003; State Advisory Council on Medical Privacy and Confidentiality, 2004-; Oversight Committee on Quality of Care in Nursing Homes and Assisted-Living Facilities, 2007.

He served in U.S. Navy (submarine service), 1976-80. Civilian employee, Navy Department, 1982-94. Attended University of Maryland (part time, public administration), 1989-91. President and Chief Executive Officer, United Way of Frederick County, 2008-. Board member, Brunswick Medical Center, 1994-; Frederick County Business Development Advisory Council, 2001-02. Member, Steering Committee for Potomac River American Heritage River Nomination, 1996-98. Member, U.S. Submarine Veterans, Inc., TriState Base, 1999-. Member, Cancer Coalition of Frederick County, 2000-02. Board member, Weinberg Center for the Performing Arts, 2001-02. Member, Republican Clubs of Frederick and Washington Counties; National Rifle Association. Valedictorian, Leadership Frederick County Class of 1998-99.

## **Interview Responses**

### **Interview with Georges Benjamin, MD, FACP, *Executive Director, American Public Health Association***

#### ***1. What characteristics do you think an effective public health leader should possess?***

- The most important thing is to know your strengths and weaknesses.
- The next best thing is to figure out how you can get smart people to work for you, and not be threatened by them. Learn to take their advice.
- Quote – *“In order to have an effective team, you have to have people who are willing to go out on that ledge with you. The most ineffective teams are those that have a leader who does all the thinking and people just do what they’re told to do to. What happens when the leader goes? The team falls apart.”*
- The third characteristic is empowering the team to do be able to make decisions, and you, as the leader, are comfortable with them making decisions and mistakes. That means that you don’t fix everything that gets broken. For example, teaching a kid how to ride a bike. You give them instructions. You give them confidence that you’re going to be there if they fall. At some point, you have to let them fall and you just have to make sure that they don’t hurt themselves seriously. If they do fall and they injure themselves, you have to comfort them. It’s the same as in management.

#### ***2. From the numerous positions you’ve held, what tips would you suggest in hindsight for those who may be assuming roles similar to your own?***

- Know very specifically what you DON’T want to do. Know what you want to do, but more importantly, know what you don’t want to do.
- Always look two jobs ahead. You don’t want to get pigeon-holed in an unintended career path where you can’t find a way out.
- Take meaningful risks.

#### ***3. What resources do you generally rely on to learn about trends and statistics in the field of public health?***

- Resistant to new data and information that hasn’t been validated a few times. I’m still comfortable with the concepts of the leading causes of death. I’m not ready to jump out and embrace a new statistic until I figure out how it fits within my perception of how the world works.
- Very skeptical of sudden improvements in numbers and data. The best reliable source of data is the National Center for Health Statistics in addition to data that comes out of the Centers for Medicaid & Medicare.
- Read 5-6 newspapers online per day. This helps to gain some perspective of what’s going on in the world.
- Newsletters and alerts from other professional associations and private family foundations, such as Kaiser Family Foundation and the Robert Wood Johnson Foundation.
- You run the risk of losing credibility when you throw out a new statistic and then are proven wrong.

**4. Based on your experiences with public health planning, what role has been communication played in ensuring a positive outcome and how?**

- Credibility. Get the facts right. Once you say something, you never get a chance to take it back. You don't want to throw a number out there, be wrong and get challenged by someone, particularly on TV or in another public arena. Overall, it's very important to be right about the facts because you do not want to damage your credibility.
- Hidden messages. Given a communication message, think about the hidden messages. I always try to be conscience of how my communication may be or is being perceived. I try to stay fairly narrowly focused on the communication message and try to know the audience. You have to know who your audience is and ensure your message fits. It's always better to say less than more. Less is always more.
- When speaking, know when to stop.

**5. What are some of the greatest barriers that decision makers and leaders face in addressing public health concerns and what are some ways to overcome them?**

- Quote - *"We haven't effectively communicated what public health is to the public."*
- We have crafted public health as a discrete entity from medicine, when in reality, it incorporates medicine and functions as a continuum of medicine.
- We have not made the public believe that it is a social responsibility to be part of the public health enterprise.
- People fail to understand risk. In addition, we are inconsistent with our messages. A major barrier is trying to get people to understand risks and the concept of risk.
- Another barrier is our belief that we are purists. Public health is so pure that we can't participate with anyone who is less pure than us. As a result, we make strange and irrational relationships. For instance, if public health is really serious about water initiatives, it would be ideal to partner with a company that has global outreach, funds, that is in the business of water, and that influences water policy (i.e. Coca-Cola and PepsiCo).
- Quote – *"We ought to think about who the right partners are, and we ought to be working with them in ways to convince them to be socially responsible if we think that they're not, and if they are being socially responsible, then we ought to partner with them because they're socially responsible."*
- We're a discipline that talks everyday about partnering. We believe that we're the best partners in the world. We're sometimes difficult partners to work with, for a variety of reasons.

**6. What are the greatest trends in public health that need to be addressed today by leadership regarding society, global economies, public health work force practice, disease prevention, public health ethics and finance? What trends do you expect will need addressing in the next ten years?**

- Adequate prioritization is going to be our greatest challenge.
- Building of an infrastructure for basic core public health is what we need to do.
- The public health community has been the librarian of all related knowledge.

Due to 24-hour/7-days per week media news cycles and technologies, many people are going to be empowered to have information than they never had before. The public is going to have the same knowledge that we have. Our challenge then becomes how do we take a group of people at various levels of knowledge and find ways to move them forward to a single agenda?

- Adequately and strategically prioritize public health priorities and interventions in communities while simultaneously addressing the infrastructure.
- In the next ten years, we're going to have a tidal wave of people getting older and coming of retirement age. We have not yet built the infrastructure to take care of them (i.e. hospitals, nursing homes, at-home care, long-term care).
- Quote – *“If I could advise the incoming President, I would tell the incoming President as a matter of national policy that we're going to strive as a nation to be the healthiest nation in the world in one generation [25 years]. People who understand public health realize that's a stretch goal, but it really means that we have to start with children – from preconception with the parents into their adulthood. It would take a President to do it.”*
- We need to start considering and building health into all of our policies.

**7. What advice would you give to future public health leaders related to effective decision making?**

- First and foremost, don't be afraid to make a decision.
- Secondly, seek a variety of opportunities so that you are well-rounded.
- Learn the full-breadth of public health first and then specialize.
- Perform self evaluations. You need to do your own quality-improvement.
- Make the best decision you can – always chose that which will benefit the public - but understand that you will make mistakes.

**8. What types of technology do you feel will be needed for the advancement of public health?**

- Use of communications technology, in particular, to advance public health. That means investing in video conferencing, computer technology, and any new methods which to communicate with and educate people.
- There are many ways that the medical community could use technology to advance medicine and medical care.
- Public health should focus on technologies that can help us to make data driven decisions.
- Investing in top notch laboratories (i.e. biotechnology, genetic technologies).

**9. What effect will adequate resources and funding of public health have on its development in the technology realm?**

- There are two pieces - being *adequately* funded, while spending your money *adequately*.
- Spend your money on hiring and training personnel, then on technologies.
- Understand that technology has limitations.
- Many people believe that \$20 billion dollars baseline federal increase is what is needed to get adequate resources to fund public health. However, it is our responsibility to spend it wisely.

- Do base-budgeting every year. Think about what you really need. If you don't need it, take it out of the budget.

***10. Would you share with us the personal philosophy that guides your public health decision making?***

- The most important one is “Don’t do anything stupid.” Think logically through decisions and policies, and the potential impacts before making decisions.
- Listen very carefully to the other side. Make the attempt to achieve the same goal or end as everyone involved. A supportive tool of this philosophy is respect, critical listening, especially with a person(s) with different (a) view(s) than your own. Try to understand that person(s) views. Try to determine if that person(s) share(s) the same goal as you. If not, try to get to the same place. Then the only difference is the means to achieve the agreed end(s). If you can't get to the same place, that is a problem, but most of the time, you can.
- I always try to do what I say I'm going to do. Keep promises. This is essential to trust, which is the cornerstone of the public health enterprise.

**Interview with Barbara Brookmyer, MD, MPH, Health Officer**

**1. What characteristics do you think an effective public health leader should possess?**

- A public health leader should be a good listener, decisive, responsive, and willing to roll up your sleeves.
- A public health leader must develop first hand knowledge of the challenges that his or her staff may be facing, be fair and flexible, and assist staff in developing their good ideas and their professional goals.

**2. From the numerous positions you've held, what tips would you suggest in hindsight for those who may be assuming roles similar to your own?**

- Seek advice and mentorship from persons at your level and levels above you. Give consideration to how that person chosen to be mentor is perceived by others as it may identify some limitations of the advice.

**3. What resources do you generally rely on to learn about trends and statistics in the field of public health?**

- Staff, NACCHO publications and list-servs, APHA's Our Nation's Health, Public Health Reports, Public Health Management and Practice and my Colleagues

**4. Based on your experiences with public health planning, what role has communication played in ensuring a positive outcome and how?**

- It is all about communication. Early and continuous communication involving the intended beneficiaries has been critical in assuring that the objectives and methods are on target and therefore more likely to be successful.

**5. What are some of the greatest barriers that decision makers and leaders face in addressing public health concerns and what are some ways to overcome them?**

- The greatest barriers are apathy, ignorance, and misinformation
- Have patience when waiting for the right time, the right person(s), a more evocative approach, etc. while trying to cultivate those change factors.

**6. What are the greatest trends that need to be addressed today by leadership regarding society, global economics, public health workforce practice, disease prevention, public health ethics, and finance? What trends do you expect will need addressing in the next ten years?**

- Societal trends: Lack of recognition of societal interconnectedness and reliance
- Global economics: continued and widening disparities between those at the highest and lowest ends of the economic scale for example food insecurity and access to appropriate, quality and timely healthcare
- Public workforce practice: students and people seeking career changes are not aware of the field of public health and public health does not pay well
- Disease prevention: Reemergence of diseases that are vaccine preventable but people choose not to take advantage of them and the increased burden of chronic disease and there is no funding for prevention
- Public health ethics: Interest in public health ethics is cyclical and next communicable disease will probably revive interest and attention to public health

ethics

- Finance: Challenges of decreased funding at the federal level and state level
- Trends in the next ten years: all the above will worsen

***7. What advice would you give to future public health leaders related to effective decision making?***

- Try to understand the situation by gaining input from as many perspectives as can be identified
- Be thoughtful and make decisions that are consistent and be able to reconcile any apparent inconsistencies. Try to be objective

***8. What types of technology do you feel will be needed for the advancement of public health?***

- Affordable and feasible availability of technology for environmental health field work, clinical patient management, and health promotion and disease prevention efforts.
- The technology must be developed specifically for public health applications.

***9. What affect will adequate resources and funding of public health have on it development in the technology realm?***

- It will make all the difference assuming that there are examples of practical and beneficial application of technology to further public health missions.

***10. Would you share with us the personal philosophy that guides your public health decision making?***

- With limited resources try to meet the greatest need to achieve the greatest good while insuring fairness and equity.
- Be considerate of the feelings of others and try to identify the motivations and interests of the involved parties to make them invested in ensuring that the decision results in success

**Interview with Richard J. Cohen, PhD, *President and CEO, Public Health Management Corporation (PHMC)***

**1. *What characteristics do you think an effective Public Health leader should possess?***

- An innate possession of leadership qualities that cannot be taught.
- Understanding the importance of relationships.
- Ability to listen.
- Knowing, acknowledging and admitting mistake(s).
- The art of compromise.
- Understanding the concept of transaction.
- Everything is a transaction – give and take.
- Communication is not a one-way occurrence.
- Communication is a two-way process via conversing and listening.
- Understanding and cultivation of talent.
- Recognizing talent and the varying levels of talent
- Not everyone can be taught to do everything.
- Efficient identification of a **“lack of talent”** can minimize the potential wasting of critical resources.
- Concept of loyalty.
- Give loyalty to those above you and expect loyalty from those below.

• Quotes – *“The single most important characteristic of anyone who wants to get something done is relationships... Everything is a transaction and a leader needs to understand that. You can’t take money out of the bank until you put money in.”*

**2. *From the numerous positions you’ve held, what tips would you suggest in hindsight for those who may be assuming roles similar to your own?***

- Admit mistakes.
- Focus strategically.
- Cultivating relationships and recognizing that everything is a transaction
- (previously mentioned).

**3. *What resources do you generally rely on to learn about trends and statistics in the field of Public Health?***

- Due to a more managerial focus, converse with and listen to lots of people
- within the profession, being where the action is, actively attending events
- within the field.
- Review various newspaper publications professional literature.
- Industry meetings and events – to interact with the other people at the meetings.
- Quote - *“I’m a manager, not a scientist, so for me, the number one thing is talking to lots of people and listening to lots of people.”*

**4. *Based on your experiences with Public Health planning, what role has been communication played in ensuring a positive outcome and how?***

- Communication has played a very important role.
- Ability to communicate with the community is the center piece of moving the public health forward.

- Communication is a transaction that involves listening and responding.
- Quote – *“Communication always plays an important role and, frequently, we’re not that good at it.”*

**5. What are some of the greatest barriers that decision makers and leaders face in addressing Public Health concerns and what are some ways to overcome them?**

- Political correctness.
- Closed-mindedness.
- Communication is a way to address this issue.
- Lack of resources.
- Lack of relationships.
- Misunderstanding of transactions.
- Correctly identifying priorities.
- Ability to listen to people who disagree with our point of view.

**6. What are the greatest trends in that need to be addressed today by leadership regarding society, global economies, work force practice, disease prevention, ethics and finance? What trends do you expect will need addressing in the next ten years?**

- Most importantly, public health needs the resources to effectively do its job.
- Secondly, improving the public health workforce (i.e. increasing public health workforce and infrastructure; making the incomes more desirable; strengthening the employee benefits, career tracks, respect of the field, and emphasis on certification)
- Need to address resource and workforce development.
- Improve the leadership in public health.
- Recognize and understand that public health is a business.
- By and large public health is a non-profit business, but it is a business nonetheless.
- Public health tends to focus on the issues, but not the business aspects. Need to focus more on the business piece.
- Quote – *“Public health ethics is an issue; ethics is not a product line. All of us believe in ethics. If you spend all your time thinking about ethics, if you spend all your time looking for conflicts of interest, if you spend all your time looking for what’s wrong with something, you’ll never do anything. That’s one of the dilemmas that we face.”*
- Prioritize resource and efforts. For instance, overarching societal and
  - global issues are so important and overwhelming that they often take over
  - an entire agenda. However, our ability to impact and bring change to
  - those areas is quite limited. Our ability to ensure universal health care for
  - everyone in the United States is more thoughtful and doable.

**7. What advice would you give to future leaders related to effective decision making?**

- Listening.
- Thinking.
- Understanding.
- Being loyal to the people around you.

**8. What types of technology do you feel will be needed for the advancement of Public Health?**

- Technology is changing enormously and quickly. The public health field needs to do a better job of keeping up with it.
- Utilizing technology in a broader way.
- Stay abreast of the latest technological trends.
- Using more communications technologies.
- Using translational technologies to accommodate our diverse population and health care needs.

***9. What effects will adequate resources and funding of Public Health have on its development in the technology realm?***

- It has an obvious effect. If you don't have resources, it's hard to do something.
- A large part of it is priorities.
- Important to commit resources to technology and infrastructure issues.
- If there are flexible assets, you have to make a set of decisions.
- How you make those decisions will very much impact the future.
- Sometimes you have to decide not to do something. For instance, buying a new employee benefit vs. buying new computers; painting the building vs. implementing a voice-over IP phone system.
- Execute decisions that will add value into the future.

***10. Would you share with us the personal philosophy that guides your decision making?***

- "Perfect is the enemy of good." We do the best we can.
- Make compromises.
- Listening, thinking, communicating, and making the best decisions that we can.
- Maintaining relationships, transactions, and loyalty.
- Being respectful and responsive to those who are committed to serving public health while understanding that public health is a business.
- Working with public and philanthropic money, we have an enormous responsibility to do the best we can with that money to serve the people that everyone cares about.

**Interview with John M. (Jack) DeBoy, MPH, DrPH, Director, Laboratories Administration, Department of Health and Mental Hygiene**

**1. What characteristics do you think an effective Public Health leader should possess?**

- Willingness to seek out and listen to what others have to say
- Willingness to involve others in an action-learning, team approach to meeting challenges and solving problems;
- Willingness to go out on a limb to suggest and effect needed change

**2. From the numerous positions you've held, what tips would you suggest in hindsight for those who may be assuming roles similar to your own?**

- Don't move too quickly when identifying and implementing new mission priorities but always be willing to make a decision within an appropriate amount of time.
- Making no decision is often worse than making a wrong decision. You can learn from a mistake and correct it; but not making any decision, especially in government, leads to staff frustration and loss of public trust.

**3. What resources do you generally rely on to learn about trends and statistics in the field of Public Health?**

- Political commentaries, financial forecasts, professional associations (e.g., APHL, APHA), meeting/networking with experts and partners, government agencies, nonprofit research groups (e.g., Trust for America's Health) scientific and technical publications, and professional meetings

**4. Based on your experiences with Public Health planning, what role has been communication played in ensuring a positive outcome and how?**

- Involving all important stakeholders in the plan, from its beginning through its final, implementation, especially those stakeholders who will be directly affected by the new plan, giving public credit to all who are helping with the implementation, and involving the public (through interviews to reporters and press releases) to gain support for the implementation and desired outcome.

**5. What are some of the greatest barriers that decision makers and leaders face in addressing Public Health concerns and what are some ways to overcome them?**

- Resistance by the public to spend money on public health. Overcoming resistance often requires:
- Initial public relations/marketing to make legislators, partners, and the public aware of the advantages of funding a particular area of public health, followed by an active attempt to pass a funding statute;
- Resistance to change in unhealthy lifestyles by people who have been living and doing things the same way for extended periods and are unmotivated to change.

Ways to overcome this resistance include:

- Make a change so it is impossible for something to be done in an old way (e.g., replacing paper hand towels in public bathrooms with electric, hot-fan, rapid hand drying);
- Build barriers that directly or indirectly make it more difficult for people not to change (e.g., placing very high tax levels on cigarettes and prohibiting

- smoking in many indoor public spaces throughout the country)
- Develop and reinforce negative social connotations to unhealthy lifestyle choices (e.g., recreational drugs, teenage pregnancy, lack of personal hygiene)

**6. What are the greatest trends in that need to be addressed today by leadership regarding society, global economies, work force practice, disease prevention, ethics and finance? What trends do you expect will need addressing in the next ten years?**

Public health leaders at all levels and in all fields of public health need to identify and stand together in working to maintain core public health functions in the face of continuing shrinking budgets and fewer public health staff.

**7. What advice would you give to future leaders related to effective decision making?**

Don't depend totally on science, statistics, or technical experts when making public health decisions—look at the bigger picture to see “what” should be done or what outcome should be reached. Logical decisions don't always lead to the right results in public health. Sometimes the most direct, least expensive, or scientifically justified route goes against the principles of public health. Sometime a public health leader must put more emphasis on psychology and marketing than science and logic.

**8. What types of technology do you feel will be needed for the advancement of Public Health?**

Technology is a double edged sword in public health. In many ways it shortens processing times and reduces labor costs but, at the same time, it can lead to lower productivity and poorer decision making. A prime example might be the computerized collection of public health demographic data associated with disease surveillance. Computers now allow us to compile massive amounts of data but data mining is “hit-or-miss” because there is, or soon will be, far too much data to be effectively analyzed by the small numbers of qualified public health staff available. As public health becomes more and more dependent on computerized technologies, this may actually lead to reduced productivity (e.g., from data overload that precludes efficient analysis and decision making, and from relying on computer jocks with little or no expertise gained through actual field-based or real-world epidemiological experience).

**9. What affect will adequate resources and funding of public health have on it development in the technology realm?**

- If I need to make a major decision that will have major effects on others or other programs, I usually try to follow a multi-step philosophy:
- First, I identify what outcome I want to obtain and if I have the required level of resources to meet that outcome;
- Second, I make sure that what needs to be done is morally acceptable and is allowable under existing law;
- Third, I determine if there is sufficient political, community, and scientific support for the decision I am considering;
- Fourth, if this will be a major decision that will effect customers or the public, I identify potential partners and get them to support me;

- Fifth, I determine if the decision is straight-forward or if I will need a team-based, action-learning, problem-solving approach to arrive at the best decision;
- Sixth, I document the proposed decision and get input from as many stakeholders as possible;
- Seventh, I will fine tune the final decision and seek final approval from most stakeholders;
- Eight, I make the decision and involve as many stakeholders as practical in its implementation phase(s);
- Ninth, I spread liberal praise on all stakeholders as co-decision makers; and
- Tenth, must review initial decision products/outcome and plan any needed midcourse corrections.

***10. Would you share with us the personal philosophy that guides your decision making?***

There is no response for Question 10. The interview was completed before Q10 was added.

**Interview with Barbara Hatcher, PhD, MPH, RN, *Director of the Center for Learning & Global Public Health, American Public Health Association & Secretary General of the World Federation of Public Health Association***

***1. What characteristics do you think an effective public health leader should possess?***

- Commitment to equality and social justice
- To have values and the recognition of other leaders
- Recognize strengths and weaknesses & focus on weaknesses
- Good communicator
- General knowledge of organization and its purposes
- Must be willing to be a risk taker and not stay in the same place
- Involved and in touch with the staff
- Willing to do anything that is asked of staff members
- Visionary
- Recognize and encourage others
- Have passion for job and field of work
- Commitment to learning
- Confidence and humility
- Planner and organizer
- Must have bigger purpose
- To realize that their job is not about self
- Embrace diversity—all populations of people
- Inspiring and leading change—not to command it

Top Five:

1. Self-know
2. Strategic vision
3. Risk taker—creative
4. Effective communicator
5. Inspiring and leading change

***2. From the numerous positions you've held, what tips would you suggest in hindsight for those who may be assuming roles similar to your own?***

- Leaders need a broader view to inspire others
- Know what you are talking about
- Manage up to move forward

***3. What resources do you generally rely on to learn about trends and statistics in the field of public health?***

- Web-based – research tools- “Highbeam”
- Nursing and business journals
- Harvard Business Review
- National Library of Medicine
- Newsletters
- Partners provide info

***4. Based on your experiences with public health planning, what role has communication played in ensuring a positive outcome and how?***

- Listening is very important
- Lack of information leads to problems and conflicts
- Making sure everyone's voice is heard

**5. What are some of the greatest barriers that decision makers and leaders face in addressing public health concerns and what are some ways to overcome them?**

- Public Health is the glue that holds society together but it's often overlooked because it seems invisible until something falls apart and then it is recognized as a problem or system that has failed society. It's apart of the mosaic—the "Rule of Law."
- Lack of funding
- Not being valued as the same as medicine
- The general public doesn't understand what public health is—The big question is "does public health need a brand?"
- Not building on lessons learned from the past

**6. What are the greatest trends in public health that need to be addressed today by leadership regarding society, global economies, public health work force practice, disease prevention, public health ethics, and finance? What trends do you expect will need addressing in the next ten years?**

- To make globalization work for everyone since there are so many in need
  - Urbanization
  - Aging population
- Increase the impact of support for fragmented countries
  - Chronic disease
  - Substance abuse
  - Climate change
  - Workforce development
- Chaotic systems for disasters like tsunamis and hurricanes
- Health chronic disease—HIV/AIDS
- Move community to telecommunications
- Resource—food, water, and energy
- Global-
  - Governance—like the conflict in Georgia
  - International law
    - Understanding public health as a foreign policy issue—public health diplomacy. This field of study will become very important in the next 5-10 years. Public Health is now entering into the world of diplomacy/foreign policy.
  - Brain drain
    - Strain on workers
    - Intensive recruitment on foreign healthcare providers and public health workers

**7. What advice would you give to future public health leaders related to effective decision making?**

Listening, reflection, get information from critical thinking- open to others deprecative inquiry.

**8. What types of technology do you feel will be needed for the advancement of public health?**

- Expand use computing with blackberries, I-pods, etc...

- Application- GIS
- Simulation- mapping
- Wikipedia
- Relate to customers better and communities of practice- software GIOS
- Changes in climate and impact on health of information systems- broadcasting

**9. What effect will adequate resources and funding of public health have on its development in the technology realm?**

Increased access to systems to detect calamities

**10. Would you share with us the personal philosophy that guides your public health decision making?**

- Network, network, network and take care to build strong professional and personal relationships
- Do unto others what you would have them do unto you.
- “Do not throw the baby out with the bath water.” Learn from the past and bring the best features forward to help create the future. You can learn something from the least educated. Person in the workplace.
- Look up- **The Leadership Lessons of the Jazz Greats**. Very, very useful.
- Nelson Mandela- “For to be free is not merely to cast off one's chains, but to live in a way that respects and enhances the freedom of others.”
- Rev. Martin Luther King, Jr. - “A genuine leader is not a searcher for consensus but a molder of consensus.”
- Rev. Martin Luther King, Jr.- “Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

**Additional Comments:**

- The greatest success of PH is conquering communicable & infectious diseases & prolonging life. Now we must deal with the results of our success-growing populations that are living longer
  - Demography-
    - Population growth (2005- 6.5 billion; est. by 2025- 7.9 billion; est. by 2050- 9.2 billion)
    - Global generation gap- by 2025 in 4 western Europeans will be over age 65 compared to sub-Saharan Africa where less the 4% of population will be over age 65.
    - Migration (in-country) 60% of world population will live in cities. There will be many mega-cities located near coastlines and thus vulnerable to typhoons, tsunamis, etc.
  - Resource Management -The growth in population and consumption will impact food, water, & energy access
  - Technology- growth in Biotechnology& genomics & Nanotechnology
  - Information- we did discuss but it will be almost mandatory to be able to function in the global world vs. at the community level
  - Economic- global inequities; trade & health
  - Governance- growing influence of NGOs (non-governmental organizations)

- New Global Players in Public Health-
  - World Bank
  - World Trade Organization
  - Oprah
  - Bono
  - Gates Foundation
  - Clinton Foundation
  - Carter Center
  
- These should be interesting times for PH leaders and particularly for US leaders to step forward and provide leadership in global public health.

**Interview with Senator Paula Hollinger, Associate Director, Health Workforce, Department of Health and Mental Hygiene**

**1. What characteristics do you think an effective public health leader should possess?**

A public health leader must have knowledge to be effective. The leader must have an approach that allows buy-in by stakeholders in order to be able to develop workable public policy. The leader should non-dictatorial. For example: The former Surgeon General Joycelyn Elders, though knowledgeable in and talented in regards to solving public health issues related to sex education, did not have good understanding of the political climate and potential pitfalls. Consequently, the approach in discussing the issue did not receive the buy-in necessary for her to effectively use her knowledge and talents to address or resolve the issue.

**2. From the numerous positions you've held, what tips would you suggest in hindsight for those who may be assuming roles similar to your own?**

I learned from my years in the nursing profession that group dynamics are important. One must recognize the need to rely on members of your team. Members of a team must understand their roles and the need to work together. To initiate successful change, buyin from your team members should be sought.

**3. What resources do you generally rely on to learn about trends and statistics in the field of public health?**

Having served as chair of the National Conference of State Legislature's Health Committee, I've realized the valuable resource available through research arch from a federal perspective. Also the Center for Disease Control (CDC) in Atlanta, GA is a good source for receiving briefings and stats on issues locally (e.g., in Baltimore) as Escherichia coli (E.coli), AIDS, terrorism, syphilis and other STDs rates. When I was a member of the Maryland Senate, I set up a project with the University of Maryland School of Nursing to screen reports that had been made to national organizations about public health statistics in Maryland and Baltimore. Often those reports are valuable to the local entities that are addressing the problems related to reported stats. The Internet is also a good source as well as nursing and other medical journals.

**4. Based on your experiences with public health planning, what role has communication played in ensuring a positive outcome and how?**

Communication is an important key to laying the groundwork for positive outcomes. As a Maryland legislator, I learned through Maryland's aging demographics that planning was required for senior citizens who were living longer and to assure that qualified providers were available to meet their unique needs. Both incremental and concurrent steps, all involving communication, had to be taken to address this need. Key concerns requiring addressing. A coalition of senior advocates, judges, state agency representatives and the attorney general's office, worked with me to get the Advance Directives bill passed. A similar coalition was formed with senior advocates, facilities, families and elder law attorneys to get legislation passed for the Older Adults Waiver for Community-based care. Any of the affected stakeholder groups could have interfered with the successes experienced by the legislature in providing greater support for the elderly had there not been a means for each to share their concerns and desires regarding

how decisions made would impact them or their constituents.

**5. What are some of the greatest barriers that decision makers and leaders face in addressing public health concerns and what are some ways to overcome them?**

- Distrust by a segment of the population or a community of the motives behind those attempting to provide health care or information. For many years the resident who lived near Johns Hopkins Hospital had a strong distrust of the hospital. They had a very old reputation in the community of using Blacks as research subjects when they were admitted for treatment. One method to overcome this would be to appoint a representative of that community into a position of influence and have that person represent the hospital at meetings with community groups. This could help allay some of the rumors and residents' fears while also restoring their trust in the hospital and its operations.
- Limited personnel, funding and buy-in from stakeholders are barriers that decision makers continually face when trying to address public health concerns. To help address the nursing shortage in Maryland incentives were needed to attract nurses to work in Maryland. Those incentives usually had costs associated with them and legislators needed to support initiatives needed to fund the proposal. Identifying grants or private philanthropic sources is a solution. However, ideas such as, as allowing pro bono hours to be included as an option to satisfy required continuing education credits for licensure, could also help. Educating legislators about the shortage would make them much more amenable to support these types of ideas.
- Fear of retaliation for stance taken on an issue can sometime be a barrier to legislators addressing public health concerns. For example, early in the life of the AIDS epidemic some government officials were trying to require the reporting of patients' names in order to be eligible for funded treatment. Of course this would have discouraged patients from coming forward to be tested because of fear of societal bias; and the disease would have spread and patients would have gotten sicker. I advocated successfully for a bill against name reporting. Unfortunately, many of those who supported that bill worked very hard to kill other important bills that I was involved with in retaliation for the successful opposition I gave the name reporting bill. Legislators learn to work around this form of retaliation by finding others (colleagues) to fight battles for them in relation to other important legislation. Of course other times, time itself, took care of the issue.

**6. What are the greatest trends that need to be addressed today by leadership regarding society, global economics, public health workforce practice, disease prevention, public health ethics, and finance? What trends do you expect will need addressing in the next ten years?**

Today's greatest issues that require addressing include universal health, obesity, wellness and disease prevention, food and water safety, and environmental concerns such as lead poisoning. Of course I've already discussed the current shortage of health care practitioners such as nurses in Maryland. Appropriately educating the public by health care leaders will encourage incremental change in these trends. For example, MRSA (staph) is a huge problem throughout the country and is easily prevented by hand washing. The more public health education initiatives that are undertaken the greater the

chance that serious public health risks can be reduced. In the next ten years, access to health care will continue to grow as a problem until there is universal health care. Public health education can also go a long way in preventing or reversing future trends.

***7. What advice would you give to future public health leaders related to effective decision making?***

Attain and maintain the proper knowledge in your public health field, learn to be an effective communicator and always ensure buy-in from your stakeholders.

***8. What types of technology do you feel will be needed for the advancement of public health?***

That is difficult to predict because technology is developing so quickly. The development of advanced robotics for use by paraplegics as well as for surgical use is one type of technology that will need continued advancement. However, future and current public health leaders need methods for continuously updating themselves about new technologies and how to use them.

***9. What affect will adequate resources and funding of public health have on its development in the technology realm?***

Most technological advances come from the private sector, which should be encouraged because the financial incentives make their efforts more worthwhile to them. One example would be that adequately funded robotics would positively affect the current shortage in public health personnel (e.g., physicians, nurses, etc.). A more widespread use of the electronic health record will not come without adequate incentives for individual and group practices.

***10. Would you share with us the personal philosophy that guides your public health decision making?***

When prioritizing public health issues and how they should be addressed, my guiding philosophy is that universal access to health care is a right, not a privilege. Also, promotion of disease prevention initiatives are important in addressing the rates of disease in this state and across the country.

**Interview with Neil R. Powe, MD, MPH, MBA, *University Distinguished Service Professor of Medicine, Epidemiology and Health Policy and Management Director, Welch Center for Prevention, Epidemiology and Clinical Research, The Johns Hopkins Medical Institutions***

***1. What characteristics do you think an effective public health leader should possess?***

- Integrity
- Passion
- Ability to communicate with diverse people
- Belief in Evidence as a basis for decisions
- Results oriented
- Collaborative and able to work with a team

***2. From the numerous positions you've held, what tips would you suggest in hindsight for those who may be assuming roles similar to your own?***

Have patience. Learn your strengths and weaknesses and act accordingly. Delegate, follow up but be willing to jump in any help at any level.

***3. What resources do you generally rely on to learn about trends and statistics in the field of public health?***

- Newspapers for current events
- Major journals for important articles and NEJM, JAMA, Health Affairs, AJPH, Medical Care
- Association News

***4. Based on your experiences with public health planning, what role has communication played in ensuring a positive outcome and how?***

Communication is key. One must be able to communicate goals, make sure they are understood as well as listen to others to understand their views and goals.

***5. What are some of the greatest barriers that decision makers and leaders face in addressing public health concerns and what are some ways to overcome them?***

- Change - Creating a sense of urgency, providing evidence and motivating people to make a change.
- Resources – People and money

***6. What are the greatest trends in public health that need to be addressed today by leadership regarding society, global economies, public health work force practice, disease prevention, public health ethics, and finance? What trends do you expect will need addressing in the next ten years?***

Obesity, Chronic Health Conditions, Environmental Health, Cost of Medical Care and Health Insurance, Infectious Diseases in the Developing World, Emergence of New Pathogens. Same in 10 years.

***7. What advice would you give to future public health leaders related to effective decision making?***

Watch how effective leaders make decisions in meetings. Big decisions need a lot of

input. Small ones you should make in seconds with just your input.

***8. What types of technology do you feel will be needed for the advancement of public health?***

Information technology at many levels. For organizations, individuals, the public.  
Technology to keep the environment clean

***9. What affect will adequate resources and funding of public health have on its development in the technology realm?***

Funding for information technology could provide many solutions

***10. Would you share with us the personal philosophy that guides your public health decision making?***

I think this question is about values. Participative and collaborative attitudes, mentoring and career developing, creativity, opportunities for leadership, diversity and inclusion.

## **Interview with Arlene Stephenson, Deputy Secretary, Department of Health and Mental Hygiene**

### ***1. What characteristics do you think an effective public health leader should possess?***

A good public health leader has to be creative because the environment is changing all the time and budgets are shrinking. The individual has to be knowledgeable about public health and not just a political appointee. The individual must be unflappable because even if you made a good decision and for the right reason, the critics are waiting to attack that decision in the political arena and in the media.

### ***2. From the numerous positions you've held, what tips would you suggest in hindsight for those who may be assuming roles similar to your own?***

It is very important to communicate with staff up and down the organization and provide them with your vision and goals so they are “rowing in the same direction as you”. One must regularly examine and prioritize your functions in order to eliminate those that have no added value. This is especially critical in difficult budget times and in order to stay true to your mission. Maximize your relationship with the Medicaid staff. They are good public health advocates and can bring resources to the table. There are three things that will frustrate you and create obstacles to your getting the job done: (1) Politics (2) Procurement and (3) Personnel. You must find creative (and legal) ways around them.

### ***3. What resources do you generally rely on to learn about trends and statistics in the field of public health?***

National and State Associations are good resources, particularly the American Public Health Association (APHA, [www.apha.org](http://www.apha.org)) and Association of State and Territorial Health Officials (ASTHO, [www.astho.org](http://www.astho.org)). Journals are policy and data rich such as Health Affairs, Federal Reports and the APHA journal. It is also helpful to access our own databases to examine outcomes and see where we are succeeding or failing.

### ***4. Based on your experiences with public health planning, what role has communication played in ensuring a positive outcome and how?***

Communication is both the most difficult and the most important thing you will do. It is easy to assume that people know what you are thinking, the direction you want to take or how you want something done. However, you may never have communicated it to the right individuals. That lack of communication or miss-communication can have a detrimental effect down the organization or outside of the organization. People who do not feel informed or engaged in the process will not be in the boat rowing with you. There was a powerful exercise I participated in which helped to make this very clear to me. A team was given instructions for how to build and fly a fleet of paper airplanes. Three different people were given the same instructions, but those for the fourth individual were slightly different. Everyone assumed that they all had the same instructions and the same goal when they started. But near the end of the process, they realized that they had different goals and in some cases their procedures were in conflict. Good communications goals up front or even stopping to reassess during the process would have saved precious resources.

### ***5. What are some of the greatest barriers that decision makers and leaders face in addressing public health concerns and what are some ways to overcome them?***

- Over the years the public health field has become much too grant oriented. It has become the norm to rely on federal grants for many public health priorities. As these

federal grants are being cut we are being reminded that they are not guaranteed, they do end and we have become responsible for finding new funding sources. If it is a priority, you need to be able to market it to the State for funding so you are not overly reliant on federal funding.

- The media has become entrenched in only presenting topics that are controversial. Generally the media is not interested in sending out public health messages. We have to find ways to re-package our messages to make them something of interest.
- We are not our own advocates. Public health workers are satisfied with doing the right thing for the right reason but not touting our accomplishments or needs. We must become better advocates for our programs by boasting about our accomplishments and asking for help when needed.

***6. What are the greatest trends in public health that need to be addressed today by leadership regarding society, global economies, public health work force practice, disease prevention, public health ethics, and finance? What trends do you expect will need addressing in the next ten years?***

The relationship between public health and the environment requires more time, energy and money. The link has to become stronger in order to overcome our post position. Public health work force issues and succession planning are critical as our workforce ages and retires. The need for encouraging people become interested in public health professions, particularly nursing is an action item, not for the future, but for now. Other trends to be addressed are emerging infections, the aging of the population and the growing need for mental health services particularly in our youth.

***7. What advice would you give to future public health leaders related to effective decision making?***

Effective public health leaders listen to others before making decisions. Staff and stakeholders must be included in what you are doing because you need their input and support. You are not an island to yourself. You must look at what other States and counties are doing and their lessons learned. It is also important to ask about your options, the pros and cons of each, and to be sure to consider the political aspects. Self education is important because sometimes the information you are provided by others is biased toward the response that is being sought.

***8. What types of technology do you feel will be needed for the advancement of public health?***

Many of the tools that will assist us in improving the health of the public actually have roots in individual health – for example, telemedicine and home monitoring for chronic conditions. We must make better use of computer systems, our ability to manipulate data and do relational data analysis between systems with other agencies.

***9. What affect will adequate resources and funding of public health have on its development in the technology realm?***

We appear to be going backwards or at best standing still. Budgeters and legislators do not have an appreciation for the importance of technology to us, its life span nor our data needs. Funds have not been made available to keep up with state of the art systems and capabilities. Also, with the current fiscal restraints, I do not have hope that this realm will advance any time soon.

***10. Would you share with us the personal philosophy that guides your public health decision making?***

- I believe strongly in doing what is right and not necessarily what is popular or politically correct. Sometimes we have to use alternate resources such as our stakeholders to advance a message when it would not otherwise be heard.
- Have staff or another mentor(s) who you trust in assisting with your decision making.
- Make sure you have the best information you can before making a decision.
- You need a personal ethics system to guide every decision.
- There must be legal resources to assist in your decision making. The legal staff must be enablers who look to find a way to make laws work for you, versus finding barriers.
- If the decision you are making is made with the best interest of the patient or the public in mind, your decision was a solid one.
- I try to structure my efforts and decision making around things that I will be proud of when I am retired and sitting in my rocking chair. But you must also allow yourself to celebrate your successes now.

***Interview with Rick Weldon, President & CEO, United Way of Fredrick County***

***1. What characteristics do you think an effective public health leader should possess?***

- A public health policy leader needs to possess a broad community vision, broad enough to see across traditional political boundaries and the stereotypical obstacles to social change.
- A public health leader should be a listener before everything else. Political leaders fool themselves into believing that they need to be talking more than listening. Sometimes the best idea comes from the most unlikely place.
- Creativity is essential. Most public health policy issues have existed for a long time, cost lots of money to solve, and require controversial solutions to resolve them. A flexible and creative thinker will be able to embrace non-traditional solutions.

***2. From the numerous positions you've held, what tips would you suggest in hindsight for those who may be assuming roles similar to your own?***

Forget politics as a principle motivator. Focus instead on pure policy. Read everything you can find on a subject, but be sure to read articles and publications that you might otherwise ignore or disagree with. Develop a personal information resource network that includes healthcare workforce professionals, patients, insurance carriers, fiscal policy experts, and researchers.

***3. What resources do you generally rely on to learn about trends and statistics in the field of public health?***

- See item 2(a) above. I have a network of people that I regularly communicate that covers many of those areas.
- I read several monthly and annual publications in the field of healthcare, from a variety of perspectives.
- I attend several conferences and seminars each year on a variety of health topics.
- I use web resources like Google alert to track emerging articles on medical research, public health discussions, and major policy advances.

***4. Based on your experiences with public health planning, what role has communication played in ensuring a positive outcome and how?***

It's essential; maybe the single most important aspect of planning and implementing serious policy change is to be able to communicate complex and controversial issues with the largest possible audience.

***5. What are some of the greatest barriers that decision makers and leaders face in addressing public health concerns and what are some ways to overcome them?***

- Budgetary constraints are a major impediment to solving public health issues. Whether federal, county, or local, the cost to address public health place a major burden on budgets. Expanding and encouraging non-profit sector solutions lessens the burden on local government, and allows charitable giving to supplement controversial taxpayer funding. Recent congressional action to reduce the Medicare reimbursement, at the same time doctors were closing practices to

medical assistance patients due to reduced reimbursements, proves a lack of a comprehensive policy strategy.

- Language presents an increasingly difficult barrier to dealing with public health issues. Health needs of a population that lack basic English language competency can go undiagnosed and untreated, threatening the larger community. Community education, both in dealing with health issues but also in exposing the need for understanding cultural and language diversity is very important.

***6. What are the greatest trends in public health that need to be addressed today by leadership regarding society, global economies, public health work force practice, disease prevention, public health ethics, and finance? What trends do you expect will need addressing in the next ten years?***

- Expansion of the healthcare workforce, especially in rural and urban areas, is a critically important issue. Shortages in doctors and nurses threaten the delivery of care.
- Senior or elderly care demand is growing as “Baby Boomer” generation adults reach the age that they require more complex care, at the same time cost controls on Medicare and Medicaid are restricting providers who will accept these same patients.
- Dental health access continues to be a problem, again focused in rural and urban populations.

***7. What advice would you give to future public health leaders related to effective decision making?***

- Always place policy over politics.
- Ask more questions than you provide answers.
- Seek out the widest possible spectrum of thought before you reach a policy conclusion. Always obtain an opinion from someone with whom you strongly disagree.
- Nothing substitutes for an actual visit or tour. You can learn more from people who work in a field by spending time with them where they work than you ever will from reading an article or document.

***8. What types of technology do you feel will be needed for the advancement of public health?***

Essentially, whatever technology the marketplace can bring to the field should be put into practice as soon as possible. Handheld computers, scanners, video technology, and telecommunications technology are all examples of breakthroughs that are impacting public health delivery.

***9. What affect will adequate resources and funding of public health have on its development in the technology realm?***

Clearly, as long as we’re scrambling for dollars to subsidize life-saving pharmaceuticals and specialty care, it’s probably going to be a problem to fund technology enhancements.

***10. Would you share with us the personal philosophy that guides your public health decision making?***

- I can do that best by telling a story: In my first 2 years in the Maryland General Assembly, I opposed any state funding for embryonic stem cell research. In fact, I helped craft the floor debate strategies to defeat the bill. In the summer of 2005, I spent time talking to stem cell researchers, visiting labs conducting the actual research, and talking to people who suffered from diseases that would be targeted by this research. I also met with and read extensive studies and papers in the question of medical ethics and moral concerns related to this controversial research. At the conclusion of my own policy research, I decided that my previous political position was both misguided and short-sighted. In 2006, I was a cosponsor of a bill to allow multiple forms of stem cell research, including embryonic. My extensive research enabled me to counter previous arguments and provided me with technical background and credibility on this topic from opponents and proponents.
- The bottom line is this: A policy maker needs to accept the fundamental principle that they do not possess the keys to all knowledge. There is no shame in seeking diverse and opposing viewpoints, and the result will almost always be a better, more thoughtful, and much more successful overall policy implementation.

## Suggested Reading Materials

**1. Public health is ...**

[Fact Sheet: What is Public Health? \(2007\)](#)

<http://www.whatispublichealth.org/what/index.html>

[http://www.publichealth.arizona.edu/\(X\(1\)S\(ot02yuqthtspxh4533b1cf55\)\)/About/WhatIsPublicHealth.aspx?AspxAutoDetectCookieSupport=1](http://www.publichealth.arizona.edu/(X(1)S(ot02yuqthtspxh4533b1cf55))/About/WhatIsPublicHealth.aspx?AspxAutoDetectCookieSupport=1)

**2. The difference between primary care and public health is ...**

<http://www.asph.org/document.cfm?page=724>

**3. Public health's achievements are...**

<http://www.whatispublichealth.org/impact/achievements.html>

**4. Educational requirements for public health providers are...**

<http://www.whatispublichealth.org/faqs/index.html>

**5. Cost savings of public health...**

<http://www.who.int/choice/en/>

<http://www.thecommunityguide.org/econ/>

**6. What I need to know for my new role as a leader...**

<http://www.businessballs.com/leaderinyou.pdf>

<http://www.heartlandcenters.slu.edu/nln/balderson/lifetime/2005.pdf>

**7. To prepare, analyze and promote budgets & budget requests log onto...**

<http://www.healthpolicyguide.org/default.asp>

**8. The top ten things to avoid as a new leader...**

[http://www.sph.unc.edu/nciph/dr\\_leah\\_devlin\\_dds\\_mph\\_-\\_complete\\_interview.html](http://www.sph.unc.edu/nciph/dr_leah_devlin_dds_mph_-_complete_interview.html)

[http://www.sph.unc.edu/nciph/julie\\_l\\_gerberding\\_md--complete\\_interview\\_2361\\_2437.html](http://www.sph.unc.edu/nciph/julie_l_gerberding_md--complete_interview_2361_2437.html)

**9. To develop public health plans and policies to protect public health...**

<http://talc.phi.org/>

<http://heapro.oxfordjournals.org/cgi/content/full/17/1/89>

**10. The essentials of public health services are...**

<http://www.health.gov/phfunctions/public.htm>

<http://www.phf.org/essential.htm>

<http://www.cdc.gov/od/ocphp/nphpsp/EssentialPHServices.htm>

**11. The current public health funding is...**

<http://hhs.gov/budget/08budget/2008BudgetInBrief.pdf>

## **Tables & Graphs**