STUDY SESSION 2 OF 2
CROSS-CUTTING TOPICS

SESSION LEADER(S):
CDR AIMEE WILLIAMS, LCSW-C, BCD, USPHS
CDR MALAYSIA GRESHAM, LICSW, USPHS

(Study session 2 of 8)
for the Certified in Public Health Exam
Date: Thursday, September 10th, 2015
Time: 1200 – 1315 (EST)
Conference Call Line: (800) 988-0476
Passcode: 6293734
Adobe Connect URL: https://hrsa.connectsolutions.com/cph_study_group/
The intent of this 75 minute review session is to assist PHS Officers from a wide range of agencies and disciplines with an opportunity to take the Certified Public Health (CPH) exam through the National Board of Public Health Examiners (NBPHE). As a “pilot” program, this test can be taken by PHS Officers at a reduced cost during the month of October 2015.

In an effort to assist those PHS Officers interested in obtaining this certification, a total of 8 weekly, 75-minute review sessions will be led. In addition, these sessions will have additional review materials, resources, and “homework” in which the goal is to assist the officer in being prepared to test for this for the CPH exam.

Please visit the following website if you are interested in the Certified in Public Health (CPH) Exam through the National Board of Public Health Examiners (NBPHE) under this pilot program for the month of October 2015. At this website you will also have access to information on the pilot project (ie: target population) and resources to begin to prepare you for examination:

www.nbphe.org

For questions please email LCDR Evelyn Seel at Evelyn.Seel@hhs.gov or CDR Harvey Ball at Harvey.Ball@hhs.gov
Over the next series of slides (session 2), but for both sessions 1 and 2, we will discuss a variety of factors that within the testing “arena” are considered “Cross Cutting Topics”.

- There are a total of 200 questions on the exam
- Within the “Cross-Cutting Topics”, of the 200 exam questions, approximately 12.5% or 25 questions will be presented.
- It is estimated that the entire exam can take up to 4 hours
- All questions on the exam are either (a) multiple choice or (b) single best answer

Reference:
https://www.nbphe.org/CPHexaminfo.cfm
CROSS-CUTTING TOPICS & THE CPH EXAM

CPH Webinars

The National Board of Public Health Examiners (NBPH) both hosts and sponsors webinars geared to explaining the Certified in Public Health (CPH) credential, the exam, and the future of the field.

January 2015 Review Session Webinars Are Now Available For Viewing

Each session is two and a half to three hours long and includes lectures and interactive segments. Please click on the below links to view for each study session.

Archived Webinars

Behavioral & Social Sciences

Jan 2015: [View Webinar] [Powerpoint Slides]
Jan 2014: [View Webinar] [Presentation PDF]
Jan 2013: [View Webinar for Windows] [View Webinar for Mac]

Reference:
https://www.nbphe.org/CPHstudyResources.cfm
CROSS-CUTTING TOPICS & THE CPH EXAM

Biostatistics
Jan 2015: [View Webinar] [Powerpoint Slides]
Jan 2014: [View Webinar] [Powerpoint Slides]
Jan 2013: [View Webinar for Windows] [View Webinar for Mac]

Environmental Health
Jan 2015: [View Webinar] [Powerpoint Slides]
Jan 2014: [View Webinar] [Powerpoint Slides]
Jan 2013: [View Webinar for Windows] [View Webinar for Mac]

Epidemiology
Jan 2015: [View Webinar] [Powerpoint Slides]
Jan 2014: [View Webinar] [Powerpoint Slides]
Each of the 5 topic areas are provided at the below website for further review and study in preparation for the exam.

Reference:
https://www.nbphe.org/CPHstudyResources.cfm
SESSION 2 AND 2
CROSS-CUTTING TOPICS (12.5%)

Session 2

- Leadership
- Ethics and Professionalism
- Program Planning and Evaluation
- Public Health Biology
- Systems Thinking

COMPLETED 9/03/15
Session 1

- Communications and Informatics
- Diversity and Culture

You can find the recording of Session 1 on the following site:
https://hrsa.connectsolutions.com/p1jk3refvj/
SESSION II: SECTION 1
CDR AIMEE WILLIAMS, BCD, LCSW-C, USPHS
CDR MALAYSIA GRESHAM, LICSW, USPHS

Leadership
SESSION 1
LEADERSHIP

1. Attributes
   A. Visionary
   B. Inspiring
   C. Mentoring
   D. Risk-Taking
   E. Motivating Others for Problem-Solving and Decision-Making

2. Leadership Theories and Principles

3. Vision, Mission, Values, Goals, and Objectives

4. Communicating, Listening, and Responding
SESSION 1
LEADERSHIP (CONT…)

5. Problem Solving and Conflict Resolution
6. Teambuilding
7. Leadership vs Management.
9. Social Justice and Human Rights Principles
10. Advocacy
What is “Leadership”?  
This question has had varied answers throughout the literature. With more than 100 definitions identified, a series of “qualities, characteristics, and attributes” have been identified and reflect similarities that help describe what it is to “lead” or be a “leader” (Northouse, 2012).

ATTRIBUTES OF LEADERS

Visionary
The following traits are associated with visionary leadership:

- A visionary creates a “picture” that is better than the status quo.
- A visionaries picture most often represents change to that status quo and moves an organization/system towards something more positive for the future.
- A visionary has a set of values, beliefs, ideas, or modes of action that people find worthwhile and desirable

Inspiring
The Harvard Business Review analyzed extensive 360° feedback from their own employees. The results show that of the 16 leadership competencies most frequently measured, the data shows (Zingler & Folkman, 2013):

- The ability to inspire creates the highest levels of employee engagement and commitment.
- It is what most powerfully separates the most effective leaders from the average and least-effective leaders.
- It is the factor most subordinates identify when asked what they would most like to have in their leader.
Leaders within successful companies have learned to manage risk. The outcomes being they:

- Turn risks into a strategic and profitable advantages.
- Are able to successfully articulate and anticipate the consequences of their decisions and actions.
- Are aware that this type of risk management can add significant shareholder value.

Mentoring

What role do you envision a mentor may play? Research indicates provide the following:

- Career guidance – participants meant that effective mentors act as guides rather than as supervisors who direct their mentees’ activities (Straus et al., 2013).
- Emotional support – guide the mentee in making decisions surrounding how to establish a health work/life balance (Straus et al., 2013).
- Career planning – assist the mentee in establishing short and long-term goals, and keeping them on track to reaching their goals.
- Career navigation – assist mentees with navigating positions, agencies, and institutions that can be confusing (Straus et al., 2013).

Risk-Taking

Leaders within successful companies have learned to manage risk. The outcomes being they:

- Turn risks into a strategic and profitable advantages.
- Are able to successfully articulate and anticipate the consequences of their decisions and actions.
- Are aware that this type of risk management can add significant shareholder value.
ATTRIBUTES OF LEADERS (CONT…)

Motivating Others for Problem-Solving and Decision-Making:

- As discussed, and probably experienced, the “change process” can be highly stressful, creating new, challenging, and different problems.
- As a leader, regardless of the type of leader you are, it is important to know how to motivate or “empower” others to “problem-solve” and participate in “decision making”.
- This process is also considered “building cohesiveness” within a team. The sense of “we-ness” allows for the group members to address to solve problems and address decision making through being able to (a) express personal viewpoints, (b) give and receive feedback, (c) accept others opinions, especially, when different than there own, and (d) feel comfortable doing meaningful work (Northouse, 2012).
- When leaders empower their teams with the tools to solve problems and make decisions within their capacity, independently, they in turn, are providing the skills necessary for the next generation to lead.

Why is leadership important for Public Health professionals?

The process of developing leaders within the field of public health creates opportunities for change and assists with reducing health inequities (Centers for Health Leadership and Practice, 2015).

Leadership within this arena creates the highest level opportunity to (a) advocate for vulnerable populations, (b) develop national and global policy addressing health disparities, and (c) understand through science and best practices how to lead the change process within the field of public health.
Each leader has a different and unique style of leadership. When thinking about leadership styles or theories, it is best to think of them as co-occurring along a continuum (Northouse, 2013).

**Leadership Theories:**

**McGregors Theory X** – This theory is made up of three assumptions on human nature and behavior.

- Assumption 1 – Average person dislikes work
- Assumption 2 – Because of this, they need to be directed and controlled
- Assumption 3 – People want security (control and direction) not responsibility.

**McGregors Theory Y** – This theory also has several assumptions on human nature and behavior.

- Assumption 1 – People like work
- Assumption 2 – People are self-motivated
- Assumption 3 – People accept and seek responsibility
LEADERSHIP STYLES & PRINCIPLES

Leadership Styles: Inspirational, Democratic, Laissez-Faire, Authoritarian

VISION, MISSION, VALUES, GOALS, AND OBJECTIVES

When an agency of any type, government or civilian, especially non-profit or non-government organizations (NGO's) is in the process of creating a service or agency to address an identified public health need, there are basic processes that should be in place to set the stage. These steps are as follows:

**Vision** – This is the big “picture” of what you are trying to achieve

**Mission** – A mission statement is a short concise statement that states how you will achieve your vision. A mission statement is an “action” (ex; Through….)

**Core Values** – An agency or service conducts itself based on core principles and values

**Goals** – Goals are general statements “steps” that outline how you will achieve your mission

**Objectives** - Objectives are (a) specific, (b) quantifiable, and (c) time-sensitive statements on what you will achieve and when you will achieve it.

*In clinical terms, it’s your short and long term treatment goals.*
COMMUNICATING, LISTENING, AND RESPONDING

“Leadership is a Conversation”

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<thead>
<tr>
<th>Elements of Organizational Conversation</th>
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<tbody>
<tr>
<td><strong>Intimacy</strong></td>
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<td>How leaders relate to employees</td>
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<td>Information flow is primarily top-down</td>
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<td>Tone is formal and corporate</td>
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<tr>
<td><strong>Interactivity</strong></td>
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<tr>
<td>How leaders use communication channels</td>
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<td>Messages are broadcast to employees</td>
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<td>Print newsletters, memos, and speeches</td>
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<td><strong>Inclusion</strong></td>
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<td>How leaders develop organizational content</td>
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<td>Top executives create and control messaging</td>
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<td>Employees are passive consumers of information</td>
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<td><strong>Intentionality</strong></td>
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<td>How leaders convey strategy</td>
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<td>Communication is fragmented, reactive, and ad hoc</td>
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<td>Leaders use assertion to achieve strategic alignment</td>
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<th>Old Model: Corporate Communication</th>
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<td>Communication is personal and direct</td>
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<td>Leaders talk with employees, not to them</td>
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<td>Leaders relinquish a measure of control over content</td>
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<td>Employees actively participate in organizational messaging</td>
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<td>A clear agenda informs all communication</td>
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<td>Leaders carefully explain the agenda to employees</td>
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<tr>
<td>Strategy emerges from a cross-organizational conversation</td>
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<th>What It Means for Employers and Employees</th>
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<tr>
<td>Leaders emphasize listening to employees rather than just speaking to them</td>
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<td>Employees engage in a bottom-up exchange of ideas</td>
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<td>Leaders use video and social media tools to facilitate two-way communication</td>
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<td>Employees interact with colleagues through blogs and discussion forums</td>
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<td>Leaders involve employees in telling the company story</td>
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<tr>
<td>Employees act as brand ambassadors and thought leaders</td>
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<tr>
<td>Leaders build their messaging around company strategy</td>
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<tr>
<td>Employees take part in creating strategy via specially designed communication vehicles</td>
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Conflict is inevitable in groups and organizations and can provide both challenges and opportunities to all leaders (Northouse, 2012). Problem solving and conflict resolution have multiple theories that guide them, but at a very basic, it is important to understand the basic definitions:

**Conflict:** Conflict is a felt struggle between two or more interdependent individuals over perceived incompatible differences in beliefs, values, and goals, or over differences in desires for esteem, control, and connectedness (Wilmot & Hocker, 2011).

**Types of Conflict:**

- **Relational Conflict** – addressing the differences we feel between ourselves and others considering how we relate to each other.
- **Content Conflict** – struggles between leaders and others who differ on issues such as policies and procedures.

**Ways to Address Conflict:**

- **Principled Negotiation** – deciding issues on their matters rather than through competitive haggling or excessive accommodation.

**Win/Win**- Win-win sees life as a cooperative arena, not a competitive one. Win-win is a frame of mind and heart that constantly seeks mutual benefit in all human interactions. Win-win means agreements or solutions are mutually beneficial and satisfying.
LEADERSHIP VS MANAGEMENT

Leadership
- Vision & strategy
- Creating value
- Influence & inspiration
- Have followers
- Leading people
- People focused
- Charismatic style
- Risk & change seekers
- Appeal to the heart
- Proactive
- Sets direction
- Raising expectations
- Ask questions

Management
- Policies & procedures
- Counting value
- Power & control
- Have subordinates
- Managing work
- Work focused
- Authoritarian style
- Risk averse & stability
- Appeal to the head
- Reactive
- Plans detail
- Maintain status quo
- Give directions
TEAM BUILDING

Team development and process of team building has been broken into five stages:

(a) Forming - The team meets and learns about the opportunities and challenges, and then agrees on goals and begins to tackle the tasks

(b) Storming - This phase can become destructive to the team and will lower motivation if allowed to get out of control

(c) Norming - All team members take the responsibility and have the ambition to work for the success of the team’s goals

(d) Performing - The team members are now competent, autonomous and able to handle the decision-making process

(e) Adjourning - That involves completing the task and breaking up the team
Human Rights - refers to internationally recognized norms applying equally to all people everywhere in the world. International human rights law is a set of legal standards to which governments have agreed with the purpose of promoting and protecting these rights (Braveman & Gruskin, 2003).

Social Justice - Social justice is the view that everyone deserves equal economic, political and social rights and opportunities (NASW, 2015).

**Principles of Human Rights**

**Principle 1:** Businesses should support and respect the protection of internationally proclaimed human rights; and

**Principle 2:** make sure that they are not complicit in human rights abuses.

**Principle 3:** Businesses should uphold the freedom of association and the effective recognition of the right to collective bargaining;

**Principle 4:** the elimination of all forms of forced and compulsory labor;

**Principle 5:** the effective abolition of child labor; and

**Principle 6:** the elimination of discrimination in respect of employment and occupation.
10 PRINCIPLES OF HUMAN RIGHTS

**Human Rights**
- Principle 1: Businesses should support and respect the protection of internationally proclaimed human rights; and
- Principle 2: make sure that they are not complicit in human rights abuses.

**Labor**
- Principle 3: Businesses should uphold the freedom of association and the effective recognition of the right to collective bargaining;
- Principle 4: the elimination of all forms of forced and compulsory labor;
- Principle 5: the effective abolition of child labor; and
- Principle 6: the elimination of discrimination in respect of employment and occupation.

**Environment**
- Principle 7: Businesses should support a precautionary approach to environmental challenges;
- Principle 8: undertake initiatives to promote greater environmental responsibility; and
- Principle 9: encourage the development and diffusion of environmentally friendly technologies.

**Anti-Corruption**
- Principle 10: Businesses should work against corruption in all its forms, including extortion and bribery.
ADVOCACY

Advocacy is an essential part of obtaining access (policy, services, funding, etc.) for vulnerable populations in regards to public health. Recent work in advocacy focuses on working on other critical public health issues including public health and emergency preparedness, food safety, hunger and nutrition, climate change and other environmental health issues, public health infrastructure, disease control, international health and tobacco control (APHA, 2015).

*Advocacy includes working with:*

Politicians, Government Organizations, Non-Government Organizations, Community Based Leaders, Community Based Organizations, For profit and non-for profit agencies.
SESSION II: SECTION 2
CDR AIMEE WILLIAMS, BCD, LCSW-C, USPHS
CDR MALAYSIA GREHAM, LICSW, USPHS

Ethics and Professionalism
1. Principles
   - A. Ethical Principles
   - B. Ethical Analysis
   - C. Code of Ethics
   - D. Slipper Slope
2. Protection of Human Subjects
3. Population vs Individual Ethical Considerations
A. Ethical Principles

The APA identifies five principles in ethical research that are essential to know and follows (APA, 2015):

1. Discuss intellectual property frankly
2. Be conscious of multiple roles
3. Follow informed-consent rules
4. Respect confidentiality and privacy
5. Tap into ethics resources

B. Ethical Analysis

• The Realm-Individual Process-Situation (RIPS) Model of Ethical Decision-Making
• Seven Step Method
  1. The Facts?
  2. The Ethical Issues?
  3. The Alternatives?
  4. The Stakeholders?
  5. The Ethics of the Alternatives?
  6. The Practical Constraints?
  7. Actions to Take?
C. Code of Ethics

The majority, if not all of our disciplines within the healthcare field have a “Code of Ethics”. For the public health professional and depending on your discipline your code of ethics guides your daily service, decision making, and leadership. Know your disciplines code of ethics!!!

The Council on Education for Public Health (http://ceph.org/)

Code of Ethics for the Health Education Profession (http://cnheo.org/ethics.html)

D. Slippery Slope

Without ethical guidelines, we run the risk as health professionals of repeating history. The “Slippery Slope” begins to occur when we are unable to:

1) See that a certain state of affairs or decisions in the field as “issues” that directly relate to human value.

2) See the significant implications for harms or benefits for individuals or groups of human beings - that bring into question or involve human freedom and choice.

3) Lastly, and the hardest, begin to have these discussions appropriate boards and/or entities before moving forward.
PROTECTION OF HUMAN SUBJECTS

In 1979, based on information from the Belmont Report, written by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, initial and subsequent policy was developed and put into place for the protection of human subjects.

The Federal Policy for the Protection of Human Subjects or the “Common Rule” was published in 1991 and codified in separate regulations by 15 federal departments and agencies in an effort to ensure, guide, and provide for the protection of human subjects (HHS, n.d.)

Food for thought –

_This in itself (the bad and the good) shows how instrumental the HHS and the United States Public Health Service (USPHS) has been in shaping the health of our nation and globally!!!!_
Public health ethics

- Public health ethics become relevant to clinicians when they plan projects directed at their practice population—for example, implementation of screening guidelines or vaccination programs. They can also impinge on the clinical ethical considerations in situations when the health of the population is at risk. Public health ethics can be distinguished from bioethics by differences in emphasis:
  - Population focus vs. focus on individual
  - Community perspective vs. focus on the person
  - Social determinants vs. individual agency and responsibility
  - Systems of practice vs. individual decision-making
  - Distribution of resources vs. patient care.
SESSION II: SECTION 3
CDR AIMEE WILLIAMS, BCD, LCSW-C, USPHS
CDR MALAYSIA GRESHAM, LICSW, USPHS

Program Planning and Evaluation
NEEDS ASSESSMENT

Why Program Planning and Evaluation for Public Health?

With any service being delivered to ANY populations (vulnerable or not), it is essential to have a structure in place that is (a) cost effective, (b) replicable, (c) efficient, (d) delivers best practice services, and (e) has and provides culturally competent care.

Although there are multiple ways to meet this goal, we will focus on public health modalities that have shown to be successful models for (a) introducing, (b) scaling up, or (c) enhancing public health services nationally and globally.
STEPS TO SUCCESSFUL PROGRAM PLANNING AND EVALUATION

1. Needs Assessment
2. Stakeholder (Internal and External) Involvement and Feedback
3. Fidelity to Program Design in Implementation
4. Identifying Intervention and Prevention Strategies
5. Vision, Mission, Goals and Values
6. Developing Programs and Policies
7. Developing Programs and Policies
8. Developing Program Budgets
What is a “Needs Assessment” and why do we need one?

Per CDC, a baseline needs assessment is what we consider the market research phase for a workforce health promotion (WHP) program. This step is critical for communities and the stakeholders who want a program to reflect the community needs and align with community stakeholders and the population we will be serving. It is important to involve community members and stakeholders in the activities related to the program design, and needs assessment is a great place to begin that process. Include a diverse group of community members and stakeholders – from all levels of the organization, cultural and ethnic backgrounds, ages, and genders (CDC, 2010)

To learn more about conducting a needs assessment please go to http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/needsassessment.htm
A key overarching concern in the community health improvement process is the degree to which there is shared ownership for health among hospitals, public health agencies, and other stakeholders in local communities. Key questions addressed by the expert panel, key informants, and public participants included:

• What is shared ownership, and how is it operationalized?
• How do we accommodate the needs and priorities of diverse stakeholders?
• What are creative approaches to partnership that address shared priorities?
FIDELITY TO PROGRAM DESIGN IN IMPLEMENTATION – A FRAMEWORK

Data Collection and Analysis – the key to the fidelity of design and implementation

The fidelity of a program design is what determines the short and long term outcomes, as well as lays the foundation. Much of this is directly related to the quality of the data and analytic process conducted within the area of implementation.

Top 11 Types of data collected for Assessment & to assist with determining data to support fidelity:

- Disease incidence and/or prevalence
- Inpatient, emergency room, and/or outpatient utilization
- Household income, unemployment
- Home ownership / rental properties
  - Arrests, criminal activity
- Proximity of healthy food sources
- Proximity of basic and social services
- Parks, recreational facilities, open space
- Access to public transportation

Primary data are collected through a variety of methods, including, but not limited to surveys, focus groups and town hall meetings, as well as direct engagement of community residents in participatory action research efforts (Barnett, 2013).
A FRAMEWORK TO PROMOTE BEST PRACTICES IN ASSESSMENT, PLANNING, & IMPLEMENTATION

Community Alignment Opportunities:

• What are unique characteristics, potential contributions, and expectations of teaching hospitals?
• What are potential contributions and expectations of local health professionals?
• What are collaborative and alignment opportunities for other stakeholders (e.g., local health departments, academic institutions, United Way)

Monitoring and Evaluation

• In what ways should the community health needs assessment and the monitoring & evaluation processes be linked, and what are the implications?
• What data are needed to monitor progress in addressing health disparities?
• What are potential roles of community members in program evaluation?

Institutional/Agency Oversight

• What internal oversight mechanisms are needed to ensure meaningful engagement for agency, community clinic and/or hospitals?
• What internal management & operational structures and competencies are needed?

(Barnett, 2013)
Macro Level –

This is the level where overall values, principles, and strategies for health care develop, and where decisions concerning resource allocation occur.
IDENTIFYING INTERVENTION AND PREVENTION STRATEGIES FOR PUBLIC HEALTH

Micro – Level

• There is ample scientific evidence regarding efficacious strategies for the micro-level (ex: interventions for changing patient behaviors, techniques for increasing medication adherence, or methods for improving health care worker communication.

• Empower Patients!

Meso-Level

On the meso level, it is the health care organizations responsibility to coordinate the delivery and evaluate the quality of the services provided. The organization has a responsibility to unite health care

Below are some examples of ways to address meso-level needs:

• Have a “one stop shop” for organized coordinated care

• Provide healthcare staff and providers with the tools to treat with a coordinated approach (ie: diabetes & depression, etc.)
VISION, MISSION, GOALS AND VALUES

Essential in the development and sustainment of any agency or service are the following:

Vision – big picture idea of what you want to achieve.

Mission – general statement of how you will achieve your vision.

Core Values – how you will behave during the process.
DEVELOPING PROGRAMS AND POLICIES

In order to develop programs and policies, the following steps need to be completed:

1. Establish the need and priorities
2. Frame planned action
3. Identify supportive structures and processes
4. Facilitate assessment and engagement
5. Ensure monitoring, evaluation and reporting
6. Build capacity
DEVELOPING PROGRAM BUDGETS

As with any program, government or non-governmental, the development of a budget is essential. Within government and non-governmental programs, most often funding comes from federal entities.

**Items to include in your budget development:**

Income (type, fee-for-service, grants, etc.)

Costs (facilities, utilities, transportation, staffing, marketing, promotions, supplies, etc.)

**Persons to include in developing your budget:**

Board members, Program leadership, Tax & Financial Advisors, etc.

Understand that all federal monies allocated, must be accounted for!!!
SESSION II: SECTION 4
CDR AIMEE WILLIAMS, BCD, LCSW-C, USPHS
CDR MALAYSIA GRESHAM, LICSW, USPHS

Public Health Biology
1. Host Susceptibility, Genetic Factors, and Immunologic Response
2. Biologic and Molecular Basis for Public Health
5. Modes of Disease Transmission
HOST SUSCEPTIBILITY, GENETIC FACTORS, AND IMMUNOLOGIC RESPONSE

Agent: originally referred to an infectious microorganism or pathogen: a virus, bacterium, parasite, or other microbe. Generally, the agent must be present for disease to occur; however, presence of that agent alone is not always sufficient to cause disease. A variety of factors influence whether exposure to an organism will result in disease, including the organism's pathogenicity (ability to cause disease) and dose.

Host: refers to the human who can get the disease. A variety of factors intrinsic to the host, sometimes called risk factors, can influence an individual's exposure, susceptibility, or response to a causative agent.

Environment: refers to extrinsic factors that affect the agent and the opportunity for exposure. Environmental factors include physical factors such as geology and climate, biologic factors such as insects that transmit the agent, and socioeconomic factors such as crowding, sanitation, and the availability of health services.
The biological and molecular approach to public health is to further our understanding of the basic mechanisms responsible for the (a) achievement, (b) maintenance, and (c) loss of homeostasis (i.e., normalcy) given an individual’s (a) genetic inheritance, (a) his/her age, and (c) his/her exposure to the outside world (as determined by the environment that he/she lives in, and the behavior-related choices that he/she makes) (Johns Hopkins University, Bloomberg School of Public Health, 2015)

Research continues to show both biologic and molecular relationships offer an integrative molecular and biological perspective on public health problems. This field explores the following:

- population biology and ecological principles underlying public health and reviews molecular biology in relation to public health biology.
- focus is on specific diseases of viral, bacterial, and environmental origin.
MODES OF DISEASE TRANSMISSION

Figure 1.19 Chain of Infection

Chain of infection:
- **Reservoir**
- **Agent**
- **Mode of Transmission**
  - Direct Contact
  - Vectors
  - Vehicles
  - Airborne
- **Susceptible Host**
- **Portals of Entry**
SESSION II: SECTION 4
CDR AIMEE WILLIAMS, BCD, LCSW-C, USPHS
CDR MALAYSIA GRESHAM, LICSW, USPHS

Systems Thinking
SYSTEMS THINKING

1. Characteristics of a System

2. Systems Theory
   A. Feedback loops
   B. Stocks and Flows

3. Measurement of System Changes

4. Effects of Globalization on Human Health

4. Determinants of Health Status – Biologic, Sociocultural, etc.
CHARACTERISTICS OF A SYSTEM (SYSTEMS THINKING)

Systems thinking continues to grow within the field of public health. This theory has sprung from a field of inquiry and practice within the 20th century, and has multiple origins in a variety of disciplines such as (a) biology, (b) anthropology, (c) physics, (d) psychology, (e) mathematics, (f) management, and (g) computer science (Peters, 2014).

A common thread is the concept that the behavior of systems is governed by common principles that can be discovered and expressed. Within each of these systems, they can address problems of complexity, which is a frequent challenge in global health.
SYSTEMS THINKING – FEEDBACK LOOPS/STOCKS & FLOWS
Determinants of Health:

A multitude of factors contribute to an individual and communities current state of health. These factors may be (a) biological, (b) socioeconomic, (c) psychosocial, (d) behavioral, or (e) social in nature. Scientists generally recognize five determinants of health of a population (CDC, 2015):

• Biology and genetics. Examples: sex and age
• Individual behavior. Examples: alcohol use, injection drug use (needles), unprotected sex, and smoking
• Social environment. Examples: discrimination, income, and gender
• Physical environment. Examples: where a person lives and crowding conditions
• Health services. Examples: Access to quality health care and having or not having health insurance
REFERENCES:


ADDITIONAL TRAINING & RESOURCES

Center for Health Leadership & Practice, a program of the Public Health Institute
http://healthleadership.org/

National Leadership Academy for the Public's Health
http://healthleadership.org/program_nlaph