Public Health: *Can We Live Without It?*

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INTRODUCTION

The United States (U.S.) has the science and ability to address some of the top health and health system problems, but has failed to act. Excessive costs, widening disparities in health status, high prevalence of chronic disease, high numbers of uninsured and inadequate investment in the continuum of health services contribute to a poor state of national health. Despite spending more money on health care than other nations, in 2000 the United States ranked 25th among all nations in life expectancy. Only one percent of health dollars are spent on public health efforts to improve overall health (1,2).

The nation's public health capacity is being seriously compromised at the very time that emerging threats to the public's health require advances in public health science, training and leadership. Bioterrorism preparedness is crucial, but we need to ensure that it is not diverting resources from other public health programs. An unhealthy population cannot protect the nation (3).

Chronic diseases are among the most prevalent, costly and preventable of all health problems. According to the Centers for Disease Control and Prevention (CDC), seven in 10 Americans die each year of a chronic disease. Yet interventions to prevent some of the nation's leading causes of death and disability remain grossly underutilized and underfunded.

Our system is tilted toward treating people after they get sick rather than keeping people healthy and preventing these diseases. We know the root causes of the most deadly and debilitating diseases, such as cancer, heart disease, stroke and diabetes, and we know how to prevent them. Our nation should put a higher priority on disease prevention and health promotion, and put more resources behind them. Tobacco use, unhealthy diet and physical inactivity are the leading causes of preventable death and illness.

The number of Americans with little or no health insurance contributes to the poor state of the nation's health. Widespread lack of health care coverage affects not only the uninsured and their families, but also the communities in which they live. Without health insurance people do not get care when they are sick and do not get routine preventive health services that can avert or detect serious illnesses early.

PROBLEM STATEMENT

"The general public seems to be unaware of the services offered by the public health department, the population served and the impact they have on everyone's life."

KEY FACTORS

Negative Image of Public Health: For forty years, from 1932 to 1972, 399 African-American males were denied treatment for syphilis and deceived by officials of the United States Public Health Service. As part of a study conducted in Macon County, Alabama, poor sharecroppers were told that they were being treated for "bad blood." They were not told they had Syphilis. Penicillin was discovered and found to be cure for syphilis in the 1940s. The black men in Tuskegee study were not informed, nor were they given the new drug. In fact, the physicians in charge of the study ensured that these men went untreated. In the 25 years since its details first were revealed, the study has become a powerful symbol of racism in medicine, ethical misconduct in human research, and government abuse of the vulnerable.

The 1990s has been a time of reflection upon the Tuskegee Study and its troubling implications. On May 16, 1997, President Clinton apologized on behalf of the United States government to the surviving participants of the study. This was an apology given too late. The damage had already been done. The ugly, inexcusable, racist blot, known as the Tuskegee Study of Untreated Syphilis in Negro Males cannot be erased from American history.

Definition and scope of services offered by Public Health are unclear: "Public health is the science and art of preventing disease, prolonging life and promoting health through the organized efforts of society. Its chief responsibilities are the surveillance of the health of a population, the identification of its health needs, the fostering of policies which promote health, and the evaluation of health services."

Most people do not know what services are provided by public health, who is eligible to receive those services and how people qualify for the services. The United States deserves a better public health and medical system, one that is consistent with the objectives of sustainable development and one that will both protect and empower all members of the society.

Increasing Demand vs. Diminishing Resources: Health care expenses have gone up tremendously in U.S. and these expenses will be in the trillions of dollars in the next 15 years. With diminished resources and unemployment and the underinsured in the United States, the health department becomes a beacon for the needy people (4).

Health care costs consume more than 14.1 percent of the U.S. budget representing $1.4 trillion and financing some of the most scientifically advanced health services in the world. Yet despite spending more money on health care than other nations, in 2000 the United States ranked 25th among all nations in life expectancy.

President Bush proposed an increase of $100 million to curb chronic diseases. This is "a good first step," but overall funding across the public health continuum to improve

health outcomes has been insufficient. Only one percent of health dollars are spent on public health efforts to improve overall health.

Budget cuts at all government levels are exacerbating the poor state of the nation's health. The nation's public health capacity is being seriously compromised at the very time that emerging threats to the public's health require advances in public health science, training and leadership. Bioterrorism preparedness is crucial, but we need to ensure that it is not diverting resources from other public health programs that work to address health problems that kill millions of people every year.

Lack of partnerships with the Private Sector: Interestingly, most of the health departments are quiet and isolated. They need to declare their presence and identify with the private sector and industrial giants and leaders in the communities they serve. These partnerships will eventually continuously sustain and nurture the public health programs.

There is a demand for better understanding of public-private sector interactions and how better to facilitate partnerships, and shape private sector service delivery. As public-private partnerships become integral, we need to better understand how the private sector can contribute to achieving the common goals, as well as its impacts on health and household wealth.

Two-thirds of the world's population – four billion strong – struggle to survive at the bottom of the economic pyramid, yet they represent a neglected multitrillion-dollar market that is growing steadily in an otherwise turbulent global economy.

Health Department is NOT responsive to the needs of the stakeholders: It is an unfortunate perception that health departments do not care. This is not true and is an unfortunate result of lack of attempts to educate the public about the major goals and mission of the health departments. The problem for today's public health is not that it is not sufficiently designed around the convenience and concerns of the patient, but it is simply not responsive enough to their needs (5).

CONCEPTUAL AND OPERATION GOALS

Conceptual Goals:

L*eadership*: Leadership is very important to any organization for its survival and its existence (6). The Surgeons General have attained their preeminent public role as guardians of the nation's health by themselves becoming public figures, wearing the conspicuous uniform of a Public Health Service officer, organizing conferences, giving interviews, and delivering speeches across the country. Surgeon General C. Everett Koop alone gave over 800 speeches during his tenure, from 1981 and 1989. Can you name who our Surgeon General is now? Vice Admiral Richard H. Carmona was sworn in as the 17th Surgeon General of the United States Public Health Service on August 5, 2002, and assumed the role of Acting Assistant Secretary for Health on February 9, 2003.

September 11, 2001 was a great tragedy for our nation. We saw heroes come out of this tragedy. Policemen, firemen, paramedics, and the Red Cross, all got an opportunity to shine. Why was the Surgeon General quiet? We need vocal, aggressive and participatory leadership.

C*ore Values*: What is public health? One definition is provided by the Institute of Medicine, which describes public health as that which we as a society do to assure conditions in which people can be healthy. This is a broad conceptual definition (7,8). What are the activities of public health practitioners? They can include maintenance of clean air and water, provision of adequate food, shelter and other material necessities for healthy living, assurance of access to medical care, education to promote healthy life-styles and prevent illness, maintenance of safe work places, and development of public policy that allows these and other health promoting activities to occur.

We need to actively promote public health. There are three major core functions, ten essential public health services and there are 14 functions that are included under the three major core functions.

R*esilience*: The definition of public health is not fixed. Public health goals have to change with changing times in response to rapidly developing pandemics. In the 1980s we had an emergence of HIV/AIDS and now we have Bioterrorism, West Nile virus, SARS, and Monkey Pox. These are opportunities to connect public health with these changing times. Americans are placing greater demands on the public health than ever before. Increased population, and resulting urban and suburban sprawl, has created unprecedented demands for the limited resources. It is recognized that public health provides the most valuable asset of all. We are committed to passing on this public health legacy to future generations.

Since September 11th, we have reviewed all our plans for protecting the public and dealing with public health emergencies, including how to deal with deliberate bioterrorism activities. We will go on reviewing and renewing those plans. There remains no specific credible risk in the United States, but we have an obligation to be vigilant and well prepared. Bad things can happen to anyone. Why do some people bounce back better than others? Resilience is a valuable and learned skill and can make a difference in public health prevention and intervention (3).

Operational Goals:

P*artnerships*: Partners are a key to the success of any massive undertaking. When partners share a common mission and a common constituency, the ability to do comprehensive planning is simplified. Community partnership focuses on coordination and collaboration in order to assess and assure the health of the community (9,10). A wide range of individuals and agencies including health and social service providers, payers, special interest groups, legislators and neighborhood groups, all work together.

We need to form partnerships with the private sector, managed care, corporate giants, and the communities served, for sustainable and ongoing programs.

Before getting involved both the service providers and the community would do well to pause for thought. What level of participation do we want? What are the pitfalls? What is the best way of going about it?

Too often in the past the road to participation has been paved with good intentions only to lead to wasteful dead-ends which results in disillusionment and resentment for all concerned. Participation, like democracy, has meant many things to many people. The opportunities for participation are there to be grasped but only if all those involved have a common understanding and share a common language.

I*nfectious Diseases* vs. *Chronic Diseases*: In the past, the traditional role of public health was to manage infectious outbreaks and food poisonings, but now the emphasis is changing. Public health is also looking at chronic disease management. Better health outcomes will require better management of chronic diseases from prevention through treatment (11).

Public health needs to cover demographic and health transitions, and needs to address measuring health outcomes in chronic disease programs; epidemiology of chronic diseases and global and local perspectives. Major areas of concern are clinical aspects of diabetes, cardiovascular disease, renal disease, chronic respiratory diseases, Alzheimer dementia, and mental health. We need to look at the social determinants of chronic diseases; primary, secondary and tertiary prevention; economic aspects of chronic diseases; health systems development and chronic disease management (12).

Public health practitioners need to identify key historical aspects of health transitions and understand basic demographic techniques and terminology. They should also be able to describe the measurement of chronic disease indicators, risk factors and approaches to measuring health outcomes in chronic disease interventions.

It is imperative for the public health practitioners to understand the framework for social determinants in epidemiological thinking; to describe population-based approaches to primary prevention, early detection and management in high-risk groups; and the role of tertiary services.

G*lobal Health:* In today's world of increasing globalization, the United States continually faces new challenges and opportunities in public health. In response, the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry have prepared a Global Health Strategy (13). The rationale for CDC/ATSDR's institutional commitment recognizes the increasing influence of determinants arising outside the country on US health, and the need to respond to the health consequences of international emergencies.

The changing disease profiles are affecting economies of both the developed and the developing countries. By using the knowledge and expertise of the CDC, the United States needs to step up as a leader. Not only does the CDC have the knowledge and expertise, but they also have the social responsibility.

U*nderstanding:* We need to examine the origins of public health taking account of historical and contemporary developments, current policy and service initiatives (14). As public health practitioners, we need to critically explore the relationship between needs assessment at the population level and health planning, delivery and evaluation (15). We need to consider intersectional approaches and the interface between public health, primary care and health promotion. Through our training and understanding of the public health principles, we can accomplish the following:

- Examine and discuss the development and scope of the public health function, taking account of past and present policy initiatives
- Critically analyze the impact of changing physical, social and economic environment on the public health
- Critically analyze the cross-sectional context of the public health
- Examine the relationship between strategic planning, needs assessment and service provision
- Critically examine the interface between public health, health promotion and health provision
- Analyze and evaluate the implications of changing health and social policy for public health

E*ducation:* We need to educate people about the scope and services of public health (16). The *Essential Services* are the fundamental obligation or purpose of public health agencies responsible for population-based health to:

- Prevent epidemics and the spread of disease
- Protect against environmental hazards
- Prevent injuries
- Promote and encourages healthy behaviors
- Respond to disasters and assists communities in recovery
- Assure the quality and accessibility of health services

In 1988, after an intense study of public health, the Institute of Medicine defined the basic functions of public health as *assessment, policy development, and assurance.* The Centers for Disease Control and Prevention (CDC) proposed ten organizational practices to implement the three core functions. In the Spring of 1994, a national working group composed of representatives of the Public Health Services Agencies and the major public health organizations developed a consensus list of the "essential services of public health." The Vision and Mission statements include two brief lists that described what public health seeks to accomplish in providing essential services to the public and how it carries out these basic public responsibilities.

Essential Public Health Services: Part of the function of public health is to assure the availability of quality health services. Both distinct from and encompassing clinical services, public health's role is to ensure the conditions necessary for people to live healthy lives, through community-wide prevention and protection programs.

Public health serves communities (and individuals within them) by providing an array of essential services. Many of these services are invisible to the public. Typically, the public only becomes aware of the need for public health services when a problem develops (e.g. an epidemic occurs). The practice of public health is articulated through the list of "essential services."

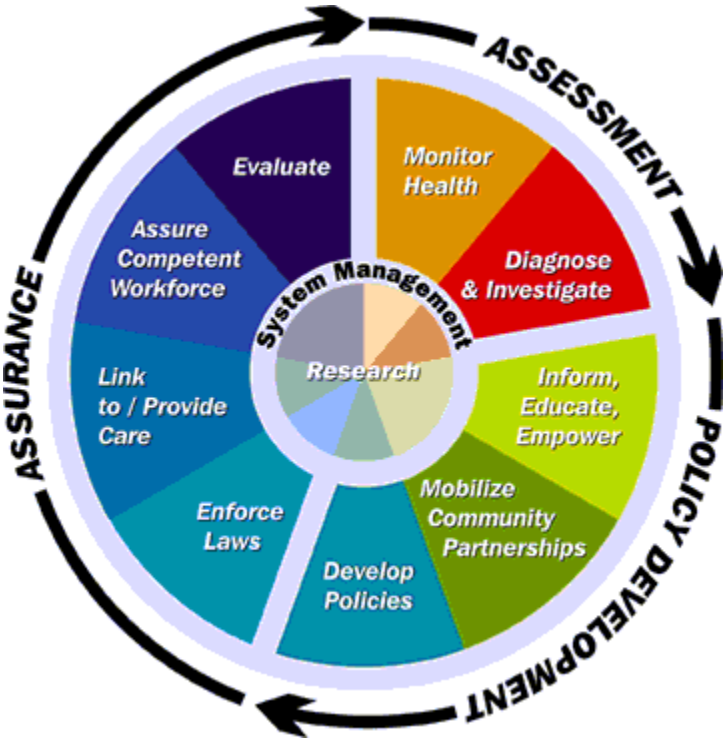

Figure 1: Adopted Fall 1994, Public Health Functions Steering Committee Members (July 1995).

Assessment

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Research for new insights and innovative solutions to health problems

Policy Development

- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts

Assurance

- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services

V*olunteerism:* We need to include representatives with experience in local government, labor, education, older adults, public health, non-profits, youth and business to promote and support community services. Volunteerism, in both, public and private programs are necessary to actively address the needs of all citizens. Retired, experienced, knowledgeable, and willing physicians, nurses, nurse practitioners, physicians' assistants, therapists, pharmacists, and other professionals could be valuable assets to a community for their volunteer services to meet the health care needs of the communities (9).

We see a future, where all citizens recognize their ability and responsibility to help strengthen their communities through voluntary service. We see expanded and meaningful volunteerism involving people of all backgrounds, cultures and ages. We see volunteers making measurable differences in their communities because they are well trained, supported and on the cutting edge of problem solving.

U.S. PUBLIC HEALTH TIMELINE

1. 2004: Avian Flu in China
2. December 2003: Outbreak of Mad Cow Disease in State of Washington
3. Fall 2003: Outbreak of Influenza in USA
4. 2003: Smallpox Vaccination; SARS; Monkey Pox
5. 2002-2003: ***(Iraq War)***
6. 2002: Bioterrorism Alert
7. 2001-2002: ***(Afghanistan War)***
8. 9/11/2001: Attack on World Trade Center and Pentagon; Bioterrorism; Anthrax
9. 1996-2000: ***(War in Bosnia-Herzegovina)***
10. 1995: On April 19, 1995, around 9:03 AM, just after parents dropped their children off at day care at Murrah Federal Building in downtown Oklahoma City, the unthinkable happened. A stunned nation watched as the bodies of men, women, and children were pulled from the rubble for nearly two weeks. When the smoke cleared and the exhausted rescue workers packed up and left, 168 people were dead in the worst terrorist attack on U.S. soil. Just 90 minutes after the explosion, an Oklahoma Highway Patrol officer pulled over 27 year old Timothy McVeigh for driving without a license plate.
11. 1990s: Partnerships with Managed Care
12. 1993: Attack on World Trade Center

13. 1992–1993: ***(War in Somalia)***
14. 1991: ***(Gulf War)***
15. 1989: U.S, Preventive Services Task Force: Guide to Clinical Preventive Services
16. 1988: The Future of Public Health (Institute of Medicine)
17. 1986: Health of the Public Program
18. 1982: HIV/AIDS
19. 1979: Healthy People: Surgeon General's Report on Health Promotion and Disease Prevention
20. 60s-70s: ***(Vietnam War)***
21. 1965: Medicare and Medicaid Act
22. 1964: Surgeon General's Report on Smoking; Community Health Centers Program
23. 1952: ***(Korean War)*** Salk Polio Vaccine
24. 1947: A token payment of $10 is made for 15 acres on Clifton Road, Atlanta, GA, the home of CDC Headquarters today
25. 1946: ***(World War II)*** Center for Control of Malaria in War Areas (forerunner of Centers for Disease Control)
26. December 7, 1941: ***(Pearl Harbor Attack)***
27. 1930s to 1970s: Tuskegee Syphilis Study; "Dark Ages"
28. 1930s to 1940s: ***(The Great Depression)***
29. 1935: Social Security Act (Title V and Title VI)
30. 1929: Blue Cross Insurance
31. 1921: Maternity and Infancy Act (Sheppard-Towner)
32. 1918: ***(World War I)*** Influenza Pandemic: At least 20 million, and perhaps more than 40 million, people died from the 1918 influenza virus, the most deadly infectious disease event to affect the human species. Young, healthy adults were affected with unusually high death rates. The disease swept the globe in six months, killing more than 10,000 people per week in some U.S. cities.
33. Late 1800s: (***Civil War)***
    - 1872: Founding of American Public Health Association
    - 1869: Massachusetts Board of Health
    - 1866: Metropolitan Board of Health – New York City
    - 1847: Founding of American Medical Association

ETHICAL CONSIDERATIONS IN PUBLIC HEALTH

Public health scientists and service providers, genuinely concerned for the welfare of those who suffer from clinical, medical, social and behavioral disorders, seek to prevent the onset of disorders, to mitigate the immediate and long term consequences of illness, and promote optimal health for all. For good or bad, public health interventions are designed and introduced intentionally to alter the lives of those whom they touch.

By definition, the targets of preventive efforts do not present diagnosable disorders and most are unaware that they are at-risk for such outcomes. The wellness and health promotion efforts alter the experiences of those involved. Rarely, however, do the

participants have any say in implementation of the intervention, awareness of the intervention's intent, or perhaps even of its existence (10).

We need to examine the legitimacy of that practice and to offer to add informed consent to recruitment and implementation procedures. We believe that heightened consideration must be paid to the ethics of implementing interventions to prevent disorder and promote health. Without more specific guidelines for the unique ethical challenges confronting us, we may find some of our efforts thwarted at the expense of the health and welfare of vulnerable members of society.

Public health policy is often concerned with the conflicting values emanating from the individually formulated ethics for curative care and more collectively oriented ethics. What are the considerations involved in our politicians' assessment of public health measures? Among our politicians, there is a consensus about the value of performing interventions in public health when the problem is large, even if there is some uncertainty about the consequences. Their overall strong support for equity and beneficence implies that these principles are crucial when formulating policies for interventions. Politicians need to state their ethical standpoint explicitly so that we as citizens can judge their decisions and actions based on our own political ideology and support for basic ethical principles (2).

Recently there has been increasing public scrutiny of all manner of research. Nowhere has this been more evident than in biotechnology and biomedical science, where recent advances have highlighted complex ethical challenges. These advances have generated a great deal of public and academic discourse that has played a key role in raising the profile of bioethics and in guiding ethical reflection and decision-making in these fields.

The broad field of public health also has numerous ethical challenges to negotiate. They exist in relation to public health practice whether in hospitals, general practice, laboratories, the community or within government. We are required to think about ethical issues each time we seek funds to engage in research involving human and animal subjects, and we often grapple with the practical end of ethical matters during the actual conduct of this research. It seems that research ethics enjoys a low profile within public health circles.

There is much that can be learned by reflecting publicly about these issues, and public health professionals have much to contribute to this process. Given the increasing public interest in research in general, it is timely to reflect on the status of research ethics within public health, and consider opportunities for encouraging greater discussion and debate. We do not want to create another “Tuskegee Experiments” of any scale at any time, given the dark ages of public health in this country.

CONCLUSION

We, The Image Makers, believe that public health has a lot to offer and we need to educate the public about the various services that public health provides. Remember, an educated consumer is our best customer. Public health can definitely fill those gaps where clinical services, medical care, preventive medicine, environmental health, community health education, health promotion partnerships, policy development, and bioterrorism threat, all come to play a central role in the lives of our communities and our citizens. In the 21st century, health promotion will find new allies among consumers, communities, even industry. But how will health be seen? As a social resource, a consumer good or the ultimate goal of life (7)?

It lies in the very nature of public health that how we act today defines the future. What vision of health holds the most promise for the future and should be driving public health actions as we forge ahead?

The answers to these questions are not easy to come by, not only because they entail speculation but also because the context in which we ask them has undergone and is undergoing revolutionary change. Yet we can say with certainty that much of future health development will depend on political choices and decisions that reach far beyond the health sector.

The context in which we ponder these and other questions is indeed extraordinary. The changes under way in public health, wellness and biotechnology are all significant enough to warrant the term "revolution." Revolutions rarely happen overnight; sometimes it is only with hindsight that we realize they have taken place. The two public health revolutions that have changed the face of health and disease in the 19th and 20th centuries are the control of infectious disease through health protective measures and the consequent battle against non-communicable disease through behavior modification. These have taken place over several decades. As a result of these revolutions, something momentous has been occurring in many societies: people are living longer and healthier lives, and they are becoming participants in health creation and health decision making. This has led to a new understanding and a new practice of public health (7).

There are several ways by which we can bring about improvement in health and health care of our communities and our citizens:

- Promotion of healthy workplaces and healthy schools
- Development of tools and methodologies that address the health effects of policies in areas other than health, holding a wide range of public and private actors accountable for the health impacts of their policies
- Growing movements for healthy cities

Some U.S. economists already consider the $1.3 trillion health care industry as one of the few drivers of growth in the years ahead. By 2010, health care is expected to account for 16 percent of the U.S. economic output. Some say that by 2040, this could grow to 20-30 percent. Calculations indicate that in the United States alone, the sales of the wellness industry have already reached approximately $200 billion and that it is set to achieve sales of $1 trillion within 10 years (6).

This move toward making health a private, commercial and individual endeavor is an expression of larger trends in modern societies. The wellness revolution places economics as a driving force behind health by making it good business and providing the consumer with products that enhance well-being and quality of life. Unlike industries such as tobacco and alcohol, which require regulation to mitigate their adverse effects on consumers, the new wellness industry fosters a consumer movement toward products and services that create health.

Yet all this raises serious questions about equity. As the wellness industry booms, the public health sector faces a critical shortage of public funding at the local, national and global levels, and the danger of a widening health gap grows. While the healthy and better off buy an ever-increasing amount of products and services that promote health, cuts in the public sector not only reduce prevention and health education services for the poor but also weaken public safeguards on harmful goods and services (4,6).

The larger question, both in the domain of public health and in the health marketplace, will be what social, political and financial price we will be willing to pay for better health, individually and as a community, at both the local and global levels. Although it may seem benign to buy better health by joining a fitness club or choosing nutritional supplements, can the same be said of buying healthier and better children?

The possibilities for improving public health are great as we have entered the 21st century. The task of improving people's control over their health is more difficult and forces us to ask tough ethical questions about health and its role in modern society. The answers will not be obvious or easy under the pressure of new markets and new technologies.

LEADERSHIP DEVELOPMENT OPPORTUNITIES

Betty Ford, R.N.

Being a KPHLI scholar has truly been an honor for me. I'm so proud to be associated with such a fine group of people. Thanks to my director and co-workers for allowing me the opportunity to participate. The entire process has taught me things I didn't realize

about myself, and about others. It's given me time to reflect and to look deep inside myself, my personality, and those around me.

Melissa D. Harris, R.N., B.S.N.

My participation in the KPHLI program has been a positive growth experience, both personally and professionally. It has provided exposure to different and more challenging ways of thinking as well as improved my self-confidence. The program has been of invaluable assistance by greatly expanding my network with other public health professionals in addition to helping broaden my knowledge and understanding of our public health system. As a result of the KPHLI experience, I now have a strong foundation to further enhance my leadership skills.

Read G. Harris, M.P.A.

KPHLI has provided a great opportunity to meet and network with some terrific public health officials across the commonwealth, people I may never have had the opportunity to otherwise know and work with. This program provided the perfect setting to develop a better appreciation for what public health means (i.e. core public health functions and the 10 Essential Public Health Services) and how best to oversee and administer public health services in a day and age when available resources are shrinking in the face of a greater community public health demand.

Surinder ("SAM") K. Kad, M.D., F.A.C.P., M.P.H., M.B.A.

I am grateful for the wonderful opportunity to study as a KPHLI 2003-2004 Scholar. The practice of public health is an organized effort of society to protect, promote, and restore people's health. It is the combination of science, skills, and beliefs that is directed to the maintenance and improvement of the health of all the people through collective or social actions, with emphasis on prevention of disease and the health needs of the population as a whole. Public health activities change with variations in technology and social values but the goals remain the same. Public health is thus a social institution, a discipline, and a practice. The specific challenges may be new, but the need to address new challenges is not. I have enjoyed learning from my teammates. Not only do we come from different health departments, we have different backgrounds and different experiences. There has been much debate over the differences between Management and Leadership. Simply put, management is about keeping stability and leadership about encouraging change. We as leaders need to provide a stable and controlled environment where knowledge is gathered. Knowledge creates change through innovation. It adds value by the free sharing of gained knowledge. And that is what KPHLI has taught me and I am proud of it.

Janet Overstreet, B.S.

This past year participating in the KPHLI course has been a very valuable experience. It challenged my knowledge and awareness of public health and public health activities. This course provided valuable instruction on how to become a learning organization, development of leadership skills and working together as a team. The Change Master project provided the opportunity to develop and use the skills learned. Participating in this course has not only improved my knowledge and skills, it has also inspired me to be a better person.

Becky Simpson, M.S.S.W.

KPHLI has provided me with a better understanding of public health and the function of the health departments. I really appreciated learning about the history of public health and the similarities with my social work profession, which was forming at the same time. My greatest learning experience was the unit on learning and social styles. I believe it is important for a leader to know the fundamentals of leadership, but it is equally important to understand the needs of the people you are leading. I look forward to expanding my knowledge in this area so that I can learn to tailor my expectations to the needs of the people I work with, thus achieving greater productivity.

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