



Robert Pestronk

Executive Director

[The National Association of County and City Health Officials \(NACCHO\)](#)

Robert Pestronk encourages local health department leaders to learn new vocabularies and learn the language of business, foundations and communities.

Tell us a little bit about your background. How did you end up in your current position?

I received my undergraduate degree in politics from Princeton University, and a Master's in Public Health from the University of Michigan. I've worked in the public, private and nonprofit sectors during my career. Immediately preceding my job as executive director of NACCHO, where I've been for just about 6 years, I was the director of a local health department, the Genesee County Health Department in Flint, Michigan for 22 years. Genesee County had been an active member of NACCHO and one of its predecessor organizations, NACHO, for four decades. In fact, the director of the health department before me was a former President of NACHO. I became active in the National Association of County and City Health Officials after attending one of our annual meetings. There I met other local health officials serving outside of Michigan for the first time. As a local health department director, I served NACCHO as an appointed workgroup and committee member, and then as an elected board member and officer. I was appointed by NACCHO's Board to serve as executive director. During my time as an active member of NACCHO I also served as an appointed liaison between NACCHO and federal agency and foundation staff. I am currently a Trustee for the Ruth Mott Foundation and serve on several national advisory committees.

Can you give us an overview of NACCHO?

NACCHO is a 501c3 nonprofit organization located in Washington, D.C. Our mission is to be a leader, partner, catalyst and voice for the nation's 2,800 health departments. NACCHO creates opportunities to improve the public's health, specifically through the work of local health departments. Regardless of size, local health departments (LHDs) are an essential thread in their jurisdiction's fabric. They present a public health perspective in a landscape typically dominated by clinical care providers and their organizations, and those solely familiar with clinical care as a solution to better health. NACCHO recognizes structural and institutional factors that produce poor health. Our vision is health equity and security for all people in their communities, regardless of income, race, gender, age or status and regardless of

where they live, learn, earn, yearn or play. Through programs, services, and voice in Washington, D.C. we assist local health departments. We are constantly seeking to deepen our engagement with and among NACCHO's membership and other partners. People learn quickly and best when they are engaged with people with shared interests and outcomes. One of NACCHO's goals is to continue to strengthen NACCHO as an organization and to provide an excellent place for employees to work, be creative, manage and deliver programs and services, and shine.

Why are you passionate about public health? What motivates you to go to work every day?

I'm convinced from my own work that better health is possible with information, intent, and with a culture and environment that surrounds people and allows them to be healthy. Collectively, our national portfolio for better health allocates investments unwisely. Our return on that investment is lower than it should be as a nation. If, as a nation, we examined our performance against peer group investments and for our entire portfolio in the same fashion that is done by wise investment managers for their personal portfolio and adjusted allocation decisions after discovering poor performance, our returns would be greater. In the private sector, such poor performance wouldn't be accepted for very long. Policy makers are currently poor stewards of the public's health. I've focused a public health career on making life better and easier for other people, on increasing the returns from the investments made in governmental public health organizations. A stimulating and challenging range of issues cross my desk every day! I work with people who are bright, creative, passionate and committed to their work. For every community there is a local health official who is similarly motivated, surviving and, hopefully, thriving.

The healthcare landscape continues to evolve. What do you see as the primary opportunities for public health organizations?

There are opportunities to reduce cost. As a nation we

spend twice per capita what our peer group spends and we are no healthier for the expense. Healthcare expenditures at all levels of government crowd out better and different investments. There are opportunities to redirect some of our investments in secondary and tertiary prevention into primary prevention. There are opportunities to reduce unnecessary variation in clinical practice. There are opportunities to reduce waste and inefficiency. There are opportunities to improve access to care in all of the dimensions in which that seemingly simple phrase can be understood. We all want to have help fixing ourselves when we are broken. And we should be able to obtain that help easily from those who are experts at repair. In addition, though, we need a much heavier orientation toward preventing people from being broken in the first place.

We need to work jointly with others to attain sustainable and sufficient funding to support foundational capabilities in every local health department. We need to define what those foundational capabilities are generally and in the context of each jurisdiction. We need to ensure a well-prepared and constantly trained workforce for these essential departments and to assure that they have access to and can make use of current technology.

There are opportunities in the environmental health domain. This means making use of the special authorities vested in governmental public health departments to create the environments in which we live, learn, earn, yearn and play, and to ensure that those environments are safe, clean and healthy, and that our air, water and food are safe.

What do you see as the primary challenges for public health organizations?

For LHDs, where I focus my work, the challenges are in an area of declining resources from federal, state and local governments and from foundations and the private sector. There is a chasm between the categorical programming that LHDs now provide and the assessment, policy development, and assurance roles they are being asked to play. These latter roles are not currently well understood by many local funders. To the extent they are supported at all at any level of government, they are supported on the margin of categorical programming funding instead of being a central and sustainable focus for the funding of local health departments. Local health departments need to cross the chasm and communities depend on local health departments getting to the other side. Resources to support policy and data analysis and development, communications and partnership development are all important. Also essential are good leadership, good governance, a focus on health equity,

performance management, and good internal information technology and informatics. And in any organization high-quality systems of human resources, legal and financial management are important. Another challenge is being able to live, survive and prosper through what is now a rapidly changing and very volatile landscape.

Local public health department practice is fundamentally political in nature. Those working at a leadership level need to understand the role that politics plays in the distribution of resources, the establishment of policy, and the understanding of information, stories and data. Science alone isn't enough.

What do public health organizations need in order to be successful? What are three specific actions public health organizations can take to move toward being more successful?

The first is to be exquisitely familiar with one's own local environment. The assets present in the jurisdiction for a LHD include people, money and other organizations. As one becomes increasingly familiar with those, look around at the broader landscape of communities and departments outside of one's own. One way to do that is through engagement in NACCHO. In my own case, by attending person-to-person meetings, I was able to meet people doing the same work that I was. Part of being successful in one's own community is having an understanding of the success and methods others are using. The wheel doesn't have to be invented over and over again. Maybe another spoke just has to be added, the dimensions of the wheel changed, or the wheel needs to be made of a different material.

It's important to generate one's ideas, aspirations and goals. Objectives are important to be successful. If one doesn't know where one wants to go, any road will get one there.

Relationships within communities and beyond are also important. These need to be nurtured and sustained. Not settling for the mantra of constantly doing more with less is also important. At some point, the return from less is less. As noted above, having the right workforce and technology is very important as is a greater appreciation for time. Success doesn't happen overnight. Persistence can be critical as can be a tolerance for differences in opinion. Sometimes it's important to step back from one's own priorities and work on someone else's in order to establish trust in a partnership.

Finally, I want to emphasize the importance of learning new vocabularies and languages: the language of business, of foundations, of community, in order to have a better understanding of what people are talking about and what's important to them and to use their language to communicate one's own ideas.

Where do you see the public health field five years from now?

Public health departments will be better appreciated. Technology, education, practice and law will change the landscape, hopefully making it easier to be healthy, to make health a profit center. People in communities will recognize the role their local health department played to make this possible. They will be working closely with their local health departments.

The Affordable Care Act and the entry of many more public health-trained people into various sectors of the general workforce will have encouraged these trends. New forms of categorical funding will enter local health department budgets to support foundational capabilities nationwide.

There will continue to be variation in practice because communities are diverse demographically, legally, politically and culturally. To assume everything will be the same is unrealistic because the landscape has changed so much and people, assets, cultures and communities vary. Some of this variation is healthy. While we all can appreciate a forested landscape, we wouldn't want every tree to be of the same variety. Not only would the view be less interesting but a monoculture is subject to disaster. Witness streetscapes whose beauty was dependent on elms or landscapes being denuded by insect infestation. When threat strikes, entire species disappear. From an organization and biology sense, some variation is helpful and adaptive. While our general interest in better health and equity may be universal, specific objectives and inequities vary by place. We'll have improved means of sharing successes and failures. We will be passing out of an era of disdain for the role of government as an agent for positive change. There will be an increasing appreciation among the general population that life should be easier for everyone in a nation that is as wealthy, successful, visionary, prosperous and future-oriented as we claim America to be.

What can outside organizations do to help local health departments and their staff be successful with their mission?

If they are policy makers and funders, understand the

roles that need to be played on the other side of the chasm. Provide the funding, workforce and technology that will enable local health departments to operationalize basic capabilities.

Businesses can lobby for improved public health recognizing that the communities where their employees live can make health easier, that healthy employees are productive employees. Businesses can adopt policies, practices, processes and benefits which enable employees to be prosperous and productive, which allow their employees and their families to survive well.

Healthcare organizations and professionals can reach out to their local health departments for information and partnership. They can recognize the value of keeping people healthy in the first place and lobby away from the current emphasis on procedures and fixing people when they are broken.

Other government agencies that are adopting policies need to think about how those policies will lead to better--or poorer health--and choose options which likely lead to the former. They can seek the advice of local health departments for ways in which health will be easier, and more likely.

For people living in the community, speak forcefully to local, state and federal elected officials about the important role that your local health department plays. Be engaged in the political process. Help ensure that LHDs have the resources of people, funding and technology they need to regularly assess the local landscape, to encourage the adoption of health promoting policies, and to use their authorities and the changes that need to be made in that landscape. Speak with neighbors, family and friends to encourage them to be actively informed and participative in economic, political and social decision-making processes. Do the best one can given personal circumstances and constraints to make healthy choices in day-to-day life and stay knowledgeable and open to new ways of behaving.

Acknowledge that many of the reasons we have the illnesses, disease and death-causing aspects of our society are in some cases the result of decisions we make (or don't make) by design, oversight or neglect in our own lives and in the places we live, learn, earn, yearn and play.

Is there anything else you'd like our readers to know?

A culture of quality improvement is important in our personal, organizational, social, economic and political

domains. Nothing anybody is doing is being done as well as it can be done. Where processes are found wanting, work to change and improve them. Finding them wanting is as important as finding them successful if one acts on the discovery.

Work closely and collaboratively with people in the community. Jointly discover current population health problems and the means and processes through which improvement is sought. Visit NACCHO's website and consult its staff to learn more about the work, objectives and methods employed by local health departments. Start to improve health and learn along the way.

Every local health official and his or her governing board should understand and be knowledgeable about their legal authorities and should make use of them. Read public health codes and authorities to understand the

unique capabilities of a local health department that enable them to weave a new community fabric. Recognize the importance of data, science and stories—particularly personal stories that will touch people's hearts and well as their heads.

Look to NACCHO. With the support of its members, partners and funders, NACCHO constantly develops tools, resources, relationships, content and stories that help LHDs be successful and improve. Visit our website, talk with our staff, attend our annual (and other) meetings, tune in to our webinars and join NACCHO as an active member. The ROI is huge and the return far exceeds the investment in membership. Those who are and have been most active in NACCHO over time will attest to that—you simply have to ask them!

About Robert Pestronk

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As Executive Director for NACCHO, Mr. Pestronk represents our nation's local health departments and their staff who protect and promote health, prevent disease and seek to establish the social foundations for wellness in nearly every community across the United States.

Prior to his position at NACCHO, he served as Health Officer in Genesee County, Michigan for 22 years where, among other accomplishments, he was recognized for: establishing the 26,000 member Genesee Health Plan, some of Michigan's earliest public and work place tobacco control regulations, and Genesee County's Public Health week conference.

Mr. Pestronk has and continues to serve on numerous boards and organizations. His published work includes articles in the Journal of Public Health Management and Practice, the Journal of Law, Medicine & Ethics, the Journal of the American Public Health Association, Health Education and Behavior, Public Health Reports, and the Journal of the American Academy of Nurse Practitioners.

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