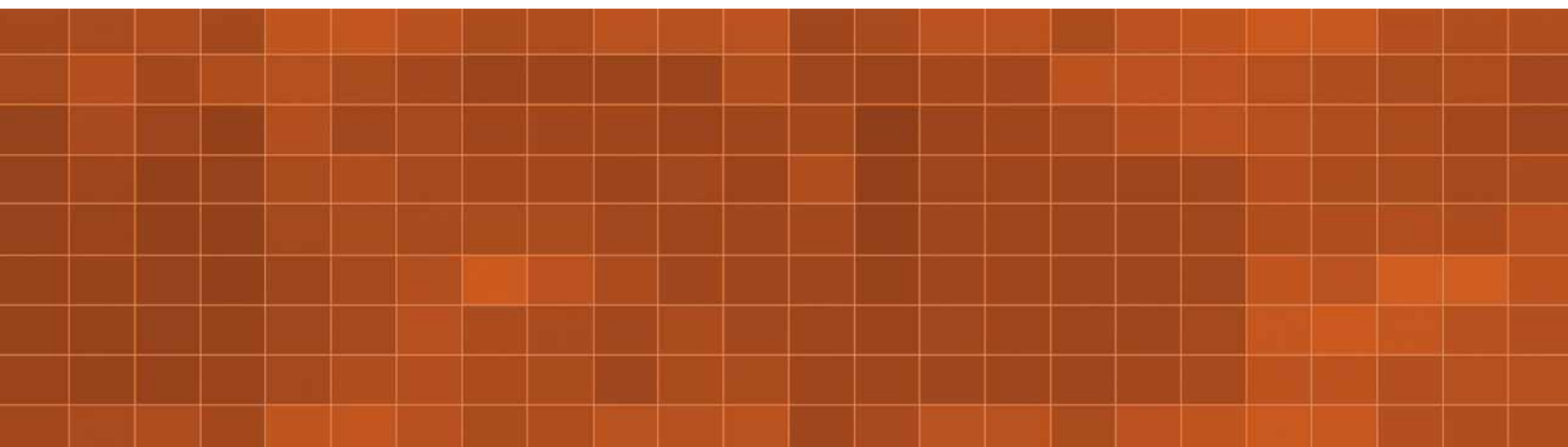


First Days:

A Guide for New State & Territorial Health Officials



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Introduction

The position of state or territorial health official (S/T health official) is complex and demanding. However, the opportunity to hold a position that affects the health of an entire state/territory and to work with top public health professionals is an awesome responsibility and a great joy. To be a S/T health official necessitates comfort in many hats: leader, manager, health expert, cabinet member, lobbyist, political appointee, public figure, etc. Though most new S/T health officials arrive in the job with experience in some of these roles, few can anticipate all that is needed to be effective in such a unique position.

This manual was developed to help the newly appointed S/T health official make the most of his/her early time in office. It was developed based on the experiences of a panel of experienced S/T health officials and those who work closely with them. The manual was supported as part of the State Health Leadership Initiative, funded by The Robert Wood Johnson Foundation, and was developed by the Association of State and Territorial Health Officials (ASTHO).

This checklist is a reminder of some key activities that should occur in your first 30 to 120 days as a S/T health official.

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Challenge One

Understand the Job

Important Goals: Little Time

“It is an uncommon privilege to serve as the health official for an entire state.”

Dr. Thomas M. Vernon, Former State Health Official

The expression, “there is no time like the present” is never truer than when a person moves into the public arena. Terms of office are frequently controlled by circumstances beyond the office holder’s control. Elected officials come and go. Their trusted colleagues who help them move on as well. *S/T* health officials do not typically have long tenures. It is imperative to begin to establish the goals of your term immediately.

“Every job I’ve ever had has prepared me for this one – and it often feels like I’m doing them all at the same time.”

Sanne Magnan, MD, PhD, Commissioner, Minnesota Department of Health

Remember That You Serve at the Pleasure of the Appointing Authority

In most states/territories, the appointing authority is the governor. ASTHO’s 2007 State Public Health Survey showed that 42 of the *S/T* health officials who responded reported that they serve at the will of the governor or relevant cabinet secretary. In some cases, the state/territorial board of health or a department head of a super-agency is the appointing authority. Three *S/T* health officials who responded to the survey indicated that they serve at the pleasure of a board or commission. Regardless of the structure, the *S/T* health official must make decisions that require the support of political leadership and work with conflicting interests on major public controversies.

The nature of the issues and decisions with which the *S/T* health official deals makes the position high-risk. According to ASTHO’s 2007 State Public Health Workforce Survey, the median tenure of a *S/T* health official is 2.25 years.

Be Informed

The state/territorial health agency staff will most likely prepare briefing documents when your appointment is announced. Information that is helpful includes:

- Overall information about the size of the department, the budget, the staff, and the number of divisions and locations, etc.
- Detailed information about the state/territorial board of health and other key committees on which you may serve
- Division level information that includes: description of the programs; background information on key staff members; budget and staffing figures; current hot issues and problem areas; strengths, as well as weaknesses, of the programs; and key stakeholders and constituencies
- Proposed or likely legislative and budget initiatives
- Key deadlines and schedule information
- Directory of staff, board of health, etc.
- Home and cell phone numbers of important contacts
- Emergency response information

Don't Take on the World Yourself

The tendency upon taking office may be to try to control too many details. Staff can help delineate a system that allows you to obtain sufficient information about various areas and to determine how much time you wish to devote to administrative details. Be aware that the executive branch may also have set procedures or regulations that require you to handle certain issues personally.

A good staff is an important source of information about the position and the decisions that you must make regarding authority and delegation. For example, you may want to delegate responsibility for signing contracts. A fairly typical state/territorial health agency may have up to 2,000 contracts annually. Seeing all of these may not be a good use of your time. If you want to delegate this task, you might:

- Find out what has been delegated in the past.
- Determine if you would like to see contracts above a certain dollar amount.
- Find out who approves out-of-state/territory travel.
- Learn whether someone can be designated to sign letters for you.
- Decide if you want to personally approve consulting contracts and out-of-state/territory requests.

Existing agency staff can also help inform you about trends in your state/territory. Travel and membership in organizations can become a political issue and cover story in the newspaper. In some states/territories, organizational membership can be supported with agency budgets, in some they cannot. Although these issues seem mundane, they can become problematic. The purchasing director or the director of administrative services will know how things are typically handled.

The S/T health official has certain legal responsibilities that may be written in statute or state/territory regulation. In addition, the S/T health official may sit on various boards and committees by virtue of holding the position. These can range from committees on the uninsured to committees that decide how funds from hazardous waste settlements are spent. Is there a state/territorial board of health? Does the S/T health official sit on the board? Does he/she vote? What are the powers of the board? All of this information S/T should be gleaned in early briefings.

For a S/T Health Official, Time is the Most Precious Resource

Learning dynamic time management can be an immediate challenge. Once in office, you will be inundated with demands. Tasks must be constantly prioritized by importance and deadline. Sometimes, the most urgent demands spring up with no notice. You must be ready to work with effective fluidity at any given moment. People and organizations will want to meet with you. Identify those individuals who must always get through to you immediately. These people may include the governor, key staff in the governor's office, the chair of the state/territorial board of health, legislative leadership, etc.

Time must be scheduled to return phone calls, meet with staff, and begin outreach to constituencies. You will need to decide if your personal assistant can schedule meetings for you, how decisions will be made about that scheduling, and when your private time must be reserved. Every reception, open house, and meeting, etc., will not need your personal attention. Balance is important in deciding with whom you will meet. An Environmental Protection Agency administrator had her schedule subpoenaed due to accusations that her meetings were almost exclusively with industry, and not balanced with the environmental advocacy organizations. Avoid this kind of lopsided scheduling.

You will be asked to make many decisions quickly. Sometimes, you will want more information than you are given by staff or others. Resist the urge to sign anything too quickly if you need additional thought, or input.

A Public Health Crisis is a Tough Test For any S/T Health Official

Floods, fires, hurricanes, disease outbreaks, major chemical spills, and bioterrorism threats-- These emergencies, and others, are similar in that you will be in the center of dealing with them if they occur. There is no way to plan for every type of disaster. However, the members of ASTHO have created a useful document called Top Ten Suggestions from S/T Health Officials Who Have Weathered a Terrorist Attack (See Appendix 1). These recommendations are based on actual management of public health disasters and emergencies.

Don't Forget:

- What are the statutory responsibilities? Is there a confirmation process? Are there boards on which the S/T health official sits? How has the job been defined in the past, and how does that relate to how the governor or other appointing authority sees the position?
- Obtain briefing documents from key senior staff and division/ program directors. Pay attention to information that explains the breadth of the agency. Ask for verbal and written briefing information on the agency as a whole, and by major organizational unit (office, division, and program). These briefings should address budgets, staffing, key statutory authorities, major issues, controversies, legislative proposals, constituency support or conflicts, and relationships with local health agencies, etc.
- If the agency is part of a larger umbrella agency, meet with the other agency heads and the secretary to determine how your position and agency fit into the larger picture.
- Identify any reports that may be due to committees or the legislature.
- Learn about the health status of the state/territory and its changing demographics. Meet with the senior managers, the state/territorial epidemiologist, chief medical officer, and/or the director of health statistics.
- Obtain an understanding of what other state/territorial agencies do and what they expect from public health.
- Review the agency's strategic plan and other planning documents.
- Interview the key managers about the strengths and challenges of their programs and areas of responsibility.
- Meet with legal counsel to discuss and understand the process for legal representation. Review conflict of interest and other ethics procedures.
- Obtain a briefing on any major controversies and outstanding legal suits. Learn about your expected role in those issues.
- Obtain a briefing on management procedures, procedures for emergency preparedness, and contact information.
- Thank those who promoted your name to the governor or the appointing authority and recommended you for your new position.

The background features a series of overlapping, semi-transparent circular patterns that create a sense of depth and movement. A large, bold black number '2' is positioned on the left side of the image. The overall color palette is a mix of greys and oranges, with a solid orange bar at the top.

2

Challenge Two

Understand the Political Power Structure

“When the stakes are high, the personal cost of attempting upward leadership but falling short can be traumatic, and coping with the consequent stress is one of the burdens that comes with the calling.”

Michael Useem in *Leading Up, How to Lead Your Boss So You Both Win*

Establish a Strong Relationship with the Governor

Governors understand that the actions of their departments and cabinet help determine how the public feels about them. Governors do not like surprises, and they do not tolerate embarrassment that may come from the actions of their key officials' departments.

Governors usually come to office with a pre-determined agenda, refined over the course of long and difficult campaigns. S/T health officials often come to office after many years of high level work in the public health arena. Matching the governor's priorities with the goals of the S/T health official is not always easy. As a cabinet member, the S/T health official must remember that he/she serves as a member of a team that has political objectives as well as broad-based goals for the management of the state/territory.

There are times when the governor's agenda closely matches that of the S/T health official, and others when the governor can be convinced to embrace new public health agendas. However, there will be times when public health issues will create friction with defined gubernatorial goals. A key to the success of a S/T health official is to understand the values that motivate the governor and his/her staff so that public health concerns can be presented in the most compelling way. However, once the governor has taken a position, the S/T health official is expected to be a team player support the administration.

A S/T health official can better understand the governor's goals and intentions by becoming familiar with the governor's campaign promises and key initiatives. The policy office may be able to give you a list of campaign promises and executive orders. In addition, the S/T health official may have gone through an interview process with the governor or the chief of staff to discover the administration's public health priorities.

The legislative agenda and any executive orders may also express the governor's plans. A scan of the governor's campaign Web site may be useful as well.

The best, and perhaps only successful, way to move the public health agenda is by understanding how to communicate ideas and information to the governor and his/her staff. Some governors will welcome in-depth discussions with cabinet heads. Others prefer group interaction during cabinet meetings, or the filter of information through trusted staff in the governor's office. Keep the boss informed, learn how information flows!

Image is Important

Regular communication about emerging issues, coupled with reasonable solutions will help keep your agency in the governor's good graces during a potential crisis. Always be ready to cancel any other plans if an emergency occurs. Public health is blessed and plagued with the responsibility to manage high-profile and potentially unexpected issues. AIDS, hazardous waste, bio-terrorism, unsafe drinking water, and inadequate nursing home care are examples of issues that strike fear in the population and lead to headline stories and trouble with concerned interest groups. Certain issues lend themselves to especially strong opinions in society, such as family planning, water fluoridation, and regulation of industry. Many S/T health officials lost their positions because they could not continue to show their administration in a positive light while dealing with high-profile projects.

Public image is shaped by the media. Coverage of public health stories reflects not only on the agency, but on you and your appointing authority. A vital first step in communications strategy is to understand when and how the governor and his staff would like to be involved in public health media coverage. The governor may prefer to share the spotlight with positive news stories

and to be involved in strategies that engage difficult issues. If you and your communications staff have a good relationship with the communications director in the governor's office, it will be easier for both offices to develop a clear strategy for media issues. Do not be surprised if the health department is expected to take most of the heat generated by tough issues. This provides some distance for the governor. There also may be issues, like abortion and family planning, which the governor may prefer to avoid addressing altogether.

Don't Forget:

- Learn to navigate the reporting relationships within the governor's staff.
- Become familiar with the governor's campaign promises and key initiatives, including any executive orders and the governor's legislative agenda.
- Understand the preferred communication modes of the governor, chief of staff, and other key staff members.
- Learn the process that the governor's office prefers for responding to the media.
- Understand the power structure in both the executive and the legislative branches and begin developing your role as a valued agency head and cabinet member. Take note of the relationships between the governor and key legislators.

Note: If the S/T health official does not report to the governor, these actions would be modified for reporting to a state/territorial board of health or the cabinet head of a super-agency.

Establish a Solid Relationship with the Legislature

The state/territorial legislature will make decisions that determine the success or setbacks of the state/territorial public health agency and your perceived ability as the S/T health official. The relationship between the executive and legislative branches of a state/territory's government is affected by the parties in control of each branch, the relationship between the governor and the legislative leadership, and the degree of independence that the governor gives each cabinet agency in dealing with the legislative branch.

“Do not consider all opponents to be enemies. You may have productive, friendly, confrontation with others inside and outside your tribe.”

Wes Roberts, *Leadership Secrets of Attila the Hun*

The first interaction a S/T health official has with the legislative branch is often his/her own confirmation process. Confirmation preparation is rooted in relationship building. The new S/T health official will want to meet with his/her legislative sponsor. In addition, it is helpful to meet with key members of the referral committee, which is usually a health-related committee. After the confirmation, be sure to personally thank those legislators who helped you. This will begin the trend of thanking legislators each time they assist you or your agency. Expect that some committee members may use the confirmation hearing as a platform for their own favorite issues. Find out what those concerns are likely to be so you will be prepared to discuss them.

Certain lobbyists or legislative liaison staff can also be very useful. The governor usually has a primary lobbyist. That individual, with the help of the agency legislative liaison, can help draft comments and anticipate possible questions and answers for the confirmation hearing. The governor will want your appointment to be a positive reflection on the administration's decision-making and judgment. As such, the governor's office may want particular positions to be reflected in your confirmation comments.

Within four months of confirmation, it is advised that the S/T health official have a personal meeting with major legislative leadership. This may include the chair and members of all health committees or related committees, such as environment, the majority and minority leaders of both houses, the chair of the budget committee, and known supporters of public health policy initiatives. There are usually a few legislators who are known as health experts. These members influence how the rest of the legislative body will react to health-related issues. Try to schedule lunch or dinner with these legislators to get to know them. Meeting them in their home districts when session is out will be especially appreciated.

The governor and the legislature represent competitive branches of state/territorial government. Most governors have a process for reviewing bills before they are signed or vetoed. You and your staff may be expected to keep any recommendations concerning these bills confidential. Governors usually oppose actions that reduce the power or flexibility of the executive branch. Such legislative action is a way to provoke a veto. Vetoes are powerful actions, and most governors prefer to use that power sparingly. Recommending the veto of a legislative bill or budget item will require considerable justification and analysis. The governor will want to know all the implications of such a decision. In addition, you and other agency heads may occasionally see a favored bill receive a veto for reasons that go beyond the benefits seen at the agency level. In such cases, direct discussion, rather than written or indirect communication, is important. The chief of staff may be the best choice with whom to engage detailed and intense discussions.

Lobbyists have a very powerful role in the legislative process. Lobbyists for advocacy groups and local government can be natural allies. Industry lobbyists can make or break the success of your legislative agenda. It will be important to learn who the most influential lobbyists are and anticipate when your agenda overlaps with theirs. Despite your most valiant networking and political efforts, legislation will not always progress as you hope. Try not to take everything as a personal loss or victory. There will be another issue another day.

Don't Forget:

- Understand the process of confirmation, if confirmation of your position is required.
- Work with the governor's staff on preparation for confirmation. Identify a legislative sponsor for confirmation.
- Learn the approach the governor's cabinet is expected to play regarding legislation and testifying.
- Meet face-to-face with key legislators, especially chairs of health committees, budget committees and the majority and minority leadership.
- Know the legislative calendar, the legislative process, and major proposed legislation.
- Identify a knowledgeable and trusted legislative liaison.
- Establish a practice of thanking legislators for their assistance and support.

Note: If the S/T health official reports to a state/territorial board of health or a cabinet head of an umbrella agency, the appointing authority for the S/T health official will be involved in how these activities are handled.

3

Challenge Three

Take Charge of the Agency Agenda

“One of the joys of working in public health is experiencing the commitment, dedication, and passion of our staff. Their actions and words frequently convey their conviction that they are doing the most important work in the world. It is truly a privilege and a pleasure to work with folks like that.”

Mark B. Horton, MD, MSPH, Director, California Department of Public Health

Develop Relationships with Agency Staff

It is vital that you connect with key staff immediately. This is the first step to gaining credibility and confidence with the people you will depend on daily. You should make an early decision about who you would like in your senior level meetings. Some *S/T* health officials have the ability to hire a few key positions. In other state/territories it is hard to make any changes. Regardless, most of the staff will be in place when you arrive.

Try to be clear with your expectations with reports. You will be able to accomplish your agenda when the energies, enthusiasm, and ideas of the staff are clearly communicated and focused on the same goals. While some respect and legitimacy comes from simply carrying the position and the title of state/territorial health official, much more power comes from mobilizing the strengths of the staff through a sense of common purpose.

It is difficult to communicate in a personal way with hundreds or thousands of employees. Some helpful techniques include scheduling staff meetings; asking to speak at divisional staff meetings and brown bag lunches; sending all-agency emails; attending retirement and other rites of passage events; visiting branch offices; and scheduling “breakfasts with the boss,” etc. show that you want to know the staff and cultivate a sense of appreciation and respect for them. Always try to express the desire to communicate frequently and honestly.

Senior deputies can be invaluable. They are usually experienced managers who are familiar with the state/territorial system and the constituencies. A comfortable, trusting relationship with a key deputy to whom you can delegate will make your job more manageable. Senior deputies should be encouraged to speak freely and give feedback, even on delicate issues and strategies. A chief

medical officer, if that position exists, can provide both scientific support and a valued colleague’s advice. *S/T* health officials without a medical degree usually need to identify a chief medical officer immediately.

Another important member of your team is your administrative assistant or secretary. This individual will help you to be efficient, maintain a manageable schedule, inform you of the currents of the agency, and represent you to the world with every phone call answered and visitor greeted. This position should be filled with a great deal of thought. The administrative assistant needs to be organized, discreet, knowledgeable about key players, loyal, and pleasant during difficult situations.

Two other key positions that will determine how you and your agency are viewed externally are the communications director and the legislative liaison. These individuals will help you present your story to the public and the policymakers. They must be politically astute professionals who know the press and know the legislature and lobbyists.

Review the practices of the agency related to employee recognition. With a little thought, a *S/T* health official can put his/her stamp on employee relations. One *S/T* health official started a “Gold Paperclip Award.” When an employee accomplished something of significance or received positive feedback for the agency, the director personally delivered a gold paperclip with a hand-written note thanking the employee for his/her good work. The Gold Paperclip Award was never announced, just delivered, and is still talked about many years after the *S/T* health official left office.

Some *S/T* health officials have motivated staff by picking an achievable, crosscutting project to attack. Such initiatives excite staff by allowing them to cross program lines and feel the power and energy of a departmental mission.

An example is the Health Management component of the Vermont Blueprint for Health. The program provides classes to teach Vermonters with chronic conditions to become effective managers of their own health. It involves the director of diabetes, chronic disease director, commissioner of health and is supported by the governor and legislators. The program engages staff from mental health, substance abuse and chronic disease programs, as well as all 12 of the state's district health offices who facilitate the organization of classes in communities. Tangible results have been recorded, with reduced episodic visits to ER and health care providers. Feedback from individuals and providers enforces the value of this statewide resource.

Themes can help unite a complicated and fragmented agenda. State/territorial health agencies are diverse organizations with many categorical and programmatic silos that separate staff. Breaking down those walls with integrating programs will help your staff to see a bigger picture. Chart progress on these special programs on the agency Web site and celebrate successes to keep staff and constituencies energized. In choosing a cross-cutting project, it might be helpful to look at lessons learned by Harvard University's Kennedy School of Government (See Appendix 2).

Don't Forget:

- Recognize that the agency staff will be aligned with you if you show an interest in them. Establish yourself as their champion and voice their achievements outside the agency.
- Get to know the staff as quickly as possible, schedule staff meetings, and attend program or divisional staff meetings. Seek opportunities to communicate your vision for the agency and your delight about being part of their team.
- Select or connect with key positions including senior deputies, chief medical officer, communications director, legislative liaison, budget director, legal counsel, state/territorial epidemiologist, laboratory director, etc.
- Form your management team. Spend time together in retreats or off-site meetings developing your mutual goals and vision.
- Understand your capacity to select staff, and know the role that the governor's office wishes to play in appointments.
- Assess the strength of the current staff. One source of information will be to gauge the impression that other agencies have of your staff. The governor's office and legislative leadership may have input as well. Note which staff members are most respected by their colleagues and constituency groups.
- The human resources director can give advice regarding selection, promotion, union relationships, civil service policies, and practices. Be sure that strong, legal practices and communication of nondiscrimination is used.
- Use a crosscutting project to invigorate the agency and staff.

Get to Know the State/Territorial Board of Health and Local Health Departments

State/territorial boards of health come in all shapes and sizes. 31 states/territories do not have a board of health. Three have the power to hire and retain the state/territorial health official. If your state/territory has a board of health, visits and calls to the chair and other members in your first days on the job are well advised. Clearing your schedule to attend all board meetings is a good idea.

Your relationship with the board of health is important to understand. Find out if you sit on the board and have a vote. You may be a non-voting member of the board. As with your staff, you should identify the key issues facing the board and determine the relationship between the board and the governor. It is important to note that in some states/territories, medical societies, hospital associations, or legislative committees fill some of the roles usually held by a state/territorial board of health.

The local health agencies can be your biggest fans or greatest detractors. Local agency staff has relationships throughout the state/territory, especially with county commissioners and state/territorial legislators. Local and state/territorial health agencies share major goals and visions for the community. Building on these mutual values strengthens cooperative relationships. The state/territorial and local health agencies must work together with mutual trust and respect for the protection of the public.

Local agency directors report to their own political administrations and may be under different political pressures than a S/T health official. It is important to respect their political pressure points. Like governors, local agency directors do not like surprises, and it is helpful to include them in problem-solving that will affect their agencies.

The local health organizations such as the local public health directors association, the state/territorial public health association, and state/territorial associations of public health leaders, are sources of support and mutual interests. Be warned that tensions can occur, when state/

territorial and local agencies must compete for public health resources. Communication with local health leaders and county commissioner associations will help avoid embarrassing public conflict. Some S/T health officials cultivate these relationships by attending annual meetings and serving on health committees of local associations. In some states/territories, local partners can include community health centers or district hospitals.

Many states/territories have one or more major urban areas. The health agencies for those areas have different roles than their more rural neighbors. Urban health agencies are very involved in direct care and perhaps even run hospitals or clinics. It is helpful for the directors of these agencies to know that you understand their responsibilities and wish to work with them.

It may not be possible to meet with all local agencies in your first few months on the job. It is important to schedule meetings over the first year and to announce that schedule. These visits may include other appropriate staff members. For example, the state/territorial epidemiologist may join you when visiting an area that has had challenges with disease outbreaks. The local health liaison may also join you. He/she works closely with local health agencies to serve as a link between your agency and theirs.

Don't Forget:

- Understand the role of the state/territorial board of health and your relationship with it.
- Personally introduce yourself to all board members.
- Understand the appointment process for board members and learn when their terms expire.
- Meet with the local health liaison, or staff members who fill the role, for information about current local and state/territorial relationship strengths and weaknesses.
- Meet with the leadership of the organizations of local health directors and become familiar with their issues.
- Communicate your intention to visit local health agencies and develop a schedule to do it.

Understand the Agency Budget

Launching new initiatives, which usually must be forwarded through a governor's budget office, are a way you can show leadership and set direction for the staff and for the various stakeholders and citizens. There will be many limitations on how dollars are spent. State/territorial and federal regulations, state/territorial and federal law, the approval of the governor, and the support of the legislature affect the flexibility of the S/T health official's spending power. In some states/territories, the state/territorial board of health also plays a role in the budgetary process.

“The budget is truly the heart of the governmental and political process of our state.”

Comment by a former governor

The state/territorial health agency has at least three distinct kinds of resources in the budget: state/territorial dollars; federal funds; and earned income from fees, permits, and licenses. Surprisingly, federal funds may represent the biggest share of the annual budget. As ASTHO's 2007 State Public Health Survey demonstrates, federal funds typically account for as much as 50% of budgets in most states. Funding comes from the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the U.S. Department of Agriculture, the Federal Drug Administration, the U.S. Environmental Protection Agency, and other federal sources. Some states/territories require legislative approval to spend federal funds or hire federally funded staff. Others place the authority for spending federal dollars in the executive branch.

Earned revenue may be treated in a number of ways. In some states/territories the funds revert to the state/territorial treasury; in others they are appropriated by the legislature. Indirect cost revenues are key to funding the infrastructure of many state/territorial agencies. Find out how indirect revenue is generated and spent in your agency. A thorough briefing on the agency budget by the agency budget director or chief fiscal officer is an important early action.

All but 5 states require the governor to submit a balanced budget, according to the 2008 Budget Processes in the States report by the National Association of State Budget Officers. Public health must compete with highways, education, and tax relief and other areas for state/territorial dollars. The state/territory's spending flexibility will be limited by a few big ticket items such as elementary and secondary education, higher education, welfare and Medicaid, state/territorial employee pay and pension funding, and transportation construction and maintenance. Some governors deal directly with budget issues, others will delegate those responsibilities to someone like the state/territorial budget director.

Division, office, or program chiefs, will usually forward their budget requests to your office for consideration as new initiatives. These requests must be carefully analyzed before they are forwarded to the governor's budget office, or in some states/territories, directly to the legislative budget office. Find out if similar requests were proposed in the previous year. Is the proposal more likely to be granted this time around? Remember that the governor, his/her staff, the state/territorial board of health, local health departments, and interest groups will take note of your funding requests, as they reflect your management style and priorities.

Obtaining state/territorial resources is never easy. Wining the support of the governor or the governor's budget office for new initiatives requires compelling data and stories. Constituency groups may help in obtaining this political support. However, such resources must be used in a way that does not put undue pressure on the governor. For example, the best testimony for increased support for local health departments often comes from the directors of the board of health or members of the local communities. Local government lobbyists from the municipal league or the county commissioners association can be supportive if mutual concerns exist. Be wary of single-issue interest groups or other strong advocacy groups as they may put undue pressure on the agency and both branches of government while pushing their agenda.

Both budgetary and legislative initiatives may potentially raise conflict between agency goals and those of the governor. Try to find a balance of supporting both public health efforts and the goals of the governor.

Don't Forget:

- Meet with the agency budget director or chief financial officer. Learn about the funding sources, where discretionary funds are available, and the current budget initiatives.
- Understand the budget process and the budget calendar.
- Expect to represent the department in public budget hearings.
- Discuss the agency budget with the state/territorial budget director.
- Identify any issues that are of high priority to constituencies, the legislature or the governor.
- Understand the state/territorial fiscal situation as it relates to surpluses or shortfalls.
- Understand the impact and extent of federal funding to the department.

Identify and Understand Hot Issues

Bioterrorism, natural disaster preparedness, MRSA, pandemic influenza, radioactive waste- the list of "hot" issues is constantly evolving. Public health deals with these types of high profile issues, and they frequently become front page news. A scan of conversations with policy makers, staff, and interested citizens will highlight the pressure points of the moment. New S/T health officials need to understand these issues and know what the agency is doing about them. Be mindful of the governor's position on these issues.

Your agency managers should brief you on the most sensitive current issues and the strategies in place to confront them. You must determine if the agency is on top of the issues, identify any legislative or budgetary strategies related to them, and learn the positions of the key stakeholders and interest groups.

In addition to hot problems, groups or areas of "special consideration" are also important to follow. Initiatives may receive stronger favor from political leadership or key constituencies than might be expected. For

example, a governor may have strong support for an abstinence program, drug prevention, or suicide prevention program based on special interest support or recent tragedies. Conversely, other areas may come under fire because of special interest opposition, such as family planning or waste disposal. Many programs receive considerable resources and publicity based on the personal commitment of an individual or a group in a position of influence. This is not necessarily a bad thing. It is important to recognize these special considerations and understand whether they will help or hinder your goals.

Maintaining a calendar of key events concerning hot issues is a good idea. Your presence at and participation in these events to represent public health leadership is important. For example, the governor may want your input to prepare for the state of the state/territory address. The agency can benefit when the governor includes public health objectives in this major annual address. It is easier and more effective to prepare information for an event like this in advance. Your staff and the governor's office can help you develop this calendar.

When preparing your schedule, find out if the governor has scheduled cabinet retreats to prepare important speeches. Get a list of the meetings of the state/territorial board of health. Find out when the legislative budget is due and whether there is a legislative hearing on the agency budget. Determine how much preparation will be needed to respond to questions and issues raised during the budget process. Find out if you are an invited speaker at the state/territorial public health association meetings.

Don't Forget:

- Hold discussions with the governor, members of the governor's staff, legislative leadership, your staff, and constituencies to identify and understand the most controversial issues you might face.
- Identify programs, staff, or constituents that require "special consideration" due to the support or opposition they might have.
- Request and maintain a calendar of major events that require your preparation and/or involvement, such as the governor's state of the state/territory speech and the state/territorial public health association meeting.



4

Challenge Four

Find Allies

“Relationships are everything– all else is derivative.”

Mary C. Selecky, Secretary, Department of Health for the State of Washington

Identify and Communicate with Key Constituencies

Time and energy are required to nurture and mobilize relationships. For every issue, you will find there are colleagues with mutual interests and concerns. It is impossible to meet with the leaders or attend meetings of all these groups in your first few months in office. Set priorities based upon which issues are most pressing and by considering the state/territory's power structure. As when meeting with local health official and legislators, visiting potential allies on their own territory is a gracious and appreciated gesture of interest and sincerity. Nonprofits like the American Heart Association, American Cancer Society, American Red Cross, environmental groups, and tobacco coalitions will be pleased to receive outreach from their S/T health official. In addition, industry groups such as the state/territorial association of commerce and industry may have concerns about health care costs and government regulation that they would like to discuss. The state/territorial hospital association director will welcome a visit as well. Community health centers and their association leadership also may be important allies.

Public health academic leaders can be important allies as well. A call or visit to the dean of the school of public health and other faculty is a good beginning to a relationship that can benefit their organization and yours. Many public health agency officials are given adjunct or clinical appointments in the graduate programs. Faculty members can help with special research expertise and consultation. Continuing education programs can enhance the skills of the agency staff. The potential opportunities for joint ventures are many.

If eligible, you should join the state/territorial medical society and develop a relationship with its leadership. State/territorial medical societies often have very influential lobbyists and a significant presence in the state/territorial legislature. Your involvement on committees can help gain support for public health issues. Professional societies, such as nursing or dental

associations, may be helpful depending on your background. The executive branch will have certain expectations about your involvement in key groups and on key committees. The governor's office may have formalized committees of key health-related cabinet members, such as Medicaid, welfare, environmental protection, health regulation, the state/territorial patrol, and other emergency operations. You will want to be seen as part of the team. Make time to attend these meetings and participate in committees that involve inter-departmental efforts. Developing these strategic alliances with various constituencies can help you meet your goals.

Don't Forget:

- Identify the expectations of the governor's office regarding coordinated agency efforts.
- Meet with other agency heads including directors of Medicaid, environmental protection, health regulation, state/territorial patrol, and emergency operations.
- Learn about key constituent issues and how they fit with the governor's priorities.
- These key groups include advocacy groups, industry groups, the state/territorial medical society, professional organizations, non-profits, etc. Set priorities about meeting with the leadership of these organizations and with the head of the hospital association.
- Introduce yourself to the heads of the schools of public health and/or public health academic programs in the state/territory.
- Join the state/territorial medical society if you are eligible.
- Join the state/territorial public health association.

Develop A Communications Strategy and Process

The image of the department is closely linked to your ability to communicate both positive information and troubling news. Your duties as the S/T health official include representing the agency to the press, the electronic media, and the public. Your communication procedures and strategy will be influenced by the preferences of the governor's office, the communication skills of agency staff, and the role of the communications director. Some S/T health officials prefer to do most of the media interaction, others use key staff to discuss specific program issues. One of your earliest tasks should be to determine who will speak for the agency and how. These procedures must then be conveyed to the staff, along with public relations protocols, to avoid confusion. A skilled communications director with media experience can be priceless assistance. Training in electronic media interviews is a good investment as well.

You will probably make many speeches as a S/T health official. If you are prepared, you will represent the agency well. Staff should be expected to assist in speech writing and in preparation of audio-visual materials. The text of speeches should be filed in a way that provides good record-keeping and the ability to re-use the best materials.

S/T health officials are expected to sign many letters and documents. Maintain consistent formatting, styles, and approaches in written communications and be sure your staff adheres to those preferences as well. Routing, logging, and approval processes may be used to assure that key managers have seen and approved documents before you sign them. These processes take time to establish if they are not already in place, but they will help avoid embarrassments, delays, and serious mistakes in the future.

“I have learned that communication is one of the basic sciences of public health.”

Dr. Patricia A. Nolan, Former Director, Department of Health for the State of Rhode Island

Effective and accurate communication in the time of crisis is especially vital. Seek out training in risk and crisis communications. Discuss the procedures and responsibilities of communicating in a crisis with the governor's staff. Find out if messages have been developed for communication in specific types of crises such as bioterrorist events.

The communications director can be a great help with press releases, conferences, answering press calls, preparations of key promotional materials, and charting a public relations strategy. The health agency should have a proactive approach with the media, providing good news and public information, rather than simply responding to problems.

Review how the agency sends information and messages. Assess your Web site, and be clear with the media about your communication and social marketing goals. To whom do your media staff report? Is their style proactive or reactive?

Don't Forget:

- Determine who is authorized to speak to the media for the department.
- Determine the chain of command for media response in emergency situations.
- Communicate how documents and letters for signature will be handled in your office.
- Explain to staff how the communications office of the governor's office will be included in agency communications.
- Identify staff to help in speech writing.

Involve Yourself Nationally

“This job is an incredible learning experience about health, medicine and policy. You may well deal with everything from moms to measles to Medicaid to monkeys to Marburg to meat and to milk.”

Dr. David R. Smith, former Texas State Health Official

Most of the programs in the state/territorial health agency are funded with federal dollars. Therefore, the directions given by federal agencies and changes in federal laws and regulations are often significant factors in how state/territorial programs run. There are a number of ways to obtain information about those regulations and to influence how they will change in the future.

ASTHO provides a network of peers and a national presence for S/T health officials. The members and staff of ASTHO testify at congressional hearings, and are represented on all key committees of the Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), Institute of Medicine (IOM), Department of Health and Human Services (HHS), and other organizations. Active involvement in ASTHO through participation on committees, attendance at ASTHO Hill Day in Washington and the ASTHO Annual Meeting, and by serving in leadership positions are ways to help shape the national agenda for public health. The peer connections between members of ASTHO are some of the most valuable you can make. You will learn best practices, find colleagues who are experiencing similar challenges, and develop life-long relationships through involvement in ASTHO.

In addition, your staff will gain information and influence through their involvement in work with the 20 ASTHO Affiliates. They are:

- Association of Health Facility Survey Agencies (AHFSA)
- Association of Immunization Managers (AIM)
- Association of Maternal and Child Health Programs (AMCHP)
- Association of Public Health Laboratories (APHL)
- Association of State and Territorial Dental Directors (ASTDD)
- Association of State and Territorial Directors of Nursing (ASTDN)
- Association of State and Territorial Local Health Liaison Officials (ASTLHLO)
- Association of State and Territorial Public Health Nutrition Directors (ASTPHND)
- Association of State and Territorial Public Health Social Workers (ASTPHSW)
- Council of State and Territorial Epidemiologists (CSTE)
- Directors of Health Promotion and Education (DHPE)
- National Alliance of State and Territorial AIDS Directors (NASTAD)
- National Association of Chronic Disease Directors (NACDD)
- National Association for Public Health Statistics and Information Systems (NAPHSIS)
- The National Association of State Emergency Medical Services Officials (NASEMSO)
- National Association of State Offices of Minority Health (NASOMH)
- National Coalition of STD Directors (NCSD)
- National Public Health Information Coalition (NPHIC)
- State Public Health Vector Control Conference (SPHVCC)
- State and Territorial Injury Prevention Directors (STIPDA)

No specific degree or formal schooling prepares you to be a S/T health official, but there are extraordinary learning opportunities to take advantage of upon becoming one.

Participate in ASTHO's State Health Leadership Initiative (SHLI)

ASTHO's State Health Leadership Initiative is funded by The Robert Wood Johnson Foundation and administered in partnership with the National Governors Association and the Harvard University John F. Kennedy School of Government. Under the SHLI, newly appointed *S/T* health officials are invited to become part of a dynamic class for two years.

The focal points of SHLI training have been identified by experienced *S/T* health officials. The program is designed to enable *S/T* health officials to: anticipate and respond to the managerial and policy challenges during the first two years of their tenure; improve the effectiveness of their agency programs and personnel; and develop leadership skills. The following components help new *S/T* health officials to achieve these goals:

- In the first few months your tenure, ASTHO's Executive Director will schedule a site visit to your agency. The Executive Director will describe ASTHO and the services we offer, including the SHLI program, and take time to learn more about you, your interests, your agency, and the challenges you face.
- The mentoring program pairs new health officials with experienced colleagues based on common interests and challenges. The formal program lasts one year and includes regular phone correspondence and a site visit from your mentor to your agency. The mentoring relationship provides a confidential, supportive forum for a new *S/T* health official to discuss the challenges of the position and achieve personal, organizational, and policy goals with the guidance of an experienced colleague.
- A networking meeting and public policy training takes place over a day and a half in conjunction with ASTHO's Hill Day each March. The interactive meeting features state and national experts on media, management, budget, and legislative issues. It encourages new *S/T* health officials to share their early success stories and challenges in relation to working with governors, legislators, the media, local public health, and other key partners and stakeholders. New *S/T* health officials also benefit from dedicated networking time.
- The Leadership Retreat for State Health Officials is a five day retreat conducted by the Kennedy School of Government at Harvard University. Developed to meet the multiple training needs of both newly appointed as well as seasoned state health directors, it combines the expertise of the NGA Center for Best Practices, ASTHO, and the Kennedy School of Government. This program focuses on managerial approaches, program implementation strategies, private-public partnerships, and pressing health policy issues. The program includes a personalized skill-building assessment and feedback service to assist *S/T* health officials identify specific needs for improving leadership competency.
- *S/T* health officials will have opportunities to participate in collaborative health policy activities organized by the NGA. These activities are designed to examine health status and ways to improve patient care throughout the disease continuum. Participants typically include *S/T* health officials, the governor's health policy advisor, and one or more cabinet officials from education, environmental, emergency response, agriculture, or other critical state agencies. The activities help *S/T* health officials to develop partnerships within their jurisdictions and ensure that public health meaningfully contributes to broad-based health policy.
- The annual *S/T* Health Official Retreat convenes for strategic, candid discussions on timely issues in a safe, closed environment. Items such as vaccine safety and health reform have been topics of discussion. This retreat provides a unique opportunity to network with peers and learn what is happening across the country.
- Each new *S/T* health official can use up to \$5,000 in customized technical assistance funds for a project or training to improve their own leadership, management, or the functioning of their agency. Past participants used these funds to receive media training, special policy briefings on urgent issues, or facilitating resolution of a state specific managerial challenge.
- ASTHO offers all members a strategic planning consultation service specifically designed for state and territorial health agencies. TSI Consulting Partners facilitates the strategic planning process. ASTHO has negotiated a reduced rate for that service. In addition, a limited number of \$10,000 strategic planning grants are available each year to help defray the costs of the consultation.

Don't Forget:

- Maintain national involvement in public health issues through membership of your agency in the ASTHO.
- Working within the protocols of the governor's office or other appointing authority, introduce yourself to key congressional officials and staff. Attend the ASTHO Hill Day and meet with key congressional leaders who influence health policy.
- Participate in the State Health Leadership Initiative (SHLI).
- Participate in national public health organizations, such as the American Public Health Association, and on national committees and in organizations related to your own specialties and interests.

“Each state has its own dynamics as to why the governor and appointing power felt you were the best choice at this time. Be kind to yourself. There will be days when you question the wisdom of their choice.”

Dr. Diana M. Bontá, Former Director, California Department of Health Services

Conclusion

The memories and the satisfactions of directing an agency of dedicated public health professionals, influencing state/territorial health policy, and participating in high stakes political drama are memories that will last throughout a career. Most former *S/T* health officials cherish the time spent in the position. One of the biggest challenges while serving in the position is creating balance in your life. Personal needs cannot be ignored during your time in office. Reserving time for family, being refreshed by other interests, and taking time off are important to your own health and well-being. Success as a *S/T* health official requires an understanding of the power of the position. Articulating a vision, setting priorities, and delegating wisely will help you to serve the state/territory well. Good luck!

APPENDIX 1

Top Ten Suggestions from S/T Health Officials Who Have Weathered a Terrorist Attack

Pre-Event

- 1 Establish strong relationships with top state/territorial officials in law enforcement.
 - Discuss chain-of-evidence procedures and other crime investigation issues.
- 2 Prepare for the possibility that various levels of law enforcement may have communications challenges among themselves (FBI, DOJ, state/territorial and local authorities).
- 3 Prepare procedures for addressing classified information issues.
 - Build protocols with law enforcement for determining what information is classified and what can be made public.
 - Create a team of law enforcement and public health personnel that can assess each new piece of information. Give this team the authority to make on-the-spot decisions about what can be made public.
- 4 Address, in advance of an emergency, who will need FBI security clearance.
- 5 Plan for multiple jurisdiction issues with regional input.
 - Deal now with issues like inter-state/territory needs, public/private capacity sharing, out-of-state/territory volunteer credentialing, etc.
 - Write agreements and contact protocols for regional issues in advance and educate key staff.
- 6 Review personal information restrictions and emergency powers. Examine the ability of hospitals to share patient status information in times of emergency and the authority of the health department to lift privacy restrictions.
 - Plan for concerns of vital records, including death certificates and identify theft.

Post-Event

- 7 Arrange for the availability of an immediate 1-800 phone number.
 - More than one number may be needed so that providers, law enforcement, and others can reach the department 24-hours a day. Announce availability of the numbers immediately to avoid confusion and frustrations.
 - A separate number should be made available for general inquiries and public information.
- 8 Capitalize on strong relationships between public health and the provider community.
 - Distribute fact sheets, diagnostic guides, procedural protocols, and contact information to provider community.
- 9 Recognize the emotional and mental health needs of first-responders and health department personnel and the public.
 - To mitigate post-traumatic stress concerns, have on-site teams available for first responders, including mental health counselors and other therapeutic services.
 - In longer-term stress situations, provide opportunities for health department staff not directly involved to make contributions to the effort. Address their safety concerns and attempt rumor control through information sharing.
- 10 Address long-term outcomes of the current events.
 - Recognize and prepare for long-term mental health and substance abuse needs of the general public following such events.
 - Strengthen occupational health monitoring systems; build up syndromic surveillance systems for future events.
 - Establish support services for survivors.

APPENDIX 2

Ten Lessons From Innovations

Alan Altschuler, Harvard University Kennedy School of Government, identified Ten Lessons from Innovations. These lessons may assist you in delineating and implementing a major crosscutting issue for the department. They are:

- 1 Define a mission clearly and in terms of compelling problems.
 - If the problem can be understood by staff and outside constituents, the importance of the project will motivate employees and stakeholders.
- 2 Define challenging but achievable outcomes against which to measure performance.
 - Results matter. If people can see actual progress, the project will generate enthusiasm and support.
- 3 Collaborate with other government agencies wherever possible.
 - The initiative will have more power if local agencies, academia, Medicaid, environmental protection agencies, and others have a stake in the success.
- 4 Build partnerships with private and non-profit sectors.
 - Bold projects provide an opportunity to form new relationships and strengthen old relationships.
- 5 Respect the talents of the “front-line workers.”
 - Gaining ideas and new approaches from the staff, across division lines, will create energy in both the project and the agency.

- 6 Identify clearly the citizens and groups who are entitled to your services and focus attention as sharply as possible on their needs.
- 7 If your tasks involve regulation, consider working with the regulated parties to meet common objectives through compliance rather than depending entirely on traditional enforcement.
- 8 Consider how market forces may complement the provision of public goods and services.
- 9 Use information technology to improve services to citizens. Both the staff and the customers will appreciate technological innovation.
- 10 Be flexible, take risks, don't give up.
 - The bolder the plan, the greater the rewards, but don't expect instant success.

These ten lessons have been identified by looking at the winning projects of the Innovations in American Government Program. They all have applicability in public health projects.

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