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Speaking the Language of the Decision-Makers

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ABSTRACT

In a system experiencing dwindling resources, public health practitioners must be able to explain their goals, services, and impact via terms and concepts understood by policymakers, governmental representatives, and community members. The use of concepts such as private sector partnership development, quality improvement, expense management, and cost analysis can provide public health practitioners means for growth and improvement, as well as the ability to communicate value to decision makers.

Keywords
public health resources, public health practitioners, policymakers, decision makers

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In a system experiencing dwindling resources, public health practitioners are often faced with the task of educating policymakers, governmental representatives, and community members on the importance of public health services and the impact of funding reductions on the ability to serve the community. In the midst of this need for decision-makers to understand what public health is, the frequent public health practitioner lament is: People don’t understand who we are and what we do!

Is the reason for this lack of understanding wrapped in the concept of prevention? Public health practitioners are aware that if their jobs of promoting health, preventing illness, and protecting the public from injury are done well, the resulting lack of health burdens may go unnoticed. The challenge then is to communicate what is known about the value of public health systems and services into information understood by the audiences we seek to serve.

The articles in this issue of Frontiers in Public Health Services and System Research explore concepts widely used outside the public health arena. The article by Johnston and Finegood discusses the challenges and opportunities of growing the concept of partnership with the private sector toward goals of health improvement. The article by Law et al. provides a look at the Ontario public health unit readiness to embrace quality improvement concepts as a means to enhance service delivery and value of public health. Lorenzo and Santerre assess local health department director compensation and jurisdictional size, and Whittington et al. address the need to capture the costs of public health infrastructure.

The use of concepts such as partnership development, quality improvement, expense management, and cost analysis by public health practitioners could increase the ability to communicate with partners about public health from a cost–benefit perspective. Use of these concepts could also increase the knowledge of public health as an industry whose efforts are worthy of funding and close the gap of understanding with decision-makers outside of governmental public health.

REFERENCES


