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PUBLIC HEALTH PRACTITIONER INCUBATION PLIGHT: Following the Money Trail

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Schools of public health have a long history of which they can be justifiably proud. They were created to train individuals who, with appropriate field experience, could become public health practitioners and public health leaders. The emergence of schools of public health was a major factor in the development of public health.[1] Schools of public health had the unique capability of inculcating competencies in the basic public health sciences of epidemiology, biostatistics and environmental health, as well as knowledge of public health administration, behavioral sciences, public health law, public health financing, public health policy, and the history and philosophy of public health. Other educational programs did not deal with these essential practitioner competencies in a comprehensive manner, if at all. Through school of public health efforts, public health practitioners contributed significantly to the field of public health. Graduates of schools of public health earned leadership roles in the field of public health practice at the federal, state, and local levels, as well as internationally.

Schools of public health were never intended to train everyone working in the field of public health.[2] They were organized to develop public health professionals who would have the essential competencies, philosophy, and vision to lead in attaining public health goals. It is now questionable whether most schools of public health have justifiable reputations as the prime incubators of public health practitioners.

For many decades, the Master of Public Health degree was considered to be the most appropriate educational preparation for public health professionals pursuing professional practice careers. While the field of practice necessarily demands the talents of a wide spectrum of various **practitioners in public health,** schools of public health were the prime incubators of **public health practitioners.** The stated goal of the accrediting agency for schools of public health, the Council on Education for Public Health (CEPH) is to "enhance health in **human populations** through **organized community effort.**"[3] This goal is a useful definition of the field of public health, and is one with which most public health practitioners can identify.

Schools of public health are no longer the only source of training for professional public health practitioners. Indeed, various public health programs **outside** schools of public health may now be training more public health **practitioners** than are schools of public health.*

The missions of schools of public health have become blurred because their functions have diversified. Many school of public health graduates enter into career paths other than public health. Such career tracks include various specialties in the broad and important field of health care.[4]

Many of the inappropriate priorities[5] and ineffective efforts to prevent public health problems may be attributed to shortages[6] of adequately trained practitioners. The widespread inability to utilize sound epidemiology, assess and communicate public health risks, develop priorities, design effective programs, and impact the public policy process pose serious problems at the federal, state, and local levels.[7]

One of the conclusions of the Institute of Medicine Report on the *Future of Public Health* is that the provision of public health services is uneven and needs strengthening across the nation, partly due to the lack of well qualified professionals. The IOM report notes "that some schools have become somewhat isolated from public health practice" and recommends that "schools of public health establish firm practice links with State and/or local public health agencies." [8]

COMPONENTS OF THE PROBLEM

The emphasis on public health and practitioner training is not uniform throughout the accredited schools of public health. Some devote greater effort to public health and practitioner training than do others.[*] However, a number of factors have combined to influence school of public health missions and the contributions of schools of public health as incubators of public health practitioners. Among these are the following:

HEALTH CARE EMPHASES

· Health Care Tracks

Medical care and hospital administration tracks were developed as additional areas of emphasis which led to the degree of Master of Public Health. These tracks were established to address the growing need for medical care and hospital administration professionals. They were among the first in a variety of health care tracks which gradually diluted and redirected the nature of administration programs in schools of public health, and resulted in the tail wagging the dog. These changes also served to help create misunderstanding relative to the scope and nature of the field of public health.[*]

· Increase in Health Care Funding

The magnitude of health care expenditures and personnel requirements has escalated at rates vastly exceeding those of public health. The percentage of graduates specializing in health care has doubled in the past 30 years.[9,10] Schools of public health have followed the money trail. This has served to emphasize educating health care professionals rather than educating public health professionals. It also has been a major factor in the inability of public health professionals to understand and articulate the important differences between public health and health care during the continuing health care reform debates.[11]

· Overall SPH Curriculum Shifts toward Health Care

Educational competencies have been re-oriented to health care administration rather than public health administration, health care policy rather than public health policy[12], health care law rather than public health law, and health care finance rather than public health finance. As a result, both public health students **and** health care students are exposed primarily to the health **care** perspective.[*]

· Schools Lobby for Dilution

School of public health representatives to the CEPH promote the need for additional health care educational competencies, thus further diluting public health educational competencies.[*]

· The "New Public Health?"

School of public health leaders assert that there is a changing public health paradigm, which they term "the new public health," which justifies their actions in following the money trail. This trail leads to managed care and other components of health care rather than public health, and serves the field of health care rather than public health. While the field of public health has become more complex, the nature of the field has not changed, and public health is still not health care.[13,14] Increased attention to health care by schools of public health may serve health care needs, but does not serve the needs of public health.

NEGLECTING ENVIRONMENTAL HEALTH AND PROTECTION PRACTICE[15,16]

Few environmental health and protection practitioners are being trained in schools of public health. At the state level, expenditures for environmental health and protection accounts for approximately one-half of the total field of public health.[17,18] Therefore, a large share of the potential market for public health practitioners is not being adequately served by schools of public health. Much of this market is now inadequately served[19], or is served by graduate and undergraduate environmental health science and protection programs outside schools of public health. Many of these academic programs are accredited by the National Environmental Health Science and Protection Accreditation Council which uses educational criteria attuned primarily to the needs of the field of practice.[20,21,22]

BALANCING RESEARCH AND TEACHING

The balance between research and teaching is frequently an area of disagreement between the public health academic and practitioner communities. Most schools of public health are located in research universities, which place heavy research demands on faculty for academic tenure as well as for financial support. Research is essential in order to expand the knowledge base for public health practice, but teaching is necessary for knowledge dissemination.[*]

INATTENTION TO PUBLIC HEALTH PRACTICE

· Too Much Emphasis on Practitioner Training?

Some school of public health deans believe that CEPH accreditation requirements overly emphasize the needs of the field of practice, while most practitioners and many school of public health faculty believe that inculcating competencies for the field of practice is not adequately addressed.[*]

· Linkages between Town and Gown

Many schools have found it difficult to establish necessary linkages with groups and agencies involved in the federal, state, and local public health service delivery systems. Most faculty are not comfortable attempting to help their advisees find practica. Schools have been more effective developing linkages with groups involved in health care, disease prevention and health promotion than with those entities responsible for delivering environmental health and protection services.[*]

· Faculty Changes

A large percentage of school of public health faculty are not public health professionals, but are academicians and researchers trained in disciplines that have some relevance to public health, or are professionals in other fields of practice.[23] Generally, there is a paucity of faculty role models for students wishing to pursue practice careers.[*]

ACCREDITATION ISSUES

· Accreditation Ineffectual for Practitioner Training

Accreditation, which is a process that evaluates and certifies educational programs that prepare for entry into a profession, has been ineffectual in assuring that public health educational programs are attuned to the needs of public health practice. Practitioner members of CEPH are not adequately organized and do not have the opportunities to develop consensus regarding the educational needs and requirements for public health practitioners. School of public health representatives are admirably organized and develop consensus through frequent communication and meetings.[*]

· Blanket Accreditation

Blanket accreditation of schools of public health, first developed by the American Public Health Association and later assumed by the CEPH, applies to all educational tracks offered rather than being limited to those tracks which are components of the field of public health. This "blanket accreditation" has been a factor in obfuscating the nature of the public health degree. Based on

stated positions going back over 20 years, schools of public health have insisted that CEPH accreditation be applied at the school level, rather than developing additional CEPH criteria or using the Accrediting Commission on Education for Health Services Administration (ACEHSA) for the health care tracks.*

SUGGESTIONS FOR IMPROVEMENT

Solutions to the public health practitioner incubation crisis are not simple. War is too important to be left solely to the generals. Similarly, establishing educational direction and identifying competencies for public health practitioners are both too important to be left only to academicians. The needs of both town and gown must be balanced if schools of public health are to regain the prestige they once had for incubating leaders for the field of public health practice. The following should be considered by the schools **and** the practitioner community:

SCHOOLS OF PUBLIC HEALTH

· Reserve the MPH for Public Health Curricula

The Master of Public Health Degree should be awarded only to those who have been educated in the field of public health. However, it is still important that basic public health educational competencies be included in every curriculum and in every degree program in every school of public health, regardless of the expected career paths.

· Match Accreditation with Curriculum

Schools of public health should use other degrees and accrediting criteria for the various health care tracks which may be offered. Following the money trail leading to the mythical "new public health" (see previous discussion under Components of the Problem) does not address the continuing basic educational needs of the field of public health. This health care money trail must not be allowed to weaken or dilute the basic educational competencies essential to the field of public health practice.

· Use Consistent Nomenclature for Degrees

Schools of public health, in concert with each other and with the accrediting body, should work to bring some semblance of order to the degree nomenclature used for degrees awarded by schools of public health. There is such variation among the degrees used by schools of public health that employers cannot easily sort out the differences. It is a great disservice to the field of public health if the recognized entry degree (the MPH) has no meaning.

· Accredit by Program

CEPH should accredit at the program level, not the school level. Thus a school could not

purport that all of its programs are accredited as public health programs, but only those reviewed separately and certified separately by CEPH. In this way, CEPH could exclude school of public health educational tracks other than public health (the MPH) for accreditation review, or could develop other specific accreditation criteria for the other tracks. This would have the added advantage of allowing accreditation to be more discriminating within a school. It is obvious that all programs in a school are not equal and that some might warrant separate accreditation and some might not. The current practice of accreditation at the school level automatically includes everything, even programs oriented toward medical care and clinical services. If school level accreditation is to continue, criteria should be developed for each of the major specialty tracks and degrees.

· **Prepare Students to Practice Public Health**

Relevant educational competencies for training public health practitioners must be utilized. Schools and practitioners should encourage adoption of recommendations included in 1991 *Report of the Public Health Faculty/Agency Forum* which was convened in response to the Institute of Medicine report. The Public Health Faculty/Agency Forum developed universal competencies and recommendations appropriate to all public health students, faculty and professionals. The Forum report also notes that the competencies and recommendations should apply not only to schools of public health, but also to other public health academic programs. [24]

· **Make Use of Practitioners**

Academically qualified public health practitioners should aggressively seek appointments as adjuncts or instructors in order to enhance student opportunities to develop public health practitioner competencies. Likewise, schools should actively seek the involvement of academically qualified practitioners. Such adjuncts must be subject to the same quality control requirements as full time faculty. Knowledgeable, experienced practitioners who do no have terminal degrees may be used effectively as instructors and guest lecturers. Involving practitioners is useful for the practitioners as well as the schools, and most practitioners are eager to be recognized for their abilities.

· **Encourage SPH Input from Practitioners**

Schools of public health should encourage input from practitioners, and involve practitioners through external advisory committees. This will require a delicate balance because practitioners may not be well versed on current research and academicians may be unaware of pressing issues in practice. However, they must communicate in order to best serve the needs of the field of public health. Such advisory committees should include representation from the major state and local agencies in the **field** of public health practice. These include health departments as well as other public health agencies such as those responsible for environmental health and protection. The increasing organizational diversification of public health responsibilities requires that public health be viewed as a field of endeavor rather than a department.

· Develop Partnerships for Research

Academicians and practitioners should develop partnership arrangements to identify and pursue applied research issues. There must be a reasonable balance between research and teaching. Schools should become more creative in helping faculty achieve this balance, while still maintaining quality control for both pursuits.

· Collaborate to Seek Financial Support

Schools and practitioners should collaborate to actively seek federal, state and private financial support for educating public health practitioners, as well as for applied research.

PUBLIC HEALTH AGENCIES

· Develop Paid Practica

Larger public health practice agencies should insure the availability of paid, professional level practica for public health students. These important components of education for practitioners tend to be better organized, supervised, and evaluated when an agency commits itself financially. Such practica also lead to improved interaction between faculty and the field of practice.

· Support MPH Training for Employees

Larger employers should invest in their human resource capital by paying employees to earn the MPH in exchange for a specified commitment of service.

· Hire MPH Graduates

Employers should emphatically state and act on their hiring preferences for graduates with a broad based public health education (the MPH). This will develop a synergistic relationship with the schools. As employers become more satisfied with the SPH graduates, they will demand more.

SUPPORT CONTINUING EDUCATION

Schools **and** practice agencies should develop financial support for relevant continuing education for practitioners. Formal education in public health is not a vaccine that will prevent ignorance and ineffectiveness later in one's career. Continuing education is an essential component of any career, all agencies, and all schools of public health.[25]

CONCLUSION

The primary purpose of schools of public health should be to develop leaders to engage in roles to "enhance health in human populations through organized community effort."[26] Insuring leadership for this responsibility will require a new and continuing constructive dialogue and spirit of cooperation between academicians and practitioners. Lacking such efforts, greater numbers of public health practitioners will be introduced into the workforce by academic entities which do not inculcate the essential public health competencies. This will not properly meet our public health responsibilities or effectively serve public health needs. Appropriate and relevant training of public health practitioners is basic to insuring the capacity of our complex and diverse public health system to meet current and future public health challenges.

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[*]Much of the material in this article that is not otherwise specifically referenced was gleaned through: participation in the Public Health Faculty/Agency Forum, membership on the American Public Health Program Development Board, discussions with members of several academic health program accreditation councils, participation on accreditation councils, discussions with various faculty, discussions with numerous recent school of public health students and graduates, experiences as a state Cabinet Secretary for Health and Environment, information published in the Association of Schools of Public Health *Friday Letters,* discussions with public health practice leaders, information in the Public Health Practice Activities Reports submitted by each school of public health to the USPHS Bureau of Health Professions, and service on several USPHS Special Project Grant Committees for schools of public health.

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15. As used herein, *"environmental health and protection is the art and science of protecting against environmental factors that may adversely impact human health or the ecological balances essential to long term human health and environmental quality. Such factors include, but are not limited to air, food and water contaminants; radiation; toxic chemicals; wastes; disease vectors; safety hazards; and habitat alterations."*

16. The terminology "environmental health and protection" rather than "environmental health", or "environmental protection" is indicated because all environmental health and protection programs share public health goals and are usually based on public health standards and needs. The differences between environmental health and environmental protection are in their organizational settings, rather than programmatic differences. For peculiar territorial reasons, some term the programs "environmental health" if they are the responsibility of a health department, and "environmental protection" if they are not the responsibility of a health department. Using the terminology "environmental health and protection" will help build bridges between all the agencies involved, rather than creating divisive terminology and organizational turf barriers.

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