

Memorandum

To: Suzanne Smith, Director of Team B at the Centers for Disease Control and Prevention

From: SFSU ID# 905921840

Re: Recommendations for Ensuring Team B's Future Success

Date: May 4th, 2009

Introduction:

The Centers for Disease Control and Prevention (CDC) fundamentally exists to protect the health and welfare of citizens in the United States and to investigate exigent health issues that may pervade clinicians; thereby ensuring protection and quality of life for people on a national and global level. Many complex diseases have emerged in recent years, challenging the traditional fashion in which the CDC facilitates its operations. In the recent past, the agency singularly depended on a select number of individuals to contribute to an investigation and disregarded other important resources as well as internal and auxiliary staff who could have potentially been an asset to the investigation. As a result, the agency has decided to take numerous innovative courses of action in order to eradicate “new, resurgent, and drug resistant pathogens” (Varley, 2008, p.1). The agency is responding to these distinct public health challenges by implementing an Incident Management Model which serves as a comprehensive method of managing health emergencies in a flexible, organized and expeditious manner. The Incident Management Systems primary goal is to provide an all encompassing response by the agency through utilization of all relevant agency departments and resources within the CDC “by tapping the resources of the whole agency” (Varley, 2008, p.5). The Incident Management Model's general structure has the potential to be varied, and components of the system can be changed, eliminated or enlarged based on the agencies specific, divergent needs (Varley, 2008).

In adherence to the Incident Management Model, the CDC has developed a team of highly experienced experts both internal and external to the agency for the purpose of assisting formal

investigative teams within the CDC to examine the periphery of specific, emergent health crises. The CDC has predicted the positive value of utilizing a team of specialists whose purpose is to focus on pressing health emergencies that prove intricate, advanced and relatively unknown to modern science and medicine. The agency decided to call this team of specialists Team B and after several mildly successful attempts at addressing complex public health issues such as the West Nile Virus and SARS outbreaks, Team B became a permanent fixture at the CDC in 2004; thus embracing the agency's efforts to utilize the Incident Management System.

Background:

Individual Team B's are created during each health emergency and are considered to be crisis specific, meaning that specialized health care agencies and world renowned experts who are exclusively knowledgeable about the health crisis in question are invited and encouraged to contribute their expertise to the CDC's investigative teams until the threat or crisis is absolved. In other words, Team B's are created and disbanded in specificity to each exigent health crisis the nation or world may be facing; this bears similarity to an ad-hoc team. Morgan (2006) describes an ad-hoc team as a temporary team that bands together and performs, especially during times of crisis, then disbands when the problem is solved or the project has been completed. Team B also serves the CDC by assisting the agency with non-emergency projects during periods of time when there are no significant threats of crisis. The unique aspect of Team B is that it serves to provide discussion, insight and outside perspective to the formal investigative teams within the CDC regarding health emergencies; without team members committing to any tangible responsibilities in regards to the progress or outcomes from the formal investigation.

While Team B is considered a unique asset to the CDC and appears to have sufficient potential, it is imperative to inform you that numerous issues exist within the team. The overall

identity and role of Team B appears to be ambiguous and begs to be clarified. Team B also holds promise within the CDC to be an effective, contributing program in the agency, but lacks the measures to prove its overall success. Additionally, there appears to be a significant lack of leadership within Team B which has resulted in the degradation of your credibility as director. Finally, there appears to be significant issues in your efforts to recruit Team B members. This memorandum serves to provide examination and explanation of these pressing issues, and seeks to guide you in your efforts to effectively manage the team. This memorandum offers specific recommendations in an attempt to improve the overall operation of Team B.

Issue:

- *Team B's Role is Ambiguous among its Members and within the CDC*

While Team B appears to have formally established itself as a permanent fixture at the CDC, the Team does not seem to have a definitive identity within the agency. The role of Team B within the CDC appears ambiguous and confusing to interpret because the team has minimal concrete goals and objectives to clearly define what their purpose is. Previous Team B directors have each possessed their own unique interpretation of the teams overall goals, objectives and purpose. The varying perceptions between management of what Team B's purpose and goals are have created somewhat of an identity crisis for the team. For example, past directors and department heads each rationalized that Team B possessed numerous goals and goals and objectives but they could not seem to reach a consensus in terms of the specific role of the team. Some directors thought of the team as a group of specialized consultants or contingency planners, while others perceived Team B as policy discussion and community health outreach teams. Recently, when the agency handled the SARS outbreak, the director of Team B, Jim Hughes and his team appeared to have experienced a role conflict; they questioned whether the team was supposed to be purely a consultant or to challenge the formal investigative team

(Varley, 2008). During the 2003-2004 flu seasons, the team faced another role conflict when both a Team B member and CDC staff in the investigation experienced professional differences over the CDC's vaccination policy. During this conflict over policy, Jay Butler, assistant to the director of Team B, responded by stating, "you know we haven't been asked to completely change [the CDC] approach-we've been asked to critique this approach"(Varley, 2008, p.12). Team B's role conflict has been permeating since Team B materialized, but has been continually ignored by past directors. Recently, when you became director of the permanent Team B, you attempted to rename Team B and examine an alternate identity and role for the team by reexamining the purpose of Team B, but your idea of the team also appeared ambiguous. By paralleling the CDC's Team B with U.S. Navy "red teams," you created more ambiguity for the team (Varley, 2008).

Denhardt & Denhardt (2006) explain that role conflict occurs when the purpose or objective of the job is unclear and role ambiguity is caused when the responsibilities of the job are not certain. Ambiguity can often be generated among collective team efforts because oftentimes, situations agencies encounter are unpredictable and complex. Ambiguity can create confusion for agency figures and team members who may not understand the programs overall purpose due to vague explanations or the complex issues the program is involved with (Bolman & Deal, 2003). The perceived purpose of Team B seems to be continually shifting from one of team members who are acting as public health emergency consults to team members who are providing community outreach to those who are attempting to shape CDC policy. For example, when Team B encountered the issue of assisting CDC investigators with the flu, a well known health concern, they were primarily focused on the distribution of the flu vaccine and not necessarily the origins and composition of the illness as compared to other past Team B investigators. The issues of distribution, disbursement and delegation of the flu vaccine to

appropriate recipients could be considered a policy issue that Team B could potentially approach; however the team's role in the CDC appears to be so ambiguous that it is difficult to determine if the team had encroached on agency policy making boundaries. Team B could potentially be utilized as a policy discussion team that holds informal meetings where specialists voice their opinions about their perceptions of problems and their solutions (Domhoff, 1995) but there has been no formal indication that this is one of the main objectives of Team B.

McCaskey (1982) discusses different sources of ambiguity in agencies, teams and organizations by stating that ambiguity stems from the inability to define what the [team] wants, what they are supposed to do and how they define the overall problem and solution they seek to address. Team B appears to be unable to clearly determine what problems they seek to address and how they are going to reach productive solutions. Without clear, definitive goals and strategies, Team B could potentially lose support of the agency and ultimately have no other choice but to disband.

Recommendation:

- *Develop a Clear Mission for Team B and Identify the Team's Strategic Goals*

Though Team B has yet to establish a clear identity and role within the CDC, it is well known that the team typically encounters uncertain situations and complex health issues in the absence of authority from the main investigators within the CDC. While flexibility and autonomy can be valuable aspects of the team, in excess amounts, both have the potential to generate fuzzy boundaries which can presumably confuse the main tasks and objectives of the team as well as the agencies perception of the team (Kettl, 2002). In order to reduce the amount of role confusion and ambiguity within the team, you must set clear boundaries to determine what Team B's purpose is. Considering that Team B is a specialized unit within the CDC that operates under extreme, emergency circumstances, the team needs to clearly distinguish itself as

a unique component of the CDC. Lawrence & Lorsch (1967); Morgan (2006) supports the claim that departments must clearly define their roles, goals and objectives to reduce ambiguity through the concept of contingency theory, stating that, “organizations operating in uncertain and turbulent environments need to achieve a higher degree of internal differentiation (e.g., between departments) than those in environments that are less complex and more stable” (p.48). Considering that Team B usually works in uncertain and turbulent environments, it is essential for you to assist the team by establishing a firm identity within the CDC by clearly stating what the team’s mission is in the agency along with their intended goals and strategies. Bolman & Deal (2003) recommend combating ambiguity by simplifying processes and understanding where an organization or team’s responsibilities lie. An accurate method to create a clear identity for Team B is to develop a mission statement, and a strategic plan which includes clear goals and objectives for the team.

Team B should develop a mission statement that explains what the purpose of the team is, what its values are, what goals it seeks to accomplish and what problems it seeks to eradicate (Kawata, 2007). The mission statement should focus on what Team B seeks to accomplish for the CDC and their guiding values (Bryson, 1995; Smith, Bucklin & Associates, 2000). Developing a mission statement will provide Team B with a solid identity within the agency and will help team members better understand what the team’s purpose is. It is apparent that different groups and departments in the CDC have developed their own mission statement, and subsequently Team B should follow suit to establish their identity. Brinckerhoff (2003) encourages groups to use their mission statement as a beacon they can rely on to determine decisions about where the team is heading and to keep the mission statement visible for all team members to see; especially at team and agency wide meetings. Keeping team members aware of the mission, and the purpose of the team, will generate focus and lessen ambiguity.

Once Team B's mission is determined, it is recommended that you develop a strategic plan that can assist in achieving the team's goals. Kawata (2007) describes a strategic plan as a tool that helps organizations achieve their mission and goals and helps to forecast what the department sees as being a priority in the future. The beneficial aspect of strategic planning is that it is a very flexible and creative process; this can be especially useful for Team B who is frequently replacing its members and taking on different courses of action to address distinctive public health crises. The strategic plan can also help Team B integrate other programs such as community outreach, and clinical web-based training for clinicians into the overall goals for the team. Developing a strategic plan will assist you in determining what the team's main strategies, goals and objectives are and help strengthen the overall mission of the team (Kawata, 2007). Once the team possesses a clear identity within the CDC, accompanied by tangible goals and objectives, you can measure the achievements of the team on a progressive and accurate level. Strategic planning is becoming a favorable method of assisting public organizations with direction and planning, by considering both present and future goals and objectives (Denhardt & Denhardt, 2006). Strategic planning is also considered to be inclusive to all team members. While it is understood that members of Team B are formed on an ad-hoc basis, it is recommended that past members and department heads in the CDC be encouraged to participate in the planning process. Additionally, you should work with the director of the CDC, Julie Gerberding, to develop the strategic plan in order to gain her overall approval and insight regarding the team's purpose and strategies. The benefit of collective participation in the strategic planning process is that all contributors help broaden the perspective of the planning process and can offer creative and alternative ideas which are unique to their individual experience and position in the agency.

Issue:

- *Insubstantial Methods to Gauge Team B's Success or Failure*

It has been difficult to ascertain whether Team B's past efforts and outcomes have achieved success or failure. Previous efforts of Team B groups have generated mixed results as far as the team's effectiveness is concerned. The determination of Team B's success has primarily been reliant on past director's interpretations and opinions towards what they consider successful. For example, when Team B was involved in the West Nile investigation, previous Team B director Rima Khabbaz commented about team by replying, "It left me thinking [that] it was an interesting exercise, [but] in terms of making a difference in the response-I'm not sure it made a huge difference" (Varley, 2008, p.7). On a contrary note, Jim Hughes, the director of Team B's SAR's investigation commented that "Team B was a useful addition to the CDC" and that he would certainly use a Team B again (Varley, 2008, p.10).

Team B was originally meant to function as a neutral consultant and supporting feature for the CDC's formal investigative group, however, it has formally evolved into a more permanent and complex addition of the CDC with no viable direction. In the absence of a method to measure the success or failure of Team B, it appears difficult to determine if the team has succeeded in its efforts, or failed.

It is understandable that the prior Team B's efforts may have not warranted formal measurement due to their fluid and flexible style, but the absence of measurement within the permanent Team B is causing it to appear weak and ineffective. If there are no benchmarks for success, it may prove very difficult for the leadership within the team to know whether the group is performing well and meeting expectations. Stillman (2005) concurs that if success is not defined in an organizational setting, and no implementation strategies to achieve success exist, this can result in uncertainty and ultimately failure.

In order for Team B to receive legitimacy and solidarity within the CDC, the team must develop a method of demonstrating their efforts and achievements. Although it is difficult to develop a specific method of measurement for ad-hoc teams and their progress, there are various methods that you can utilize to showcase the team's overall success within the CDC.

It is also difficult to financially justify a program or team, especially within government bureaucracies, when a program cannot prove its effectiveness. Gilmour & Lewis (2006) concur by stating that governments are increasingly scrutinizing the effectiveness of their programs and are utilizing performance budgets to determine whether a program is effective and if it produces results. The fact that Team B has no performance standards or goals to gauge its success or failure upon, leads us to the impression that Team B may not be a financially feasible program within the CDC because there are no performance standards to analyze. Your efforts of entering team notes into the network and distributing your reports to team members are simply not enough to justify the importance and productive outcomes of Team B (Varley, 2008). Conlan and Posner (2008) maintain that programs must rely on some type of quantifiable data or benchmarks to determine accountability and progress or lack thereof. Meier, Brundney & Bohte (2009) add that external constituencies also share concern regarding the effectiveness of programs that government agencies seek to implement and whether the programs outcomes are effective enough to stand on their own.

Recommendation:

- *Implement Program Evaluation and Oversight*

Team B has traditionally acted as an informal group and conservatively decreed that it holds no responsibility towards the outcomes of the formal investigation, however, with its establishment of a permanent fixture within the CDC, it is vital that Team B employs a measurement system to determine its effectiveness. Previous teams avoided intense examination

and were not judged on their outcomes nor were they responsible for the results of their performance. However, the permanent Team B appears to be subject to deeper responsibilities in comparison with past teams; this warrants greater levels of measurement to determine the program's success which may prove difficult, but crucial to determine.

It is important for you to be able to justify the validity and effectiveness of Team B, and it is recommended that you perform a program evaluation to test Team B's overall effectiveness. Denhardt & Denhardt (2006) describe program evaluation as a method to determine whether the program meets intended results and objectives. Kawata (2007) encourages program evaluations because they can improve the programs strengths and identify weaknesses, improve productivity among team members, ensure the program is running effectively and prove to the agency that the program deserves funding. It is vital for you to determine whether Team B makes an overall difference within the CDC and a program evaluation can help you demonstrate to the CDC that Team B is a valuable asset to the agency. The U.S. Department of Health and Human Services (2007) states that, "evaluation is critical for all health promotion programs because it is an important means to distinguish successful programs from those who are unsuccessful."

While conducting a program evaluation can prove to be challenging in ad-hoc situations, you can create a summative evaluation that seeks to examine the outcomes of a project, after the goals and objectives have been achieved. Summative evaluations are retrospective in nature, but are important because they can assess concrete achievements (Kawata, 2007). Summative evaluations can be especially valuable during a health crisis situation, because they will help guide you to make better decisions in the future. Formative evaluations are equally as important as summative evaluations; they can be implemented towards your non-emergency agency projects and can assist teams to determine the projects strengths and weaknesses in order to ascertain whether a project is effective (Green & Lewis, 1986).

It is recommended that you also organize an internal committee to assist you in the development of the team's program evaluation and seek the assistance from an external performance evaluation consulting agency for additional oversight. By seeking the assistance of either internal or external agency consultants to determine the effectiveness of the permanent Team B, you are likely to be able to create program development strategies that can assist the team with a guiding direction and quantify the programs objectives more adequately.

You may also benefit from requesting that an internal committee or outside consulting agency conduct a cost-benefit analysis to discover whether Team B is financially feasible within the CDC. Rosen & Gayner (2008) stress the importance of cost-benefit analysis in that it guides policy and program analysts in assessing whether the projects outcomes positively balance out with the actual costs associated with implementing the program. Another option to determine if Team B has performed favorably is to request that a consulting agency perform a cost-effectiveness analysis. Lee, Johnson & Joyce (2008) recommend conducting a cost-effectiveness analysis when the objective is to measure outcomes quantifiably without including the monetary aspect. You should consider cost benefit analyses and cost-effectiveness analyses as auxiliary tools to measure Team B's overall effectiveness and justify to both the CDC and external constituencies that the team is financially feasible.

Issue:

- *Team B Lacks Sufficient Leadership*

Team B must rely on your leadership during times of public health crisis and during community outreach and training. Unfortunately, recent team members in your Team B who helped assist with the flu epidemic did not have faith in your leadership skills. When Team B became a permanent fixture at the CDC, you were officially hired to take upon a formal leadership and managerial role as director within your own executive office of Strategy and

Innovation (Varley, 2008). As a result of your transition to a formal leadership role, Team B was specifically instructed to answer to you, rather than the scientific director of the investigation (Varley, 2008). It has been observed that since the establishment of the permanent Team B, members have essentially sought information and consult above you by contacting higher level agency figures, which appears inappropriate. Based on their past actions, it appears that Team B may be apprehensive about your management capabilities and may not have faith in your leadership abilities.

One of the main purposes of designating a director for the permanent Team B was for the team to have a leader; essentially someone that the team could look to for consult, decision making and direction in order to lead the team. Kettl (2002) describes an effective leader as one who is able to determine a strategy, deal with conflict and maintain credibility for the agency they represent. As current director of Team B, it is apparent that you have not developed a strategy for Team B, nor have you been able to effectively establish your role as a leader among its members. Leaders who cannot be engaging, enthusiastic and a catalyst for communication within their team often prove to be ineffective.

It appears that you seem to be apprehensive about your leadership role within a team of highly knowledgeable experts, and your uncertainty is impacting the outcomes of the team itself. High ranking figures among your team during the 2004-2005 flu investigation over rode your authority and appeared to brush off your attempts to establish your role as their leader in Team B. Rubin and Rubin (1992) describes a weak leader as one who is afraid to lead and one who fails to be persuasive and communicative within the group, resulting in an organization or team that is unfocused and unbalanced. As director of Team B, it appears that you have inadvertently distinguished yourself as a diminutive leader who is unimportant and ineffective in the eyes of

your team. Bolman and Deal (2003) assert that leaders are frequently judged by the peers in their group, and this judgment typically is cast by the team's perception of the leader's persuasive style and coping abilities. As the director of Team B, you must be able to possess persuasiveness and leadership skills, however it appears, you lack pertinent experience and credibility within your team; this has proven to cause a negative impact on the team's efforts.

Poor leadership often leads to a lack of group accountability. For example, during the Flu vaccine shortage, your reports were virtually ignored by team members and were "met with silence" it is also evident that you were unaware if the response teams even "acted on any of the suggestions" (Varley, 2008, p.17). Groups that have ineffective leaders usually consist of team members who are unconcerned about the teams overall impact towards the cause they are working towards. Briggs (2008) explains that accountability in group settings goes beyond complying with rules and regulations; rather, true accountability should be blended within group and should be observed by all members of the group as their responsibility to interact and accomplish the goals the agency sets to achieve. The lack of leadership in Team B is weakening the teams overall accountability. Katzenbach and Smith (1993) assert that if individual accountability is omitted from a team's working relationships, it can potentially attenuate the team's ultimate progress.

Recommendation:

- *Foster your Leadership Skills and Build a sense of Accountability among Team B Members*

As director of Team B, you must acquire leadership skills to help facilitate communication with the members of your team in order to build trust and create legitimacy. Ng et.al (2006); Rosseau (1998) recommend that effective leaders communicate with each member on their team by emphasizing their individual worth and value, and reemphasize it as often as necessary. It can

be suggested that if you communicate your expectations of each individual member by positively emphasizing each member's inherent value on the team, you may gain respect and foster camaraderie. Kawata (2007) believes that leaders must embody character and courage to be effective; they must also be able to successfully interact in collaborative team efforts in accordance to team building. Though it seems that time is limited to develop these leadership qualities, with practice and confidence, you will likely begin to evolve into an effective leader. It is recommended that you take proactive steps to develop your leadership skills such as taking classes, interacting with other leaders and attending trainings and seminars (Kawata, 2007).

On a collective group level, you should also foster a sense of group commitment and accountability among team members. Ng et al. (2006) reasons that a team member's attachment to the team relies on their perceptions of their identity within the agency or organization they are affiliated with. Katzenbach & Smith (1993) suggest that if accountability can be a collective commitment, the team has greater ability to see its goals achieved. If you can foster a sense of commitment and attachment among team members, you may find that the team will likely be able to develop a deeper sense of identity and a greater understanding of the teams overall mission. It is recommended that you tread with caution while implementing your leadership skills and avoid being over powering. (Denhardt 2006; Prelgovisk 1992) explain that leadership can be an agent of change and that its intended purposes are to delegate power to the group, rather than control it. Conversely, you must create an open avenue of communication between group members in order for them to trust you and give you the freedom to make informed decisions. When encountered with team members who seek to find answers from other higher ranking leaders because they don't trust your judgment, don't try to judge them, compromise, remain open to their request and stay flexible while maintaining your authority (Kawata, 2007).

During the periods of time that Team B is not needed, you must continue to implement leadership skills, in between major emergencies. Considering that Team B's are asked to be set up for non-emergency projects and community outreach sessions, you can create subgroups of the non-emergency teams by dividing specific, targeted agency problems into segments that each group can work on and in return share with the greater group as a whole (Janis, 1982). Creating subgroups within the team can help assist group members to become more aware and accountable for what progress has transpired during non-emergency collaboration efforts.

As director of Team B, you must not only employ communication and leadership techniques with the team, but you should also communicate with upper management as often as possible. Trahant (2006) concurs that truly effective managers are ones who act upon the visions and goals of upper management. In this respect, it is advisable that you work with Julie Gerberding, the CDC director, to receive assistance from her on a managerial level. The director of the CDC will likely assist with providing feedback and input towards the team's performance, productivity, and direction towards her expectations of the team's outcomes. Garnett (2005) stresses the importance of communication between authority figures within administrative agencies by stating that effective communication will likely lead to the department's success, but poor communication will presumably lead to failure. Cameron & Lavine (2006) note that while good leadership is essential in team settings, no single person has the power to implement ground-breaking change that results in the transformation an agency or project without targets, consistency and the help of others.

Another method of leadership that you could utilize is adaptive management; Goldsmith & Eggers (2004) describe adaptive management as a strategy to help ease tension among team members by providing them with flexibility in the goals the team sets out to achieve while

providing feedback and evaluation throughout the entire team's processes or until the goal is reached. Rubin & Rubin (1992) discuss methods of developing effective project management skills to ensure team members that leaders are organized and truly in control of the team's mission and goals. One method of effective program management is organizational development, which keeps team members working with one and other to ensure participation and continuity. Another important method of program management is effective planning, which helps determine whether the teams goals are being accomplished and where the team's priorities lie.

Issue:

- *Poor Team Development and Recruitment Efforts*

Previous Team B directors [Khabbaz, Butler and Kaplan] possessed the ability to easily recruit Team B members and successfully recruited internally. The director's external recruiting efforts proved equally successful; "they had known, reflexively, whom to recruit for the SARS and Flu Teams B" (Varley, 2008, p.15). Unfortunately, your recruiting efforts to attract members to Team B have not proved as successful. Your reasoning for the poor recruitment effort rests on the idea that you did not know specifically who to recruit. After receiving a list of suggestions and recruiting leads from a past director, you attributed your weak recruiting efforts to the external health community that "didn't know I worked in this area" (Varley, 2008, p.15). Poor recruiting efforts, generally lead to weak choices as far as finding the right people for the team. Naff & Riccucci (2008) state that team leaders must be able to effectively recruit and select team members whose skills are directly aligned with the team's mission and objectives. The CDC has called upon you as Team B director to recruit the most experienced team members that you can find in order to assist with solving a national health emergency.

The CDC has considered you, as the director of Team B, to be very knowledgeable in the health policy field and believe that you have the ability to choose team members that will best

help the agency in their goals to maintain public health (Denhardt & Denhardt, 2006). When you sought recruitment advice and counsel from internal agency staff members who were most qualified to help you, you replied that they were too preoccupied to assist you and consequently you were not motivated to look outside the agency for alternate recruiting assistance (Varley, 2008). It is apparent that perhaps your recruiting skills are inhibited due to your lack of networking with other public health agencies, universities and government agencies. Leaders can potentially be apprehensive about collaborating and networking with other agencies because they may feel like the process is a waste of time and can't be justified to upper management (Linden, 2002). However, your avoidance of collaboration and networking with external and internal agencies is directly impacting your recruiting efforts.

Recommendation:

- *Network and Collaborate with other Agencies to Establish your Legitimacy*

Previous Team B directors instinctually knew who to recruit, “they chose people they knew and respected who were working in academia or in public health systems at the state level” (Varley, 2008, p.8). These directors made decisions about where and when to look for appropriate team members and took action to recruit them (Pynes, 1997). The U.S. Office of Personnel Management (OPM) suggests developing and maintaining relationships with professional organizations, universities and government agencies in order to recruit the most qualified individuals.

By participating and interacting with internal and external agency networks, you will find that member recruitment for Team B will be quicker and easier (Rubin & Rubin, 1992). Collaboration will help you attain leadership credibility within the different networks that you are involved with. Networking and collaboration within agencies is important when the agency's needs and issues cannot be solved by the individual agency alone (Milward & Provan, 2006). It

is recommended that you establish networks in external organizations and agencies that will assist you in the future with recruiting appropriate, skilled team members for Team B. While developing networking relationships with other organizations, it is important that you interact with agencies in a deliberate and purposeful manner in order to establish your credibility as the leader of Team B. Goldsmith & Eggers (2004) add that if trust does not exist between collaborative efforts, leaders will likely avoid interacting and networking. In this sense, building and establishing trust within networking agencies is a valuable method that you can employ to effectively meet key organizational figures who will likely provide valuable contributions to Team B. Provan, Kenis & Human (2008) recommend initially building and establishing trust by interacting with qualified agencies and simply keeping in contact with them through information sharing. One networking tactic that you may consider is to search for similarities of interests between your organization and the one you seek networking and collaboration from (Rubin & Rubin, 1992). As the organization gains familiarity with your role in the CDC and the team's mission, they may be greater inclined to help you connect to worthwhile team members who will assist you in your efforts. Agranoff (2006) maintains that public managers benefit from maintaining relationships with other organizations not only because there is an opportunity to pool precious resources (such as team members), but networking can also foster additional relationships with other agencies such as non-profit and for profit organizations to expand your contacts and reputation in the CDC as being a credible contact for recruitment.

Conclusion:

This memo serves as a comprehensive assessment of the pertinent issues Team B is facing and to provides effective recommendations that will significantly improve your managerial skills as acting director of Team B. While implementing and managing a unique program such as Team B can prove challenging, it is strongly recommended that you develop an identity for the

team through a mission statement and generate a strategic plan which includes clear goals and objectives in order to reduce role ambiguity. Public programs, such as Team B, must prove to both organizations and their constituencies that the program is worth operating and funding. Team B needs to become more transparent and a program evaluation can help determine whether the program is succeeding or failing within the CDC. Developing leadership skills in order to be persuasive and deliberate in your interactions with team members and upper management will also prove to assist you with being an effective and credible leader. It is also vital that you collaborate and network with other organizations in order to establish your credibility within the CDC and attract the best and brightest team members possible. As director of Team B, you should be aware that although the team does not hold full accountability for CDC emergency investigations and their outcomes, your team has the potential to positively impact the health, well being and quality of life of humankind and your actions should always reflect this.

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