

Commentary

Synergies Between Public Health and Management

David G. Altman

Scientists and practitioners view the world through their own disciplinary and experiential lenses, a function of our systems of education and training and of our culture. There are advantages to bringing deep disciplinary expertise to solving a problem; however, the resulting restricted view, often categorized disparagingly as working in a “silo,” begets regular calls for cross-boundary and interdependent world views, methods, and interventions. In recent years, for example, the National Institutes of Health has issued requests for proposals for transdisciplinary research.¹

In the creativity and innovation literature, there is evidence that new ideas are generated by individuals and teams who connect ideas and people across a broad range of diverse domains. Research by Andrew Hargadon finds that “innovation isn’t a process of thinking outside of the box so much as one of thinking in boxes that others haven’t seen before.”^{2(p13)} To achieve breakthroughs, Hargadon encouraged “recombinant invention”^{2(p31)} and the building of new communities around the recombination of ideas. He quotes Einstein, who wrote in 1945 that “combinatory play seems to be the essential feature in productive thought.”^{2(p77)} Similarly, Bateson wrote that “. . . the most creative thinking occurs at the meeting places of disciplines. At the center of any tradition, it is easy to become blind to alternatives. At the edges, where lines are blurred, it is easier to imagine that the world might be different.”^{3(p73)} Finally, Gyskiewicz suggested that “positive turbulence,” or embracing activities and perspectives that create divergent thinking, leads to subsequent, idea generation, creativity, and problem solving.⁴

This special issue on the UNC Management Academy for Public Health brings attention to such cross-boundary applications. One cannot be anything but impressed with the collaboration between the UNC School of Public Health and the Kenan-Flagler Business

School and their other partners in sponsoring the Management Academy. The willingness of the leaders of these two schools to cross their own boundaries in service of a greater mission is commendable and rare.

If you believe the stereotypes of public health and business, you would predict that this relationship would be akin to mixing oil and water. Public health professionals work on issues that affect the very survival and quality of global life.⁵ Whether the issue is sanitation, hunger, communicable disease prevention, or chronic disease management, public health researchers and practitioners will be at the forefront of the cause. Public health professionals recognize that it is often necessary to fight “the good fight” against those who make money through means that can be antithetical to good health (eg, selling cigarettes), and their advances are often the result of overcoming embedded structural and political obstacles to change.^{6,7} Among some business-oriented professionals, public health professionals are often viewed as idealistic, insensitive to business concerns, and overly bureaucratic.

On the other hand, the stereotype of business schools and the MBAs they produce is that they embody corporate corruption, unethical behavior, and the relentless pursuit of the almighty dollar, behaviors against which some public health professionals focus their advocacy. This stereotype belies the growing movement in the private sector toward corporate social responsibility,^{8,9} the triple bottom line of economic, environmental and social performance,¹⁰ and social entrepreneurship.¹¹

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Moreover, the private sector provides jobs to many people and brings much needed business savvy to pressing social, economic, and political issues. A special issue of *Health Education & Behavior* that was published in June 2005 on “public health advocacy to change corporate behavior” elucidates different world views held by health and business leaders^{12,13} as well as the stereotyped views they have of each other.

The UNC Management Academy for Public Health has the potential to bring the best of both worlds to the table, and ultimately to improve individual and collective health through cost-effective and efficient intervention models. So, how does this model work?

● Approach to Leadership

Although the program explicitly trains managers, not leaders per se, the directors of the Management Academy promulgate a perspective on leadership development appropriate to their goals of improving operations in public health organizations. The writings of Center for Creative Leadership Senior Fellow Bill Drath are relevant to the approach underlying the Management Academy’s perspective on leadership development.^{14,15} He writes that leadership development refers both to the development of individual leaders and to the development of “the process of leadership” within organizations (ie, the practice and culture that make good leadership possible within a group).^{15(p6)}

The Management Academy takes a combination of approaches that promote both leader and leadership culture development. With respect to leader development, the Management Academy uses multirater assessment and development planning tools with competencies identified a priori. This fits squarely within best practice models of individual leader development.¹⁶ By including the development of action-learning teams to the curriculum, the Management Academy attempts to bridge the gap between individual development and leadership culture development. The incorporation of action learning, or learning by doing combined with critical reflection,¹⁵ increases the likelihood that the Management Academy would go beyond more traditional leader development initiatives. By doing so, they have advanced the field of leadership development within public health.

● Development of Business Plans

The Management Academy recruits action-learning teams comprising three to six managers largely from participating local public health departments and some

state agencies. Teams are encouraged to include a partner from outside of governmental public health. These teams produce a concrete and sustainable business plan that they are expected to attempt to implement after the program is completed. This approach is innovative. Following from the precepts underlying the Management Academy’s approach, the teams might be more effective if they included more members from the private sector, including entrepreneurs. Business leaders, more than public health leaders, are adept with such concepts as business cases, proof of concept, return on investment, balance sheets, and top/bottom line.

By marrying financially driven business plans with values-driven health interventions, sound and sustainable interventions are more likely to be developed. In practice, however, the evaluation data indicate that only 54 percent of teams reported post-Management Academy implementation of their business plans (with only 22% reporting full implementation), and 46 percent reported postponement or abandonment of their plans. Given that these teams had minimal experience with the development and implementation of business plans, the fact that half were still actively engaged with their plans post-Management Academy is impressive. Even so, there is clearly a need to improve upon the intervention to increase the capabilities of teams to implement sound business plans as routine practice. It is also important to deeply understand the barriers to implementing business planning in public health contexts.

● Funding Model, Sustainability, and Evaluation

It remains to be seen whether the Management Academy’s largely fee-for-service funding model that grew out of the initial third party funding model is sustainable. There is clearly strong demand for programs of this type and for the UNC program in particular; few other organizations are in a position to meet this need. Although the evaluation team of the Management Academy intervention included a variety of methods employed by internal and external evaluators to gauge participants’ outcomes, we do not know enough about the longer term effects of the Management Academy experience, either on the individuals and teams who participated or on the organizations and communities who were recipients of the individual and team efforts. We also do not know whether the Management Academy equipped participants with greater capacity and competence to design and implement efforts that were not explicitly part of the Management Academy experience. Thus, whether the entrepreneurial spirit

that the Management Academy tried to instill will in fact gain traction and help build a more diversified, long-term funding base for public health is an important question that remains unanswered. Moreover, in the absence of a comparison group, which theoretically could be drawn from a waiting list (eg, using a delayed treatment design) or from matched teams/organizations that received a different intervention or no intervention at all, it is difficult to conclude definitively that the Management Academy experience produced outcomes that would not have happened otherwise.

● Systems Perspectives

The Management Academy curriculum touches upon systems science, but this topic is not covered in depth. A special issue on “systems thinking” that appeared in the March 2006 *American Journal of Public Health* reflects the growing interest in systems perspectives within the field of public health.¹⁷⁻²⁰ Some of the most notable scholars in systems thinking come from fields outside of public health and the social sciences, including business, computer science, engineering, and operations research. The incorporation of systems theory into the Institute’s curriculum could provide deeper links between public health and business scholars and practitioners,¹⁷⁻²⁰ and perhaps lead to more efficacious interventions and more viable long-term sustainability. Likewise, the Management Academy could expand the impact of its action-learning teams by helping members see and experience the important distinction between technical and adaptive solutions (ie, between solutions within a system and solutions that change a system and/or require working outside of the status quo).²¹

This special issue highlights a public health intervention that effectively merges the principles and practices of public health and of business. It illustrates that innovation exists across the disciplinary divide for those bold enough to bridge the gap between public health and management.

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