

# Public Health Senior Deputy's Perceptions of State Health Officials' Success Factors: Professional Characteristics, Personal Attributes, and Signs of Derailment

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## ABSTRACT

**Context:** Senior deputies work closely with state health officials (SHOs) in state public health agencies and are a valuable resource for understanding their roles, responsibilities, and characteristics.

**Objective:** Examine senior deputies' perceptions of SHO success factors.

**Design:** Qualitative study including nominal group technique focus groups, a small expert focus group, and interviews.

**Setting:** US state public health agencies.

**Participants:** Senior deputies in state public health agencies 2016/2017.

**Main Outcome Measures:** Perceptions of SHO success factors.

**Results:** The most commonly perceived professional characteristics of a successful SHO included the following: credible trusted voice with internal respect/external credibility; improves public health prominence/visibility with an evidence-based agenda; and grows the agency/leaves it stronger. Perceptions of the most common personal attributes for success included excellent listening skills; credibility/honesty/trustworthiness; and public health experience/knowledge. The most commonly perceived signs of SHO derailment included when SHOs have a visible lack of support of elected officials (eg, governor/legislators) and when the SHO is "bypassed" by elected officials.

**Conclusions:** A key finding of this study centers on the relationship between the SHO and the governor; meeting the expectations of the governor was identified as a significant professional characteristic of success. Findings highlight the expectation that SHOs have a clear understanding of the governor's priorities and how to relate to the governor's office early in their tenure. This goal should be a priority for transition teams that aid new SHOs as they begin in their new roles. Study insights can help better prepare for orientation/onboarding of new SHOs. Development of key transition documents and tools for rapid onboarding should be considered. Transition teams should assist new SHOs in establishing an understanding of the governor's priorities and how to best communicate with to the governor's office early in their tenure. Strong senior management teams should be prioritized and fostered.

**KEY WORDS:** characteristics, leadership, public health, state health official, success, tenure

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State health officials (SHOs), who direct statewide governmental public health agencies, are tasked with protecting health, preventing illness, and promoting population-based health improvement, and experience an average tenure of 2.9 years on the job. Having just a few years in this important leadership role limits the time available to master what is needed and expected to achieve the public health goals they set for their organization

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and the health of their state.<sup>1</sup> Identifying and learning more about the professional characteristics and personal attributes of successful SHOs may provide several positive benefits. These could include helping governors or state-appointing bodies select individuals with characteristics and attributes that most likely lead to success; helping identify the skills and attributes best suited for inclusion in training programs; and identifying the common mistakes and pitfalls that lead to career derailment (ie, unexpected involuntary departure) in order to optimize the chances of success.<sup>2</sup>

Studies focused on public health leadership and SHOs, in particular, are not common. Recently, work from the SHO-CASE Study quantified the backgrounds and qualifications of SHOs and examined general tenure and characteristics of both former SHOs and those currently serving in an SHO role.<sup>3</sup> Another recent study examined the state averages for SHO tenure over the last 38 years and found that state average SHO tenure varied from 1 to 24 years, with an average of 12 new SHOs per year. It also found that the person or organization that appoints an SHO was significantly related to average tenure within a state.<sup>2</sup> More specifically, when a state law requires that SHOs are appointed by a board of health, a state has an average SHO tenure that is twice as long as states where the governor or a secretary of health appoints the SHO (8.5 years vs 3.9 years vs 3.9 years, respectively). Amidst the dearth of SHO-specific leadership studies, a handful of recent local public health leadership studies have been published.<sup>4,7</sup> One found a 6.4-year median tenure among leaders at the local public health agency level, which is double the median tenure of SHOs.<sup>1,4</sup> Two additional studies examined characteristics of local public health agency leaders as they related to the types of activities conducted by local health departments<sup>5,6</sup> and one looked at local leaders' backgrounds as they relate to black-white mortality disparities, finding that clinician-leaders were associated with lower levels of mortality disparities in the communities they served when compared with nonclinician-leaders.<sup>7</sup> The SHO studies like these local-level leadership studies are generally missing from the evidence base. The more that can be learned about characteristics that make for a successful SHO, or factors that predict potential derailment of SHOs, the better the knowledge base to inform SHO selection, training, and support.

Senior deputies are a valuable resource for understanding the roles, responsibilities, and characteristics of SHOs. They serve in leadership positions that directly support SHOs, typically have numerous years of experience in senior management roles (eg, deputy director, division director, director of administration,

etc) within the state public health agency, and are less likely to turn over with political change. As such, senior deputies have often worked with numerous SHOs during their tenure at the state agency and help orient new SHOs as they take on their leadership role.<sup>3</sup> In addition, senior deputies play an important role in facilitating the continuity of operations in state public health agencies. Given these experiences, senior deputies are well positioned to observe the attributes and characteristics exhibited by the SHOs.

The current study presents qualitative perspectives of senior deputies, the most senior public health managers in state governmental public health agencies, and individuals who are well positioned to observe the SHOs. Senior deputy participants provide insight about their perceptions of successful SHO professional characteristics and personal attributes and describe early signs of SHO derailment perceived to be related to SHOs prematurely losing their jobs. Findings will be of interest to several audiences including governors and their transition teams who often select and appoint SHOs, legislators in states that require legislative confirmation of SHOs, current and prospective new SHOs who want to acquire and/or maintain skills and attributes critical to optimizing their success, and senior deputies who help orient and support SHOs in achieving public health goals.

## Methods

### *Study design and population*

Senior deputies who serve in state public health agencies were the respondents in this qualitative study. Participants were recruited from the Association of State and Territorial Health Officials 2016 and 2017 Annual Senior Deputies Meetings, a national meeting drawing senior deputies from state and territorial governmental health agencies across the United States. This study is accompanied by 2 related studies in this volume of the journal. A research brief detailing the methods for the SHO-CASE Study survey of SHOs is included as well as an article examining the backgrounds of SHOs. See "State Health Official Career Advancement and Sustainability Evaluation—Description of the Methods Used in the SHO-CASE Study"<sup>8</sup> and "State Health Officials: Backgrounds and Qualifications"<sup>4</sup> for more context on this related work.

### *Data collection*

This study uses qualitative data collected 3 ways. The first set of data comes from a facilitated group exercise using a modified Nominal Group Technique (NGT) with attendees at the 2016 Meeting (n ~ 100). At

the same meeting and following the modified NGT, a second set of qualitative data was collected during a small focus group with 6 senior deputies with substantial experience serving in this role (ie, who served in a leadership position long enough to observe 2 or more SHOs in their roles). They were also selected to represent different regions and state sizes. The purpose of this small focus group was to provide expert insight on the same set of questions used in the modified NGT session and to validate the findings generated from the modified NGT. The third set of data was collected 1 year later at the 2017 Meeting where interviews were conducted with an additional and different set of 6 experienced senior deputies (ie, who served in a leadership position long enough to observe 2 or more SHOs in their roles).

### **Modified NGT**

All attendees at the 2016 Meeting were invited to participate in a group exercise using a modified NGT.<sup>9</sup> The purpose of this exercise was to gather insight from individuals who have close working relationships with SHOs. The approximate 100 participants were separated into 11 groups and each group was asked to discuss 3 questions and record its group's conclusions. The questions were (1) define a successful SHO; (2) list the desirable personal and professional attributes of a high-functioning SHO; and (3) list signs of SHO derailment.

### **Small focus group validation exercise**

Six senior deputies who attended the Association of State and Territorial Health Officials 2016 Annual Senior Deputies Meeting were invited to participate in a focus group to discuss and reach a consensus on the same set of questions asked of the NGT participants. They were not provided the themes generated by the NGT exercise but were rather asked to independently respond to the same questions. As noted previously, all the deputies had worked within a state health agency in a senior management position long enough to observe 2 or more SHOs leading the agency. Given their substantial experiences, when the small expert focus group's answers aligned with the NGT themes, it was perceived as validation ("expert validation") of the NGT themes. Responses were recorded and compared with responses from the NGT focus group to determine whether there was alignment with the NGT responses.

### **Interviews**

Interviews were conducted with a sample of 6 senior deputies who attended the Association of State

and Territorial Health Officials 2017 Annual Senior Deputies Meeting and who had also worked within a state health agency in a senior management position long enough to observe 2 or more SHOs leading the agency. Each interviewee was asked to respond to 5 questions: (1) Have you experienced 1 or more situations where the SHO was fired or encouraged to leave the SHO position earlier than planned? (2) If you experienced the early departure of an SHO, did you see it coming? (3) If you saw it coming, what were the signs that that caused you to expect an early departure of your SHO and do you think it could have been prevented? (4) After the departure of the SHO, and prior to the arrival of the new SHO, who ran the agency and for how long? (5) What was the impact on the public health agency when the SHO left prematurely?

### **Analysis**

Focus group and interview notes were summarized and reviewed collectively by the first 2 authors. First, results from the modified NGT were reviewed for themes and grouped by similar characteristics/categories. Second, the small focus group expert validation results were also reviewed for themes and categorized. These validation categories were compared with the categories identified through the modified NGT activity. All categories were then ranked by frequency of occurrence across the 11 modified NGT groups and the expert validation group. Finally, answers provided the following year (2017) during senior deputy interviews were qualitatively reviewed. Summaries were generated to describe experiences and insight provided. Ethical approval for the SHO-CASE Study was provided by Indiana University's Institutional Review Board.

### **Results**

The modified NGT activity generated 16 professional characteristics that can be used to define a successful SHO (see Table 1). The small focus group of senior deputy experts provided validation for 10 of the 16 characteristics identified during the modified NGT activity. The most common professional characteristics of a successful SHO according to the NGT participants included the following: a credible trusted voice with internal respect and external credibility ( $n = 9$ ); improves public health prominence and visibility with an evidence-based agenda ( $n = 9$ ); grows the agency and leaves it stronger ( $n = 9$ ); has a public health perspective ( $n = 8$ ); demonstrates action by making progress/accomplishments ( $n = 7$ ); and demonstrates leadership ability ( $n = 7$ ). Each of

**TABLE 1**  
**Professional Characteristics That Define a Successful State Health Official<sup>a</sup>**

Characteristics	Nominal Group Technique Participant Groups											Expert Validation	Frequency Across Groups and Experts
	1	2	3	4	5	6	7	8	9	10	11		
Credible trusted voice with internal respect and external credibility		✓	✓	✓	✓	✓	✓		✓	✓		✓	9
Improves public health prominence and visibility with an evidence-based agenda	✓	✓	✓	✓		✓		✓	✓	✓		✓	9
Grows the agency and leaves it stronger	✓	✓	✓	✓	✓				✓	✓	✓	✓	9
Has a public health perspective	✓	✓	✓	✓	✓			✓			✓	✓	8
Demonstrates action by making progress/accomplishments	✓		✓		✓	✓	✓			✓		✓	7
Leadership ability is demonstrated		✓	✓		✓	✓	✓			✓		✓	7
Systems perspective		✓	✓			✓	✓						4
Meets leadership expectations of governor, etc			✓			✓	✓					✓	4
Inspired and motivated staff	✓		✓	✓					✓				4
Sets clear expectations	✓			✓					✓				3
"Team" leader		✓	✓									✓	3
Impact on state health status		✓	✓		✓								3
Respected administrator skills							✓		✓				2
Happy staff	✓			✓									2
Sees value of incremental progress/change												✓	1
Manages up												✓	1

<sup>a</sup>Data were collected at the ASTHO Annual Senior Deputies Meeting 2016. Approximately 100 senior deputies participated in a modified Nominal Group Technique across 11 groups. Participants were asked: "How would you define a successful SHO?" A focus group of senior deputies with extensive experience responded to the same questions to provide expert validation for characteristics identified in the modified Nominal Group Technique. A check mark (✓) in a column indicates that the characteristic was discussed.

these was also listed by the senior deputy focus group participants in the validation exercise.

A list of 13 types of personal attributes was generated in response to the question of what attributes make for a good SHO (see Table 2). Nine of these 13 attributes were also identified by the small focus group of senior deputy experts. The most common attributes noted include the following: excellent listening skills (n = 12); is credible, honest, and trustworthy and has integrity (n = 11); having public health experience and/or knowledge (n = 10); and being a good communicator (eg, public speaking; manages meetings well, presents ideas skillfully, knows audiences, and frames messages appropriately) (n = 9).

Table 3 lists 8 signs of SHO derailment. These include the following: SHO has visible/tangible lack of support of elected officials (eg, governor or legislators) (n = 11); SHO is "bypassed" by the governor/state senior leadership and governor goes directly to subordinate staff and/or directly places new staff in public health agency (n = 8); agency in constant crisis

(eg, bad media stories, chaos, enmity with stakeholders, reactive tension with the board) (n = 7); and SHO disengages (eg, withdraws, shuts down, is indecisive, limited focus, does not respond in an emergency) (n = 7). Three signs of derailment were also listed by experts: SHO has lack of support of elected officials (eg, governor or legislators); SHO is "bypassed" by the governor/state senior leadership; and SHO loses credibility/trust among agency staff.

In the interviews with 6 senior deputies in 2017, 5 of 6 experienced early SHO departures and all 5 said that they could see signs of SHOs involuntarily leaving their position earlier than planned. Signs that indicated that an early SHO departure was imminent included (1) a contentious political environment, (2) challenging personnel management issues, (3) situations in which the SHO was insulated from or unaware of ongoing program challenges within the agency, or (4) failure to meet expectations of the governor/state senior leadership. When senior deputies were asked for ways that SHOs could prevent their early departure, the following recommendations were

**TABLE 2****Personal and Professional Attributes of a Successful State Health Official<sup>a</sup>**

Attributes	Nominal Group Technique Participant Groups											Expert Validation	Frequency Across Groups and Experts
	1	2	3	4	5	6	7	8	9	10	11		
Excellent listening skills	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12
Credible, honest, and trustworthy and has integrity	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11
Public health experience and/or knowledge	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	10
Good communicator (eg, public speaking; manages meetings well, presents ideas skillfully, knows audiences, and frames messages)	✓	✓	✓	✓		✓	✓		✓		✓	✓	9
Exhibits leadership ability (eg willing to stand up, has a strong backbone, not a sellout, a risk taker, shows courage)	✓	✓	✓			✓	✓		✓	✓		✓	8
Self-aware, calm, emotional intelligence	✓		✓	✓	✓		✓		✓	✓		✓	8
Decisiveness	✓	✓		✓	✓	✓						✓	6
Political savvy (understands the political landscape and process)	✓		✓	✓				✓	✓			✓	6
Team oriented (eg, team player, builds and supports a team)					✓	✓	✓			✓	✓		5
Systems thinker/sees the big picture	✓	✓							✓			✓	4
Empathetic, compassionate, respectful			✓		✓	✓						✓	4
Real-world experience in leadership and/or management	✓	✓	✓									✓	4
Charismatic, inspirational, motivational				✓					✓	✓	✓		4

<sup>a</sup>Data were collected at the ASTHO Annual Senior Deputies Meeting 2016. Approximately 100 senior deputies participated in a modified Nominal Group Technique across 11 groups. Participants were asked: "What are the personal and professional attributes that help to define a successful SHO?" A focus group of senior deputies with extensive experience responded to the same questions to provide expert validation for characteristics identified in the modified Nominal Group Technique. A check mark (✓) in a column indicates that the characteristic was discussed.

provided: (1) develop a better relationship with the governor and/or the governor's staff, (2) avoid letting situations get so out of control that it is impossible to recover, (3) avoid the urge to micromanage during crises and instead rely on their senior management team's skills and expertise, and (4) develop and use a strong agency administrative system to support management of the agency. When asked to discuss experiences within agencies after the unexpected departure of an SHO, all of the senior deputies reported that they themselves or another executive within the agency managed the agency in the interim period—lasting from 2 weeks to several months. They also reported that there were instances where they experienced improvements in agency staff morale following the SHOs' unplanned departure.

## Discussion

A key finding of this study centers on the relationship between the SHO and the governor. Specifically,

meeting the leadership expectations of the governor was identified as a significant professional characteristic of success. In addition, senior deputies indicated that having a strong relationship with the governor and/or the governor's staff may prevent the early departure of an SHO. These findings highlight the expectation that SHOs have a clear understanding of the governor's priorities and how to relate to the governor's office early in their tenure. This goal should be a priority for transition teams that aid new SHOs as they begin in their new roles.<sup>10</sup>

Additional findings indicate that improving the agency's public health prominence and visibility and building up the agency were cited as crucial professional characteristics more often than having an impact on the status of the health of the public. This might be due to a belief that a strong agency is necessary to sustain the interventions needed to achieve a significant health status improvement. It may also suggest that because senior deputies watch SHOs come and go, they value a strong agency that is capable

**TABLE 3**  
**Signs of Impending Involuntary Departure of a State Health Official<sup>a</sup>**

Signs	Nominal Group Technique Participant Groups											Expert Validation	Frequency Across Groups and Experts	
	1	2	3	4	5	6	7	8	9	10	11			
SHO has lack of visible/tangible support of elected officials (eg, governor or legislators); do not support SHO or the agency or show a lack of confidence and trust (eg, exclusion, loss of access, punishment).	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		11
SHO is "bypassed" by the governor/state senior leadership and governor goes directly to subordinate staff and/or directly places new staff in public health agency.	✓	✓		✓	✓		✓		✓	✓		✓		8
Agency in constant crisis (eg, bad media stories, chaos, enmity with stakeholders, reactive tension with the board).			✓	✓	✓		✓	✓	✓	✓				7
SHO disengages (eg, withdraws, shuts down, is indecisive, limited focus, does not respond in an emergency)	✓	✓	✓		✓	✓	✓			✓				7
SHO loses credibility/trust among agency staff.	✓		✓		✓	✓		✓				✓		6
Staff voluntary turnover increases.	✓			✓	✓				✓		✓			4
Lack of or loss of decisions informed by science (eg, political decisions prevail or misinformation is employed).						✓			✓					2
SHO does not delegate; functions as a "lone wolf"; exerts control over everything (micromanages).	✓				✓									2

Abbreviation: SHO, State Health Official.

<sup>a</sup>Data were collected at the ASTHO Annual Senior Deputies Meeting 2016. Approximately 100 senior deputies participated in a modified Nominal Group Technique across 11 groups. Participants were asked: "What are the signs of derailment for an SHO (indicators of impending failure or disaster)?" A focus group of senior deputies with extensive experience responded to the same questions to provide expert validation for characteristics identified in the modified Nominal Group Technique. A check mark (✓) in a column indicates the characteristic was discussed.

of sustaining strong public health programs over time.

Findings also indicate that demonstrating certain personal attributes is critical to being perceived as a successful SHO among the senior leaders within an agency. Respondents suggest that SHO success is based on practicing excellent listening skills and being credible, honest, and trustworthy, and showing integrity. These aforementioned attributes were listed most often, followed by having knowledge of public health and possessing excellent communication skills.

Signs of derailment described by senior deputy respondents align with common signs of a dysfunctional organization—a lack of support of a governing body for leadership, internal and external crises, a leader who disengages, and leadership losing credibility/trust among staff. Such challenging environments

may be related to the finding that senior deputies had perceived improvements in morale following some SHO departures. Several of the professional characteristics and personal attributes of a successful SHO encourage a strong sense of teamwork to achieve success and build the agency. Respondents suggested that the use of a strong agency management team may have prevented the premature departure of the SHO in 1 or more situations. In addition, strong senior management teams support the agency between SHOs, and the strength of the team may have bearing on the agency's ability to remain functional and effective during transitions between SHOs.<sup>8</sup>

This study has a number of strengths and limitations to note. This is the first study to incorporate the perspective of senior deputies in an examination of SHO characteristics and activities. This sample

## Implications for Policy & Practice

- Given the 2.9-year median tenure of SHOs, these findings can be used to inform the development of strategic succession plans to ensure sustained state public health agencies.
- The personal attributes described by respondents as supportive of SHO success may be included among those prioritized when selecting new SHOs.
- The valuable insights of senior deputies provided in this study can help senior management teams to better prepare for the orientation and onboarding of new SHOs. The development of key transition documents and tools for rapid onboarding should be considered. Plans should incorporate activities and procedures that promote characteristics and attributes that support successful SHO leadership.
- Since meeting the expectations of the governor was identified as a significant characteristic of success, new governor transition teams should assist new SHOs in establishing a clear understanding of the governor's priorities and how to best communicate with the governor's office early in their tenure.
- Strong senior management teams that support SHOs and the agency should be prioritized and fostered. Furthermore, insights identified in this study may help SHOs and their senior deputies be sensitive to the early signs of derailment and attempt interventions aimed at getting the SHO and agency leadership back on a track to success.
- Organizations and institutions that support public health practice can use the information shared here as inspiration for curriculum development in their educational efforts that are aimed at strengthening the public health workforce.
- This study suggests that more research is needed to identify the warning signs of the potential derailment of an SHO and how the SHO and the agency can best respond in these situations. More can be learned about how to prepare the agency for both the planned and unplanned departure of the SHO.

provides unique and valuable insight about SHO experiences. However, an important limitation is that all 3 of the study samples are convenience samples. This limits the generalizability of the findings because

it is impossible to assume that the respondents represent all state health departments and all SHOs. The convenience samples, in particular, the small expert validation focus group and small number of interviewees, limit the ability to determine whether saturation of themes was achieved. In addition, as expected, individuals share perceptions based on personal experiences. These personal experiences have been shaped by the characteristics of the organization and the leaders with whom participants have worked.

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