Module 16: Public Health Infrastructure

Part 2: Preparing the Public Health Workforce

So now we're going to move into the second portion, thinking about the way we're preparing the public health workforce. I showed you the infrastructure, the context of what our current public health workforce looks like at the local, the state, and the federal level, thinking about some of the professional organizations and voluntary health organizations. Now we need to think about moving forward. What does the future look like? What are some of the demands that we have, and how are we addressing them?

In 2012 the Institute of Medicine report came out talking about the future of public health, and what are some of the needs that we have. As you see in this module, within HP 2020 one of the key areas that we're looking at is being able to improve the infrastructure and make sure that the resources available are sufficient for health departments and the public health workforce to be carrying out those essential health services.

One of the areas was to improve the infrastructure within public health, thinking about sustainable funding mechanisms. We know that state budgets, local budgets are constantly shrinking. Public health budgets in particular are shrinking, so thinking about other ways that we can partner with non-traditional public health partners to secure funding for key public health programs.

Making that connection, that interdisciplinary connection, between public health and clinical care, so that it's a more seamless spectrum as opposed to clinical care and public health being dichotomous, which is something I think with the Affordable Care Act we're doing a lot more, it's coming a long way.

Making sure that we're thinking about return on investment and connecting our funding with our outcomes. Being able to say we invested this much, and here's where we saw the improvement in both the more proximal service delivery changes, but then also the more distal, thinking about how has this improved population health.

A key thing to that is making sure you're thinking about the time allotted. If you're doing an evaluation and you only have one year to look at changes, you're probably going to focus more on those performance changes as opposed to really being able to see major population health changes. Making sure that we're thinking about and making the case for why those resources are necessary and how we're doing a good job using them.

Focusing on prevention research and thinking about that link between clinical care and prevention, reallocating some of the funds for clinical care. Not shifting it over, but doing a better job of bringing those things together and thinking about that spectrum perspective.

The IOM report was really setting the context and giving the public health workforce a charge, and public health educators, what we should be doing moving forward. In late 2012, the Public Health Workforce Summit came together, and in 2013 the report was published. They were also looking at additional themes that came out, making sure that in addition to what we're talking about within the practitioner's side of things, thinking about the way that we're addressing, preparing the next generation of public health workforce.

Thinking about how we're integrating population health into our professional education, not just within schools of public health, but how are we bringing that into medicine and nursing and mental health and social work and psychology and all the other different areas: pharmacy, podiatry. Thinking about the way that we are doing a better job of ensuring at least a core public health exposure across the different health fields. Fostering the application of, instead of just teaching in a classroom, doing a better job of bringing that practice-based experience so students are learning in the classroom and understanding and applying in a practice-based setting. We'll talk a little bit about that in terms of field work and other practice-based experiences.
Increasing the capability of the existing workforce. Some of that is a feedback loop, where the existing workforce is saying what additional needs they have, and then academics being able to respond and having continuing education opportunities in response to those emerging demands. Thinking about careers in public health, and what is the system's capacity needs that we have. And then within each of these areas there were action areas and strategies that were developed.

I didn't pull it all out. This is going to be included as part of the resources for this module, but this is a high-level view on the mindset that is driving the way we're thinking about public health improvement today.

So now let's switch over in terms of the way we're training the public health workforce. In terms of those core competencies, the core elements that we are training our future public health practitioners, researchers. These five different areas: bio-statistics, environmental health, epidemiology, health policy and management, and social and behavioral sciences. We also see practitioners in the workforce coming back and saying, "I need additional training in these particular areas, around these core elements."

In addition to those five core domains, additional competencies within public health, communication and informatics. Health communication is key in order for us to do a good job in getting messaging out to the public. We need to be good, effective, clear, communicators. Making sure that we have the appropriate information and we know how to get it out in a timely fashion.

Diversity and culture. We live in a society where there are so many different diverse populations. We need to make sure that we are communicating to those populations in ways that make sense, be it in terms of language, in terms of cultural competency. Thinking about working with members of the community to be delivering messages. Thinking about all these different elements in terms of, and training our students to understand what that means to be effective practitioners moving forward.

Leadership. Being able to think about how you can be a leader in public health. Working with all of the other fields in the health professions, and then going through thinking about program planning and evaluation.

And systems thinking, understanding as you're seeing here in this infrastructure module the larger context in which we are operating and the way a change in one piece of the system, how that can have a ripple effect moving forward. These are the core, both of these slides, this and the previous one, the core competencies for public health.

In addition to those core competencies, we're also very focused on ensuring that students are graduating with skill sets, making sure that they have skills and that they've demonstrated the skills within that academic environment, and that they're truly prepared to go out and then use those skills as part of the workforce. What you see here links up with those competencies, but it's translating instead of just the knowledge and understanding, on-the-ground thinking. Can you actually go through and create a program plan and a corresponding evaluation to be able to demonstrate your return on investment, for example?

These are some of the skill sets, the domains and the skill sets. Within each of these domains you will see more detailed examples of the skills that we're trying to have our workforce prepared to implement. It's important to note, these were recently updated by the Council on Linkages. It's important to note that there has to be this ongoing process where we're looking at what's going on in the field, thinking about how public health has changed over time, and making sure that we are training our students in such a way that it is responsive to those emerging demands. You will see these updated over the course of time, as well as they should be.

I want to give you some sense, when I talk about educating our students, just to give you some sense of the size of public health education. When we look at the Council on Education for Public Health, that is the accrediting body for schools and programs of public health, we see that as of right now, as of July 2014, there were 52 accredited schools of public health and 107 programs of public health. If you look in fall of 2014, these numbers are going to change, because there are new schools and programs of public health that are popping up that are going through the accreditation process, making sure that they are providing a rigorous education in line with the competencies I just showed you.

So you can see, as we're seeing more programs popping up and schools popping up, it is in response to a growing demand for public health. Public health is a fabulous field to be in right now, because it is so diverse. You could be in the corporate environment,
working on workplace wellness issues. You could be in the government environment, working internationally or domestically on public health issues. You could be working for voluntary health organizations. You could be working for one of the professional health associations. So there’s a range of different opportunities. I just want you to understand the scope in terms of that training.

For the students who are watching these videos, know that there's a huge mass of student colleagues of yours that are out there. Getting involved with your local student organization or the student organizations within the American Public Health Association, those are great ways for you to be linking with other students who are learning, seeing about different opportunities, funding opportunities for graduate school, post-docs, etc. Again, a key to public health is that networking.

Similarly for public health educators, public health practitioners, being aware of the different schools and programs of public health that are out there. For practitioners, thinking about partners to be working on evaluation, analyzing data, research, etc. And for public health academics, thinking about ways that you can learn how to improve your education, hearing about innovative things that are going on in other institutions.

The education piece, it's great, because it's constantly changing. We're seeing a lot more around digital education, online learning, being creative with technology in the field. It's important for you to think about this and how it's changing moving forward. It's a fun time to be in this field. This is what's critical to feeding what that public health infrastructure is that I was talking to you about. As we see education changing, the ripple effect is that we will start to see more of that impact, more of that change, within state, local, and federal health departments.