

Public Health 101

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EXECUTIVE SUMMARY:

The future of public health will evolve to meet the new challenges as they are identified and confronted. Whether confronting bioterrorism attacks, emerging infections, lifestyle behaviors, disparities in health status, increases in chronic diseases and injury rates, or looming natural disasters, the public health workforce needs to strengthen its educational base to meet these new health challenges now more than ever. We find ourselves in a continually expanding public health arena and in an era of a shrinking economic crisis. The future ability of local health departments to meet the basic community health needs, let alone lift their communities to the highest levels of health possible, will require the public health workforce to, not only, know the expanding role of the public health system; but also, to cross-train to help fill that role to meet community needs. It would be impossible to ensure that each citizen has access to a web of services that promote health, prevent illness and injury, diagnose disease early, provide disease treatment that is efficient and effective, persuade a reluctant public to change behavior, educate the legislature to pass laws that protect and promote health, and encourage scientists to develop and test technologies to prevent illnesses or detect and cure them.¹

INTRODUCTION/BACKGROUND:

The scope of public health work is very broad, addressing issues ranging from motor vehicle safety to childhood immunizations. The language of public health generally describes a set of services and the regulatory authority that supports those services. The organizational focus of public health occurs at the state level, supported primarily by state laws but the operations and governing boards occurs at the local levels where people live in local communities, and it is in those communities that we need to find a way for public health to connect with the people it serves. Although government's presence in public health is an important structural tie, it takes cooperation by each local community to achieve public health.² The accreditation process can be a valuable process for providing performance standards and encouraging their use, promoting continuous quality improvement, and strengthening the science base for practice improvement.

Although this change master project was one brought to KPHLI by a director of a local health department; our team set out to find out as much as we could about the envisioned needs of the directors at several local health departments, our commissioner, and many other public health employees. As we began to gather this knowledge, our scope of work and causal loop grew to staggering proportions. Some of our responses included, “the current module needs to be reworked so it's more understandable and usable by the new employee”, “the current module is not being used because it is too long and not current”, “it needs to prove competencies”, and “it needs to be understood at all levels of employment.” We had to step back and refocus our thoughts by revisiting our original question “Despite our best efforts, why do the public health employees not have the knowledge of all of the components of public health and know how we work together to improve the health and well-being of Kentuckians?” After revisiting our original question, we did some brainstorming and came up with the following to clarify our

question: many employees wanted a “McDonald” (drive through) experience – concise, short, and to the point; others wanted a transcript created as proof of understanding for accreditation; and some wanted a more educated workforce. We decided that we wanted to close the knowledge gap by giving an overview of public health beginning with the past, talking about the present, and looking ahead to the future. We wanted to keep it simple, colorful, and thorough enough to meet most of the criteria requested. We also felt that a Public Health 101 Module should not be specific to any one job classification; therefore it should not address competency. Competency could be addressed in future KPHLI classes or a project undertaken at the university level.

Problem Statement:

Despite our best efforts, why do the public health employees not have the knowledge of all of the components of public health and know how we work together to improve the health and well-being of Kentuckians?

Behavior Over Time Graph:

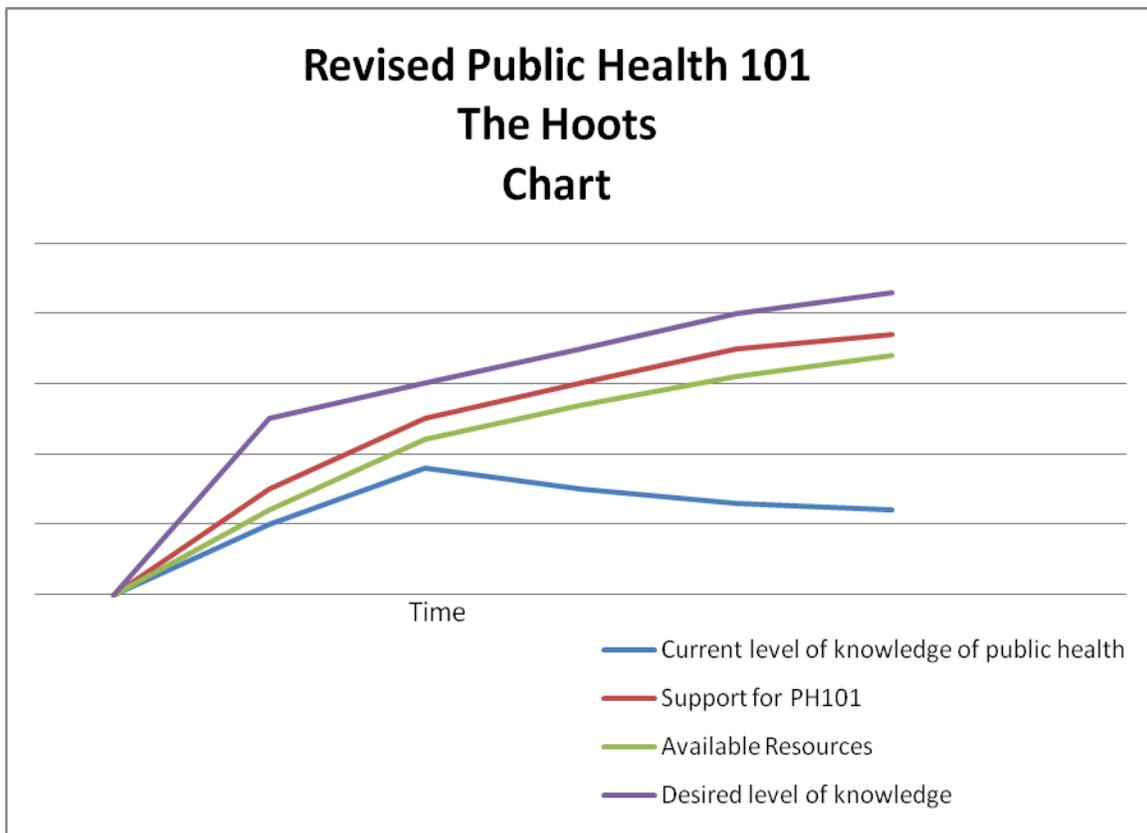


Figure 1: Graphical depiction of change in resources and support to raise the knowledge of public health.

Causal Loop Diagram:

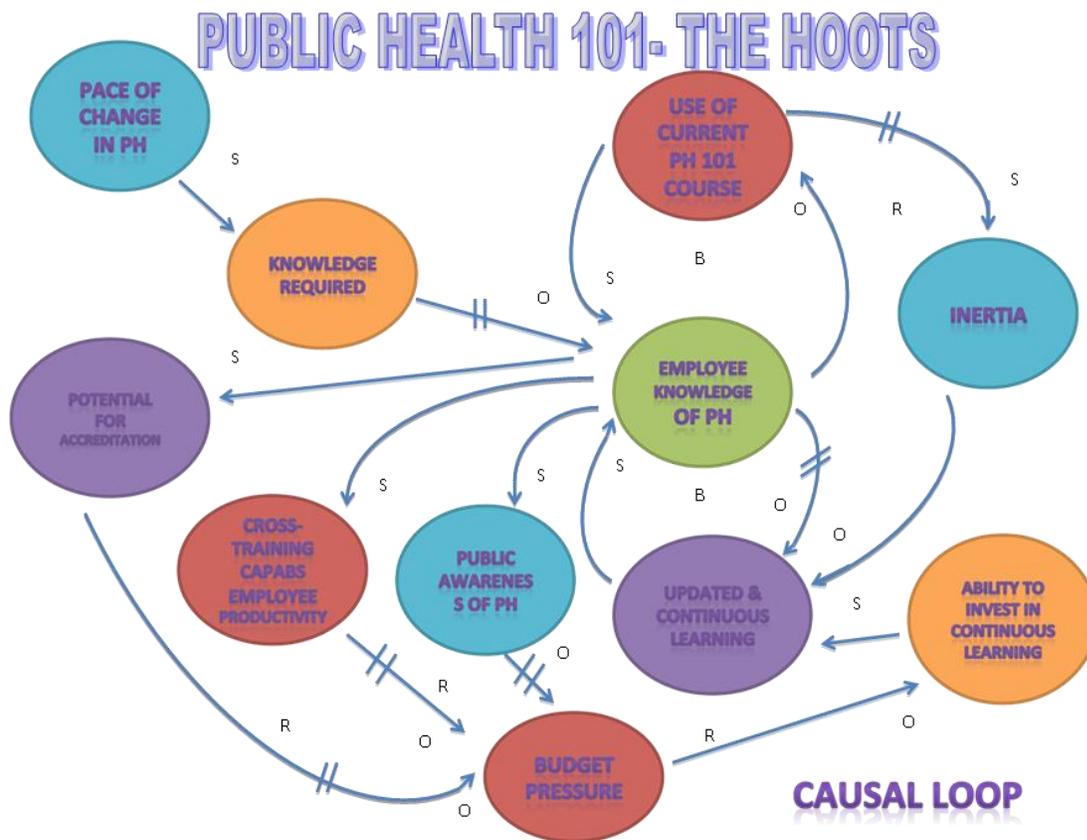


Figure 2: Depicts the relationships between continuous learning, budget constraints and the changing public health environment.

10 Essential Public Health Services/National Goals Supported:

In 1994, the Core Public Health Functions Steering Committee established the framework for the Essential Public Health Services (ESPHS). This Steering Committee represented the US Public Health Service agency and other major public health organizations. These 10 Essential Services describe what public health activities all communities should be performing and provide working definitions detailing the responsibilities of local public health agencies.³ The Hoots felt that this change master project met the following two services:

- EPHS #3 “Inform, Educate and Empower People about Health Issues”
- EPHS #8 “Assure a Competent Public and Personal Health Care Workforce”

Although all 10 Essential Services components are part of the Public Health 101 Module, EPHS #3 and #8 address the goals of this change master project.⁴

Healthy People 2010 defined a set of health objectives for the Nation to achieve over the first decade of the new century to help Public Health develop programs to improve health.⁵

The Healthy People 2010 goal to ensure that Federal, Tribal, State, and local health agencies have the infrastructure to provide Public Health services effectively is also addressed by this project.

- The focus area 23 – Public Health Infrastructure
 - 23-8 Competencies for Public Health workers
 - 23-10 Continuing education and training by Public health Agencies

This Public Health 101 module will help educate and prepare the Public Health workforce to deliver these core Public Health Essential Services and Healthy People 2010 goals.

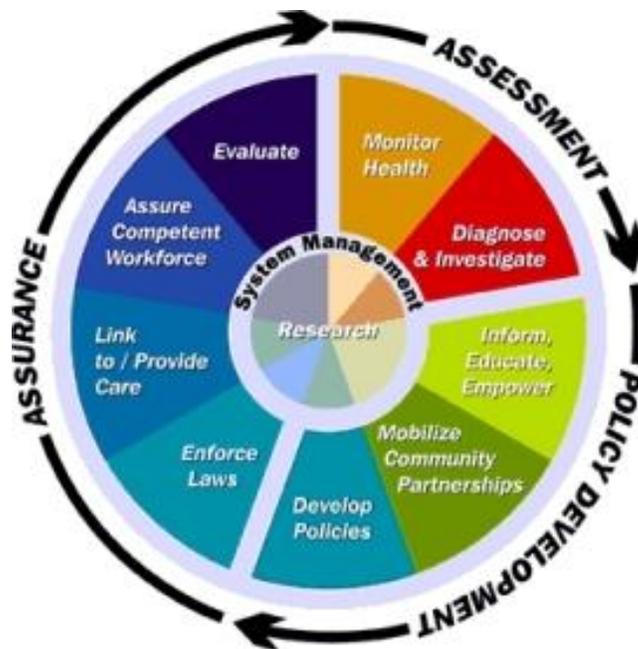


Figure 3: From CDC National Public Health Performance Standards Program

PROJECT OBJECTIVES/DESCRIPTION/DELIVERABLES:

Our original project was to update and publish the orientation/training module (Public Health 101) that is currently located in the TRAIN system. With the changes that are being discussed to enhance our mission statements and the strategic planning for accreditation, we have changed the project to develop an updated Public Health 101 module that can be delivered to the Department for Public Health and modified for final publication after mission statements and strategic planning is complete.

Our project objectives, description and deliverables include the following:

- Develop Public Health 101 Module
 - Past – Covers the history, mission, and vision of Public Health

- Present – The 10 Essential Public Health Services and Healthy People 2010 goals
- Future – The 10 Essential Public Health Services and Healthy People 2010 Mid-decade report and Healthy People 2020 projected goals
- Deliver the Public Health 101 Module to the Department for Public Health/University of Kentucky committee to publish in a training module.

METHODOLOGY:

During our quest for finding the perfect Public Health Module, The Hoots conducted research on various websites and reviewed multiple power point presentations about public health. We were looking for something that would actually have some visual interest along with making the new Public Health 101 Module more interesting and informative to the new employees entering the public health workforce. We soon realized that our best resource came from a combination of many resources. As mentioned before, we talked with local health department directors, new public health employees, the KPHLI team who created the first Public Health Orientation Module, The Commissioner, the accreditation team, and of course our mentor.

We met at Pine Mountain and began work on our casual loop and tried to look at our project as a system thinker. We were naïve system thinkers. We were still thinking about McDonalds – concise, short, and to the point. Well, David led us on a systems thinking conference call that blew our original casual loop up the level of a something that could have been used to solve the World Public Health 101 Module needs. Then we met at Natural Bridge and took a step back out of the systems thinking whirlwind and back to thinking simple, colorful, and thorough enough to meet the criteria emerging from the accreditation process. Our mentor was a great resource, helping us regain our focus. Finally, as we were working on the actual module we realized that what we created would have to be fine-tuned once the new mission and vision statements were written. We called Erin to discuss this with her. Spending the money to create a professionally done module ready for the TRAIN system was not something that we felt would be wise due to the changing “face” of public health. We did not want to just “Shift the Burden”. So the Hoots decided that our final Public Health 101 Module would be a cleaned up version of the Orientation to Public Health Module with some color and clips for interest. We would streamline the history and present the Essential Services and Healthy People 2010 goals; while our future section would acknowledge where we are in Public Health and address the upcoming issues concerning Public Health. We would incorporate the Healthy People 2010 Mid Decade Report and the proposed Healthy People 2020 Goals.

RESULTS:

The Hoots have successfully created the new revised Public Health 101 Module. It is simple, colorful, yet presents a snap shot of who we are as a public health workforce.

Other KPHLI teams could have change master projects that could take our first step in revising the Public Health 101 Module and create other modules to address competencies for the different job classifications within public health. The accreditation process will improve the quality of public health practice, promote continuous quality improvement, and strengthen the science base for public health practice. This module should be used as an orientation for new employee training. As we move forward to become accredited, we will need to document that public health employees have this orientation into public health services. We will also need to have other modules to prove competencies for the job classifications in public health.

CONCLUSIONS:

Public health has taken large hits in the past few years with the retirement of a large percentage of workers and the downturn in the economy. The good news for public health is that the accreditation movement nationally will make additional training opportunities available for new staff members. We also see that the demand for standardizing processes and documenting them will make the training of new employees a simpler task than it has been in the past. This module can be a first step in educating the public health workforce to recognize the interconnectedness of services which can lead to higher appreciation and awareness of the many services offered to Kentuckians. It can strengthen the diverse workforce and the network of partners within state and local public health departments, which can lead to more cohesion among partners, better coordination of activities and resources, and less duplication of services. The “face” of public health is changing and will continue to change; we are challenged to step up to meet this change. This Public Health 101 Module will also have to change to mirror that “face”.

LEADERSHIP DEVELOPMENT OPPORTUNITIES:

Amanda England

KPHLI has been a blessing for me. As a scholar in the KPHLI program, I was excited about learning new information to help me become a better leader for my community. I volunteered for the program and was eager to grow as a leader. I have really enjoyed the experience in that I have gotten to examine my strengths, weaknesses, and abilities. I enjoy learning more about myself and how I can become the best leader I can be for my community. I don't supervise individuals in my agency, but serve as a leader in my community. I lead local community coalitions and saw the KPHLI program as a way to continue that leadership, but on a higher level. I believe that is exactly what I have received from the program. This is not an over-night accomplishment but a continuous process and I am excited to continue this journey. I am thrilled to see what I can do for my community and for myself. Thank you KPHLI!

Katie Gilson

Upon starting KPHLI, my immediate expectation was to learn how to become more of an effective leader in my community. In my job I have the role of leading various coalitions and collaborating with stakeholders. This was something that I had little experience doing because I had spent many years in the academic setting and had minimal work experience in the public health field. This opportunity has given me new light and excitement of what it means to be a true leader. I really enjoyed being able to examine my different personality styles and understanding ways that I can adapt myself to be a better leader. It has been truly rewarding to look back and see all my personal growth over the past year. I now have the confidences and the skills to successfully lead my community. The main concept that I received from this whole experience was to lead by example and I truly feel KPHLI lead by example. Thank you KPHLI for this wonderful opportunity!

Bobbye Gray

During my year in KPHLI, I have been eager to take advantage of the assessment tools and learning resources to become a better public health employee. While causal loops and iceberg views were not my areas of expertise, I have enjoyed studying them and challenging myself to become more of a systems thinker. The books I've read and resources made available through KPHLI have been a tremendous help to me as my world of work changed. This past year our branch and division lost employees necessitating our work assignments expanding; next, I was asked to fill my manager's role temporarily and found myself hiring two new employees in my managers absence; then, I transitioned back into my original job duties; and finally accepted a new job assignment bridging tobacco and COPD and mentoring a UK doctoral student, all while learning to furlough.

Receiving feedback from the 360 Leadership Profile and the Social Style Profile were very liberating experiences. After sharing my social style profile with my co-workers and receiving their feedback, I have been able to really identify with and embrace my analytic style. I feel that this style has brought balance to our KPHLI team.

I look forward to continuing to grow and keep in touch with my team for the rest of my career and even into retirement. One thing that I have learned is that change is a constant "when one door closes, another opens, but we often look so long and so regretfully upon the closed door that we do not see the one that has opened for us." Alexander Graham Bell

Thank you KPHLI for opening this door in my career and helping me embrace change.

Joe Haner

I came into KPHLI kicking and screaming, and I still have some of these emotions for various reasons. Probably because I see so little of the qualities we are striving to learn

and add to our toolboxes for the future within my public health sphere. But the good news of this experience is the fact that during my reading of the book “Primal Leadership” during my Christmas vacation, it gave me time to reflect on what was being discussed in relation to what is going on in my professional career. This and some family issues have lead to a comment my brother uses in his emails to friends and family – Choose Joy. The true enlightening is the fact that things need to change in my professional life for me to better help the agency as a whole and to develop a better leadership role within the health department.

Deborah Mayberry

One advantage that I felt I had going into KPHLI is that I chose to participate in this program. I felt it would challenge me and help me grow as an individual more so than in the Public Health field. I did feel there were advantages to being involved in KPHLI related to Public Health. I came into this with some preconceived ideas about myself and about how people in the Public Health field view what I did. I have been in health education with a local health department for ten years. Over that time, I have had many changes to my job responsibilities, but they have always included making others aware of how to help themselves be healthier. I learned through my 360° Leadership Profile and my Social Style Profile why some things have been easier for me to grasp in doing my job. I feel these have been beneficial to me personally as well as professionally because they have let me realize how my personality interacts with others. When we all get along and use each other’s strengths, then we develop great programs and help to create change. On a personal note, I really had an eye-opening moment when I read one of the books for our book report. I have not only chose to better myself through KPHLI, but have recently chosen to take on a different position in the health department. I really don’t like change; however, through this book, I realized that I could accept change and embrace it. I believe that if we open our eyes to the world around us and strive to keep a positive outlook than any change can be a good change.

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