

DIFFERENCE BETWEEN PUBLIC HEALTH AND HEALTHCARE MANAGEMENT

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ANNOTATION:

Public health management covers the administrative and managerial capacities, organizational structures, and systems needed to finance and deliver health services more efficiently, effectively, and equitably public financial management (pfm) health systems rely on pfm to be effective, efficient, and accountable

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INTRODUCTION:

Improving the health of populations is a challenge confronting all countries in both the developed and developing worlds. Health care reform has been a catalyst, often unwittingly, to the long-running debate about how best to improve health because the separation of purchaser and provider responsibilities as well as notions of markets and managed competition have been at the heart of the change process in most countries. The role of purchaser or commissioner in many countries is directed towards health improvement or health gain, rather than maintenance of the health care system which, by itself, cannot deliver on the broader health agenda. As health care has become increasingly complex and specialized, a false dichotomy has emerged between public health specialists and health services managers. Whereas public health specialists have generally looked outwards towards society and the health needs of the

population, health service managers have tended to focus inwards on the organization and, particularly, on the financially demanding secondary and tertiary care sectors.

WHAT IS PUBLIC HEALTH MANAGEMENT?

In improving a nation's health, the way forward lies in the development of public health management. It can be defined as the mobilization and management of society's resources, including the specific resources of the health service sector, to improve the health of populations through whatever means is most appropriate. The objective of health improvement has a long history among public health practitioners. The discipline of public health medicine has had twin intellectual approaches — knowledge and action — which throughout its history have gone together. Progress has resulted from a harmony of approach, wide sound knowledge followed by appropriate action. This concept is easy to postulate but less easy to deliver. In practice, there has been a tension between knowledge and action with many practitioners in public health focusing on knowledge rather than action. Public health management is about integrating the 2 approaches.

Public health management demands skills other than those generally to be found in public health medicine. Of course, there will remain a need for medically trained experts who can analyse health problems and offer advice on various specialist matters, but even they should possess a firm grounding in management if their advice is to be of real value and acted upon. Those working in today's

public health function must respond to the multisectoral nature of health problems and serve a variety of agencies and local communities. They must contribute to the drive for effective health outcomes and be able to work in a multisectoral arena to achieve health gain.

Public health management is by definition a multidisciplinary activity and besides doctors it also embraces non-clinical epidemiologists and quantitative scientists, social and behavioural sciences, non-medical specialists in health promotion and those from the many disciplines involved in health services (or systems) research and development. All have a role to play in the twin tasks of public health analysis and the promotion of remedial action. Because of its broad-based eclectic approach, public health management poses a challenge to public health medicine insofar as the latter or some of its representatives believe it has a monopoly over public health concerns. For example, is there any reason why a director of public health must be a public health physician? Could the appointment of a non-clinical epidemiologist or consultant in public health dentistry or specialist in health promotion be contemplated? As the range of professionals involved in the public health function broadens, such questions will have to be addressed. As the Chief Medical Officer in England, Dr Kenneth Calman, argued in an address he gave to the annual conference of the Faculty of Public Health Medicine in 1993, public health is "an amalgamation of a series of 'loonies'." He went on, "there is no one single science and it must draw on molecular biology, clinical practice, sociology, education, politics and management science. Hence the importance of team working and of using a wide range of skills to improve health."

In taking forward the multisectoral approach and health agenda sketched out above, a number of key processes are required.

- Building alliances and networks with non-health service organizations. Relationships will be influential rather than managerial control or directive, and the capacity to create and manage change leading to health improvement within this environment will be a crucial goal for organizational and personal development.
- Talking and listening to consumers in order better to respond to need.
- Developing an information and intelligence database to support the new public health; this requires integrating epidemiological data with a wide range of other social science and management research.
- Market management: having a strategic framework based on health improvement, the capacity to work within alliances, knowing the views of consumers and possessing good market-relevant information.
- Attention needs to be given to the appropriate organizational form to fulfill these functions and to the development of necessary vision, culture, people and skills.

In particular, it means moving away from functional departments and towards a blending of skills in task forces and in project-managed initiatives - such a team approach will be looser, flatter and more fluid than conventional functional departments with sometimes lengthy hierarchies and command and control structures.

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CONCLUSION

In this paper we have argued strongly for the concept of public health management to be taken seriously and for its skills base to be addressed in training and development programmes. There will be those who would argue that the practice of public health and management involve incompatible skills and that a healthy tension should remain between them. A considerable shift in attitudes will be required by public health specialists and managers if the two professions are to become part of a single continuum, with public health experts involved in management and vice versa. But none of this will happen in the absence of strong leadership at both a country and at an international level. Those in public health cannot afford to ignore this reality or exclude themselves from it if they want to make an impact on policy by ensuring that it addresses the multifaceted nature of a health gain strategy rather than becoming preoccupied with any one component of it. Just

as managers reared in the health care system must widen their horizons in terms of what a public health perspective can offer them, so must public health specialists, regardless of disciplinary background, embrace management. Management, after all, is only a means to an end albeit a powerful one.

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