



# GLOBAL HEALTH LEADERSHIP FORUM

*Meeting Health Challenges through Leadership and Collaboration*

NOVEMBER 1-5, 2010

Center for Global Health



# Ensuring Adequate Numbers of Managers

**Kaye Bender, PhD, RN, FAAN**

President and CEO, Public Health Accreditation Board

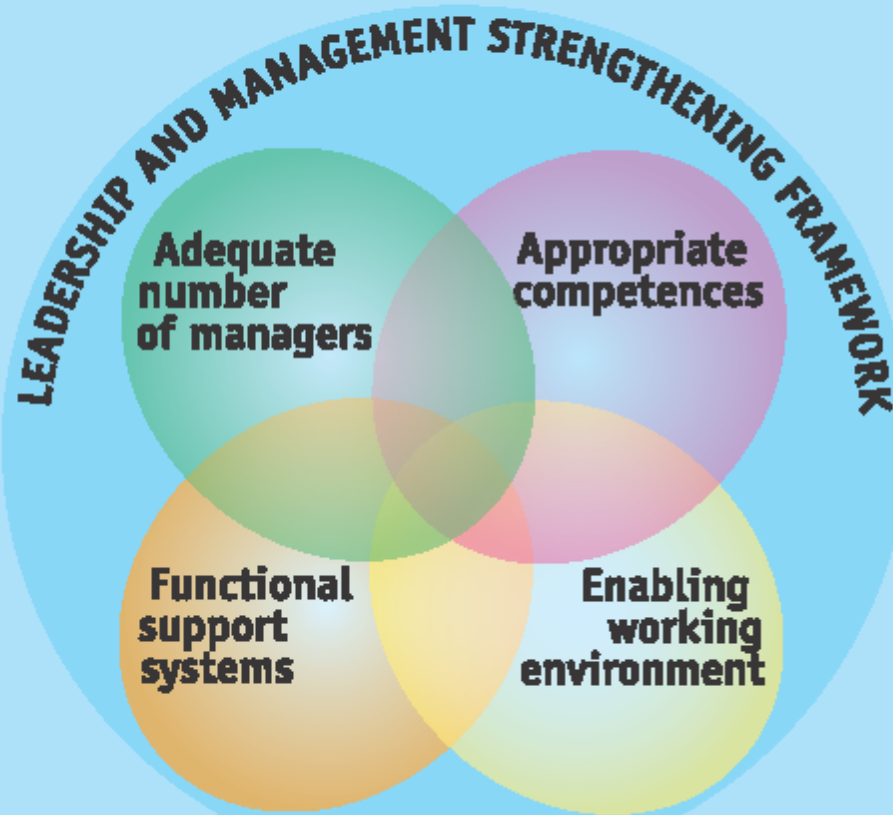
November 3, 2010

Global Health Leadership Forum

Workforce and Collaboration

# LEADERSHIP & MANAGEMENT IN HEALTH SYSTEMS

OVERALL ACTIONS TO STRENGTHEN HEALTH SYSTEMS



Improved health services and sector goals e.g. MDGs

# Areas for Discussion

- ❑ **Number and Distribution of Managers**
- ❑ **Managers Competencies**
- ❑ **Management Support System**
- ❑ **Working Environment**

# Numbers and Distribution in the United States

## EXHIBIT 1

### Full-Time-Equivalent (FTE) Health Workers For U.S. Federal, State, And Local Governmental Health Agencies, 1994–2004

Year	Federal health FTEs	State health FTEs	Local health FTEs	State plus local FTEs	Total FTEs <sup>a</sup>
1994	126,292	157,962	202,734	360,694	486,986
1995	125,048	160,031	208,588	368,619	493,667
1997	119,921	162,605	214,824	377,429	497,350
1998	119,846	166,930	219,655	386,585	506,431
1999	121,033	169,213	223,999	393,212	514,245
2000	120,362	172,678	236,496	409,174	529,536
2001	122,999	172,414	251,399	423,813	546,812
2002	124,979	176,345	252,326	428,671	553,650
2003	124,828	176,868	253,888	430,756	555,584
2004	127,933	174,301	249,857	424,128	552,061

**SOURCE:** U.S. Bureau of the Census, "Federal, State, and Local Governments, Public Employment and Payroll Data," <http://www.census.gov/govs/www/apes.html> (accessed 12 April 2006).

<sup>a</sup> Federal plus state plus local.

# Average Change in the Public Health Workforce in the United States 1980-2004

## EXHIBIT 2

### Average Annual Change In The Number Of Public Health Workers, Selected Sources And Years, 1980-2004

Time period	Average annual change
1980 <sup>a</sup> -2000 <sup>b</sup>	6,000
1994-1999 <sup>c</sup>	5,400
2000-2003 <sup>c</sup>	8,700
2003-2004 <sup>c</sup>	-3,000

**SOURCES:** See below.

<sup>a</sup> Health Resources and Services Administration, *Public Health Personnel in the United States, 1980: Second Report to Congress* (Washington: HRSA, 1982).

<sup>b</sup> HRSA, *The Public Health Workforce Enumeration 2000* (Washington: HRSA, 2000).

<sup>c</sup> U.S. Bureau of the Census, "Federal, State, and Local Governments, Public Employment and Payroll Data," <http://www.census.gov/govs/www/apes.html> (accessed 12 April 2006).

# STRATEGIES FOR ENUMERATING THE PUBLIC HEALTH WORKFORCE

- ❑ **Important to define who you are counting**
- ❑ **Establish or clarify data sources**
- ❑ **Clearly establish the role of enumeration**
  - Planning
  - Forecasting
  - Evaluating
- ❑ **Establish a frequency in counting**
- ❑ **Set boundaries**

**IT'S NOT JUST ABOUT COUNTING, THOUGH, AS  
IMPORTANT AS THAT IS**





# **MANAGER COMPETENCIES**

# WHO Managers Competencies

Communications

Knowing and Managing  
Yourself

Producing Results

Moving Forward in a Changing  
Environment

Fostering Integration and  
Teamwork

Respecting and Promoting  
Individual and Cultural  
Differences

Setting an Example

Creating an Empowering and  
Motivating Environment

Ensuring Effective Use of  
Resources

Building Partnerships



World Health  
Organization

<http://www.who.int/management/general/overall/en/index.html>

# **MANAGEMENT (AGENCY) SUPPORT SYSTEM**

# Accreditation Standards and Measures

## Part A

### Administrative Capacity and Governance

## Part B

1. Conduct assessment activities focused on population health status and health issues facing the community
2. Investigate health problems and environmental public health hazards to protect the community
3. Inform and educate about public health issues and functions
4. Engage with the community to identify and solve health problems
5. Develop public health policies and plans
6. Enforce public health laws and regulations
7. Promote strategies to improve access to healthcare services
- 8. Maintain a competent public health workforce**
9. Evaluate and continuously improve processes, programs, and interventions
10. Contribute to and apply the evidence base of public health

# Maintain a Competent Workforce

# **Leading Through Applied Management Principles (LAMP)**

**University of MS Medical Center  
Jackson, MS**

**Targets potential managers among staff  
Introduces them to management content  
Provides support for them to excel  
Determines their potential throughout**



# Public Health Management Academy University of North Carolina Chapel Hill, NC

Improve Skills

Work in Small Groups

Transfer Training to the  
Workplace

Build teams

Provide context



# **WORKING ENVIRONMENT**

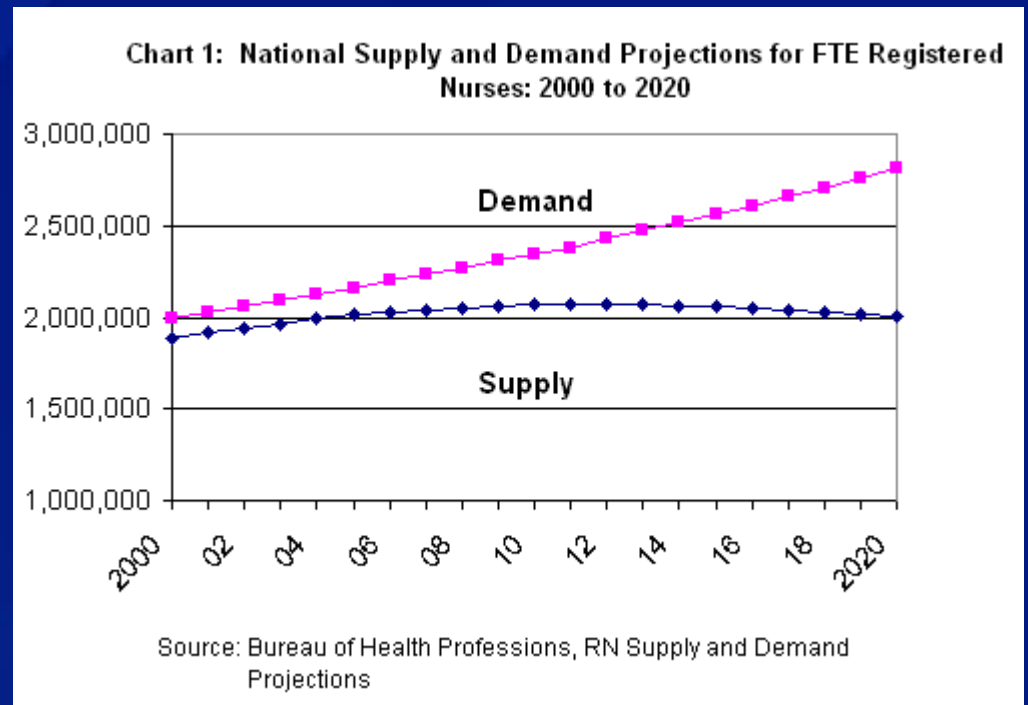


# CASE STUDY FROM NURSING IN THE US

Concerns about shortages

Concerns about image

Concerns about the pipeline for education



# Regulatory/ Policy Implications

- Pressure to examine the work environment
- Pressure to loosen regulatory standards
- Interest in increasing pipeline opportunities
- Shifts in available jobs

# Patient Care Implications

- Patient safety concerns
- Quality of care issues
- Population-focused activities
- Fiscal impact

# Nursing Workforce Shortage Themes

- Health Care Economics
- Inadequate Workforce Planning
- Workforce Development
- Concern for the Public's Health

Source: Bleisch, Hewlett, et. al., April 2003

# Nursing Workforce Shortage Institutional Themes

- Supply of Nurses
- Demand for Services
- Work Environment
- Leadership

Bleich, Hewlett, et. al., April 2003

# Gap Analysis of Nursing Workforce Problem: Are There Solutions?

Bleisch, Hewlett, et. al., April 2003

<b>Problem Themes</b>	<b>Solution Themes</b>
Supply	Supply
Demand	GAP
Health care economics	GAP
Workforce planning	GAP
Work environment	Work environment

# Gap Analysis of Nursing Workforce Problem: Are There Solutions?

Bleisch, Hewlett, et. al., April 2003

<b>Problem Themes</b>	<b>Solution Themes</b>
Leadership	Leadership
Workforce development	Workforce development
GAP	Technology
GAP	Research and data support

# Nursing Education Barriers Identification Survey

- Student Responses for Top Four Barriers
  - **Financial Support**
  - **Family issues**
  - **Balancing family, children, and school**
  - **Unable to work and attend school**

Source: MS Office of Nursing Workforce, May 2003



# Nursing Education Barriers Identification Survey

- Faculty Response to the Top Four Barriers
  - Working too much while in school
  - Too many other commitments
  - Cost of education
  - Child Care

Source: MS Office of Nursing Workforce, May 2003

# Recommendations

- Exploration of student work issues
- Study the impact of barrier related support system on graduation rates
- Study the impact of providing financial counseling on graduation rates

# Recommendations

- Study impact of student participation in mentorship program
- Replicate the study with other healthcare disciplines to determine similarities
- Education/service disparity of new graduates

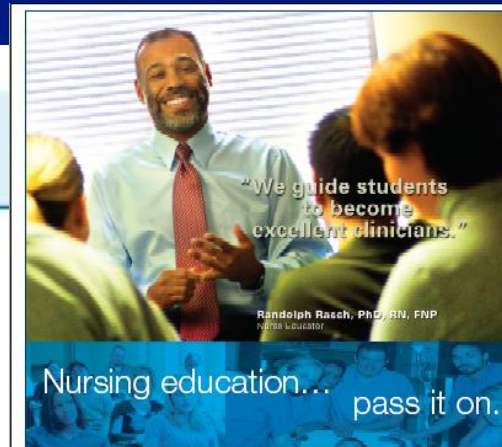
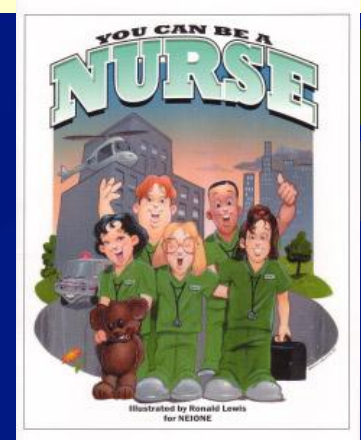
# Innovative Solutions and Strategies



- National Imperatives
- Institutional Imperatives
- Individual Nursing Imperatives
- Collaborative Imperatives

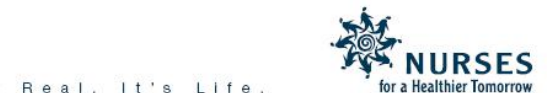
# National Campaign

- Service - Academic Partnerships
- Nursing Student Recruitment
- Nurse Educator Recruitment



I teach my students to evaluate what they need to provide excellent patient care, access current knowledge so that care is cutting edge, and make a larger contribution to the health and welfare of the public. Mentoring is my passion. By sharing my story of nursing firsts, I am able to demonstrate how individuals from a variety of backgrounds can succeed. Want to learn more about the career advantages of nursing education? Visit us at: [www.nursesource.org](http://www.nursesource.org)

Discover  
**Nursing**



# THANK YOU!

**For more information please contact Centers for Disease Control and Prevention**

1600 Clifton Road NE, Atlanta, GA 30333

Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov) Web: [www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Center for Global Health

Place Descriptor Here

