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## Opportunities and Challenges for Public Health

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

We are in a changing landscape. It's a little uncertain what public health will look like in the future. The challenge is for us but not just for us—it's for all healthcare organizations. Public health organizations are typically strapped and running very thin on funding. There's a terminology that's used to describe some of the work that public health does. It's called "shoe leather epidemiology." This comes from the early days when we literally walked door to door to prevent disease outbreaks. Lately, we sometimes refer to it as shoestring epidemiology, because we don't have any leather left on our shoes! It's been worse with the recession. The challenge or risk is that public health will continue to try and do business as usual without looking up and seeing how it can be part of a new future. We need to make time and have the ability to be at the table when decisions are being made.

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

It's an incredible time to be in public health. One thing about becoming a "seasoned" professional is that it gives you a new perspective on things! There was a time when you would tell people you were in public health and they would say, "What's that?" But now, in public health, we are popular! Everybody wants to talk about public health or population health. That's an offspring of the Affordable Care Act. It's brought the conversation out to be much more visible and that makes it a great time to be in public health. It opens a couple of different opportunities. One thing that is a hallmark of public health is the data piece. We do surveillance and monitoring of conditions that influence health,

examining them by "person," "place" and "time." That is considered one of the core functions of public health. Under ACA, health organizations will be responsible and held accountable for, the health of populations. It's an incredible opportunity for public health organizations, particularly governmental ones who have the statutory authority to do surveillance and monitoring, to be at the table.

Public health is about prevention. It's also about intervention. It's not just about watching patterns of disease as they may change by person, place or over time. We also need to move upstream and intervene so we can alter patterns of diseases. There are a number of different tools that public health uses to intervene, like educational campaigns, policy, new methods of delivering care, new ways to clean water or provide removal of waste. All sorts of social, political and technical interventions are tools that public health uses as a discipline. This opens up a new opportunity as well. We're in a new landscape where organizations will be responsible not just for monitoring but for improving health, and we have something to offer, the tools that can be helpful.

One of the things about public health that is important to understand is that we're all about partnerships. Historically, we're underfunded, so we know we cannot achieve our goals alone. We have to have partners to get public health done. For example, if you want to improve child health, you have to work with the school system. If you want to improve motor vehicle accidents, you work with the Department of Transportation. The new opportunity is to bring convening skills into the community and leverage that so that

organizations and the community can work together to improve health.

### **Why do you consider data so important?**

Public health has been called both an art and a science. What intrigued me was the science part. It's what drew me into public health because science provides the lens that you can use to look at health and the conditions that influence health in multiple different ways. One of the tools you can use to do that is data. In both my prior positions, the types of data we looked at were population-based data, so they represented the entire universe of the community we were serving. At the health department, we were serving the county so we looked at everything through the county lens. At the nonprofit, we served the Medicare population in two states, so we looked at things through the state-level lens, but were also able to look at smaller units as needed.

Data is one tool we can use to understand the conditions that influence health. And it's a powerful tool because many people are afraid of data and they don't know data if it's not within their world. The ability to take something very complex and distill it down to a number is, on one hand, very simplistic because a lot more goes into health than just numbers. But it's helpful in raising the visibility of certain conditions and understanding if you are making a difference on certain conditions. I have learned, however, that you cannot solve all problems with science! The art part of public health is very important. That's where leadership comes in. You cannot do public health on your own. You can't just go out and do public health! By definition, it's a team sport, so you have to have collaboration and partnerships. Sometimes the data piece may be less important than understanding others' perspectives and identifying ways you could work together.

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

Public health will be even more prominent than it is now, if done right. We will be integrated into the continuum of care because of the important things that public health can provide at every juncture in life, across the whole life span and continuum.

The role of public health may differ in different communities. This is public health 3 (Ximena Calvo)w we come together to protect and promote health will vary depending on the resources. Governmental public health may play a role in one community that's different from that played in another. We've gone through similar transitions in the past. The tools and conditions that we focus on are vastly different from what they were 50 and 100 years ago. As a field, we have transformed and I think we can do it again because what is constant are the tools we bring to the table as opposed to the topics we focus on. Conditions will change because diseases will change. How we use our tools will change somewhat, as they have in terms of the data piece with the ability to access more data now (think the "big data" concept) and also with electronic health records because they allow us to know things we couldn't know before.

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

I often say that if there's someone out there that doesn't love public health, than they just don't know us! Public health has something for everyone. It covers every stage of life, from preconception to end-of-life care, and everything in between. And public health is concerned with everything that influences health—from the environment, like soil, air and water, to biological conditions, to family influences, to political factors and much more. No matter your perspective, you'll find something interesting about public health. And, I love that in my current position as a faculty member I get to see the passion for public health emerge in the next generation.

### **What do public health organizations need in order to be successful? What actions can they take to move toward success?**

First and foremost, they need leadership. Public health organizations are no different than other organizations in that great leaders are important. But particularly important in this time is that we need leaders who are able to adapt to new challenges. Organizations also need a well-trained workforce. That's the hardest and most challenging part of leadership. Even the best of leaders can't carry out their mission and vision and get work done without a well-trained workforce. So we need to focus on two things. We need to make it possible for the existing workforce to get ongoing

training and stay up-to-speed on the tools that have emerged since they were first trained, and we need to bring in newly-trained staff. One of the things that excited me about coming back to the school is building up the pipeline of people who know about public health and contribute energy and intelligence to the work of public health. It's inspiring to have new ideas coming in and also to have the new people gain experience from the existing workforce as well.

As a field, we need to increase awareness in our community about what we do. Much of our work produces conditions that, while they may be appreciated, are not associated with public health—like clean water, safe food in restaurants, and healthy children. These are things people value but don't link to public health. We all need to understand that role and that there is a common good that we as a society are investing in. As a society, we are less supportive of governmental functions we don't understand. We need to educate the public about the value of our work. After all, you'd miss it if it were gone!

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

I have training in both health behavior and epidemiology. I call myself an "interventionist epidemiologist" because I use those two perspectives to gather information through the use of data and analytics tools to improve public health.

Early in my career, I worked at a local health department. After I went back to school to get my doctoral training in epidemiology, I worked for a nonprofit. In both positions, I was using data to improve health. When I was at the nonprofit, we did studies on how to improve the quality of care for Medicare enrollees and I also had the opportunity to work with care providers, training them how to use data. I'm a UNC alumnus so when the opportunity to work here at the School came up, I jumped at the chance to come back and train the next generation of public health workers.

### **What are your primary responsibilities in your role at UNC?**

I have three different areas of responsibility at UNC. First, I direct an academic unit called the Public Health Leadership Program.

It's an interdisciplinary unit that offers graduate certificates as well as a Master's in Public Health. We currently have about 300 students in the program.

I also direct the outreach unit for the school, called the North Carolina Institute of Public Health. We serve primarily as the bridge between the school and practitioners of public health in communities. We do this in three ways. First, we offer training and education for public health practitioners. We serve as the continuing education unit for the School. Secondly, we offer technical assistance. If a community group or organization or a local health department issues a request for strategic planning, evaluation or a community health assessment, we can provide assistance. Third, we conduct research on practice-based issues of importance to public health systems, such as how to measure the return on investment in public health.

The other role I have at the School is that I serve as associate dean for public health practice. My responsibility there is to help create opportunities for students, staff and faculty to experience different ways in which public health is practiced and have opportunities to participate in public health practice.

### **What can partners and related organizations do to better support the work that you're doing?**

Partnering with us is very important. We have a lot to offer and if we're not at the table there is a lot that will be lost. We can provide a unifying perspective. Any healthcare entity that assumes a role of an accountable care organization will be responsible for a population, but the ability to look across all different populations is a strength of public health. It's not just about a panel of patients or people put under the umbrella of an accountable organization. It's about partnering with us. Helping us educate others. Public health has been somewhat of a well-kept secret and it shouldn't be, so shame on us for having this be a secret. We're out doing work and not telling others the work of public health and how important it is. Most people understand the value of public education but don't have the same understanding for the value of public health.

### **Are there any specific resources, tools, websites, etc. that you'd recommend to those looking for more information?**

Yes! At the school we have a number of resources that might be helpful.

For people who work in public health, or want to work in public health, we offer undergraduate-and graduate-level degrees, as well as academic certificates that don't take as long to achieve as a degree—so anywhere from 9 to 15 credits. Certificates are a way for existing professionals to gain additional credentials as well as apply credits to a graduate degree down the road, if desired. We have traditional programs offered residually, as well as online and executive programs. You can visit our Gillings PrMHRC front from distance2\_4x6ogram Search to see all our academic programs: <http://sph.unc.edu/gps/>.

We also offer continuing education. NCIPH offers over 100 free courses online where people can come and do entry-level courses (as basic as “E is for Epi!”) to learn about a number of public health topics. Our continuing education is free and online and goes from very general to specific skill-building. Check out our training website: <http://nciph.sph.unc.edu/tws/index.php>

## **About Anna Schenck**

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