

PHSSR Research-In-Progress Series:

Cost, Quality & Value of Public Health Services

Wednesday, July 8, 2015

12-1pm ET/ 11am-12n CT

Is Leadership Style Associated with Budget and Program Cuts?

***To download today's presentation & speaker bios, see the 'Resources' box
in the top right corner of the screen.***

PHSSR NATIONAL COORDINATING CENTER AT THE UNIVERSITY OF KENTUCKY COLLEGE OF PUBLIC HEALTH

Agenda

Welcome: Anna Hoover, PhD, Deputy Director, National Coordinating Center for PHSSR, and Assistant Professor, U. of Kentucky College of Public Health

“Is Leadership Style Associated with Budget and Program Cuts?”

Presenter: Laura Cassidy, PhD, MS, Director, Epidemiology Division, Director, PhD in Public & Community Health Program, Medical College of Wisconsin lcassidy@mcw.edu

Commentary:

Staci Young, MS, PhD, Department of Family and Community Medicine and the Institute for Health and Society, Medical College of Wisconsin syoung@mcw.edu

Ann Christiansen, MPH, Health Officer & Director, North Shore Health Department, WI achristi@villageofshorewood.org

Questions and Discussion

Presenter



Laura Cassidy, PhD, MS

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IS LEADERSHIP STYLE ASSOCIATED WITH BUDGET & PROGRAM CUTS?

PRESENTED BY:

LAURA D. CASSIDY, MS, PHD
MEDICAL COLLEGE OF WISCONSIN

July 8, 2015



Outline

- Background and Introduction
- Bolman & Deal Leadership Instrument
- Leadership Styles & LHD Characteristics
- Budget & Program Cuts associated with LHDs

Background



1980s: IOM published *The Future of Public Health* identifying a lack of high quality leadership in the field of Public Health

1992: Council on Linkages Between Academia and Public Health Practice was established to promote collaboration to build a well-trained public health workforce

Developed Core Competencies for Public Health Professionals

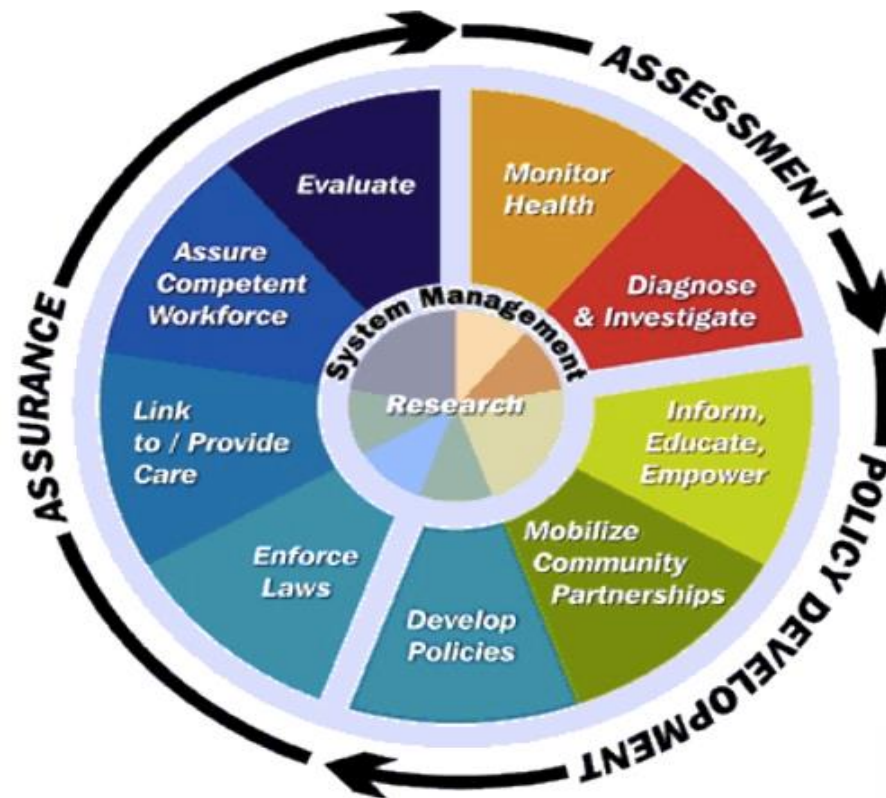
Competencies: designed to promote successful collaboration-measure a person's ability to navigate the increasingly complicated challenges in public health practice

NACCHO has supported the use of these core competencies within the public health system.

Increased the awareness of the core competencies

Only 47% of Local Health Departments (LHDs) reported using competencies

Essential to understand the organizational leadership of LHD's to contribute to evidence base for effective public health practice and policy



Study Goal

To investigate leadership styles of LHD executives and potential association with economic reductions

MODE: self- perceived leadership orientations using the four frame perspective developed by Bolman and Deal



Study Design & Methods



Cross-sectional study using a validated leadership orientation instrument applied to a sample of LHD executives using probability proportional to size sampling (PPS) plan

Partnered with NAACHO to create sampling frame representing population size served

Emailed leadership survey to sample of LHD executives

Bolman and Deal's Leadership Orientation Instrument



- Four-Frame Leadership Styles
- 32 item survey and can be used to assess one's own skills or by colleagues to assess their leaders skills
- Used extensively in higher education institutions
- Recently implemented in healthcare and health information management
- *This is the first study to use it in a PHSSR Research*

Structural Frame

- **Emphasizes** efficiency and effectiveness, makes the rational decision over the personal
- **Strive** to achieve organizational goals and objectives through coordination and control
- **Value** accountability and critical analyses
- **Specialization** and **division of labor** are used to increase performance levels

Human Resources Frame

- Emphasizes the **individual**
- Value **camaraderie and harmony** within the work environment
- **Strive** to achieve organizational goals through **meaningful and satisfying work**
- **Recognize human needs** and the importance of congruence between the individual and the organization

Political Frame

- Emphasizes **competition**
- Value **practicality and authenticity**
- **Strive** to achieve organizational goals through **negotiation and compromise**
- Recognize the **diversity** of individuals and interests
- **Compete** for scarce resources regardless of conflict
- **Power** is an important resource

Symbolic Frame

- Emphasizes meaning
- Value the subjective
- Strive to achieve organizational goals through interpretive rituals and ceremonies
- Recognize that symbols give individuals meaning
- Provide direction toward achieving organizational purpose
- Recognize unity and a strong culture and mission

Additional Questions

- Executives' years of experience
- Gender
- Prior positions
- Years working in public health
- Education Level
- Participation in leadership training

“Health care is vital
to all of us some of
the time, but

PUBLIC HEALTH

is vital to all of us
all of the time.”

– *Former U.S. Surgeon General
C. Everett Koop*

LEADERSHIP RESULTS

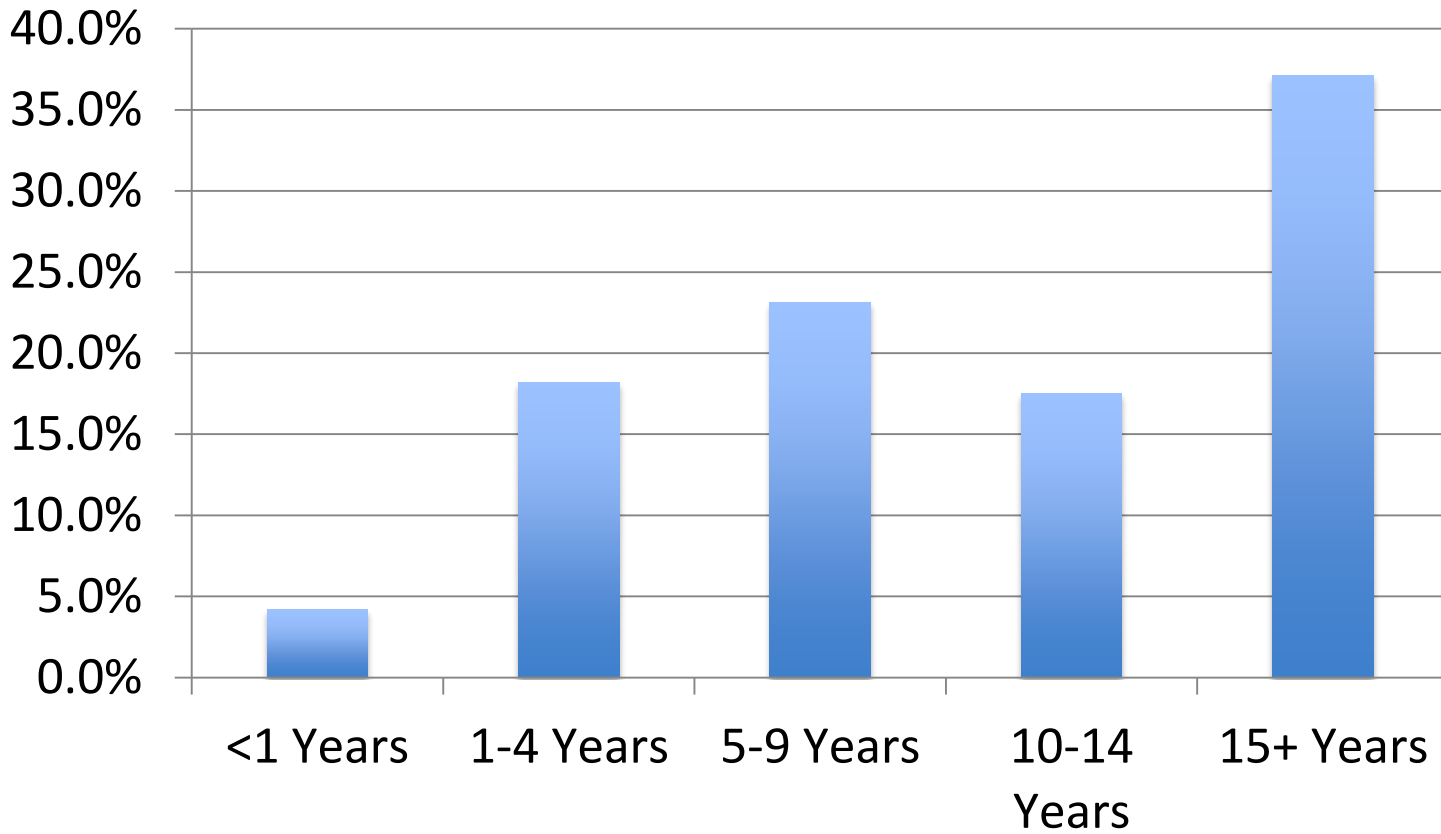
Results

Population Category	Number of LHDs	Sample Size	Target Sample Size	Total responses	
<25,000	1,067	239	143	85	59%
25,000 - 49,999	535	136	82	52	63%
50,000-99,999	382	115	69	62	90%
100,000-249,999	318	94	56	47	84%
250,000-499,999	130	70	42	35	83%
500,000-999,999	92	58	35	31	89%
>=1000,000	41	35	21	19	90%
Total	2,565	747	448	331	74%

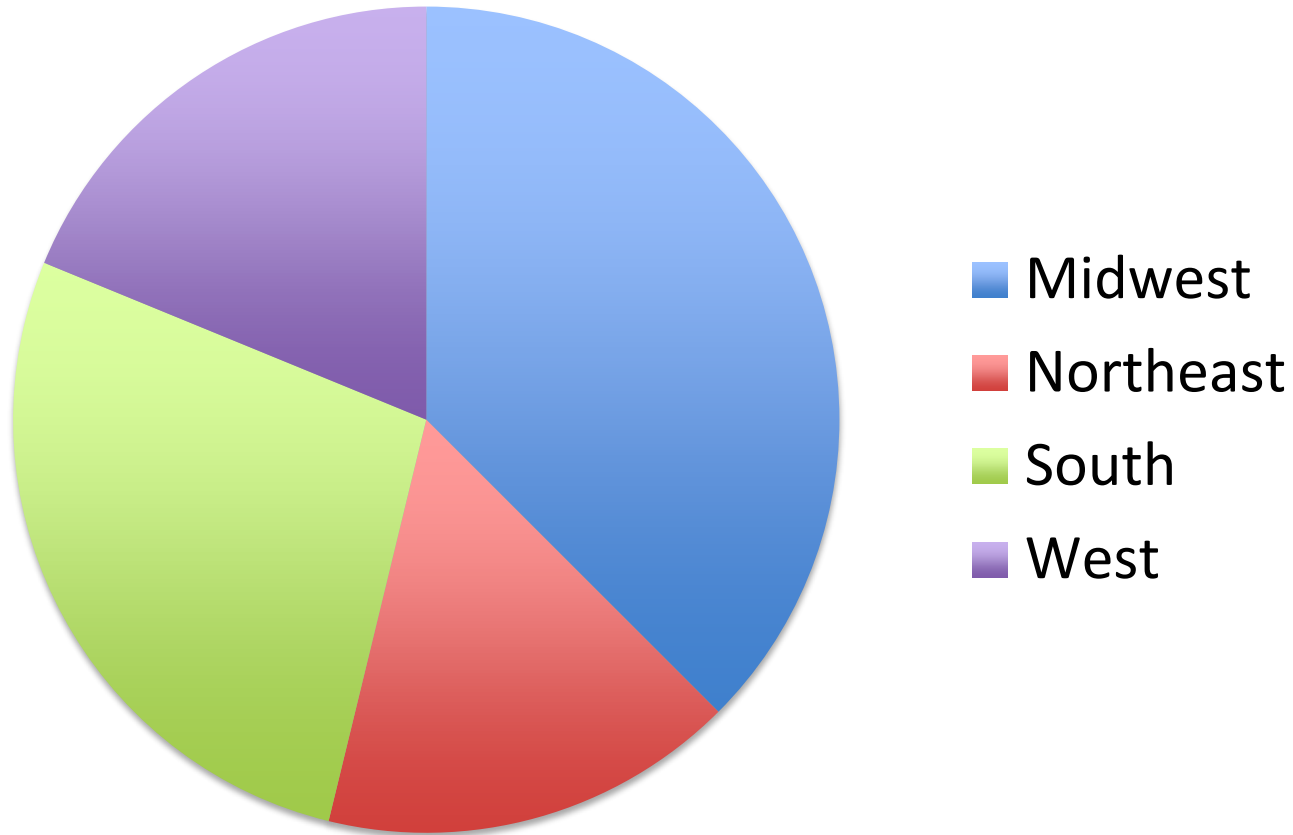
Characteristics of Respondents

Executive		
Characteristic	N	Percent
Education		
Graduate	197	68.4%
Non-Graduate	91	31.6%
Gender		
Female	175	64.1%
Male	98	35.9%

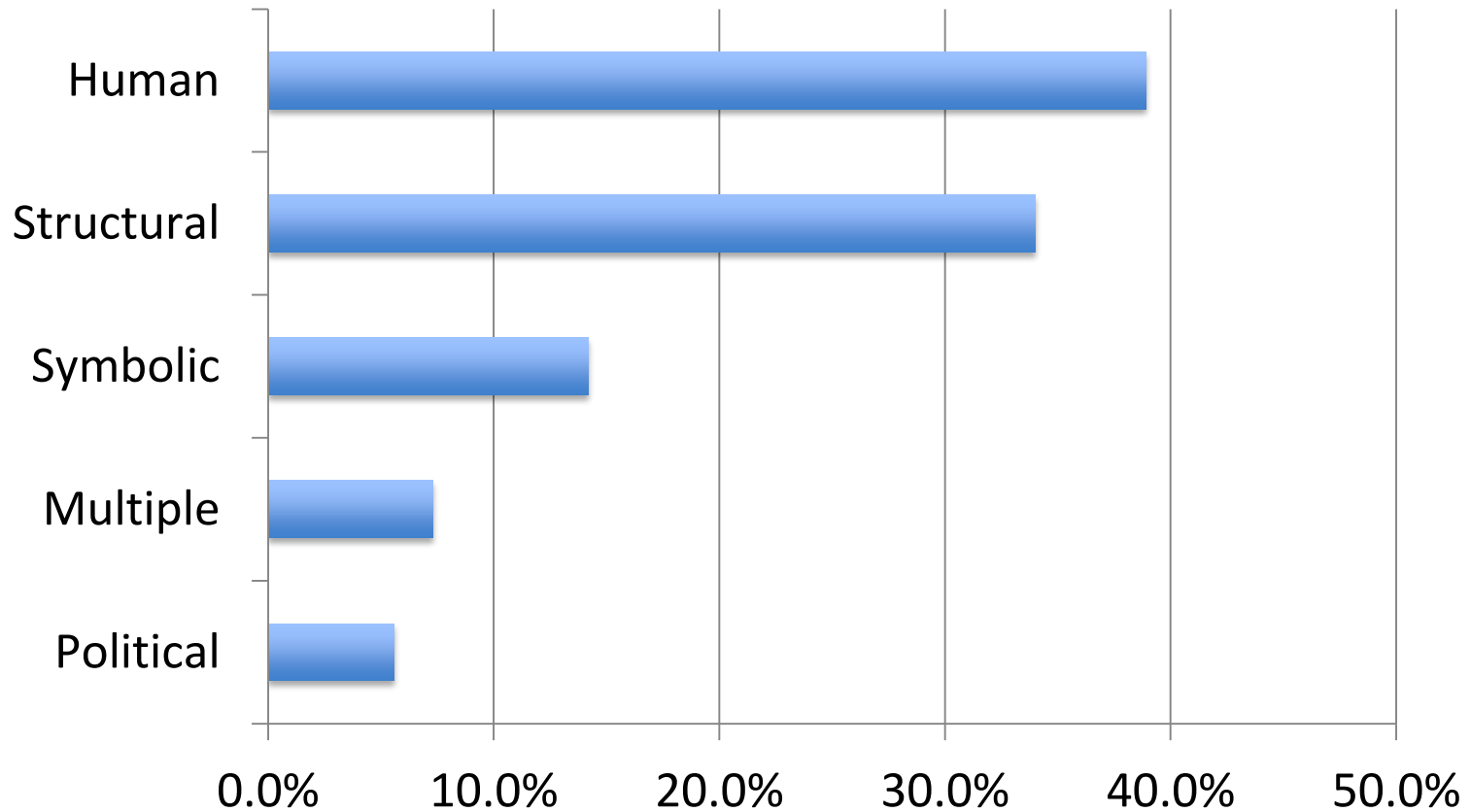
Years Experience



Census Regions



Strongest Leadership Style Reported



Strongest Frame by Education

	Non-Graduate		Graduate		Total	
Structural	24	26.4%	74	37.6%	98	34.0%
Human	48	52.7%	64	32.5%	112	38.9%
Political	5	5.5%	11	5.6%	16	5.6%
Symbolic	10	11.0%	31	15.7%	41	14.2%
Multiple	4	4.4%	17	8.6%	21	7.3%
Total	91	100.0%	197	100.0%	288	100.0%

Strongest Frame by Public Health Experience



Years Experience in Public Health

	<10 Years		10+ Years		Total	
Structural	15	41.7%	83	32.9%	98	34.0%
Human	10	27.8%	102	40.5%	112	38.9%
Political	1	2.8%	15	6.0%	16	5.6%
Symbolic	10	27.8%	31	12.3%	41	14.2%
Multiple	0	0.0%	21	8.3%	21	7.3%

P=0.03

Leadership Training



Survive and Thrive Program

	No		Yes		Total	
Structural	80	32.7%	17	44.7%	97	34.3%
Human	98	40.0%	12	31.6%	110	38.9%
Political	14	5.7%	2	5.3%	16	5.7%
Symbolic	33	13.5%	7	18.4%	40	14.1%
Multiple	20	8.2%	0	0.0%	20	7.1%

Leadership Training



Other Leadership Training

	No		Yes		Total	
Structural	31	36.9%	67	33.2%	98	34.3%
Human	36	42.9%	74	36.6%	110	38.5%
Political	4	4.8%	12	5.9%	16	5.6%
Symbolic	11	13.1%	30	14.9%	41	14.3%
Multiple	2	2.4%	19	9.4%	21	7.3%



BUDGET & PROGRAM CUTS

Logistic Regression Analysis

- 60.4% experienced at least one budget or program cut
- No significant difference between Any Cut &
 - Years experience
 - Strongest leadership frame
 - Gender

Significant Unadjusted Logistic Regression



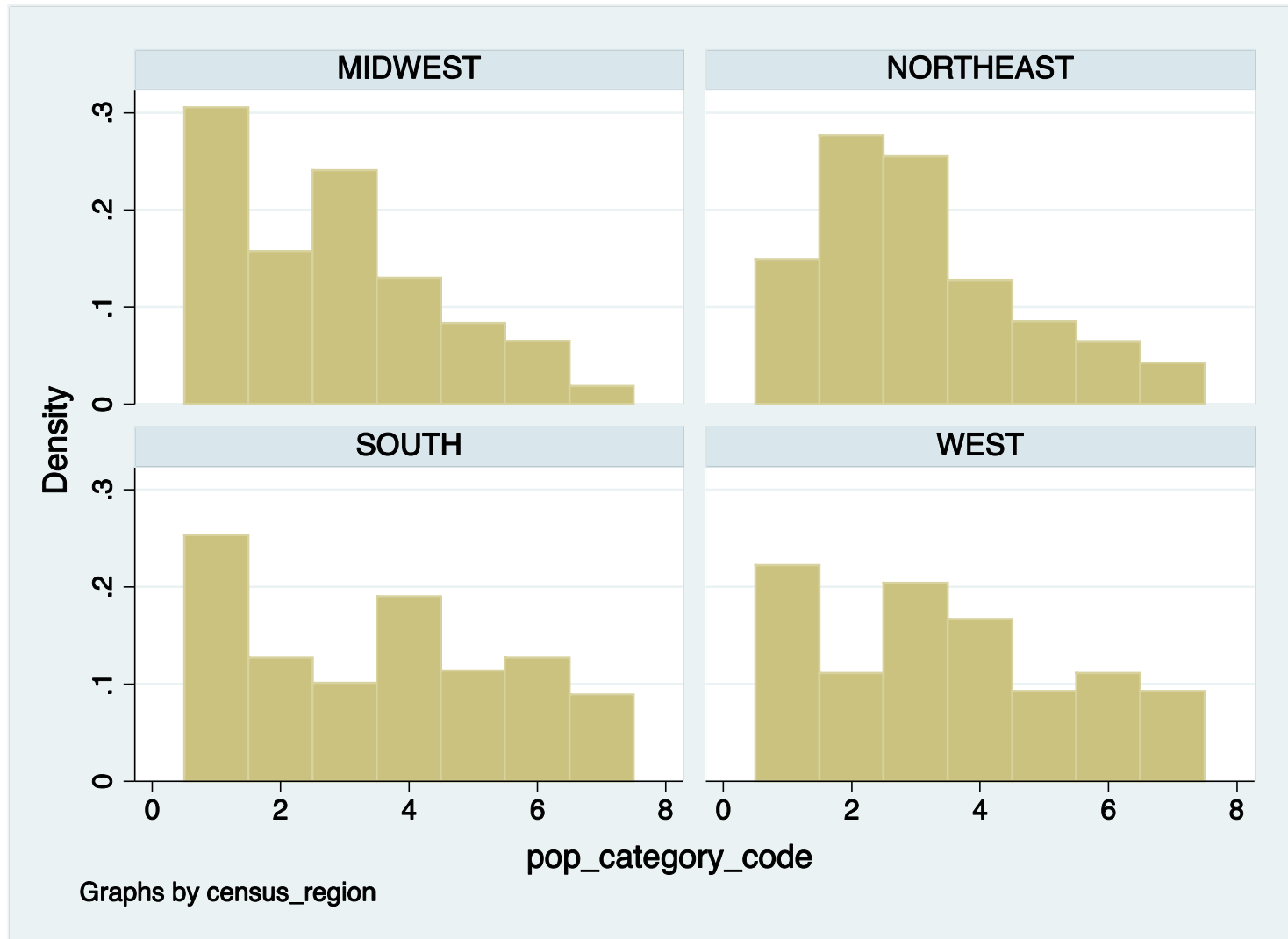
Results

- Those with a Graduate Degree were 2.9 times more likely to experience a cut ($p < 0.001$)
- West 2.9 times more likely than Northeast ($p = 0.01$)
- South 2.4 times more likely than Northeast ($p = 0.02$)
- Population size served 250,000-499,999 2.8 times more likely than smallest size ($p = 0.04$)
- Population size served 500,000-999,999 4.2 times more likely than smallest size ($p = 0.009$)

Correlations?

- The likelihood of having a graduate degree increased with increasing population size served
- Potential correlation between census region and population size served

Population Size by Region



Smaller Populations Size Served

- Favored the **human resources** frame
- Emphasizes the individual by aligning organizational and human needs
- Focus on the humanity of their workers and emphasize team camaraderie
- Most educational administrators perceived as their primary frame

Larger Population Size Served

- Executives serving 250,000-999,999 favor **structural**
- Efficiency and effectiveness
- Strive to achieve organizational goals and objectives through coordination and control
- Value accountability and critical analyses
- Specialization and division of labor are used to increase performance levels

Largest Population Size Served

- 44% of 16 executives serving > 1 million favored the Symbolic Frame
- Value the subjective, and strive to achieve organizational goals through values and beliefs
- Go beyond formal rules and policies and provide direction toward achieving organizational purpose
- The use of this frame reflects a degree of abstract thinking which may be necessary when working with larger, more diverse populations

- Association between using multiple frames and larger population size served
- Were also more likely to have had previous leadership training
- This may also be related to years of experience
- The literature suggests that multiple frame use can lead to the most effective style of leadership
- The most effective and successful are able to adapt frames and thought processes to the situation

These results may reflect cultural differences between higher and lower density populations and the way professionals interact in these cultures



- Semi Structured interviews with LHD executives to understand cuts and ways to navigate in economically challenging times
- Oral Presentation at APHA by Renee Hill, MPH
- Manuscript will be submitted to Scientific Journal- Late Fall 2015

Additional Information

- Project end date – Fall 2015
- Project Website:
<http://www.mcw.edu/epidemiology/public-health-leadership.htm>
- Presented at Keeneland Conference 2015
- Manuscript submitted to *Frontiers in PHSSR*

- Literature suggests multiple frame use for effectiveness
- Larger LHDs favor structural or symbolic frames, would they benefit from training in other frames?
- Smaller LHD's favor human resources frames, would they benefit from training in other frames?

Commentary



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Questions and Discussion

Archives of all Webinars available at:

<http://www.publichealthsystems.org/phssr-research-progress-webinars>

Upcoming Webinars – August 2015

Wednesday, August 5 (12-1pm ET)

APPLYING FAILURE MODES & EFFECTS ANALYSIS TO PUBLIC HEALTH: BREATHE EASY AT HOME PROGRAMS

Megan Sandel, MD, MPH, FAAP, Boston Medical Center

Margaret Reid, RN, MPA, Director, Healthy Homes and Community Supports,
Boston Public Health Commission *(RWJF PHS3 award)*

Thursday, August 6 (1-2pm ET)

POPULATION HEALTH INVESTMENTS: RELATIONSHIPS BETWEEN LOCAL PUBLIC HEALTH & HOSPITAL COMMUNITY BENEFIT SPENDING

[Simone R. Singh](#), PhD, Assistant Professor, School of Public Health, University of
Michigan

Thank you for participating in today's webinar!

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