

Northwest PUBLIC HEALTH

From the Editor

Workforce Development in Challenging Times



I was at a meeting recently about the need to make it easier for retired health care providers to obtain a license and liability coverage to volunteer their services for low-income patients. I was struck by the presence of one particular participant in the meeting, a woman from Homeland Security—you know, the new federal super agency. Most Americans probably think Homeland Security is about protecting our borders, tracking down terror suspects, and the like. What, I thought, was she doing at this meeting? Are the feds concerned that retired family doctors might be a breeding ground for terrorists?

Well, to my surprise, this woman explained to the group that she was responsible for coordinating community efforts to recruit and organize an "emergency medical corps," volunteer health care providers who would be available to support local efforts during a health emergency. Not just terrorist events, mind you, but epidemics or other natural disasters, too. I don't know about you, but the growing involvement of an internal security agency in our communities and lives gives me chills.


Of course, nothing's black and white. The world of public health preparedness is fraught with tensions around federal funding and guidance for local capacity building and emergency planning. "The threat of bioterrorism has placed public health 'in the driver's seat'," write James Girvan, Cheryl Juntunen, and Linda Powell in our lead article on the challenges of workforce development post-9/11. Being in the driver's seat is generally a good thing, but not if—as these authors warn—public expectations rise and state funding falls.

High expectations are, in any case, what we have of the public health system, so it's fortunate that young public health professionals-to-be like Kim Moore are entering the field. Kim, who started in the UW's community-oriented public health practice MPH program this fall, shares her passion for and path to public health. Having young people enter "pipelines" that can lead to careers in public health is of great import to schools of public health such as ours and to the entire field. Vickie Ybarra suggests that collaborating on career pipeline programs with other, perhaps better-funded, health professions will have many direct and indirect benefits for public health.

The Public Health Ready pilot that Michael Fraser and Sherri McDonald describe seems to raise the bar for public health training and organizational preparedness... certification means someone is watching and measuring. And that assumes that organizations are out there ready, willing, and able to deliver training in modes that public health agencies and practitioners can use. Melanie Reynolds, Lawrence Weiss, Valerie Kitagiri, and Greg Olson report on efforts to develop and implement models of training that work in their respective states. Distance learning is a theme in these efforts, as it is in Margaret Shield's overview of the various types and modalities of training being offered in the Northwest. Constance Diaz Swearingen, in writing about her exploratory study, emphasizes that training must go beyond just the skills and competencies of individuals to encompass factors in the organizational and external work environments.

If the challenges of training, recruitment, and retention don't befuddle you enough, take a look at this issue's Northwest Region at a Glance page. Here you'll find some excellent detective work by Lisa Jeremiah, a resourceful graduate research assistant for the past year here at HPAP, revealing five ways to determine how "rural" each of the northwest states is. These definitions (and their differences) are important, because they are used by various public programs to allocate funds or other resources.

Aaron Katz, Editor-in-Chief
Director, UW Health Policy Analysis Program

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