

Northwest PUBLIC HEALTH

From the Dean

IOM Challenges Academia to Meet 21st Century Needs



From the smallest health department in our region to the national arena, public health workforce issues are receiving considerable attention, and justly so. How well we address the complex public health challenges of the 21st century will depend, in large part, on the quality and preparedness of our workforce. In this message I would like to comment on discussions about the role of academia in public health workforce development.

Recently I served on an Institute of Medicine (IOM) committee funded by The Robert Wood Johnson Foundation. Our charge was to look at educating public health professionals in the 21st century. The book based on our report, *Who Will Keep the Public Healthy?*, was published last spring.

The IOM characterizes a public health professional as a "person educated in public health or a related discipline who is employed to improve health through a population focus." But what does *educated* mean? During my visits to the 34 local health jurisdictions in Washington State, I verified firsthand the lack of *formal* academic education in public health among the majority of our health departments' staff. However, most of the workforce does receive on-the-job training in a variety of ways.

Academic public health—the 33 accredited schools and 45 accredited MPH programs in the U.S.—is committed to workforce development for both current and future public health professionals. Historically, education in our schools has been directed toward masters and doctoral students who fill positions in public health, individuals planning on leadership positions in public health practice, and future faculty and researchers. Increasingly, however, we are educating the broader public health workforce—through academic offerings such as graduate certificate programs, continuing education, workshops, summer institutes, and distance learning.

Our newest challenge is to offer education that prepares the workforce to address 21st century realities such as globalization, technological advances, and a population that is aging and increasingly diverse. To that end, the IOM committee recommended a major shift in the way we look at health, expanding the standard biomedical model to a more holistic, ecological approach that considers multiple determinants of population health. We also identified gaps in current curricula for educating public health professionals under the new model and recommended that eight new content areas, in addition to the core public health disciplines, be considered essential to a public health education: informatics, global health, genomics, policy and law, cultural competency, communication, ethics, and community-based participatory research.


In addition, the committee encouraged schools of public health to actively seek opportunities to collaborate

with other academic units, both to expand our own offerings and to increase the likelihood that graduates in health-related professions are introduced to public health content. And our partnerships need to extend to governmental health agencies, which face urgent, ongoing needs for a trained, up-to-date workforce.

In response to the IOM report and the needs of the public health workforce, our School is engaged in integrating the ecological model and new content areas into our curriculum, developing a range of effective educational opportunities for the practice community, and seeking increased federal and private support for workforce development. I invite you to explore this issue of *Northwest Public Health* and read about the challenges the region is facing. And because each of you interacts with public health in a unique way, I encourage you to share with us your observations and ideas.

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