

The UNC Management Academy for Public Health: How the UNC School of Public Health and the Kenan-Flagler Business School Created a Winning Partnership

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The University of North Carolina Management Academy for Public Health is a unique training program that combines a business education with a public health focus, to enhance the performance of individual public health managers and improve organizational strength throughout governmental public health. This article considers the implications of decisions made in creating this program, which, after initial funding through the Centers for Disease Control and Prevention Foundation, is now self-sustaining through participant fees. It details the principles behind the program's design, curriculum, evaluation, and sustainability strategies; presents results of the ongoing partnership; and draws conclusions about the program's future ability to meet a national need for public health management training.

KEY WORDS: management development, partnership, public health, training

In 1998, the Management Academy for Public Health went from being a workforce development idea to a new and unique training program for public health managers. This article considers the partnership between the University of North Carolina (UNC) School of Public Health and the Kenan-Flagler Business School that made this program possible, and reviews the implications of collaborative decisions made by the program planners in creating, implementing, and sustaining this cross-school program.

● Background and Context

In October 1998, the Centers for Disease Control and Prevention (CDC) Foundation issued a Request for Proposals (RFP) for the design and launch of a Management Academy for Public Health. The RFP called for a program to train 600 mid- and senior-level state and local public health managers in Georgia, North Carolina, South Carolina, and Virginia during the 4-year demonstration period. The program's main goals were to (1) increase the management capacity of public health staff in the four states in order to (2) improve the effectiveness and efficiency of state and local public health departments through a program that will (3) become operationally and financially sustainable over the long term. Significantly, the RFP required that applicants demonstrate a partnership between an organization that "provides management development and training programs" (most likely a school of business) and an accredited institution offering the master of public health degree. The "sponsors" hoped this national demonstration project would demonstrate significant

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results among the program participants and their organizations, create a sustainable program, and create a model curriculum that would be replicable nationally.

The partnership requirement reflected the composition of the collaborative sponsors' group, represented by the CDC Foundation but made up of the W.K. Kellogg Foundation, the R.W. Johnson Foundation, the CDC, and the Health Resources and Services Administration; responded to themes raised by the needs assessment of the public health workforce conducted by these sponsors when they wrote the RFP; and recognized a change in public health practice toward collaborative methods and the need for models and training for such methods.¹⁻⁸

● **University of North Carolina at Chapel Hill's Response to the RFP**

When the RFP was issued, faculty from the UNC School of Public Health and the Kenan-Flagler Business School at the University of North Carolina at Chapel Hill (UNC) had little experience working together. Few students participated in joint degree programs, only one faculty member had a joint appointment, and no joint research projects existed. But the deans of the two schools, both new to UNC, had publicly committed to building connections between public health and business. The RFP for the Management Academy provided the opportunity. Two senior-level faculty members—one from the UNC School of Public Health and the other from the Kenan-Flagler Business School—volunteered to lead the design and delivery of the Management Academy.

The two UNC schools had complementary skill sets and similar values. Kenan-Flagler had a strong track record in delivering large, customized nondegree executive education programs. Their customers were primarily nonhealthcare business clients but did include the senior leadership program for Kaiser Permanente and a large management program for the Postal Service. Kenan-Flagler had also developed a knowledge base and courses for “sustainable enterprise,” now the most popular concentration in the master of business administration program.

The UNC School of Public Health had strong experience in healthcare and public health and in continuing education. The school offered a top-ranked master of health administration degree in both a residential and an executive format and offered the nation's only doctorate in public health leadership. The school delivered the Southeast Public Health Leadership Institute, a customized executive education program, and had a strong distance education program. The school's commitment

to continuing education dates back to the founding of the school in 1940.

Commitments of the deans and the size of the grant—\$2.8 million—created interest on the part of both faculties to respond to the RFP. The complementary skills in executive education and values around sustainable enterprise of the two schools provided a foundation. So, with no previous experience working together and with only 2 months to respond to the RFP, about a dozen faculty members from the two schools began to design the program.

Multischool academic-practice partnership

The UNC proposal drew on the strengths of the two partners to respond to the RFP and expand on it in key ways. Four key characteristics underlined the program design: training in teams, action learning in the form of a business plan assignment, individual development planning and individual assessment, and a curriculum thread introducing civic entrepreneurship.⁹ These four characteristics drew upon experience and expertise from both partner schools doing custom executive education in management and public health.

The UNC School of Public Health and the Kenan-Flagler School of Business were, of course, the primary partners creating the Management Academy, but these academic partners both recognized the importance of partnering with public health leaders at the state and local levels who knew the needs of the people who managed their organizations. Before the proposal was submitted, 10 public health leaders from the four states targeted in the RFP were interviewed regarding the feasibility of the UNC proposal. These public health leaders provided feedback on the basis of the draft curriculum. First, the public health leaders indicated that, in order to be successful, Management Academy faculty had to apply general management concepts to public health settings through activities and discussions around contemporary issues. In essence, the management training must be context specific. They applauded the use of a public health business plan to structure the participants' application of management concepts to the local context. However, the public health leaders encouraged faculty to clearly define the type of public health business project desired and to give program participants specific examples of business plans.

Second, the leaders agreed that teams would have a greater impact on their organizations than individuals would. They also pointed out an unanticipated benefit of team training: it promised to help them address the chronic problem of management turnover. By training multiple participants from an organization, the Management Academy could build depth in the region's state and local departments of public health so that

expertise was not lost when one individual resigned or retired.

This feedback helped further refine and expand the proposal. In February 1999, UNC was awarded the grant to launch the 4-year Management Academy for Public Health demonstration project.

Marketing and participant selection

Drawing on marketing expertise from both partnering entities, the partners undertook an aggressive marketing campaign that included a Web site, brochures, and the extensive engagement of high-ranking state health department officials to recruit in each of the four target states.

In year 1, local health department directors and senior managers from the four states were targeted for program participation, in hopes of creating a cadre of influential advocates who would play an instrumental role in recruiting subsequent cohorts of participants. State coordinators from each of the four target states—at the deputy director level—provided critical help with recruiting and selecting teams with the potential to translate training into organizational change. Nearly 300 managers had applied for the program by June 1, 1999.

● **Instructional Design**

Faculty from the UNC School of Public Health and the Kenan-Flagler Business School developed course content in cross-school teams of two. The first year, faculty would teach the course together. In subsequent years, faculty would teach individually but would draw upon the jointly designed content and course materials. This method of initially working together and subsequently teaching separately would assure that course content reflected contemporary business learning and fit solidly in the public health context, while the program built capacity to allow each course to be taught to multiple cohorts each year. In practice, the program has run as many as four parallel cohorts in a 9-month period.

Participants successfully completing the program would be awarded a Certificate of Advanced Study from the UNC Management Academy for Public Health. Program staff worked with UNC administration to award graduate credit for the Management Academy, both to support program sustainability and to give graduates additional incentive to pursue degree programs and other learning opportunities.

Evaluation

Starting in year 2, the internal program evaluation was advised by a cross-school committee. The UNC School

of Public Health evaluators and management staff benefited from consulting and oversight from a committee that included senior faculty in the business school with strong experience evaluating executive education programs. The same process was repeated for the external evaluation; the CDC Foundation convened an evaluation committee including representatives from both UNC schools, external experts, state public health partners, and a representative of the funders to advise and review the external evaluation of the program, conducted by The Lewin Group.

Program leadership from both schools stressed the importance of internal evaluation results and used them to drive quality improvement efforts. During the 4-year pilot, the CDC Foundation and the four program sponsors remained engaged in the evaluation process and results, offering strategic suggestions for evaluation and program adjustments. CDC Foundation staff in particular provided important guidance in shaping the evaluation agenda for the internal evaluation by UNC and the external evaluation by The Lewin Group to improve the program and insure sustainability.

Sustainability

A central goal of the sponsors was that the program be sustainable after the pilot phase. The first year of the program, the Management Academy was provided to participants free of charge and included a travel stipend. To test sustainability, the travel stipend was eliminated after year 1; demand remained strong. Successful recruiting indicated that the needs assessment was accurate, and showed the extent to which the curriculum fulfilled that need. However, sustainability presented a challenge for this target population. With the relatively sparse budgets of the local health departments, the local agencies were not expected to be able to fully fund participation in the Management Academy after the grant funding ended. The grant funding set a high standard of \$4,600 per trainee (\$2.8 million for 600 trainees). The collaboration between the schools and the subject matter of the program provided additional pressure to plan for sustainability. After spending 4 years teaching about sustainability and partnership, none of the principals wanted to see the program close at the end of the grant cycle.

● **Results**

The Management Academy of Public Health is now in its 7th year of operation. As of spring 2006, almost 850 public health managers from eight states have completed the program. The following presents results of the initial collaboration in building the framework for

broader partnership and sustaining the Management Academy program.

Partnership

The initial collaboration between the UNC School of Public Health and the Kenan-Flagler Business School to design and deliver the Management Academy for Public Health has since grown into a solid partnership that includes several other customized executive education programs. The schools have partnered on eight subsequent customized executive education programs, many of which use the Management Academy curriculum model. Most notably, the two schools partnered to offer the National Public Health Leadership Institute (an action-learning-based team program sponsored by the CDC) and the Emerging Leaders in Public Health Fellowship (funded by the W.K. Kellogg Foundation). Among the lessons learned is that multiorganizational partnerships can improve teaching: the National Public Health Leadership Institute, for instance, includes as a partner the Center for Creative Leadership, a nonprofit group based in North Carolina that provides world-class assessment and training to leaders.

The program's external evaluator, The Lewin Group, assessed the collaboration between the schools of business and public health through 26 interviews with university administration and faculty, state government program marketing representatives, and the program's sponsors at the close of the pilot program. All of the stakeholders interviewed rated this partnership as highly successful, moving smoothly and rapidly through the stages of initiation, organizing and acting, and achieving and improving.¹⁰⁻¹³ The partners initially got together because of the grant requirement, but have stayed together because the collaboration works.

The partners found early consensus about the goals and methods of the program due to the clarity and specificity of the RFP, and due to the common perspectives held between the partners on the appropriate roles of business and entrepreneurial models in public health management training. Conflict was relatively superficial, pertaining only to a few details about faculty or teaching methods, rather than fundamental and pertaining to power relationships, goals and methods, or resource allocation.

The partnership also succeeded in part because partner roles were clear. Jim Johnson at the Kenan Institute added the program to his portfolio of programs around sustainable enterprise in the Urban Investment Strategies Center. Dr Johnson focused his effort on providing strategic advice, marshalling the best faculty from the business school, helping to create and staff the coaching function, and evaluating outcomes. He trusted UNC School of Public Health staff to take the lead on day-to-day operations.

The external evaluation found that several other factors furthered the collaboration's success. First, the long-term strategic vision by the two deans to pursue opportunities for collaboration, and the persistent visible support for the effort by both, helped garner participation by senior faculty and resources for rapid development and continued implementation. This vision reflected the shared values of the two schools. The business school had faculty members who specialize in social entrepreneurship—especially Dr Johnson, the business school project lead and expert on civic entrepreneurship—while the public health school had strong business-oriented faculty members in the Department of Health Policy and Administration, such as Dr Porter, then the UNC Associate Dean for Executive Education and currently Chief Operating Officer at the Dana-Farber Cancer Institute.

High-quality faculty collaboration contributed as well. The program attracted talented teachers from both schools to develop and teach courses together, thanks to adequate funding, dean and departmental support, and strong historic emphasis on quality of instruction and case methods for advanced learners, particularly in the business school. Dean-level commitment helped remove administrative barriers to equitable faculty payment across schools.

Stakeholders thought that all parties “won” from this partnership. Business faculty members found that the program exposed them to the public health sector, enhanced their school's internal and external reputation, demonstrated their intent and desire to address societal welfare, and laid a foundation for future collaboration with the UNC School of Public Health. For the public health faculty, the Management Academy provided expanded opportunities to teach, and to coteach with very experienced colleagues in the business school; the program also enhanced the school's regional and national reputation, gained new students in various programs through cross-marketing, and fostered other new programs with the business school. Learners, for their part, benefited from taking high-quality customized courses, learning both business and public health perspectives, earning course credit, opening pathways to additional learning opportunities, and increasing their credibility and value in the workplace. Individual improvement benefits the organizations that send teams; in addition, many teams go on to implement business plans that generate start-up grants and fees for their organizations.¹⁴

Sustainability

From a programmatic standpoint, the most important outcome of this national demonstration project is that the program is sustaining itself financially. Since the grant ended, more than 250 public health managers

have paid to attend the Management Academy. Since year 5, the Management Academy has been offered to participants from around the United States for \$4,500 per person (tuition, room, and board). Funding from the CDC enabled UNC to offer partial scholarships to selected participants for years 5 through 7; however, no participant paid less than \$1,500 to attend.

Two key external factors were central to this sustainability. First, the sponsors correctly predicted the strong and deep demand for management training. Second, the availability of preparedness dollars for training helped state and local governments fund teams for “dual use” training such as the Management Academy. Internal factors, such as the strength of the partnership and the good evaluation that informed the process and detailed the impact of the program, played key roles as well.

● Critical Success Factors

The Management Academy collaboration has proven to be very positive for these two schools, highlighting areas of shared concern and expertise and pointing the way toward exciting new opportunities. Several factors appear to have been critical in the formation and success of the collaboration between two schools that in some ways are very different. These factors suggest the potential for cross-school collaboration in public health training in other locations.

Sponsor framework

A key success factor for this partnership was the initial design by the group of four sponsors (the CDC and the Health Resources and Services Administration from the government sector, and both the Robert Wood Johnson and Kellogg Foundations). The sponsors did extensive and accurate needs assessment, made the program goals clear, and, most important, required collaboration in the request for proposals. They wisely selected the CDC Foundation to administer the program—greatly simplifying the program’s reporting and communication lines—and invested a sizeable portion of their money in internal and external evaluation.

Leadership and role clarity

Commitment at the dean level at UNC cleared the path for success at the beginning; commitment to shared entrepreneurial leadership across the two schools resulted in a well-designed program that achieved its goals and improved over 7 years. Roles were clear, the fundamental design was sound, and the team moved quickly and

built on early successes. A well-resourced and thoughtful evaluation plan provided objective criteria for ongoing quality improvement decisions, and helped drive longer term sustainability by demonstrating impact.

People

Both schools identified the right people for the task, from the leadership level to program staff, to faculty and coaches. Both schools had large capacity, long history, and deep commitment in executive education. Program leaders built on these factors to quickly establish trust in each other, and then worked consciously to develop trust across staff, faculty, and coaches at the two schools. People factors are central.

The Management Academy preaches the benefits of collaboration to public health managers, and reinforces the message by encouraging teams to include community partners. Our own partnership demonstrates that multisector partnerships hold great potential promise: public health and business values and approaches have important and instructive similarities within the academic world, and the Management Academy works to bring practitioners into that shared space. Academic and public health leaders alike can achieve impressive results by working at the intersections between organizations that superficially seem very different.

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