

venture requires the creation of a shared vision.¹ The initial phase of partnership development involves selecting partners, setting the stage, and designing a governance model.² In the case of the creation of the Management Academy for Public Health, partner selection and the setting of the stage occurred as a result of a shared commitment among leaders from the Robert Wood Johnson Foundation, the W. K. Kellogg Foundation, the Health Resources and Services Administration (HRSA), and the Centers for Disease Control and Prevention (CDC) to enhance the management skills of the public health workforce.

To establish an effective governance structure, the partners had to address challenges related to very different organizational structures, institutional priorities, and processes for getting things done in the respective organizations.³ The personal relationships that developed between the collaborators were central to maintaining an ongoing commitment to the shared vision and to creating a modest level of “peer pressure.”

● Key Milestones and Critical Success Factors

Understanding the need

The collaborators shared a set of assumptions, formed by a range of experiences, about need and approaches to addressing the need. The landmark 1988 Institute of Medicine report, *The Future of the Public's Health*,⁴ presented evidence that governmental public health capacity needed to be strengthened to meet the challenges facing the nation. The Turning Point initiative, a national program jointly funded by the Robert Wood Johnson and W.K. Kellogg Foundations had been created⁵ with the goal of transforming and strengthening the U.S. public health system by supporting collaborative partnerships between public health departments and other public and private groups. We had also been involved in programs in the area of public health leadership development, including the National Public Health Leadership Institute, a CDC-supported program for developing senior public health professionals.⁶ From these and other experiences, the collaborators concluded that a significant need existed to provide systematic training in management for those responsible for managing public health programs.

To test assumptions about the need for management training, a study was commissioned, using focus groups involving over 200 public health managers, to identify requisite management knowledge and skills of tomorrow's public health managers. The strategic and technical management skills identified as essential by the focus group participants largely supported the findings of earlier studies about the strengths and

weaknesses and perceived needs of the public health infrastructure⁴ and consisted of (1) management of people, (2) management of information, and (3) management of financial resources. By developing a clear understanding of the need for management training in public health, the collaborators were able to develop a strong justification for commitment of resources and a firm basis for solicitation of proposals to create the Management Academy. The fundamental need identified by this process was that governmental public health managers should learn business management skills in order to better administer their agencies over the short and long terms.

Creating a program vision and establishing expectations

After delineating the need, the group identified indicators needed to measure collaboration and began to establish a general structure and expectations for a program intended to address the need.

The term *Academy* was chosen to signify a rigorous educational experience. The collaborators decided that a partnership between a school of public health and a business school would be required, since each could provide resources the other lacked. The collaborators agreed that a large number of middle-level and senior managers would be necessary to transform the practice of public health, and a target of 600 trainees was chosen for the initial 3-year funding period.

Securing funding and pooling resources

The next phase of collaborative development of the Management Academy involved securing funds, pooling resources, and developing a method for “speaking with one voice.” The four funding partners enlisted the CDC Foundation to facilitate both resource management and communications. The CDC Foundation had been created in 1995 to make possible the very type of private-public partnership we were attempting, and its leadership was essential to realizing the Academy vision (see the Web site www.cdcfoundation.org).

Each of the four partners went through a different internal process to secure approval for the initial funding level of \$4 million. The two foundations required board approval. The two federal agencies were able to identify funds on the basis of the priority attached to the program and the partnership. Complex arrangements were developed to manage the flow of funds from the four funding partners, through the CDC Foundation, to the ultimate program implementer. Without creative and dedicated management, and mutual respect for the perspectives of each partner, the Management Academy would never have become a reality.

Soliciting proposals and selecting program developers

The request for applications to establish and operate the Management Academy for Public Health was issued in 1998, 5 years after the inception of the collaboration. The request described a “program that can be sustained in the long-term and that can be replicated nationally” and was specific about program elements (ie, curriculum, length, and number of participants). Finally, the proposal was designed to fund a pilot program in four states, North Carolina, South Carolina, Virginia, and Georgia, chosen because they were the site of early Turning Point initiatives.⁵

The successful proposal from the University of North Carolina at Chapel Hill fulfilled the program requirements and added program elements, such as business plan development and a requirement that managers attend the program as teams rather than as individuals.

Monitoring progress, evaluating impact

After the program developer was identified, the role of the program sponsors evolved to include providing oversight, monitoring progress, and evaluating impact. As in any collaboration of this type, a major challenge relates to ensuring that program implementation remains consistent with the original vision for the program.³ In the case of the Management Academy, the collaborators played an active oversight role with the invaluable assistance of a senior consultant from the CDC Foundation, who served to integrate viewpoints and communicate them to program staff. This ongoing oversight resulted in a deepening appreciation by the funders of the value of the Management Academy and reaffirmed the original sense of need and opportunity for the program.

The sponsors also commissioned an independent evaluation,⁸ which revealed that the initial investment leveraged an additional \$6 million in funding for programs developed through Management Academy participants’ business plans. This documented return on investment is unprecedented in our experience in public health practice. Beyond the monetary measures, the evaluation found clear improvement in the management competency of Management Academy participants, the functioning of participating teams, and creation of new programs and systems at the local and state levels, which will be sustained over time. Furthermore, the Management Academy has spawned other programs (eg, the Emerging Leaders in Public Health program; see the Web site www.publichealthleaders.org) and triggered a sustainable commitment to life-long learning among individual graduates (many have gone on to participate in other educational programs at UNC and elsewhere).

● Lessons Learned

Research has identified certain key factors that differentiate cooperation, coordination, and collaboration (Table 1). These attributes form a “collaboration continuum”⁷ characterizing different types of interest between groups and individuals. The collaboration to establish the Management Academy demonstrated many of the features of successful collaborations, such as double and pervasive relationships, creating new organizational structures, well-defined communications, risk taking, jointly securing resources, and jointly celebrating successes.

By any measure, the Management Academy for Public Health has been an extraordinary success. Beyond the money raised by the business plans created by its graduates, the continuing popularity of the program,

TABLE 1 ● The collaboration continuum

Cooperation	Coordination	Collaboration
Shorter-term	More formal relationships	Durable and pervasive relationships
Informal	Understanding of missions	Separate organizations into new structure with full commitment to a common mission
No clearly defined mission, structure, or planning effort	Longer-term interaction around a specific effort	Comprehensive planning and well-defined communication
Information sharing about subject at hand only	Some planning and division of roles	Structure determines authority
Independent authority	Opens channels of communication	Greater risk
Separate resources	Separate authority, but increased risk	Power is an issue
	Power may be an issue	Partners jointly secure resources and share rewards
	Resources made available	
	Rewards are shared	

Adapted from The Lewin Group.^{7(p21)}

which continues unabated even though now scholars or their organizations have to pay full tuition to attend, testifies to its accomplishment. Program leaders are moving to make the program national in scope. The program has gone well beyond initial development to become a fixture in the field of management training.

Many difficulties are inherent in forming strategic alliances between foundations, including the competitive impulse, the need to satisfy different missions and answer to different constituents, and the cumbersome logistics of organizing a collaboration. Those difficulties are even more challenging when governmental agencies, with their own fiscal and political restraints and priorities, are added to the mix. In this case, as noted above, the relationship between representatives of the four funders, the CDC Foundation, and the program staff over nearly a decade was the most critical success factor. As the project evolved, individual members of the team changed, but a shared spirit continued, which fostered ongoing commitment to the partnership and the program. At key points along the way, the initiative would not have succeeded without creative managerial action—indeed, the very subject matter of the program itself—to overcome seemingly insurmountable obstacles to execution of the vision. We celebrated the start of the Management Academy and continue to celebrate as the program has progressed well beyond the

vision shared by the founding partners over a decade ago.

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