



Management Education in Public Health: Further Considerations

Comment on “Management Matters: A Leverage Point for Health Systems Strengthening in Global Health”

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Abstract

Knowing and applying the basic management functions of planning, organizing, staffing, directing, and controlling, as well as their permutations and combinations, are vital to effective delivery of public health services. Presently, graduate programs that prepare public health professionals neither emphasize teaching management theory, nor its application. This deficit puts those who become managers in public health and those they serve at a distinct disadvantage. This deficit can be remedied by enhanced teaching of management subjects.

Keywords: Management, Values, Politicization, Utilitarianism, Continuing Education

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The thoughtful, well-written editorial, “Management matters: a leverage point for health systems strengthening in global health,” by Bradley et al,¹ makes an important contribution by drawing attention to the need to improve management education for public health professionals. Justified or not, public health has a reputation as being managed less-than-effectively. The editorial defines health services administration as “planning, organization, administration, management, evaluation and policy analysis of health and public health programs.” In terms of a skills set, special emphasis should be given to problem solving and learning to apply a methodology that causes managers to think rationally and use a fact-based decision process.² The editorial makes a distinction between management and leadership: “Although closely related, we distinguish management from leadership, which we view as a process of engaging with others to achieve group objectives.” This distinction between administration and management is not as helpful as it might be. The editorial’s emphasis is almost exclusively on management skills; that will be the focus here. In terms of preparing those who would be managers and to lead and become leaders, it may, however, be a distinction without a difference. Regrettably, lack of data prevents analysis of the academic preparation of managers in public health. Management skills can be self-taught and learned on the job, but such trial and error approaches are not the best way to learn, primarily because what is learned lacks the theoretical construct that gives meaning to experience. To quote the management theorist and quality improvement guru, W. Edwards Deming: “Knowledge comes from theory.”³ Bradley et al,¹ focus on managing health services organizations (HSOs), even though a great deal of public health is to manage

programs. Education in public health should be robust and generic enough to include managing all types of activities, including management of programs, which is defined here as activities that do not themselves deliver services, but for which there is oversight of services delivered. The skills are similar, despite some differences in emphasis. For example, absence of line management responsibilities in oversight of programs means human resources management is much less important.

Historically and currently, graduate programs in public health have focused only marginally on developing management skills. This, despite the fact that graduates often have significant managerial responsibilities. A likely cause for this lack of emphasis is that accreditation standards for the master of public health (MPH) degree have a core of required courses, only one of which is training in management.^[1] This requirement is commonly met with one course in management theory (perhaps with the study of health policy) and no preparation in the other areas identified by Bradley et al,¹ as vital to prepare managers in public health. Especially important omissions in accreditation are lack of significant attention to financial management and an emphasis on problem solving and quality and performance improvement.

Large numbers of physicians in public health leadership positions exacerbate this problem, primarily because they are unlikely to be educated in the competencies Bradley et al,¹ identify. Physicians are trained in logical reasoning, causal relationships, and clinical problem solving—all of which have generic application to managing and understanding the business-related skills of public health. In addition, allopaths have training and a clinical background that emphasize the

scientific method. The collateral, but useful backgrounds of physicians, as helpful as they may be, are insufficient. The occasional, naturally gifted, but academically unprepared clinician is the exception that highlights the importance of the proposition that management training and skills are essential in public health.

The preparation identified in the editorial is essential to success in management and is stressed in accredited master's degree programs in health services administration.⁴ In them, the focus is management of health services delivery in HSOs such as hospitals, clinics, and other provider organizations. The limited attention to management training in accreditation standards for MPH programs may be a function of a profound under appreciation of the importance of management skills and emphasizing doing "good" over doing well in a management sense. Clinicians qua managers need management training. The model of physicians as CEOs who direct a COO trained in management and finance is useful only if these clinicians defer to managers' expertise in administrative decision-making. Physician CEOs and manager/administrator-COOs are found commonly in large teaching hospitals and research centers in the United States. Overwhelmingly, hospitals in the United States are managed by nonclinician administrators whose focus is to support delivery of services to patients by providing a workplace for physicians. Most of these physicians are private, voluntary attendings who admit their patients to the hospital, but have no financial relationship with it. Anecdotal evidence strongly suggests that employment of physicians in health services delivery settings such as hospitals is becoming more common. The editorial fails to include a need for education in values as part of preparation in management. Values (ethics) are key to success of the organization and those who lead it. Values may be referenced in the organization's mission and vision statements, but they are found more commonly in a separate statement.⁵ Presence of a values statement does not guarantee ethical management or leadership. The many instances of moral lapses in the healthcare field suggest otherwise. A values statement does, however, set a moral boundary or context, to guide those in the organization and, as needed, provide a justification—were one required—to prompt action if moral lapses occur. Sectarian organizations reference religious values. Because they are almost always a function of government, organizations in public health tend to be exclusively nonsectarian. As such, their values will and should focus on secular humanism, including maximizing health status of individuals and the community and doing so with honesty, respect, beneficence, nonmaleficence, justice, and similar values.⁶

Problems that result from lapses in professional ethics can have significant negative implications. Objectivity in public health decision-making is essential to maintaining the public's trust and, with it, the effectiveness of public health. The controversy in the United States as to the safety of childhood vaccinations suggests decreased trust in government—the public is less willing to accept assurances about the safety of childhood vaccinations made by elected and unelected members of government.⁷

In addition, and generally applying a utilitarian calculus, the public's health is served best if resource allocation decisions

are based on the greatest good for the greatest number. Because, however, public health is so exclusive to government, it is not unusual that public health decisions become politicized. In the United States, politicization of public health decision-making at both state and national levels of government is exemplified by the extraordinary attention to HIV-AIDS since the late 1980s—even after its cause was known and the incidence rate of the epidemic declined. In this regard, it is noteworthy that in the United States, the AIDS mortality rate is well below other, more numerous causes of death. HIV-AIDS research and programmatic funding of HIV disease treatment have and have had financial support well beyond that for heart disease, cancer, chronic lower respiratory disease, and stroke, which are much more significant causes of mortality.⁸ It is possible that immediate causes of death from AIDS are included in mortality data for cancer and respiratory disease, among others. This will under report effects of HIV.

The importance of independent governance for public health agencies to separate them from the political processes and politicization of decisions cannot be overstated. Managers must be alert to understand when impending decisions have identifiable elements of less-than-objectively verifiable need and to act as moral agents to both alert the governing body of the potential problem(s) and show leadership in resolving the matter with minimal political influence.

In their editorial Bradley et al, note: "Management capacity is particularly critical in low-income settings where the efficient use of scarce resources is paramount to attaining health goals." and "More generally, investments in management capacity may be viewed as a key leverage point in grand strategy, as strong management enables the achievement of large ends with limited means." Parsimonious use of resources applies not only to low-income settings, even though resources are dearer and health "needs" may be greater in them. Using resources efficiently may seem to have more urgency when means are limited, but resources are always limited compared to demand, and often to need, as well. Even in first-world countries the demands (and perhaps needs) for services are always greater than are resources. The way in which priorities are established and what the priorities are will change, but the need to spend resources wisely is present regardless of the state of economic development. This suggests the need to apply the rule of efficient resource use more broadly, which in turn lends weight to the universal importance of effective management in public health.

The editorial makes no mention as to the value of, and role for continuing education in management. Continuing education and more formal experiences such as specialty certificate training for managers are vital to maintaining currency in management skills. Continuing medical education requirements imposed by state licensing authorities and by the medical specialty boards have answered the question of continuing education for almost all physicians. In health services management, professional associations such as the American College of Healthcare Executives make continued affiliation contingent on continuing education in theoretical and applied management skills. The complementary and supplementary benefits of continuing management education and certificate training for managers must be stressed.

Bradley et al,¹ have begun an important debate to enhance management skills in public health. They are to be applauded for this effort. It is to be hoped their concerns will be amplified in public health education and a result will be support and curriculum modification to make more robust the attention to education in management offered by programs in public health.

Ethical issues

Not applicable.

Competing interests

Author declares that he has no competing interests.

Author's contribution

KJD is the single author of the manuscript.

Endnotes

[1] "Public Health Core Knowledge. All graduate professional public health degree students must complete sufficient coursework to attain depth and breadth in the 5 core areas of public health knowledge.

The areas of knowledge basic to public health include the following:

Biostatistics—collection, storage, retrieval, analysis and interpretation of health data; design and analysis of health-related surveys and experiments; and concepts and practice of statistical data analysis;

Epidemiology—distributions and determinants of disease, disabilities and death in human populations; the characteristics and dynamics of human populations; and the natural history of disease and the biologic basis of health;

Environmental health sciences—environmental factors including biological, physical and chemical factors that affect the health of a community;

Health services administration—planning, organization, administration, management, evaluation and policy analysis of health and public health programs; and

Social and behavioral sciences—concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems."

Accreditation Criteria - Public Health Programs, Amended June 2011, Council on Education for Public Health, 1010 Wayne Avenue, Suite 220, Silver Spring, MD 20910, p. 14.

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