

Public Health Institute Capacity Assessment Report Summary

In an effort to strengthen the Public Health Institute (PHI) or other facilitating entity in each state to promote effective public-private linkages and coordination, the National Network of Public Health Institutes (NNPHI), through funding from the U.S. Centers for Disease Control and Prevention (CDC), contracted with the Georgia Health Policy Center (GHPC) to:

- assess the developmental needs of identified PHIs at every level of maturity
- determine the capacity of relatively mature institutes to provide technical assistance to others
- study the conditions in states in which no statewide PHI has been identified
- bring recommendations for further action to the NNPHI board of directors

Typology

To prepare for the assessment, NNPHI and GHPC staff categorized the PHIs into a 6-tier typology using the 14 board-identified key capacities and characteristics:

- Technical assistance
- Policy development, analysis and education
- Research and Evaluation
- Data and informatics
- Health communication
- Knowledge transfer
- Business operations
- Sustainability
- Stability
- Ties to public health/state strategy
- Impact on population health beyond direct services
- Convener – public/private
- Nimbleness
- Ability to participate in network/national activities

Using available data, institutes' strengths in each of these areas were estimated on a 3-point scale. The typology was confirmed through site visits and phone interviews. On most characteristics, the strength of institutes increased consistently from Tier 5 to Tier 1. The exception to this gradient was observed among particular characteristics for Tiers 1 and 2. Tier 1 PHIs were strongest in the following areas: data and informatics, nimbleness, and ability to participate in network/national activities. Tier 2 PHIs were stronger than Tier 1 in policy development, analysis and education, and knowledge transfer. No differences between Tier 1 and 2 on their strengths in research and evaluation, business operations, sustainability, and stability were identified.

Methods

Mixed qualitative and quantitative methods were used to conduct the assessment. Qualitative methods included a range of semi-structured to structured in-depth interviews conducted through site visits and by telephone. This dataset was analyzed using inductive and deductive methods to identify consistent thematic patterns. In addition, background data on contextual factors (e.g. United Health Foundation Ranking) in each state were collected. Logistic regression models were calculated to uncover any potential differences between states where PHIs do and do not exist. None of the quantitative analyses were significant.

Core PHI Elements

We found that five major elements of public health institutes surfaced consistently. Together these elements were either identified as contributing to the success of public health institutes or were suggested as areas for improvement. The five elements were:

- Vision
- Key partner involvement
- Entrepreneurial leadership
- Funding
- Organizational and programmatic capacity

Vision

A strong vision was suggested as being a key element both within public health institutes and between PHIs and their public and private partners in the state. Institute leaders often suggested that working with staff towards a common vision, mission, and strategic plan is critical to advancing the institute. One of the challenges identified in this area, however, was maintaining a focus on the institute's mission. Most of the institutes are funded through soft money and, thus, are constantly engaged in seeking additional funding. This ongoing challenge can be distracting for institutes that want to remain mission focused but also need to obtain grants and contracts to survive. To overcome this challenge, several institute leaders suggested that strategic positioning and communications are critical. That is, establishing a clear role or niche for the institute within the state can help PHI staff remain focused on the institute's mission and help key external partners understand the added-value of the PHI. One institute, for example, has developed an elevator speech that staff members use to communicate their mission and role within the state. Participants also suggested that it was important for PHI leadership to connect to a broad vision of public health that went beyond the capacity of the institute, making the inclusion of key partners a necessity.

Key Partner Involvement

A defining characteristic of public health institutes is that they act as neutral conveners for multiple public and private partners within a state. To successfully serve this function, it is critical that key leaders who can influence health at the state level partner with the institute. We observed that several institutes approached this issue by including state public health officials on their governing boards and advisory committees. Another approach for involving a diverse set of partners with common interests was to ensure that the PHI's mission aligns with that of other health-focused agencies in the state.

Participants reiterated that strategic positioning and communications could assist institutes with overcoming challenges in maintaining partnerships, such as turnover in executive level governmental public health. Several institutes in the assessment discussed the need to continually communicate their role to governmental public health partners with each new administration change. One institute, in particular, strategically positioned itself to be a partner on the search committee for the new state public health director. Other institutes suggested that being visible and making meaningful contributions to community boards, statewide initiatives, and sharing credit with partners served to establish the organization's reputation and maintain partnerships with key leaders.

Entrepreneurial Leadership

Several of the top tier institutes identified being strategically opportunistic as a major contributor to their sustainability. Part of being strategically opportunistic is having institute leadership that is entrepreneurial in spirit. Dennis Young, a member of the project's Advisory Group, described entrepreneurial leaders as individuals who implement "new combinations" (e.g., new programs or services, new ways of doing things, and new ways of organizing).

Generally, in the nonprofit arena, entrepreneurial leaders are believers, searchers, and conservers. They pursue ideas and causes, have acclaim of peers and a good self-identity, and preserve cherished institutions. Entrepreneurial leaders are problem solvers and team builders and are known for their persuasion, persistence, creativity, and energy. They are self-reliant individuals who require opportunities and room to operate. Entrepreneurial leadership is seen as a key component of the PHI network.

Funding

Regardless of size or operating budget, financial issues are a concern for PHIs. Very few institutes have an adequate amount of core funding, with most relying on grants and contracts as their primary source of income. Several institutes suggested being further burdened by the short-term nature of these grants and contracts because they tend to range only from a few months to a year. Furthermore, cash flow was cited as a problem when government payment of invoices was late, forcing institutes to seek bridge loans from financial institutions, or use reserve funds if available. This fragile funding validates the need for PHIs to have diversified funding sources and sufficient core support to get them through temporary cash flow problems.

Core operating dollars allow institutes latitude to remain mission focused and play a consistent role as a contributor within their respective states. Several participants suggested that access to core and unrestricted funding would be ideal. These types of funds could satisfy indirect costs and allow PHIs the degrees of freedom necessary to provide mission focused programs.

Organizational and Programmatic Capacity

Finally, the basic tenets of almost any successful organization, in addition to visionary leadership, include sound business operations, human resources, office space, professional development, diverse investments, and strategic and sustainability plans. Other capacity factors that institutes suggested were particularly important for public health institutes were building data and IT infrastructure, policy and research, and health communications and translating findings. These organizational capacities allow PHIs to provide programs and services and add value within their respective states.

Opportunities for PHI Peer Technical Assistance

Several PHIs expressed a willingness to provide peer-to-peer technical assistance with respect to their particular area(s) of expertise, e.g., business operations, research and evaluation, meeting facilitation, information technology, health communication, etc. It was also suggested that a PHI learning community could be further expanded through:

- Leadership development in skills such as problem solving, vision development, capacity building, neutral convening, team and board building, negotiation, strategic planning, traditional and non-traditional collaboration and community development. Training methods include peer mentoring, experiential learning, group problem-solving, and networking.
- Resource development by sharing information about funding opportunities and programmatic expertise; collaborating on projects together either through data collection and analysis, implementation, or evaluation; and branding and promoting the “value added” by public health institutes.

Although PHIs have a significant amount of expertise within their organizations and expressed both the desire and willingness to assist one another, they also stated they did not currently have the personnel or financial capacity to provide technical assistance to other PHIs on a regular basis.

Opportunities for NNPHI

It is essential that NNPHI continue to enable the network of PHIs by creating an environment that diffuses knowledge and provides support for PHIs around the country. It can serve as a broker and transformer of resources and services for use by individual PHIs. NNPHI can support multiple institutes by establishing resource exchange networks, convening groups, incubating innovation across multiple sites, encouraging PHIs to collaborate on a project (e.g., matching a university-based PHI with a non-academic PHI to bridge theory and practice), identifying resources for providing tailored technical assistance, advocating for and promoting efforts of PHIs, branding PHIs, coordinating a developmental evaluation of PHIs, and providing resources for the implementation of programmatic initiatives and organizational development and maintenance (e.g., capacity building).

Conclusion

Over the past decade, the number of PHIs has tripled and many are a critical component of the public health infrastructure. The nimbleness and convening abilities of these PHIs allow them to bridge public and private health serving entities. Future efforts to enhance PHI development will strengthen our ability to collectively address the complex health issues facing our nation.