Develop collaborative practices, says head of Miami-Dade County Health Department

When you ask Dr. Lillian Rivera, administrator of the Miami-Dade County (Fla.) Health Department, what the keys to public health leadership are, her answer is swift and sure: Passion, love for the community you serve, and continuous learning.

Colleagues validate that passion and love of community. “Her work is truly a calling. She has dedicated her entire career to improving the health status of our community and mentoring others,” says Nancy Humbert, vice president of strategic business planning and public affairs for Miami Children’s Hospital.

Rivera’s position includes the oversight and supervision of public health programs throughout the county of 2.5 million people. Over the past several years, she has reorganized the operation of the health department following the Malcolm Baldrige model of performance excellence. Baldrige, U.S. secretary of commerce from 1981 to 1987, was a proponent of quality management as a key to prosperity and long-term strength.

His managerial excellence contributed to a key to prosperity and long-term strength. “With nearly 1,000 employees, we had to explain the value of this goal of transforming our organization and sell our employees on the process,” says Rivera, a registered nurse and graduate of the UNC School of Public Health’s National Public Health Leadership Institute (see page 7).

The focus on quality worked. Since its reorganization, the Miami-Dade health department has won the Florida Governor’s Sterling Award for Performance Excellence twice.

“Lillian’s unwavering commitment to drive and implement a performance excellence model throughout the Miami-Dade County Health Department resulted in marked and sustained improvement in key performance measures across the board,” says JoAnne Knoesen, director of the Office of Organizational Development and Public Health Nursing in the Miami-Dade health department. “She has the unique ability to strategically bring all levels of key stakeholders and customer groups together to develop collaborative partnerships and initiatives in an effort to improve and resolve public health issues.”

Rivera, a native of Puerto Rico, believes in helping her staff find training opportunities. She has sent Miami-Dade health department teams to attend the School’s Management Academy for Public Health, a nine-month executive education program of the North Carolina Institute for Public Health (see page 7).

“I believe that collaborative practices need to be developed and sustained by leadership,” she says. “Continuous learning and advancing the performance of our organizations is essential for viability and sustainability.”

– BY BEV HOLT

Building partnerships to stop disease

Dr. Victor Cáceres is a lot of things: board-certified clinician, researcher, and a field epidemiologist who has investigated disease outbreaks. His friend and colleague, Dr. Augusto Lopez, says, “Victor’s participation always opens doors instead of closing them.”

A captain in the Commissioned Corps of the U.S. Public Health Service, Cáceres serves as team leader for the Centers for Disease Control’s Field Epidemiology Training Program (FETP) in Central America, which trains epidemiologists to investigate disease outbreaks and promote public health in six countries.

Cáceres, who received his medical degree from the UNC School of Medicine and his master’s in maternal and child health from the UNC School of Public Health, is reluctant to call himself a leader, but likes the concept of servant leadership. “I like that attitude of a leader as a person developing others to help them become leaders themselves,” he says.

That’s just what Cáceres does in his work with the FETP. The effort began as one regional training program managed by

Dr. Victor Cáceres poses for a photograph with his wife, Susan, and son, Nicholas. Cáceres is a team leader for the Centers for Disease Control’s Field Epidemiology Training Program in Central America, which trains epidemiologists to investigate disease outbreaks and promote public health in six countries. He earned his master’s in maternal and child health from UNC.
Dr. Augusto Lopez, a medical epidemiologist and public health expert, has devoted his life to understanding diseases, particularly those that affect communities globally. His work at the Centers for Disease Control (CDC) and in partnership with universities, including UNC-Chapel Hill, has enabled him to apply his team-building approach to eradicate polio, a global health challenge.

Lopez understands the importance of public health leadership and the role of epidemiologists in shaping the future of global health. His contributions have been recognized with a $3 million gift to the School of Public Health in 2003 to establish the UNC-GSK Center for Excellence in Pharmacoepidemiology and Public Health (see page 60).

Dr. Alice White was instrumental in GSK’s $3 million gift to the School of Public Health in 2003 to establish the UNC-GSK Center for Excellence in Pharmacoepidemiology and Public Health (see page 60).

Dr. Victor Cáceres gives an oral polio vaccine to a young girl in the Dominican Republic as part of a response to an outbreak of polio in that country in 2000.

As the world becomes more of a global community, it’s the relationship building that we do in our work that will enable the countries to form teams in responding to a major pandemic.

It doesn’t hurt that Cáceres knows Central America well; his parents emigrated from Honduras two months before he was born. He visited there often as a child and still has extended family there.

Cáceres also knows what it’s like for epidemiologists learning to work in the field. From 1995 to 1997, he served as a member of the CDC’s Epidemic Intelligence Service, the core of which is travel to Guatemala to find the source of an outbreak and talking with farmers who were understandably skeptical.

In addition, over several years, Cáceres applied his team-building approach to eradicating polio. “He has contributed greatly to eradication by taking leadership in the research area,” says Roland Sutter, director of research and product development for polio eradication at the World Health Organization.

Sutter points to Cáceres’ perseverance and diplomacy in implementing a study of inactivated polio vaccine (IPV) in Cuba. Unlike other developing countries, Cuba had eradicated polio and doesn’t routinely give the oral vaccine, which is made of an attenuated live virus. That made Cuba a perfect testing ground to find out if the alternative, IPV, will really be effective once polio is eradicated and the oral vaccine phased out.

“We were able to show the IPV worked in the polio-free environment,” Cáceres says. The Cuba IPV study was published in 2007 in the New England Journal of Medicine.

For Cáceres, the partnerships he forms in every aspect of his work aren’t just about whomever is in charge, and continually builds bridges between the CDC, the FETP offices in each country, and the ministries of health in Central America.

Cáceres brings his ability to see issues from many different perspectives to his job. “There’s no doubt that the CDC is a leader in epidemiology and public health, but we also have a lot to learn from the other countries,” Cáceres says. “There’s a lot of give-and-take and back-and-forth, constant interaction and problem-solving.”

Assessing what happens in the real world, epidemiologists provide compass for pharmaceutical research

Before pharmaceutical companies decide where to focus research, they want to know what the unmet needs are. They want to know about the diseases — and the patients — they hope to treat.

That’s where pharmaceutical epidemiologists like Dr. Alice White come in. White, who has a doctorate in epidemiology from Carolina’s School of Public Health, is vice president of Worldwide Epidemiology at GlaxoSmithKline (GSK). She leads a team of about 70 GSK epidemiologists and data analysts in North Carolina, Pennsylvania, London, Brazil, Japan and Singapore.

“My department is about diseases, not drugs,” she says. “We help the company and industry understand diseases at the population level. When they’re making decisions about drug discovery and development, they need to know who the patients are and how the disease is affecting them.”

She didn’t start off planning to be a scholar with global executive responsibilities. In fact, White left college and moved with her husband to Pinehurst, N.C., to raise horses. But by 1977, she found herself a single mother working as a secretary. She was challenged financially but not intellectually. Determined to improve her situation, she applied to UNC and moved to Carrboro to complete work on her bachelor’s degree in psychology. Later, she enrolled in the School of Public Health to study epidemiology and became an assistant professor after graduation.

In 1990, she joined Burroughs Wellcome (now GSK), focusing on the epidemiology of HIV infection. Today, White and other GSK epidemiologists assess the spread and characteristics of HIV infection.

“We start there, studying the disease in the real world,” she says, “but epidemiologists are now involved in so many levels of the process.”

Once, the primary role of pharmaceutical epidemiologists was to assess how medicines were being used after they were out in the market, she says.

Clinical trials measure use in a very controlled population, but once medicines are available in the “real world,” epidemiologists track how they are used, by whom and with what results, she explains. “Epidemiologists apply methods to the data available and look at the risks associated with use of the drug,” she adds. “It goes deeper and broader than what you learn just from spontaneous (side effect) reports.”

This role is still critical, but the role of epidemiologists is expanding, she says. While GSK and other major pharmaceutical companies are downsizing, her department has expanded from 20 people in 2000 to 75 now.

“The biggest challenge we’re facing today,” she says, “is the appropriate use of patient data. So much is available now, with electronic medical records and other computer-based ways of collecting data. But we have to look at quality control and standardized approaches to make sense of the data—to make it really meaningful.”

White was instrumental in GSK’s $3 million gift to the School of Public Health in 2003 to establish the UNC-GSK Center for Excellence in Pharmacoepidemiology and Public Health (see page 60).

“The key is understanding diseases,” she says. “Epidemiology is about populations — about public health — much more than just about medicines. If it is a foundation GSK recognizes is critical to the process.”

— By Angelica Spivey

— By Ramona Dubose

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