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Succession Planning Activities at a Rural Public Health Department

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Abstract

This qualitative case study utilized interviews and evaluation of publicallyavailable documents to investigate the process of succession planning in a moderately-sized public health office located in a metropolitan community in a frontier-rural state. Following analysis of the data, the results were compared to literature findings. Four public health directors, the County Health Officer and the Board of Health chairperson participated in the private, face-to-face interviews. These individuals were asked to participate because they have the ability to direct staff leadership development activities. A formal succession planning program did not exist at this agency; however, on an informal basis, leadership development was evident. Successes in promotion of leadership development included establishment of a cooperative and collegial work atmosphere. Barriers to the process of succession planning included a lack of stable funding, lack of understanding about the role of public health by the public, erosion of public health authority, inability to recruit trained personnel, low pay scales, and aging of the current workforce. The results of this study indicate that although formal succession planning programs may not exist within an agency, leadership development is still possible through proven adult education methods.

Keywords

Succession Planning, Rural Public Health, Leadership Development, Case Study, Qualitative Research

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Succession Planning Activities at a Rural Public Health Department

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This qualitative case study utilized interviews and evaluation of publically-available documents to investigate the process of succession planning in a moderately-sized public health office located in a metropolitan community in a frontier-rural state. Following analysis of the data, the results were compared to literature findings. Four public health directors, the County Health Officer and the Board of Health chairperson participated in the private, face-to-face interviews. These individuals were asked to participate because they have the ability to direct staff leadership development activities. A formal succession planning program did not exist at this agency; however, on an informal basis, leadership development was evident. Successes in promotion of leadership development included establishment of a cooperative and collegial work atmosphere. Barriers to the process of succession planning included a lack of stable funding, lack of understanding about the role of public health by the public, erosion of public health authority, inability to recruit trained personnel, low pay scales, and aging of the current workforce. The results of this study indicate that although formal succession planning programs may not exist within an agency, leadership development is still possible through proven adult education methods. Keywords: Succession Planning, Rural Public Health, Leadership Development, Case Study, Qualitative Research

Succession planning for key leadership positions is a dynamic activity that should be undertaken by all agencies and organizations to assure seamless functioning of vital programs in the event of planned or unplanned vacancies of those positions (Rothwell, 2005). Succession planning is important for public health agencies in general, but particularly important for rural agencies as they provide a critical link to healthcare for people who live in isolated areas of the country (Glasgow, Morton, & Johnson, 2004) and face unique challenges with smaller, minimally staffed health services (Rosenblatt, Casey, & Richardson, 2002). In these rural applications, effective succession planning is paramount as flat organizations and recruiting challenges constrain unplanned reorganization and may cause gaps in service. Rosenblatt, Casey, and Richardson (2002) reported that “two-thirds of the nation’s 2,832 local health departments serve populations smaller than 50,000 people” (p. 1102). Rosenblatt et al. continued that three states (Alaska, Wyoming, and Montana) had a combined total of 99 local health departments serving nearly 2 million residents, over half of those individuals residing in rural areas. Each local health department in these states had fewer than ten employees. These numbers underscore the facts that the public health service must be effective and transitions of leadership seamless in order for optimal healthcare provision to the populations they serve. The intended audience for this study is comprised of public health managers who have leadership responsibility and should be made aware of or reminded of another perspective on succession planning activities.

According to a review of the literature, only limited succession planning has been done in public health agencies in some of the larger states such as Washington and Ohio (Heishman, 2007; Schmalzried & Fallon, 2007), and historical studies are absent concerning succession

planning at rural public health agencies. This article reports observations and results from a qualitative case study undertaken to explore the succession planning efforts of a rural local health department. The research questions that guided this research were as follows: does a formal succession-planning program exist at this agency? How is it accomplished? What successes have been achieved? What barriers exist that impede implementation?

The local health department selected for this study was a stand-alone county health department situated in a community of approximately 70,000 residents in a frontier-rural western state. This particular agency offers a wide range of services including home visits to children and adults, well-clinic services, immunizations, special operations, and many environmental health services. Six individuals were selected for participation in the study and included the Director of the Health Department, the Director of Nursing, The Director of Special Operations, and the Director of Environmental Health, the Chairperson of the Board of Health, and the County Health Officer. These individuals were selected because they develop policies, determine personnel issues, and support training and leadership development activities among health department staff. Each of the participants had been associated with or employed by the health department for a minimum of six years.

Background

Succession planning is a dynamic and necessary part of leadership development within an organization (Rothwell, 2005). Traditionally, succession planning has been used to prepare new leaders for governing nations and large family-owned businesses. Today, the practice is a common activity in many large multi-national corporations. For these organizations, succession planning is essential to facilitate transfer of organizational knowledge and values. Accordingly, in the modern context, succession planning helps ensure that a well-trained cadre of leaders is available to step in where and when the need arises.

The Corporate Leadership Council (CLC, 1999) addressed the importance of succession planning in several corporate policy documents. The CLC described suitable candidates for leadership development as possessing excellent oral and analytical skills, as well as strong coalition-building and decision-making abilities. The CLC model relied heavily on candidate mentoring by seasoned leaders. Other entities, such as the Internal Revenue Service (IRS) open enrollment to leadership development activities to all interested candidates and require that they submit credentials and a statement of suitability for enrollment. Rothwell (2005), perhaps the leading authority on succession planning, described some of the leadership development activities that companies might utilize such as special assignments, action-learning, web-based activities, coaching and training. In parallel, the Social Security Administration (SSA) has developed a formal program in which potential leaders attend training sessions, check in periodically with their mentors, participate in job rotation assignments and complete educational coursework (HHS, 1999). Garman and Glawe (2004) found that any job-related project could be viewed as an opportunity to train individuals for job promotion. By following best practices in succession planning, current leaders can decrease organizational risk and significantly increase leadership capacity within their organizations.

Succession Planning and Adult Education

The principles of adult education are particularly relevant to succession planning. Knowles, Swanson, and Holton (2005) observed that leadership is a learned behavior strengthened through adult education programs. Succession planning activities developed with a view toward adult education principles ensure that participants experience deep learning, increasing their ability to direct and manage others. In fact, leadership development experts,

Bennis and Nannus (2007) found that most leaders were able to identify mentors and important key leadership activities that helped shape their leadership philosophies and styles. Additionally, systematic succession planning is an organizational strategy that can assist with recruitment and retention of valued employees (McDonald, 2008; Rothwell, 2005).

Public Health

Public health is a multi-faceted enterprise based in the central belief that proactive intervention will result in optimal health and well-being for all. In fact, some argue that most of the advances in the health of Americans achieved over the past century can be traced to the proactive interventions and strategies of public health (Baker et al., 2005).

Public health interventions are cost effective. It has been estimated that expenditures for public health account for only 3 percent of all healthcare dollars spent in the United States as compared to 97 percent spent on treating health problems after they have occurred (Draper, Hurley, & Lauer, 2008). Historically, the public's attention seems to turn to public health only during periods of disease outbreak or, more recently, terrorist activity (Fee & Brown, 2002). In 1932, I. S. Falk and his research staff published the results of their study which involved some 8000 families they followed for 12 months concluding that, among other ideas, all basic public health services should be available to the population according to its needs (Falk, 1932; as cited in Winkelstein, 2009). Interestingly, most groups, including the medical community, deemed the Falk report and subsequent recommendations as socialized medicine and were unsupportive of the recommendations on a national scale (Winkelstein, 2009). In 1932, C. E. A. Winslow (as cited in Fee & Brown, 2002), bacteriologist and public health expert, lamented the state of funding for public health when he said:

Only 3.3 cents of the medical dollar was spent on public health, in contrast to 29.8 cents on physicians in private practice, 23.4 cents on hospitals, and 18.4 cents on medicines. These niggardly appropriations for public health not only seriously limit present activities but also hamper medical schools in their efforts to attract competent students to public health careers. (p. 38)

The same level of appropriations on public health measures today virtually equates to what the spending levels were in 1932 with much the same result.

In the United States, most of the nearly 3,000 local health departments are small, serving an average of 50,000 residents or less, and are located in the more rural areas of the country (Rosenblatt, Casey, & Richardson, 2002). Rural communities experience a higher incidence of mortality and morbidity because of occupational hazards in agriculture, higher incidence of alcohol abuse, and a higher per capita incidence of suicide when compared to urban communities (Glasgow et al., 2004). Additionally, the lower tax base of sparsely-populated areas often leads to a limited availability of hospitals and high tech equipment, and residents may have to travel long distances to access them. This often leads to fewer residents participating in screening activities that may discover conditions or problems while they are in early stages and therefore more easily treated.

Succession Planning and Public Health

Heishman (2007) and Schmalzried and Fallon (2007) found that succession planning is not a prevalent activity in larger, urban public health departments and review of current literature from several sources found that the literature is non-existent regarding small, rural health departments. Rosenblatt et al. (2002) asserted that rural states face problems in recruiting

and retaining trained personnel as compared to more urban settings. Rural states are often viewed as being isolated with a much lower pay scale than found at more urban locations and demographic considerations are found to affect public health across the nation. Many public health workers are of the baby boom generation (1946-1964) and will be retiring soon (Heishman, 2007; Johnson, 2008; Schmalzried & Fallon, 2007; Rosenblatt et al., 2002). In fact, Heishman (2007) noted that the average age of public health worker is 47, which is more than seven years older than the average U. S. worker.

In summary, a review of the literature revealed that succession planning was not a high priority for most public health leaders even when their own resignations were impending. We are also aware that the problems of limited funding streams, low salaries, a workforce not specifically trained in public health, and an aging workforce have all persisted for decades. Given these constraints, public health leaders should be planning for anticipated and unanticipated departures but succession planning is not warranting high attention. The purpose of this research was to draw attention to this problem so rural public health programs might continue to provide services in a seamless and uninterrupted fashion.

The primary researcher is a Registered Nurse with over 25 years of nursing experience and 10 years experience as a public health nurse. She has worked as an instructor in undergraduate nursing programs for five years and has been teaching community health nursing for an online University for the past two years. Her co-author is a University professor who conducts qualitative research and teaches courses in organizational research at a research university.

Methods

This qualitative case study explored the succession planning efforts of six rural public health directors at one public health department. The case study examined the process directors utilized to teach and train staff members so they could step into leadership positions should planned or unplanned vacancies occur. The research questions focused on understanding the process of succession planning at the agency, its state of development and implementation, and successes and barriers to the process. These questions are best answered through the data collection and analysis techniques of a qualitative study.

Qualitative research requires that the researcher study things, programs, events, people or cultures, in their natural settings and make sense of or interpret the meanings people bring to those experiences (Denzin & Lincoln, 1998). Case study method was selected for this research because gaining insight and discovery about the process of succession planning at a rural local health department was the primary focus of inquiry (Stake, 1998). Further, the instrumental case study method is often used to conduct in-depth investigations and this study required such an approach (Merriam, 2009).

This public health department was selected for study because it is a stand-alone department in a community located in a frontier-rural state. It has 35-45 full-time staff members working in four separate departments. The proposed study was presented at two separate Board of Health monthly meetings. Once a tentative agreement to participate in this research was gained, an IRB application was submitted to a research university board, and the legal representative of the Health Department. After IRB approvals were acquired, participants were selected based on their understanding of the organization, its mission, and the responsibilities of leaders in managing personnel as they provide public health services to the community. In particular, the six administrators selected for inclusion not only had line supervisory responsibility but also had control over continuing professional education and employee development courses for their respective staff members. Each participant was contacted for a personal, private one-to-one, audiotaped interview lasting approximately one hour. Consent

forms were signed prior to the start of each interview. The interviews were semi-structured and the questions were designed to gain a holistic and in depth understanding of how the public health department's leaders regarded leadership succession.

Qualitative research utilizes a variety of data collection techniques including observations, interviews, readings and document analysis (Merriam, 2009). For this study, six directors were interviewed, eleven documents were collected and analyzed, and the agency website was examined. Our primary author attended public meetings of the Board of Health during the research period, however, no information from those meetings was found to be pertinent to the research since succession planning was not discussed. The interviews were audio recorded and then transcribed verbatim for analysis. Each interview was transcribed using slow speed playback then at normal speaking speed to assure the accuracy of the transcription. Pseudonyms were used throughout the data collection and analysis process to protect the anonymity of the participants and the organization. A Word file was created that contained each participant's interview. Each participant received a copy of their transcribed interview with the request that they make any changes they believed necessary. A brief follow-up interview was scheduled 10-14 days after the initial interview for member checking and to clarify any questions. The amended data were used for analysis.

Merriam (2009) described data analysis as making meaning out of the data, which includes consolidating, reducing and interpreting what others have said and what the researcher has read and observed. The task then becomes to compare each unit of information in order to discern patterns within the units and to organize them into a cohesive framework for interpretation. Our primary researcher became aware of emerging themes during the transcription phase when she listened to each interview. She listened to each interview at least three times; then each interview was read once for an overview of the data, then again to select the most salient data and a third time to assure accuracy of the selection. The transcribed data were evaluated using a word-by-word, line-by-line approach comparing the selections to the ideas that were gleaned during transcription. Color-coded Post-It note tabs were used to mark each line or chunk of data that best related to each research question; the tabs were affixed to the right hand side of the page so that they could be accessed easily during final write-up. Each interview transcription was considered separately, then the results aggregated as themes emerged and developed.

The development of a valid and reliable interpretation was achieved through triangulation of the data (Merriam, 2009), member checking (Cho & Trent, 2006), reasonableness of data interpretation (Janesick, 1998), and an audit trail (Merriam, 2009). Multiple data sources used in this study were: interviews, analysis of documents and the agency website, and observations of Board of Health meetings. Members reviewed their initial transcripts and were allowed to make changes that they felt best reflected their intentions. The amended data set was used in analysis. Reasonableness of interpretation was assured by having two outside, independent individuals review the manuscript, and a public health auditor was retained to ensure the accuracy of the public health information presented in our introduction and literature review. The audit trail was recorded in researcher notes in a date book.

Ethical practice during the research was pursued through multiple means (Merriam, 2009). Initially, acquisition of Institutional Review Board approval from the Board of Health legal representative and a research university Review Board was secured and the participants were approached through two separate presentations of an overview of the project to insure that no deceptive enticements were employed. Pseudonyms have been used to protect the identity of agency and the participants. Consent forms were signed prior to the start of each interview and all interview questions related directly to the topic of succession planning. Each participant was given a copy of their interview transcript.

Results of the Study

The six participants who were interviewed for this research came from different educational and professional backgrounds; however, they all shared an understanding of public health, succession planning, barriers to leadership development, and budgetary constraints. The participants' responses to the interview questions were similar in certain respects. In order to protect the identities of the participants, the results of their interviews are organized and presented below in three composite voices (Elliot, 2012). Each voice is composed of at least two participants' responses. The first voice will be that of Ms. Dee Allen; the second will be Ms. Donna Best; and the third will be Mr. Doyle Chambers.

Four themes emerged from analysis of the data. The first theme was that a formal succession-planning program was not implemented at this agency and that no specific individuals were being groomed for succession. Doyle Chambers said that “[M]y first statement is that very little to none, in the sense of a defined, formalized plan” is available for planning succession. This finding was echoed within the agency. Donna Best confirmed his statement when she said:

We have spoken about it but we have not formally accepted any succession planning, as it were, because so many of us are approaching our terminal end of our careers here, to include myself, and we need to really consider who is going to be replacing us when we are gone.

Dee Allen described her orientation to her new role at the health department:

Basically, succession planning does not take place here. It really doesn't. Being that I used to be in a different division at the health department, and then I received a promotion back in..., it was pretty much I got 20 minutes of training with the supervisor who was in this position, who basically told me that it was the easiest job in the universe to do, and then they left and then my supervisor said, “Alright, here you go. Here is your office. Here's where you're going to live. Here's the basic program, as I know it. Have fun.” And then you sit there sort of like, oh my gosh, what just happened to me?

Dee Allen remarked that a former departmental director resigned without training anyone to take her place. Ms. Allen stated:

The former clinic director did not train anybody. The question is, [pause]now, I don't know the answer, did she not train anyone because she did not know she was going to quit or did she not train people because there wasn't a system in place to really allow that, or identify someone? Because it is a small organization and you really only need one nurse practitioner or you end up with a disaster. But if you want that, then the organization has to have the money to hire the nurse practitioner that is going to succeed this one, to come in and train, and pay their salary for 6 months to get them up to speed, and that mechanism isn't there. So you really have to be interviewing way ahead of time to identify someone that has public health experience and enough skill and experience to take over that job so that the transition is relatively seamless or the whole organization suffers.

Donna Best related the experience of how the clinic operated after the director departed, but before a replacement was hired. She continued:

The clinic floundered. The whole system sat there. And, unless you have somebody senior that informally was ready to pick up the baton and move, they all sort of sat there. And so nothing happened, and they sort of followed the protocols and went along, leaderless.

Ms. Best said that she “believe[s] that [succession planning] starts the first day of one’s job” and said that she included one of her direct reports in all her activities so, if necessary, she could be succeeded with only limited disruption. She said:

I groomed [my direct report] right away from the beginning. She is included in everything I do. I look at and I watch constantly the performance evaluations on all other [staff] here, thinking that they could potentially be in this position as well. So, I guess that what is important to me is to have everybody included in everything that is appropriate on every level so that they know what is going on continuously, so that if I get hit by the bus tonight there would be somebody here who would know everything that has been going on and everything that I have been doing....

At the time this study was being conducted, the Directors had started to prepare for vacancies that may happen suddenly and a formal hierarchy arrangement of departmental positions to be used in an emergency was being formulated for the agency. This plan included alternate locations that public health workers should work in the event a site closed and was rendered inoperable. Ms. Allen continued:

We’ve got some things set up with alternate work locations that we can go to, to get things done, continue to keep things operating. Within that plan there are primary, secondary, tertiary and quaternary levels of management that have been named. Who is going to step in, fill in, if the department director isn’t here? Who is going to do it? Who is going to take charge so we can deliver the services that we have to do, and it is really predicated on physical disaster, fire, flood, tornado, blizzard, etc. etc., but it could be operable too in situations where somebody just died. OK, well, we will get somebody to step in and do it.

Along the same line, Ms. Best said that the plan was fairly comprehensive:

We do have our continuity of operations plan and it is in the middle of being updated now. And it talks about our succession planning in each division, and it lists who is going to take over your division and run your division if you aren’t here.

She continued:

That continuity plan is twofold, so it talks about who is going to take over first, a director or manager, and it also talks about if we have a complete lack of staff, what services that we need to cut, at what percentage of absence of staff, and it talks about if we don’t have the ability to come to this building, then where do

we go. And that's a question that I haven't answered yet. But it definitely talks about who is in charge.

Although succession planning is not a formalized program at this health department, it does appear that the health department's Directors have considered organization preservation and are proactively considering future leadership voids and the preservation of seamless transitions.

A second theme emerged from data analysis. Formal and informal mechanisms for teaching and training of staff have been implemented at the agency; however, no particular staff members were taking part in succession planning activities. Mr. Chambers said:

It started out with the instruction that division directors, when they are absent, that when they are gone, they are to name a delegate to act in their stead. Each senior management employee should be thinking in terms of how things are done if they aren't here tomorrow. And that extends, informally, to training a back-up for your position. Sometimes it is more formalized and sometimes it sort of happens.

Ms. Best said that she shares the workload among all her staff members. She continued:

What I've done is I have allowed all of our personnel to fill in for me, in my stead, when I'm out. Now, typically I am only gone for maybe 3 working days tangential to a weekend, so I might be gone for 5 days, but what I have done is rotated staff to fill in for me. All of them have had the opportunity to do so. Not just to give them equally an opportunity to fill in the supervisor position but also to make sure that that assignment is equally divided among the individuals because there is a lot more to it than simply assuming the leadership position here because it can also include weekend work and things like that. I don't want to encumber one employee with all the hardship of...well, not hardships necessarily, but with all the complexities of being in the leadership position or being [a division director] and not equally dividing that among the other employees. In addition, I also realize that they have their jobs, their workload to maintain as well so I don't want to...and, not that I am gone often, as a matter of fact, I am very rarely gone...but I give them all an opportunity to fill in for me.

Ms. Allen agreed with Ms. Best's approach when she said:

Or even worse, some of us don't plan to get hit by the bus...or some of us don't plan to leave, but, so, the strengths...my perception is probably fairly close to reality, is, the agency director has strengthened that next layer of agency [division] directors in that [the agency director] gives them a lot of freedom, and there's pros and cons to that. One of the pros of that is that they are not built up in a closet and if something should happen to [the agency director], we have some capable people, who at a minimum, on the short term, could keep the department afloat, Now whether any one of those becomes the long-term solution or not, I don't know.

Ms. Allen said that there are times, such as with mass vaccination clinics when the entire health department has to pull together and act as an entity driven by a common purpose. The entire agency participates in one or two "table top" exercises each year in which a disaster

scene is presented and all staff assumes their assigned roles to combat the situation. Additionally, she explained her desire to send each employee to an annual training, which she believed boosted the leadership capacity of the agency. She said that training was important because it helped to “maintain a competent workforce...with an eye toward their future achievements and advancements.”

On an informal basis, all Directors relied on mentoring to teach and train subordinate staff about how to perform their jobs better and to prepare them to lead. Mr. Chambers mentioned that he had observed one of the nursing supervisors in attendance at Board meetings. He said this was important because “when issues come up and one of the directors is gone, at least someone has a clue and we can get things done.” Ms. Allen said that her full time employee is required to attend all scheduled meetings. She said it is important for [the employee] to be familiar with all activities and duties so that “[someone] can fill in if I am gone.” She used another approach to strengthen the leadership capabilities of her volunteer staff and permanent employee:

I make sure with all of my people, that they have a project that is theirs and theirs alone. I think that is important for staff. If I hand you a project, I will say, look, this is yours and yours alone. You do it. This is the ultimate goal that we should try to go for but if you think this is not a goal that you think we can attain, let's try to revise that goal and figure out how we are going to get to that goal, but this project is yours. And you are in charge. [In meetings] I will say, our division is doing this but this person is spearheading it. And I will never talk about it. I will bring you into meetings to present about it if need be.

Systematic mentoring activities are important to Ms. Allen. She described the process she uses when a new employee comes on board. She “allows them to review the regulations first” for several days because they have to be intimately aware of all rules and regulations for the multiple programs they manage. She continued:

He or she needs to be familiar with the regulations first because we oversee so many different programs here [at the health department]: food safety, daycares, waste water programs, swimming pools and spas, tattoo parlors, lodging inspections, and we do tangential jobs that include complaint investigations as well, so I allowed the individual to get familiar with the rules and regulations that this person will be charged with overseeing, then I sent him or her out with qualified staff. So, it's highly variable depending on the level of experience but typically it can be from four to six weeks before conducting their activities solo but still it is a learning environment for them. Never-the-less, I expect that he or she will be consulting with their working peers and I always maintain an open-door policy here where they can come and talk with me anytime about anything that is germane to [our department].

Ms. Best said that she is in the process of preparing a monthly calendar or manual of important events and meetings that her successor could use in the event she vacated her position. She said:

You know, there is no ‘easy button’ in management, that's for sure, but I think a manual is a nice thing to have for somebody else to have when they step in. They don't have to abide by it or agree with it but at least it gives an idea of the priorities and what's involved, and what needs to be done and when.

Mr. Chambers said that he acts “as an advisor to nursing and to the clinic” with regard to policy and protocol development and service provision. As a caveat to this discussion, one of the participants also mentioned his cautiousness about formulating a succession planning program for fear that it may give employees who are not selected the perception of favoritism of others however all of the participants agreed that succession planning was a necessary component of leadership development.

A third theme emerged from the data when the participants were asked what successes they had experienced in their leadership development endeavors. They all mentioned the collegial atmosphere that had developed at the health department made it a pleasant place to work. Ms. Allen complemented her staff, who he said are “very professional, well-trained, they work well together. I am blessed that I hired smart, competent people to fill positions, and they equally share workloads and fill in for one another during an individual’s absence.”

The fourth theme emerged from analysis of the data, the question of what barriers impede the implementation of a formal succession-planning program at this agency. The first subtheme regarding this question was that of a lack of understanding of the function and purpose of public health by the public at large. Ms. Allen elaborated on this issue:

This state is very non-progressive, and in many ways, backwards. I still love it here but in terms of their insight into the role of public health, they don’t get it. They don’t get it. There are those who are dedicated to this field, and they get it, but the average person—they don’t get it. They have no idea and even when you educate them, they don’t care unless they get an STD. So, when it comes to additional funding, foresight, that good public health saves the system money—a lot, they don’t get that. They don’t get that at all.

Mr. Chambers echoed the same ideas about the erosion of public health when he said:

I think we see it in the absolute ignorance in the public place; that nobody has an understanding of what public health is or what it does, how it works on a community basis, and that is reflected in funding.

He continued:

That’s bothersome. And the same public ignorance goes to sexual health, food safety, water safety, toxicity; there is an attitude that we’re fine. We don’t need control of this stuff. Water wells have been contaminated by drilling operations. So what are we doing? We’re throwing mud at the testing process. We’re questioning the test instead of questioning the process! I don’t think you should be able to hold a match under your faucet and watch it ignite!

Mr. Chambers spoke from experience when he mentioned that when employed by a University medical program public health “was only touched on” in the curriculum. He explained that lack of knowledge about the mission and focus of public health extended from commissioners to the general public citing vaccination compliance as his example. He explained that this lack of knowledge is “a detriment” to the public’s welfare. He added that if Board of Health members were not intimately aware of the scope and function of public health, they could not adequately select a successor for vacancies at the health department when they do occur.

The second subtheme that emerged from the data was lack of funding support for public health in general. Ms. Best said that the agency budget requests had been cut by \$1 Million

between city and county funding sources last year. And although she warned the funding agencies that services would be scaled back or eliminated entirely if budget requests were cut, she was castigated when services were altered. Ms. Best said that her efforts to restore funding had been “rebuffed.” She said that she questioned political motives in the funding cuts. Speaking about cuts to public health services to women on a more national level, she said the “self-righteousness of the opponents denies everything across the board. And that’s very disturbing. Because it is reflected in a loss of funding that affects much, much more than just abortions.” She continued:

Because you don’t like the fact that an organization does a few things that you don’t like, no...you tell women that they can’t have mammograms and paps at the only place they can go to get them. That’s outrageous! And it’s really disturbing to me that the public knowledge base is so weak, that there has been such a paucity of response to that kind of outright ignorance and hostility in funding. And it has spread to I think what is the most insidious...because funding is always going to get cut at public agencies anywhere, they never get enough money to do everything they want to do, to do what we want to do. Doesn’t matter what your particular thing is, there is never enough money to do everything you want. But I have seen, over the past 10 years, a steady erosion in public health law and authority. And I think it grows from that lack of public health knowledge and from that lack of public health knowledge it spreads into lack of political support and political will, which leads to lack of funding, which leads to shifting of attention to another location.

Ms. Allen believed that lack of knowledge about public health lead directly to a lack of funding and involvement in public health as a community service organization. She continued:

I don’t see that awareness that support, maybe outright hostility by the governmental bodies. I see ignorance and stupidity. There are none so blind as them that will not see. But, they will not be shown. This is the first year since I have been here that the county government has not assigned a liaison to the Board of Health, Every other year they have assigned one of their own to be a liaison and report back to them. Now there are many, many scheduling problems involved, we have scheduling problems with the city liaison and the Board of Health. He can’t make it because of a conflict, but this particular group of county officials, didn’t care. Their attitude is “ehh...we don’t care.” There is a [pause] I am very concerned that funding is cut because, well, it’s just another number.

She mentioned the significant cuts to the Centers for Disease Control budget of some \$40 Million that year. Ms. Best added that as far as agency grants go, they have “about \$25,000 lost this year on Maternal-Child Health block grant, immunizations are pretty steady, about \$20,000 lost on emergency preparedness planning block grant.” Mr. Chambers, said that he cannot grant a pay raise to his full-time employee because of funding cuts that have been significant. He said that, “[O]ver the last two years we have gotten a 30% budget cut...12% this year and 18% next year so grants will decrease by 30%.”

Mr. Chambers elaborated on the funding situation with regard to the reactive healthcare system:

So they pay more out the back end because they are not preventing diseases and conditions, they're trying to fix them after they've got them. And it's the same philosophy in our medical community in general. Until you start to reward those that immunize and do preventative health services and educate women before they get pregnant, and all the things that public health can do, no matter how dedicated the people are at the base, you are still circling the drain, and that's what we do.

He continued that even small changes in the public's behavior would result in "huge differences" and significant cost savings. Ms. Allen, agreed with his position when she said that:

...in the long run your outcome is going to pay for itself, looking at safety, water sanitation, and keeping somebody out of the nursing home when a nursing home is between \$7,000 and \$9,000 per month and you can keep them in their homes and go see them every one to two weeks, you're saving the Medicare system a lot.

With regard to the troublesome funding issue, Ms. Allen said that priorities change with each election cycle and new individuals bring their philosophies about public programs to the arena. This contributes to a lack of long-term vision for the department because "your city council changes every 'x' number of years" and it is the same with each election cycle. This creates a constantly changing overall philosophy about the perceived size of government and the necessity for governmental programs. She continued:

For the strength of operations, I think your question is more on point that [pause] in how operations work, could we cover if something should happen to [the agency director], and if you're doing that, if you build a strong system of information sharing, information reporting, cross-training for the situations that may happen [pause] someone gets sick, someone dies, someone is out for a prolonged period, that's kind of a back door succession planning, and that's probably about as good as we can get. Because, I don't know [pause] we can't afford, because of our funding nature, we can't get to bring in an intern or an heir-apparent and have a perceived career path like in an owner who can say, like me, I would expect that, I'm working for another 5-7 years and I can check in and out of this place still be involved but have a longer leash. We'll never have that with the agency director's position. The city and the county aren't going to fund a part-time, you know, patriarch to bring along Junior [pause] we're going to have to bring in a brand-spanking new, ready, take out the old bolt, put in the new bolt.

Additionally, Mr. Chambers mentioned that funding streams are dependent on government revenues such as taxes, importance of governmental agencies and programs to elected individuals, and competing pressures for expenditures. He remarked:

The health department doesn't have that option, but it also doesn't have an owner. The problem with succession planning in a board-driven organization is that you do not have an owner. And when I say problems, it is a challenge. My business is primarily owned by me alone. It's not my job. I've chosen this as part of my lifestyle so I think about it a lot, not because I have to but because I

want to. And if we get the ultimate point of responsibility and decision-making, I'm the guy. So I know where to get to, to make that decision. The problem with the health department is, if we wanted to, as a board, and as a volunteer board, do any long term planning, we're sort of handcuffed because we're not going to be there. I mean, I am tenured out.

He called for increased collaboration with other, similarly structures agencies to overcome deficiencies in revenue. Ms. Best suggested that education may help increase funding.

Here is an example, parents who refuse vaccination for their children. Now some of it is our fault...in public health, because we maybe haven't marketed it well enough or sold it well enough, and certainly people of family bearing age today have no recollection of the horrors of polio and diphtheria, tetanus is just an annoyance. "Yeah...I got a cut so I have to get another tetanus shot, even though I had one a week ago," [pause] They really don't understand how functional vaccination is. They don't get it. And we used to have, here in this state, a very, very strong exclusion law, and a very, very strong school immunization process.

Ms. Allen mentioned that she used to talk with adults about their tetanus shots. She continued:

I can tell you from talking to adults, when I ask them, "When was your last tetanus shot?" Probably, and I don't think I am stretching it, eighty to eighty-five percent said some kind of response like, "I don't even know," or "I don't remember." So then I can go into my soapbox about the importance of getting their tetanus but it's a very high percentage of adults that just don't stop and think about it.

Mr. Chambers, with teaching experience in African nations, said that he wondered if public health was "a victim of its own success," and now viewed as irrelevant. He added:

And then when you go somewhere where they don't have a strong public health infrastructure, you know it when you get there. You definitely know it. Go to any Third World country and there is not a strong public health structure there and you have got people with polio, you have people dying of diarrheal illness still, things that plagued us 100 years ago, maybe 200 years ago, they are experiencing now that we no longer have to deal with. Because we have a strong public health infrastructure. I think Americans lose that message, they are just thumbing their noses at public health, like, "I'm not going to get my kids immunized now." And I have to think, have you ever been any places where the kids aren't vaccinated? Are you kidding me? And that is because we have done, almost, too good of a job.

The third subtheme dealt with workforce issues. Ms. Best related that her agency has stopped trying to recruit trained, registered sanitarians or even summer interns because it is too difficult to get them to relocate to this rural location. She said:

We're seen as too far away, too rural, so if someone is going to school and a summer internship is part of their curriculum, they're required to do it, they will go to a larger city where they have many, many more departments to choose

from. They've got the blandishments of an urban environment, which we can't provide. It's hard to find somebody to come and take a job here.

Ms. Allen and Mr. Chambers reflected the same idea when they said that it was "difficult, if not impossible" to find anyone to hire locally who has a good understanding of public health. Mr. Chambers continued:

In this county it is difficult to recruit employees, there is a limited pool. Many are washed over 52 times. You either have to do a regional or national search for a lot of the skills or you have to grow within. And if you are realistic up front, that you don't have a big pool to draw from, then you have to set aside money to advertise, interview, pay bonuses, or you have already identified the people in an organization to bring up.

Compounding the problem of located qualified applicants, this health department has experienced stagnant salaries for several years running. Mr. Chambers remarked that if the pay at public health was not competitive, exceptional talent would be quickly hired by the hospital, which offers more generous compensation.

Ms. Allen added that since public health is not an integral part of most nursing or medical school curriculums, it is difficult to hire workers with a working knowledge of public health. She continued:

Definitely. I think that, in this state, there is a definite obvious lack of public health in the curriculum. I mean that, as far as academics, obviously. It's not taught in the [nursing] schools, it's unfortunate...it isn't delved into too heavily in the medical schools. You look at your state health officers and a lot of them don't have a public health background at all. They're generalists or they could be an internist, but public health is usually not a specialty area in this state. So that, that is a huge problem, also, I think of...the lack of knowledge and understanding in general in the community, from county commissioners to city commissioners, all the way through to regular citizens of the community. A lack of understanding about public health is a detriment.

Aging of current public health workers presented another problem. The day-to-day management of a Health Department requires an experienced individual. For example, Ms. Allen said that "the person who would be best for my position may not accept because he is close to retirement age himself." Ms. Best elaborated further:

And really people should be looking at that, how long have we heard about the baby boomers, and I don't want to sound like the Mayan calendar, but you've got to prepare for that time...you're right, we are a huge part of the population. We are living in an aging state. Baby boomers all over, working. I think that the planning needs to start now. Not only because of the age factor, but as I call it, the bus syndrome. Somebody gets thrown under the bus or hit by a bus tomorrow or tonight or whatever...and that's a lot of pressure.

In summary, analysis of the data revealed that a formal succession plan did not initially exist at this rural public health department. However, when the research began, informal leadership development activities were taking place including mentoring, representation of the Director by staff during the Director's absence, professional continued education, and, most

recently, by the establishment of formal policy and procedure. The intermediate size of the office and careful screening of potential job applicants allowed a collegial atmosphere to flourish. But, barriers to succession planning still remain and include:

- a) a lack of funding,
- b) a perceived limited understanding of public health by the public and governing bodies,
- c) the aging of the current public health workforce,
- d) nursing and medical school curricula that only address public health issues peripherally, and
- e) low salaries which, in turn, limit recruitment of top talent.

Discussion

All the respondents confirmed that a formal succession-planning program did not initially exist at this rural health department. This finding is similar to that reported by Heishman (2007) and Schmalzried and Fallon (2007) who found that planning for succession was often not a high priority among public health leaders until close to their own retirement, if it is considered at all.

Many of the current leadership development activities employed at this agency are well supported in the adult education literature and include such activities as standing in for the director as a surrogate, mentoring, and continued professional education (Knowles, Holton, & Swanson, 2005). As this study was being concluded, however, the agency was in the process of developing formal lines of delegation. Many important informal teaching and training activities were initiated and the participants stated that this transition has led to a supportive and collegial atmosphere at their agency.

Barriers to implementation of a formal succession-planning program are reported in the literature. These include well-publicized funding cuts at the federal, state, and local levels for many public health programs (Fee & Brown, 2002). This is not a new development, and what is remarkable is that virtually the same problems have persisted for nearly a century. Public health has been subjected to periods of funding feasts and famines throughout its history, most importantly with the massive influx of monies shortly after the 9-11 attacks on New York, Pennsylvania, and Washington D.C (Fee & Brown, 2002; Walsh, 2011). Other problems the participants cited are also acknowledged in the literature, such as aging of the public health workforce, and traditionally lower salary bases in rural locations (Baker et al., 2005; Draper et al., 2008; Schmalzried & Fallon, 2007). Additionally, these public health leaders are responding to the public's apparent apathy toward such vital issues as access to healthcare for low-income women and vaccination compliance, which they believe is viewed more as a nuisance than an augmentation to health maintenance.

In summary, as this research demonstrated, it is possible to increase the leadership capacity of a public health agency by using proven adult education methods. However, the research also affirmed that barriers to succession planning continue to plague at least some public health departments, in this case, in the Rocky Mountain west. It remains to be seen if the public will eventually fully fund these agencies and embrace the proactive processes that are the hallmark of public health programs. We are hopeful that the new health care policies formulated under the Obama Administration will have a positive effect on healthcare overall and on the practice of preventative medicine. The openness and candor of the participants in our study was appreciated. The problems they face as they try to plan for the future of their agency are complicated and very real.

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