Challenges to the public health system come from shifting expectations of government, economic cycles, and demographic changes. Public health administrators, charged with the responsibility of both leading and managing their agencies, those who are recognized as having significant management responsibility and influence over programs and hold positions of leadership, must be prepared. The skills needed by administrators were identified using a focus group approach. The critical skills identified include public health values, epidemiology and advocacy, organizational management, cultural competency, coalition building, communications, managing change, strategic thinking and planning, Informatics, and team building. Potential action steps were also identified.

Key words: administrators, public health education, public health systems, workforce

Are public health administrators prepared for the challenges they face? At least one group of leading administrators from state, local, and federal public health agencies think that ongoing training in specific skill areas would better prepare them to be effective in the changing world in which they work.¹

Much has been written about our changing health care system and the resulting challenge presented to the field of public health. Other challenges come from shifting expectations of government, economic cycles, and demographic changes.²,³ At the same time questions have been raised about the preparedness of the currently employed public health workforce to meet these challenges. This is particularly true for public health administrators who are charged with the responsibility of both leading and managing their agencies.

A focus group of public health administrators have described changes in society, in government, and in the practice of public health that were affecting their leadership and management ability. They also identified the skills they thought were necessary for them to be effective. Because this project focused on continuing education needs of the current workforce, the group was not asked to make—nor did it explore—a recommendation regarding entry qualifications or education for public health administrators.

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Method

As part of a larger project on skills needed by the public health workforce, 24 public health administrators were convened for a one-day focus group in February 1998 in Atlanta, Georgia. The invited administrators were identified through organizations representing state and local public health agencies and through personal contact, and they were chosen to represent local, state, and federal levels of government. Of the 22 participants, 11 worked for a state agency, 10 worked for a local agency, and one worked for a federal agency. There was diversity in race, gender, and geographical representation as well as the relative size of the agencies the administrators managed and the length and type of administrative work experience. The participants came to their present positions with a wide range of experience and education, in some cases including graduate preparation in management and public health. The group discussion accepted the likelihood that this mix of preparation would continue into the future.

Reference information including a review of pertinent literature was provided to the group before the meeting date. The most important preparation for the meeting, however, was the experience of being in an administrative position in public health. The group members were aware of their own competencies and those they expected from colleagues and staff. Further, each member was directly involved in trying to respond appropriately to changing expectations from multiple audiences. This experience informed their dialogue, which was rich in experiential evidence to support the answers given to focus group questions.

Group members were asked to draw on their collective experience as front line public health administrators in answering the following questions:
1. What is changing in your environment?
2. What skills are needed to practice today and in the future?
3. What are the barriers to gaining the needed knowledge?

Discussion was recorded on flip charts for group review during the course of the day, and all participants reviewed the meeting report for accuracy before publication. In the course of the discussion, group members first defined a “public health administrator” to clarify the focus of the discussion and then described the knowledge, skills, and abilities important for such a person to be effective. Group members identified necessary competencies and discussed how these worked together to determine the overall success of a public health administrator. They also talked about some of the barriers and incentives that influence the ability of currently employed public health administrators to acquire all the competencies they need to be effective. They also noted some potential strategies for enhancing access to training and for promoting the acquisition of necessary competencies and speculated as to who might be potential contributors to an overall effort of enhancing the competencies of public health administrators.

Who Is a Public Health Administrator?

Public health administrators found it a challenge to define themselves given the diversity of size and scope of federal, state, and local public health agencies. For purposes of this effort, a public health administrator was defined as a senior person within a government public health agency who is recognized as having significant management responsibility and influence over programs and one who holds a position of leadership.

This emphasis on the internal administration of public health agencies was consistent with the capacity references contained in the Blueprint For A Healthy Community: A Guide For Local Health Departments. A partial list of their observations of what public health administrators do is shown in the box titled “What Public Health Administrators Do.” While the list includes many references to internal agency management it clearly demonstrates an awareness of leadership responsibility that is intertwined with the community and the political arena.

Public health administrators found it a challenge to define themselves given the diversity of size and scope of federal, state, and local public health agencies.
What Public Health Administrators Do

- Enable, support, and provide direction to staff.
- Make systems work.
- Motivate the whole organization to do its work.
- Carry out responsibility for the integrity of the health department.
- Act as administrator, coordinator, AND DOER when the staff is small in number.
- Recognize the importance of workforce skills within their health agency.
- Ensure internal administration is done well (quality assurance).
- Devote time externally to policy, mission, and capacity development.
- Serve as an "enabler" with the community.
- Serve as the public health "economic consultant" to a political jurisdiction.
- Serve as an architect for re-engineering public and private resources.
- Envision and think of systems.
- Actualize the vision via policy development and relationships with others.
- Carry out program development and regulatory processes.
- Improve the public's health as chief executive officer, financial officer, operating officer, advocate, and court jester.

The Context for Public Health Administrators

An understanding of the forces that influence their ability to be effective provides guidance in identifying the skills they most need. The box titled "Forces That Influence Administrator Competencies" includes a partial listing of the forces they believe are at work in society, government, and in the discipline of public health: Included in the box are the shift of the health care delivery system to managed care; a growing public expectation of accountability in government services; multiple sources of information to the public including rapid news media reporting and public access to the Internet; recognition of the importance of cultural diversity; a growing public mistrust of government; competition from the private sector for recruiting and retaining a strong workforce, particularly in highly technical disciplines; and the litigious nature of society.

The shift of both public and private health care systems to managed care has changed the revenue sources and service mix of many public health agencies. At the same time, there has been an increased demand for timely and accurate information on the health status of the population. Public health administrators say they intensely feel the demand for accountability from those in public decision-making roles. They expect this will lead to an increase in the use of performance measures for public health agencies.

They also believe there has been a shift in the emphasis and focus of public health agencies toward population-based prevention services. This correlates closely to a heightened awareness of the core functions of public health and complements an increased interest in community collaboration and constituency building.

Identified Skill Needs

One common trait among public health administrators is that they come to their positions by different routes. Many are first hired for entry or mid-level positions because of a specific skill set that was essential to some unit of a public health agency. As programs change or individuals desire advancement, variety, challenge, or for other reasons, they move from more narrowly defined positions to positions requiring a broader public health perspective. The more narrow the initial training, the longer the list of competencies they need to master to effectively address the challenges presented by a changing health care universe.

Participants in this project agreed to the importance of the skills listed for public health administrators in documents like the Blueprint For A Healthy Community: A Guide For Local Health Departments and The Public Health Faculty/Agency Forum: Linking Graduate Education and Practice—Final Report. Based on their personal experiences they discussed the competencies they thought are critical to public health administrators. A partial list of the identified needed skills is shown in the box titled "Critical Skills for Public Health Administrators." These skills received significant attention in the discussion and are thought to be particularly critical. Skills listed include those in public health values: public health practice areas like epidemiology and advo-
Forces That Influence Administrator Competencies

**Forces at work in society**
- The litigious nature of society in the United States.
- Access to "voice," including the coming of age of the electronic news media.
- Multiple sources of information available to the public, including access to the Internet.
- The profit nature of the health industry.
- An appreciation for the importance of cultural diversity.
- A changing sense of morality.
- The impact of the political far right on policy.
- A community is no longer a single entity.
- A mistrust of government.
- A perception that those who work in government are otherwise unemployable.

**Forces at work in government**
- Privatization of functions that have previously been performed by government agencies.
- Awareness of a negative public image, rooted in a mistrust of government.
- Changed labor/management relations, including stronger organized labor influence.
- Lack of a consensus on a bottom line and on priority setting.
- Limited terms of decision makers and the associated limited power of their staff.
- Concern about "legal issues," including personal liability for government decision making.
- Congressional fascination with high technology.
- Push to eliminate duplication or perceived duplication of public programs.
- Importance of local control in the political process.

**Forces at work in the discipline of public health**
- Challenge of maintaining current administrative rules coordinated with changing statutes.
- Enormous numbers of special interest groups aligned with categorical programs.
- Tobacco settlement and associated implications.
- Information is the primary public health product.
- Many people working in public health are not trained in public health.
- Public conclusion about what is public health.
- Competition from the private sector for a strong qualified workforce.
- Insulation from politics is no longer appropriate, but the administrator is now more vulnerable.
- A demand for a business orientation to public health that omits the concept of the "public good."
- Archaic civil service and public budgeting systems are especially difficult to work with when doing community partnerships.
- Paradox between decreasing role in primary care and increasing numbers of uninsured.
- Public health employees are confused about the role of public health.
- Principal means of advancement for public health workers is promotion into management/administrator, even if it isn't what the employee is trained to do, wants to do, or is capable of doing.
- Disaster/emergency management requires major shifts in planned daily activities.
- Public health workers must learn unique government skills, e.g., open meetings, public record, administrative law, etc.
- Major change in the health care delivery system.
- Increasing use of performance measures.
- Collaboration with communities, community health systems, and interface with other agencies requires boundary spanning skills.
- Inconsistent financial sources for public health.
- Environmental health decisions: management is diffused among multiple agencies.
- Access to technology varies, and there is a need to be consistent across health agencies to make data accessible.
- Public health agencies are often in partnership with those providers and health systems they regulate: regulating in partnership with the regulated.
- The organization of public health programs at the federal level is inherently "messy."

...
Critical Skills for Public Health Administrators

• Communications in multiple dimensions such as news media, employees, political bodies, community collaborations, risk communication, and in coordinated ways like image and marketing campaigns.
• Informatics (the use of technology to communicate information effectively).
• Public health practice in basic areas (epidemiology, administrative law, emergency management, assessing determinants of health, etc.).
• Public health values, history, and methods.
• Cultural competency.
• Visioning and strategic thinking.
• External coalition building and mobilization (effective at community relationships and community partnerships).
• Public sector organizational management (including team building, empowering employees, budgeting, personnel, finance, planning, public meetings, etc.).
• Personal assessment and the development of personal growth plans and strategies.
• Negotiation (contract development, labor relations, partnership development, policy development).
• Systems thinking, including systems analysis and development.
• Change management.
• Quality assurance (total quality management/continuous quality improvement).
• Decision making during public health emergencies.

formation in the box is incomplete, but provides a good starting point for identifying potentially significant gaps between needed competencies and those actually possessed by public health administrators, as identified through either a personal or an organizational needs assessment. One complication (or new opportunity) in identifying personal competency needs is the group’s stated belief that one important administrative skill is the ability of an administrator to draw on the strength of a public health agency’s organizational competencies to fill gaps in the administrator’s personal competencies.

Barriers and Incentives

Public health administrators recognize that acquiring necessary competencies is not always easy. There must be some perceived value or incentive to be gained for the effort to be deemed worthy. The box titled “Barriers and Incentives to Acquiring Competencies” contains a list of barriers and incentives that public health administrators believed most often determined whether they pursued and successfully acquired or strengthened competencies.

It is probably not surprising that scheduling time for training was identified as a significant barrier by health administrators. Locating a convenient source of training that matched the administrator’s personal need was also listed. Another concern cited was a lack of recognition for achieving an additional measure of preparedness or the effort of fitting training

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<th>Barriers</th>
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<td>• Very limited time to devote to continuing education.</td>
<td>• Credibility with peers.</td>
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<td>• Financial hardship and/or lack of agency financial resources.</td>
<td>• Peer recognition.</td>
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<td>• Access to training is limited or not available.</td>
<td>• Skill development linked to improved effectiveness.</td>
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<tr>
<td>• Career path limited and training value questionable.</td>
<td>• Recognition that enhanced skills result in leader’s vision translated to the organization.</td>
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<tr>
<td>• No perceived advantage to organization.</td>
<td>• Self-realization of the value of enhanced skills.</td>
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<td>• Change in effectiveness may not be desired by those in power.</td>
<td>• Pride in personal growth.</td>
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<td>• No recognition for the additional effort.</td>
<td>• Skills linked to career path progress.</td>
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<td>• Political risk (qualifications, time, cost, etc., potential political issues).</td>
<td>• Superior may feel threatened.</td>
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<td>• Fear of exposing ignorance and/or personal shortcomings.</td>
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into the work week while still delivering on the regular duties of the job.

It was also suggested that given the high achievement traits of senior level administrators some might be reluctant to risk exposing potential individual shortcomings by signing up to learn skills they believe they should already have acquired. For others, additional training may simply not be perceived as offering a significant advantage to their effectiveness, career opportunities, or their tenure as a public health administrator.

Surprisingly, public health administrators said that in some work settings there were risks to administrators who sought additional training. Too much attention to the need for training could give political foes another basis for criticism of these public servants who are already all too likely to become political casualties. As senior executives they must be sensitive to the amount of time devoted to nonhealth topics and could be challenged on whether time and money is being wasted on nonessential activity. Participants also identified the possibility that their superiors may feel threatened when public health administrators are seen as acquiring skills that offer an internal competitive advantage in the organizational and political structure in which they function.

Given these difficulties, it is important to identify the incentives that can motivate public health administrators to acquire the necessary competencies. Whereas incentives vary with individual values and circumstances, those included are ones the administrators thought served to motivate some individuals. The incentives include factors like credibility with peers, peer recognition, satisfaction of professional accomplishment, the expectation of more successful management experiences, and actually experiencing the successful use of learned skills.

### Strategies for Change

Building on the discussion of incentives and barriers some ideas were shared on how to strengthen incentives and promote the development of competencies. Suggestions were shared that varied from establishing a strong credentialing system to ensuring that course content was carefully matched to the individual needs of the learner. Public health administrators thought more attention was needed to developing some sort of credential system for public health administrators. Such a system could complement incentives by helping administrators to gain peer recognition, achieve credibility, develop skills linked to job responsibilities, enhance career opportunities, and provide another opportunity for meaningful accomplishment.

They described some of the components to consider for a successful competency building program that presumably would apply to a credentialing system. The components included designing a program open to people with a variety of disciplinary backgrounds, careful attention to the selection/entrance requirements, an internship or practice, a peer counselor/advisor, and content carefully matched to the learner’s needs. The box titled “Strategies To Promote Training for Administrators” identifies some of the strategies the public health administrators discussed. The strategies include ideas such as linking training to compensation or to career advancement. Given the variety of federal, state, and local personnel systems and the political nature of public health administration these ideas are likely to be difficult to achieve. However, other strategies seem to be within reach.

Many groups are actively promoting stronger workforce development training for public health professionals. Several current efforts may provide

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<td>• Establish a credentialing system for public health administrators.</td>
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<td>• Convene existing groups interested in workforce development to resolve funding, curriculum development, course delivery, and other issues.</td>
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<td>• Promote linking training to compensation and career advancement.</td>
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<td>• Encourage regional leadership institutes to participate in management training.</td>
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<td>• Finance management development from mixed sources.</td>
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<td>• Make existing training opportunities and training materials more accessible.</td>
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<tr>
<td>• Promote better understanding of the role of public health administrators through standing columns in journal publications of the role of public health administrators.</td>
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mechanisms to take into practice the ideas generated from this focus group activity. These efforts include the Centers for Disease Control and Prevention’s (CDC) strategic plan for public health workforce education currently under development. The partnership of CDC with state and local public health agencies to develop performance standards for public health systems that cannot become reality without strong leadership and management at all levels, and the Health Resources and Services Administration’s continuing effort to support development of the public health workforce. The inclusion of workforce objectives within the public health infrastructure chapter of Healthy People 2010 is also a strong impetus to change.

The Public Health Leadership Society, the association of alumni of the national Public Health Leadership Institute (many of whom are public health administrators), has taken an interest in workforce development and may provide some ongoing attention to the administrators’ needs.

Generic workforce improvement will certainly strengthen public health administrators. However, these documented observations and recommendations of current leaders in public health administration indicate that individual attention will have to be paid to those in positions of responsibility for leadership and management. The content proposed includes much of what is needed by all public health professionals, but includes some areas particular to the management and leadership responsibilities of administrators. The fact that these individuals are not pushed to training by such things as the arrival of new laboratory equipment or identification of a new organism means that the needed education must be purposefully planned. Removing the barriers and fostering the incentives described here are a beginning step in the process.

REFERENCES