Course Description: This online course provides a detailed discussion of the conceptual and theoretical foundations to the principles of management with an emphasis on public health and health care settings.

Course Overview: If you want to promote, conduct and evaluate twelve smoking withdrawal clinics over the next year, you might be able to handle the logistics of that by yourself. If you were going to do ventilation studies in six different work sites in one year, you might be able to do that alone. But if your task is to promote, conduct and evaluate 48 smoking withdrawal clinics or do 60 ventilation studies in a year, you can’t do it alone. You are going to need some staff to help you and to work with you. Once you take on tasks for which you need staff, you will have to manage that staff. Management is what you do when your job is too big to do by yourself.

At some time in his or her career, almost everyone with an MPH will be asked to be a manager of a group of people. It may be a team, a division, or an entire organization. Since public health problems are problems of the community, they inevitably need teams of people to address them, and people with graduate degrees in the field are the most likely people to be asked to lead those teams.

Will your team be able to get the job done effectively? Will your division be efficient enough to finish its year within its budget? Will you have sufficient control over the workings of your organization that you can maximize its chances of success? And in these difficult times, will your team, division or organization survive under economic and political pressures? As the leader of your group, you will have to be concerned about these questions. This course is designed to help you make the decisions necessary for the survival and success of your organization.

This course focuses on the classic management functions: planning, organizing, controlling and leading. All managers need to plan their organization. Once you have some idea of where you want to go, you need to be able to design an organization that will take you there. When your organization is operating, it needs to be overseen; skillfully controlling the organization will increase your chances of reaching your goals. And, at every stage and at every level, your ability to lead the organization will help create a cohesive team that makes good decisions and that learns and grows. As a front line professional, your job is to perform a specific function. But as a manager, your job is to make the decisions that will allow your organization to fulfill its purpose.

Learning Objectives: Upon successful completion of this course, students will be able to:

General
1. Describe the basic functions of management: planning, organizing, controlling, and leading.
2. Describe the uses of population-based data in managing a public health organization.
3. Describe the relationship between successful management and organizational survival and success.
4. Define the role of partnerships in successful management.
5. Describe the relationship between public policy making processes and the management of public health organizations.
6. Identify the roles of ethics in managing a public health organization: professional conduct, organizational ethics, and social ethics.
7. Contrast the challenges of being a public health manager with those of managing other organizations.

Planning
1. Describe the roles of planning in successful management.
2. Explain the steps in an organizational planning process.
3. Define the roles of marketing in public health administration, and identify the relationship of organizational planning to marketing.

Designing and Organizing
1. Identify the various decisions that a manager must make in designing his or her organization.
2. Identify the roles of the following in organizational success: governance, organizational structure, job design, staffing vs. cost of service, the tension between effectiveness and efficiency.

Controlling
1. Describe the four steps in controlling and organization: program planning, budgeting, reporting, and evaluation.
2. Discuss the roles of budgeting in public health organizations.
3. Analyze an organizational budget and variance reports.
4. Identify innovative ways to reward employees within tight budget constraints.
5. Identify the role of information management in managing public health organizations.
6. Analyze the strengths and constraints of program evaluation models in public health organizations.
7. Analyze the benefits and the difficulties of measuring the success of public health organizations.

Leading, Decision Making and Managing People
1. Compare and contrast the role of leadership at different levels of management.
2. Identify various leadership styles and the factors that might cause one to choose a particular style in a particular system.
3. Discuss the role of community participation in the success of public health organizations and identify the role of leadership in fostering such participation.
4. Define organizational culture and identify the decisions that leaders must make in creating specific cultures.
5. Define the role of the leader in recruiting and retaining good employees and in motivating employees and community partners.

Prerequisites: Graduate or professional standing; and approval of the department.

Course Management System: The course content will be delivered via UIC’s Blackboard Learning System. Students will be enrolled into the Blackboard course site each semester after registering. The Blackboard course site is the primary content area for instructors to post lecture notes and articles, post and update grades, and make announcements. Students are expected to log into their course site regularly to learn about any developments related to the course. Learn more about Blackboard at http://blackboard.uic.edu.

Textbook:

Other Learning Resources: Required and optional readings available through e-Reserves
**Grading:** The course grade will be based upon (1) the group grades for participating in the practice weeks and (2) the individual grades for participation during assigned weeks and on the two exams. (In assigning the group grades, we will ask each member of the group to rate the participation of the other group members on a scale of plus, minus and neutral. This will encourage each group member to carry his or her own weight.) In addition, individual students can earn extra credit for participating on the discussion board beyond when they are assigned. The work will be weighted as follows:

1. Group participation in the dialog 10%
2. Individual participation on assigned weeks 20%
3. Mid-term exam 25%
4. Final exam 35%
5. Extra credit for individual participation in dialogue As much as 5 extra points

Outline*:

<table>
<thead>
<tr>
<th>Part</th>
<th>Principle</th>
<th>Topic(s) to be Discussed</th>
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| Part One: Managing a Public Health Organization | Principle One: Achieving Balance | • The definition of “public health organization” and how are they different from other organizations  
• The legal environment for managing a public health organization  
• The four basic functions of management  
• The need for balance |
| | Principle Two: Consistent with the community’s needs | • How to assess the community’s needs  
• Sources of data  
• Potential partners and how to find them  
• Dealing with conflicts in priorities  
• The role of politics in managing a public health organization |
| | Principle Three: Public Health is a Moral Pursuit | • The roles of ethics in public health  
• How values get embedded in the organization  
• Your organization’s mission |
<p>| | Practice | • What do public health organizations have in common? |</p>
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<th>Part Two: Planning, Organizing and Controlling</th>
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<td><strong>Principle Four: The benefits of strategic thinking</strong></td>
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| - The difference between a “portrait” and a “landscape” perspective?  
  - The benefits of strategic planning  
  - Analytical or emergent planning processes  
  - How your organization might do strategic planning  
  - Check your strategic planning effort: track from “mission” to “SWOT” to “strategic issues” to “strategies” to “objectives” to “programs” and back to “mission”  
  - Strategic planning and its relationship to marketing  
  - Program planning requires “logic models”  
| **Principle Five: It is a numbers game** |
| - Are all organizational objectives measurable?  
  - The benefits of measurement  
  - The kinds of measures are important and available to public health organizations?  
  - Is an imperfect measure always better than no measure?  
  - Improving your organization’s performance  
  - Three kinds of evaluations: structure, process and outcome  
| **Principle Six: The benefits of organizing** |
| - Options for designing your organization  
  - The different organizations within your organization: formal, informal, collateral  
  - “Responsibility centers”  
  - How important are job descriptions?  
  - The benefits of a well-designed organization: accountability, control and communications  
| **Principle Seven: Wise use of resources** |
| - The kinds of accounting reports will your organization will develop: operating budgets, profits and loss, balance sheets, cash flow  
  - Is budgeting just about numbers or do people matter?  
  - The relationship of responsibility centers and accountability in budgeting  
  - Performance reports  
  - The importance of a “pro forma budget”  
| **Practice** |
| - What’s Wrong with This VNA? |
Part Three: Working with People

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<th>Principle Eight: Human resource management in public health</th>
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<td>• Is there a difference between human resources in industry and commerce and in public service?</td>
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<td>• The legal issues within human resource management</td>
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<td>• Developing a positive “organizational culture”</td>
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<th>Principle Nine: Recruitment and Retention</th>
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<td>• Getting and keeping “the right people on the bus” (recruitment and retention)</td>
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<td>• How do you know who the right people are?</td>
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<td>• Letting go of the wrong people</td>
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<td>• Challenges to your ability to understand human behavior</td>
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<td>• The keys to good interpersonal communications</td>
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<th>Principle Ten: Relating to Individuals</th>
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* Professor Sewell and Professor Swartzman are writing a textbook for this course, to be published by Jossey-Bass in 2011. In the book, we identify thirteen principles that underlie effective management of public health organizations. This course is based upon those thirteen principles, which fall into four parts:

1. **Managing a Public Health Organization:** All of the basics of management theory and practice apply to being a public health manager. But the particular demands of public health today (rapid change in the field, attention to community needs and having to accommodate values-driven priorities with practical realities) makes this a peculiar challenge.

   **Principle One: Achieving balance.** Managing a public health organization involves the never-ending pursuit of balance between competing values, competing needs, competing goals, competing priorities, and competing political influences.

   **Principle Two: Consistent with the community’s needs.** The management of a public health organization should be consistent with the community’s needs. Therefore, it is essential that you conduct a public health assessment to know what the community’s needs are. This can be achieved by data collection and analysis, as well as by developing and maintaining partnerships within the community you intend to serve.

   **Principle Three: Public health is a moral pursuit.** Values, such as justice and caring, which motivate the community to support a public health manager, should be central to your organization’s mission and should be incorporated into your methods of management.

2. **Planning, Organizing and Controlling:** These three classic management functions are an inevitable part of the tool-box for public health managers. This Part will demonstrate how to apply these tools in the public health environment.

   **Principle Four: The benefits of strategic thinking.** Because they are embedded in
community, public health organizations must be strategically managed, in order to maintain alignment with the community’s priorities and the community’s changing circumstances. However, the benefit of a good strategic planning process is not just the development of a plan, but the intellectual capital and the consensus that are developed during the planning.

**Principle Five: It is a numbers game.** That which is measured is given priority. An epidemiological framework for population-based management is essential. However, it is not just a numbers game. Some things that are measurable are not worth achieving, and some things worth achieving are difficult to measure.

**Principle Six: The benefits of organizing.** A well-organized public health organization may still fail to achieve its goals, but a poorly organized organization is much more likely to fail.

**Principle Seven: Wise use of resources.** Public health managers are always spending “other people’s money.” There is no excuse for preventable inefficiencies. However, efficiency is only one measure, and not the most important measure, of a public health organization’s success.

3. **Working with People:** Every manager has to learn to work with people. The public health manager will find this especially challenging, given that they will be working with a workforce that is highly motivated to engage in public service, with community members who depend upon the work of the manager’s organization, and with community leaders who have their own agendas and demands.

**Principle Eight: Human resource management in public service.** The people who work at a public health organization have chosen careers in public service. This motivation should be respected and fostered, and a good public health manager will assure that the organization supports this commitment on the part of its workers. However, sound human resource practices should not be over-ridden in the name of “good intentions.”

**Principle Nine: Recruitment and retention.** Nothing is more important to organizational success than having the “right” people. Nothing is more difficult than recruiting and retaining the “right” people.

**Principle Ten: Relating to individuals.** While public health is a response to the needs of a community and while the people who work for your organization also constitute a community, sometimes it is the act or needs of a particular individual that must be attended to. That particular individual may be one of your employees or a particularly powerful political stakeholder. Skills in one on one interactions will be necessary. And much progress in public health has been made by listening to “lone voices.”

4. **Leading and Making Decisions:** Public health managers must be leaders of their organizations and will usually be called upon to be leaders in their community. This Part will review leadership theory and skills and how to apply them, particularly when the public health manager is called upon to become
involved in governmental policy making, as most will. It ends by focusing the reader on “analyzing, motivating and decision making,” the skills that will fill up most of their days.

**Principle Eleven: Leadership.** Lots of people can be adequate administrators of programs. The difference between your organization and others is how well you lead. You will have to lead both within your organization and within your community.

**Principle Twelve: Involvement in public policy making.** Communities use public policy as their mechanism for making difficult choices. You, as a public health manager, are an agent of the community and will inevitably be involved in public policy making. The better you operate in public policy arenas (local, state, federal and, possibly, global) the better you will be at meeting your community’s needs, but this will inevitably cause tensions among those public health managers who lead government entities.

**Principle Thirteen: Analyzing, motivating, decision making.** Public health managers spend their days analyzing, motivating and making decisions. You will never be perfect at this, but you should focus on becoming better at these three things, since that is your contribution to the health of your community.

**Important Course Information**

**Participating in the Asynchronous Dialog**

1. **General Approach:** I (Professor Swartzman) enjoy standing in front of a group of students once a week and leading a discussion on the week’s topic. What I found by teaching this class in the past is that I also enjoy teaching “one on one” through the back and forth, question and answer process that is usually referred to as “the Socratic method.” Each week, we will start off by posing two or three questions on the Friday before the week begins. For example, the first question I will ask is, “What was the best thing about the best manager you have ever had, and what was the worst thing about the worst manager you have ever had?” Usually, the answers for those questions will be due on Friday of the following week. (The exception is the first week!) We will then conduct one on one, asynchronous dialogues with the students on the questions posed and the answers they post.

For each week, everyone should do all of the Required Reading. There are additional, recommended readings which are available for you, but we will not hold you responsible for reading these. All of the readings are on E-Reserves except those from the text.

2. **Cohorts:** Since there are too many people in the class to have an open-ended discussion with everyone every week, you will all be assigned to one of four Cohorts and one of ten Groups. Prof. Swartzman will be interacting extensively with two of the cohorts, and Prof. Weingart will be interacting extensively with the other two, although we will probably drop in to each other’s dialogues on occasion. For most weeks, there will be a separate thread for the Swartzman cohort (S1 or S2) and the Weingart cohort (W1 or W2). If your cohort is assigned to respond to a question in any week, we will refer to these weeks as “your weeks.” This means that each student assigned during a particular week must post an answer to all of the questions that week. In addition, we will expect each student to participate in follow-up discussions during
“your weeks.” In effect, we will be conducting a one-on-one dialog with each student, but in full view of everyone in the class. We will then grade the quality of each student’s participation.

Both of us will be dropping in to see what the “other” cohort is talking about. You are only required to participate in the dialogue for your cohort, but you have access to the other cohort’s discussion, and you will probably learn a lot by keeping track of both.

3. Groups: All of the students will be assigned to a group of approximately five students. These groups will be given a “group discussion board” on which to conduct their own asynchronous dialogs. The TA will be a resource person to monitor the group dialog and to offer assistance. The groups will have three case studies to respond to as a group during the three “Practice” weeks.

As you can see from the schedule of classes, on weeks Four, Nine and Twelve, we are scheduled to practice what we have been discussing. We will post case studies for those weeks, with questions to be answered. Every student should read and analyze the case studies. Then you should share your analyses with those in your group. Through the group dialogs, you should agree upon an integrated group response to post at the beginning of the appropriate week. Your group will receive a group grade for each of these three weeks. We will respond to those group postings, and then individuals in the class will be able to interact with us during those weeks for extra credit.

4. Grading of discussions: We will grade each answer posted by a student with the following criteria –

   A - Thoughtful, full answer, consistent with the readings but goes beyond the readings, follows up with further discussion. Analytical, not descriptive.

   B - Consistent with the readings, acceptable but not full answer, some evidence of having thought about the question, but more description and less analysis, may misunderstand some aspects, does not follow up. This is the “norm” grade. (To earn an A, you have to do more.)

   C - Inconsistent with the readings, merely restates what is in the readings, does not understand the question, no evidence of thinking about the question.

   D - Completely inadequate answer, no relationship to the readings, a serious misunderstanding of the question.

   F - Did not answer question or answered in such a perfunctory manner as to constitute no answer.

5. When it is not “your week:” All the students in the class are expected, each week, to read all of the postings from the other students in the section and the professor’s responses, even when it is not “your week.” There is no way that we can make you do this, but you will get much less out of the class if you do not. In effect, not reading the discussion board when it is not “your week” is like cutting class. Most of the learning in this class takes place on the discussion board, so if you don’t read the discussions, you will get very little out of the class.
6. **Extra credit:** Any student in the class is free to join the discussion on weeks that are not “their weeks” or can participate in the dialogue of another Cohort and can earn extra credit on the basis of the quality of their individual contribution to the dialogs (1/8 point for each high quality contribution). If you make a sufficient number of **quality** contributions, this may significantly affect your grade. (Don’t bother to just say, “I like Barbara’s response.” We are looking for real contributions to the dialogue.)

**Exams**
There will be two take-home exams. The mid-term will cover the material in the first half of the class and will give you a good sense of how you are doing. The final exam will cover both the material in the second half of the class and have some material from the entire semester. These exams will be in the form of essay questions.

**Assignments Due**
All assignments will be given a due date. This might be a bit confusing at first, but the logic of it will become apparent fairly quickly, and you will get into the “swing” of it after a week or so. Except for the first week, the Cohort and Group assignments will be posted on a Friday and the responses will be due one week later. All assignments are due at 12:00 midnight on the evening of the assigned day. Each week starts on a Sunday and ends on a Saturday. There is a spreadsheet with the Cohort and Group assignments posted under Course Information.

**Submission Style for Exams**
Please include your name in the title you give the file. Be sure to put your name on the first page of the answers. **DO NOT** include copies of the questions asked; just number your answers accordingly.