

Commentary

Business Practice: A Key to Effective Public Health Practice

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Until the last 10 years, business language and modeling were an enigma to public health practice. In the early to mid-1990s, it became obvious that results needed to be demonstrated in a tangible, concrete, and quantifiable manner in order for public health to compete for dollars and answer the skepticism around governmental spending. The paucity of evidence-based research and information existing today to support public health efforts attests to this late start toward acquiring a business acumen and approach to this work.

Nashville's Metro Public Health Department (MPHD) has learned this lesson. The business models addressed in the Management Academy for Public Health program ring true as guiding principles for our operations. Public health has plenty of human interest stories. With the application of business models, these stories get transformed into *compelling* stories about broad-based, long-term change in the health of individuals, communities, and populations.

At the MPHD, 545 health department employees provide services in the areas of Communicable Disease Control and Prevention, Environmental Health, Epidemiology, Research, and Response; Health Equality; Community Health Promotion; Clinical; and Family, Youth and Infant Health for the people of Nashville and Davidson County, Tennessee. For every MPHD activity, we talk about *demand, efficiency, family, key* and *output* measures; we know our *unit cost*; think through a *logic model*; and are realistic about what results REALLY relate to the effort put forth by the department—individually, by division, and by each line of business. One hundred percent of the measures are certified, and performance evaluations are tied to the goals. Enhanced usage, understanding, analysis, and displaying of data inform all work units' interventions, strategies, and thinking. All this strengthens and changes the communication with new and old partners because the distance

between the business sector and the public is greatly minimized, and the effectiveness of partnering is made stronger.

MPHD's early adoption of business practices and modes of thinking has kept us on the cutting edge of public health practice. Our transformation began in 1995 with the department's first attempt at strategic planning. By 2002, we changed our terminology to reflect our new form of thinking. Over the span of the years, staff throughout the department have come to understand the various and, in some cases, limited sources that fund our initiatives. They appreciate the importance of our strategic planning processes and know how to make a business case for programming. We are long past the point where not having governmental funding cripples us or causes us to stall on a strategic move or influence. For example, when positions become vacant, we re-examine the need and reallocate the positions to those activities that are in the plan. The engagement of community partners resulted in the public understanding the significance of the department to the extent that proposed cuts in our funding in the Mayor's budget in 1998 were rejected by Council because of community advocacy. The department's budget has increased from an average \$26 million to \$50 million over a span of 11 years because of enhanced management capabilities and an improved ability to make the business case for initiatives that today are continuing to make a huge difference and have infrastructure for building for the future.

Environmental forecasting is the focus of discussions as fiscal budgets are approached. Our traditional bureaus are now "Lines of Business"; our

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operational line item entries are business units arranged to correlate with the strategic plan; our cultural understanding is “we all own our business” as opposed to the business being the sole responsibility of the Director, Executive Managers, or the Board of Health. We understand our market. Our language has been transformed by recognizing that as a public health agency, we have “products”—many are worthy of marketing and capable of *generating revenue*. This business language and understanding help us diversify our funding and create a commodity that the private sector can value. An internal monitoring team assures the performance integrity and success of our system by working with each unit to assure measures are valid, sources of data are sound, and the unit is on target to reach its goals. This team reports on these assurances for the department’s review.

In 1998, as the competencies for successful public health operations in the new millennium were being articulated, the department developed a mechanism by which we could assure that each staff member had these competencies. That mechanism is Lentz University—named after the MPHD administration building. MPHD staff developed the curriculum and are the faculty for the university, which has grown from a simple orientation 100 series to a community scholars 500 series. Incorporating university partners has al-

lowed us to access a range of curricula through electronic means.

Protecting and promoting the health of the public is a convening vision and rightly is the purview of everyone, mainly because of the complexity of maintaining health and the numerous determinants of unhealthiness. The issues are at once economical, geographical, demographical, ethical, physical, social, and environmental. Health should be thought of as the “preferred state of being”; and getting there is not so much by discipline-specific competencies but by cross-discipline savvy that restructures, redirects, and challenges the management, financing, and practice of public health.

Our new normal is promoting, preventing, protecting, preparing, responding, and restoring. To do this requires a complement of skills beyond the traditional disciplines. The management of people, data, and money is espoused as the central core curriculum of the Management Academy for Public Health and is an appropriate vehicle to facilitate a transformation. While some of the field may have already embarked “up” the road incorporating business into the practice of public health, many have not. Having these skills addressed in a deliberate manner, as through the academy, will advance the practice and get us all to a better place. For me, there is no choice, given what we have to do, but to get better at this *business*.