The Public Health Workforce Summit

MODERNIZING THE WORKFORCE FOR THE PUBLIC'S HEALTH

DRAFT

Summary Report

SHIFTING the BALANCE

December 13-14, 2012

Office of Surveillance, Epidemiology, and Laboratory Services
Scientific Education and Professional Development Program Office

CS233876-C

Introduction

On December 13 - 14, 2012, the Scientific Education and Professional Development Program Office (SEPDPO), Office of Surveillance, Epidemiology, and Laboratory Services (OSELS), Centers for Disease Control and Prevention (CDC) convened the Public Health Workforce Summit, *Modernizing the Workforce for the Public's Health: Shifting the Balance*. Over 90 Summit participants represented over 40 organizations, including CDC Centers, Institutes, and Offices (CIOs), the Health Resources and Services Administration (HRSA), public health practice organizations, academic associations, healthcare disciplines, nonprofit associations, and foundations.

SEPDPO held the Summit as part of our Public Health Workforce Development Initiative (http://www.cdc.gov/osels/sepdpo/strategic-workforce-activities.html), established in spring 2011, to engage partners about changes in public health and the related effects on the workforce. Through a series of conversations with multiple stakeholders—many of whom participated in the Summit—the following common themes emerged.

- The ongoing transformation of or "new" public health includes:
  - ✓ a community focus, as well as a state-based focus
  - ✓ dealing with voluminous information from multiple sources
  - ✓ engaging more stakeholders
  - ✓ navigating new territory given the impact (short- and long-term) of health reform
  - ✓ developing stronger linkages to health care and health care delivery
  - ✓ more monitoring and measuring

- The need to modernize the public health workforce, which includes (but is not limited to):
  - ✓ Training for contemporary skills such as informatics and use of technology, leadership, business processes, community organizing and mobilization, and marketing
  - ✓ Cross-training and mentorship, which are critical because of high turn-over and increasing mobility
  - ✓ Increasing population health content in health professional curricula
  - ✓ Expanding career pathways to attract new talent and varying skill sets

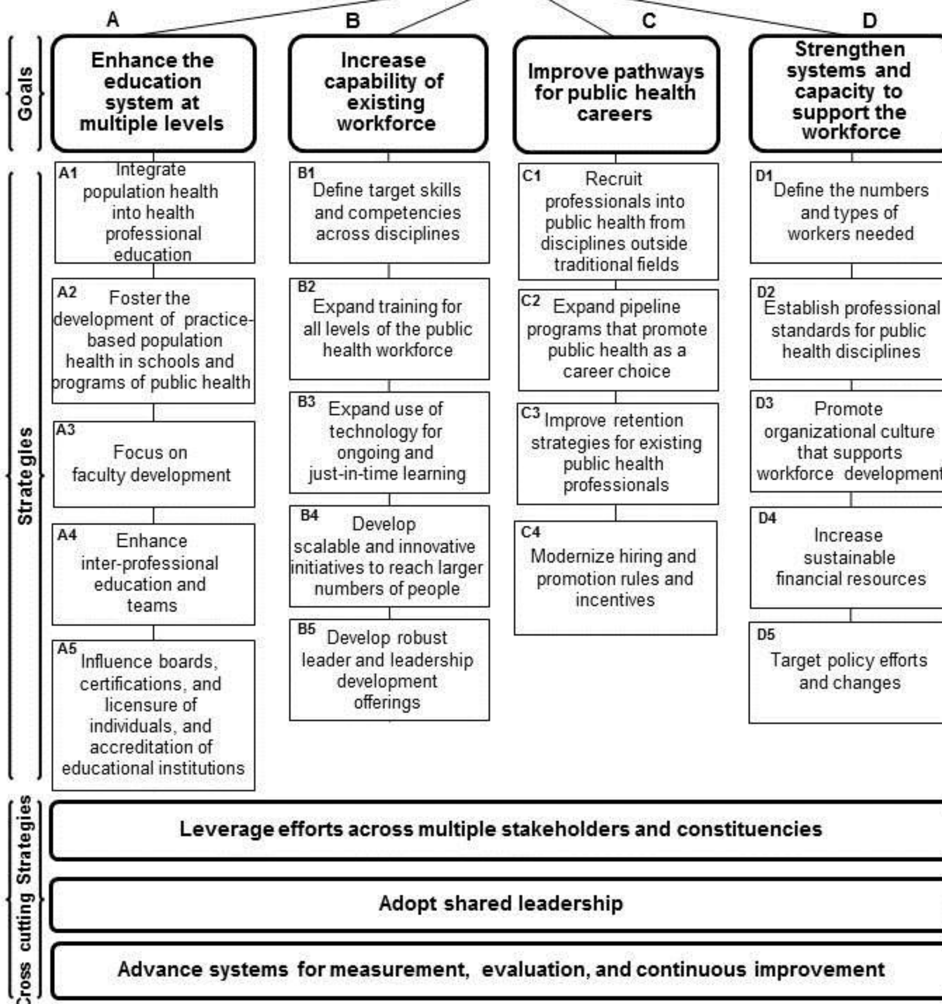
- CDC's role during these changing times should be to:
  - ✓ act as leader and convener, not necessarily to do all the work but to ensure that it gets done, through partnerships and collaborations across multiple constituencies
  - ✓ engage all stakeholders, including those not traditionally regarded as being involved in public health, to bolster the reach and impact of our combined efforts

SEPDPO used these themes as our starting point to develop the Summit agenda and to focus both the presentations and the highly interactive break-out sessions. We also created a visual roadmap, the National Public Health Workforce Strategy Roadmap (on page 4), with four high-level goals and corresponding strategies, as well as cross-cutting strategies to support the four goals. The Roadmap served as the framework for the Summit breakout discussions. Prior to the Summit, participants had the opportunity to provide comments on the Roadmap and to rank the importance of the strategies for each goal.

SEPDPO will use the Summit recommendations and the Roadmap as the foundation for continuing to engage stakeholders to develop a National Public Health Workforce Strategy during 2013 that will:

- Include a coordinated plan of action to leverage contributions of, and synergies among, multiple partners
- Focus on identifying national priorities that can enhance state and local approaches
- Support integration of the public health and health care systems
- Shift the balance of workforce development from a focus primarily on individual workers to one that also targets systems-based approaches affecting the educational and employment systems

This summary report presents key discussion points and priorities identified during the Summit. We invite Summit participants, as well as those who were unable to attend, to review this report and continue to provide input that will further shape the Strategy.


The National Public Health Workforce
Strategy Roadmap 2012
Draft
12/05/12
Purpose:
Strengthen the public health and healthcare workforce to improve the public's health
A
B
C
D
Goals
Enhance the education system at multiple levels
Increase capability of existing workforce
Improve pathways for public health careers
Strengthen systems and capacity to support the workforce
Strategies
A1 Integrate population health into health professional education
A2 Foster the development of practice-based population health in schools and programs of public health
A3 Focus on faculty development
A4 Enhance inter-professional education and teams
A5 Influence boards, certifications, and licensure of individuals, and accreditation of educational institutions
B1 Define target skills and competencies across disciplines
B2 Expand training for all levels of the public health workforce
B3 Expand use of technology for ongoing and just-in-time learning
B4 Develop scalable and innovative initiatives to reach larger numbers of people
B5 Develop robust leader and leadership development offerings
C1 Recruit professionals into public health from disciplines outside traditional fields
C2 Expand pipeline programs that promote public health as a career choice
C3 Improve retention strategies for existing public health professionals
C4 Modernize hiring and promotion rules and incentives
D1 Define the numbers and types of workers needed
D2 Establish professional standards for public health disciplines
D3 Promote organizational culture that supports workforce development
D4 Increase sustainable financial resources
D5 Target policy efforts and changes
Cross cutting Strategies
Leverage efforts across multiple stakeholders and constituencies
Adopt shared leadership
Advance systems for measurement, evaluation, and continuous improvement

Summary of the Summit

The two-day Summit was highly interactive, with a combination of keynote plenary sessions and smaller breakout sessions each day (for more information and agenda see, http://www.cdc.gov/osels/sepdpo/ph-workforce-summit.html). Dr. Denise Koo, SEPDPO Director, opened the Summit, calling attention to the workforce crisis with issues that include an aging workforce, shrinking numbers, and gaps between skills, capacity, and evolving practice. She acknowledged the tremendous changes in public health that affect the workforce and the need for immediate action. She then charged the participants to take the first steps in creating a plan that would engage all organizations represented, with activities specific enough to leverage various investments for impact that is greater than the individual parts.

Also in the opening session, federal partners from the Health Resources and Services Administration (HRSA) emphasized the importance of working together. Dr. Sarah Linde, HRSA's Chief Public Health Officer, underscored the importance of CDC-HRSA collaboration and public health and health care integration. Dr. Janet Heinrich, Associate Administrator of the Bureau of Health Professions, provided a high-level description of some of HRSA's key workforce programs.

Keynote addresses were delivered by Dr. Harvey Fineberg, President of the Institute of Medicine (IOM), and Dr. David Fleming, Director and Health Officer for Public Health – Seattle and King County. Dr. Fineberg provided an overview of IOM reports that are relevant to workforce endeavors, including:

- *The Future of the Public's Health in the 21st Century*
- *Who Will Keep the Public Healthy?: Educating Public Health Professionals for the 21st Century*
- *Training Physicians for Public Health Careers*
- *For the Public's Health: The Role of Measurement in Action and Accountability*
- *For the Public's Health: Revitalizing Law and Policy to Meet New Challenges*
- *For the Public's Health: Investing in a Healthier Future*
- *Primary Care and Public Health*

Dr. Fleming reflected on the reality from the local public health perspective. He discussed how public health practice is changing and the competencies that are needed to position the public health workforce for the future.

Panel presenters Dr. Lloyd Michener (professor and chair of the Department of Community and Family Medicine, Duke University, and Director of the Duke Center for Community Research), Ms. Louise Cohen (Vice President for Public Health Programs at Public Health Solutions), and Ms. Sonia Sarkar (Chief of Staff to the CEO of Health Leads, a national nonprofit that connects patients to the basic resources they need to be healthy), shared success stories from the field. They spoke about innovative workforce initiatives to improve the public's health and engaged in dialog with the audience.

Another session highlighted health system changes and their impact on the workforce. Mr. Anthony Rogers, from the national consulting firm Health Management Associates and formerly a Deputy Administrator with the Centers for Medicare & Medicaid Services (CMS) discussed changes coming from CMS, as the major governmental health care payor, along with their rationale. Dr. Eduardo Sanchez, Vice President and Chief Medical Officer for Blue Cross and Blue Shield of Texas, represented the perspective of a private health insurance plan and described transformation in the health care system related to accountability and the implications for public health. Ms. Paula Staley, acting director of CDC's Office of Prevention through

Healthcare, concluded the session with a brief discussion of the CDC perspective on these issues.

Panel presenters, Dr. Guthrie Birkhead, deputy commissioner and director of the Office of Public Health at the New York State Department of Health, and Kevin Barnett, co-director of the California Health Workforce Alliance (CHWA), wrapped up the presentations with reflections on the reality of health system changes in their locales.

During the Summit, partners offered diverse perspectives on priorities and critical actions needed to improve the public's health by strengthening the workforce. On the first day, Summit participants rotated to brief brainstorming sessions focused on the different Roadmap strategies and identified potential activities to support those strategies. At the end of the first day, David Altman, Executive Vice President, Research, Innovation, and Product Development at the Center for Creative Leadership and the Summit moderator, presented high-level results from the various brainstorming groups so that participants could begin to make connections across the Roadmap.

On the second day, participants recommended short-term (achievable in 1-2 years) and long-term (achievable in 3-4 years) priorities in each of four major categories:

1) Integrating population health into health professional education
2) Fostering the application of practice-based population health in schools and programs of public health
3) Increase capability of the existing workforce
4) Public health career pathways and systems capacity

Reviewing the Discussion Results and Identified Priorities

Summit participants and other interested persons are invited to review the results of the Summit discussion and identified priorities to ensure that this summary accurately captures the groups' recommendations and offer comments on priorities that may have been missed. It is important to note that there is overlap among the identified priorities since different groups worked separately and time constraints precluded the opportunity for the group as a whole to discuss results and reach consensus.

There are also inconsistencies in how the different groups identified *current* and *potential* partners to engage in stated activities. In your review, please clarify which partners are currently involved and which might be potential new partners.

We have noted unclear points and request that reviewers clarify them. Please see the glossary (page 13) for a complete list of acronyms.

1 **1. Integrating population health into health professional education**
2 The priority activities proposed under this topic most closely align with Roadmap Goal A:
3 *Enhance the education system at multiple levels*, with a focus on the strategy to *Integrate*
4 *population health into health professional education*.

5 **Priorities**
6 1) Build public health competencies for clinical professionals by leveraging multiple resources;
7 the group stated the goal is to develop a common set of competencies across multiple
8 disciplines that are linked to the desired population outcomes.
9 a) Identify public health outcomes that will influence competencies, possibly working with
10 the Interprofessional Education Consortium (IPEC)
11 b) Create an inventory of competencies across different health professionals (nursing,
12 pharmacy, dentistry, medicine, and others)
13 c) Cross-walk existing competencies; align for all health professions; link to Healthy People
14 2020
15 d) Create ongoing clearing house, similar to Council on Linkages for public health
16 competencies
17
18 _Potential partners:_ Council on Linkages, IPEC, Academic Health Departments
19
20 2) Expand available resources (technical and financial)
21 a) Design online courses to meet competencies (IPEC, Federation of Associations of
22 Schools of the Health Professions [FASHP])
23 b) Aggregate examples of successful approaches (AAMC)
24 c) Increase funding for interprofessional education or increase access to existing funding
25 d) Engage in dialog concerning cooperative agreements (HRSA, CDC, CMS, HHS)
26 e) Identify effective practices across all professions (HRSA, CDC, CMS, HHS, FASHP,
27 HRSA-funded Interprofessional Center of Minnesota)
28 f) Use the media to publicize efforts
29 g) Use social networking to support sharing of interprofessional experiences (AAMC)

Comment [PD1]: Did group intend to use "population outcomes" here and "public health outcomes" as noted in the following point 1a?

Comment [PD2]: See previous comment.

Comment [KD3]: What discussion endpoint for such dialogue?

30 *Potential partners:* IPEC, FASHP, AAMC through cooperative agreements, Academic
31 Health Departments, Council on Linkages, HRSA, CDC, CMS, HHS, professional
32 organizations, philanthropic institutions, and Interprofessional Center of Minnesota

33 3) Improve faculty development
34 a) Opportunities for faculty to work in public health (sabbaticals)
35 b) Institutes
36 c) Leadership programs

37 *Potential partners:* HRSA, Public Health Training Centers, IPEC, National Public Health
38 Leadership Institutes (PHLI)

39 4) Increase the diversity of public health learners and teachers
40 a) Link to existing groups that are working to increase diversity
41
42 *Potential partners:* Sullivan Alliance Urban Universities for Health, FASHP, CDC, and
43 associations funded through the CDC academic partners cooperative agreements,
44 Association of Land Grant Universities

45 5) Modify approaches to learning (theory)
46 a) Health professional schools should partner with public health agencies
47 b) Interprofessional education enhancement

48 *Potential partners:* ASPH through leveraging CDC's Cooperative Agreement, NNPHI, IPEC

49 6) Improve applied experiences in public health
50 a. Experiences for faculty (sabbaticals, Academic Health Departments)
51 b. Experiences for students
52 c. Social networking (media)

53 *Potential* partners: Academic Partners, ASTHO, NACCHO, FASHPA (Tribal), Sullivan
54 Alliance (possible), AAMC, Academic Health Departments, CoL

55 7) Examine accreditation within public health education and all other professions

56 *Potential partners:* CEPH, PHAB (possible)

57 **Other Observations and Insights**

58 Almost every activity has current synergies that can be built upon; none is truly low hanging fruit
59 but all are doable and need to be accelerated and sustained.

60

61

62 **2. Fostering the application of practice-based population health in schools and**
63 **programs of public health**
64 The activities proposed under this topic most closely align with Roadmap Goal A – *Enhance the*
65 *education system at multiple levels*, with a focus on the strategy to *Foster the development of*
66 *practice-based population health in schools and programs of public health*.

67

Comment [PD4]: Please provide more information.

Comment [PD5]: Please tell us why ASPH is named as a partner (especially given emphasis here on population health in health professional education), rather than the other academic associations. Is it assumed the others will be involved?

Comment [PD6]: We are not familiar with this group. Please clarify.

Comment [PD7]: Since accreditation is already occurring, we need more information about this point.

Comment [KD8]: Is this referring to accreditation of schools or agencies or both? What is the action being recommended?

Priorities

1) Continue the discussion to collaboratively reframe the skills and knowledge needed by the future public health workforce
   a) Leverage existing resource, ASPH's Framing the Future Task Force, as mechanism to convene and discuss
   b) Focus discussions around educational requirements to address the integration of the public health and health care delivery system

   Potential partners: ASPH, APTR, payers (CMS), customers, ACOs, AHIP, providers, representatives from health professions schools

2) Define and develop institutionalized collaborative models of teaching and practice
   a) Convene a group to identify existing exemplar practices for educating public health students via practical experiences
   b) Leverage CDC's cooperative agreements with academic partners

   Potential partners: NACCHO; ASTHO; PHAB; AACN; AAMC; APTR; ASPH; CDC possibly as convener; NACHC; payers; providers

3) Promote and develop academic health departments and educational units within health departments
   a) Leverage resources through the Council on Linkages, and schools and programs of public health
   b) Train preceptors and mentors

   Potential partners: CoL; NACCHO; ASTHO; PHTCs

4) Redirect Public Health Training Centers to ensure they are effectively addressing the needs of the future public health workforce and faculty development
   a) Create an advisory group for the PHTCs that includes individuals who can address the integration skills that are needed
   b) Reform the PHTCs to get the education into the health departments

   Potential partners: HRSA; ASTHO; NACCHO

5) Develop fellowship or residency opportunities for public health students and graduates to be placed within the new health system
   a) Promote continuing education for public health
   b) Model the continuing education program after the nursing education model
   c) Leverage existing resources such as HRSA's Bureau of Health Professions; CMS/CMMI, payers, ACOs, existing CDC fellowships

   Potential partners: CDC; CIIHs; placement sites; payers; ACOs

6) Develop faculty for new practice and educational models
   a) Develop adjunct faculty from the public health practice community
   b) Use other types of faculty (e.g., nursing) in SPH and vice versa or co-teach
   c) Develop reward systems for real world experience

   Potential partners: all academic organizations, NNPHI

Comment [PD9]: We need more information to describe the nursing model.

111 **3. Increase capability of existing workforce**
112 The activities proposed under this topic most closely align with Roadmap Goal B*: Increase*
113 *capability of existing workforce*.

114 **Priorities**

115 1) Enhance personnel workforce (civil service) policies – engage national organizations and
116 state personnel directors
117 *Potential partners:* CDC, ASTHO, NACCHO, DOL, States, HR (States), NAC, NGA, unions
118 2) Leverage and strengthen the national system of public health leadership around workforce
119 enhancement and training; mobilize existing leaders
120 a) Create mentoring or coaching programs in all public health organizations
121 b) Evaluate the impact of workforce development; establish metrics
122
123 *Potential partners:* ASTHO, CDC; Leadership institutes, NLN, NACCHO, NNPHI, NPHLD,
124 PHLS, and public health organizations' leadership
125
126 3) Create/assemble Universal Public Health "Toolkit" of workforce development resources for
127 life-cycle of public health worker
128 a) Build upon existing trainings in CDC TRAIN and by other organizations
129 b) Identify gaps
130 c) Develop training/course offerings by track (e.g. public health , environmental health,
131 informatics) that is more in-depth than a "101" level

132 *Potential partners:* PHF, HRSA, CDC, ASPH, NACCHO, CoL, APHL, ASTHO affiliates

133 4) Leverage EHRs for training and surveillance needs. Train public health in the use and
134 potential of EHRs. Train health care side to use public health data. Provide training in
135 informatics.

136 *Potential partners:* ONC, CDC, PHII, NACCHO, ASTHO, academia, other existing groups,
137 JPHIT, provider organizations, vendors, AMIA

138 5) Provide continuing education and on-the-job training within and across public health, health,
139 and non-health sectors
140 a) Explore demand for training of public health workforce (needs assessment)
141 b) Allow governmental public health workers to spend time with health plans and ACOs and
142 have practice rotations in public health organizations in order to cross-train
143 c) Offer incentives for public health competence and training (e.g. CE credit)
144 d) Identify funding to support training

145 *Potential partners:* HHS/CDC, NEHA, credentialing organizations, ASTHO affiliates, NNPHI,
146 PHF, academia, Human Resources Departments, ASPH

147 6) Refine and prioritize public health (and public health-related) competencies, integrate
148 existing (include emerging capabilities), identify commonalities, consolidate where
149 appropriate
150 a) Include new core competencies as part of the Healthy People 2020
151 b) Enhance accreditation of health departments

152 *Potential partners:* PHF, CoL, ASPH, HRSA, CDC, NACCHO, ASTHO, CSTE, APHA

Comment [KD10]: For whom in what areas?

Comment [PD11]: We need more explanation about what was intended.

153 **4. Public health career pathways and systems capacity**
154 The activities proposed under this topic most closely align with Roadmap Goal C: *Improve*
155 *pathways for public health careers* and Goal D: *Strengthen systems and capacity to support the*
156 *workforce*.

157 This group developed their own overarching goal, *Refine a career and education lattice that*
158 *offers continuous progression for careers informed by public health knowledge (cradle to*
159 *career).* They recommended rewording this topic to "career lattice" instead of "career pathway"
160 due to the interconnectedness of career opportunities in multiple sectors which are informed by
161 public health but not solely public health.

162 **<u>Priorities</u>**

163 1) Build on and fund the expansion of existing successful programmatic efforts to support
164 diversity, recruitment, and retention efforts. Existing efforts mentioned include AAMC's
165 SMDEP, Health Career Opportunity Programs (HCOP), ASPH's Framing the Future,
166 Summer Health Programs, Science Olympiad Disease Detective event, and National Health
167 Service Corps.
168 a) Expand summer health college student programs (medical/dental) and focus on health
169 professions and public health (RWJF, AAMC, CDC, and other funders)
170 b) Increase interagency collaboration between CDC and HRSA on pipeline programs from
171 high school to professional school
172 c) Revisit the core public health curriculum to tailor to audience and keep it fresh (ASPH
173 Framing the Future, ASTHO, NACCHO, APTR, AACU, CDC, National Government
174 Workgroup integrating the health economy
175 d) Integrate public health content and mentoring and support, K-16

Comment [PD12]: We don't know this group. Please clarify.

176 *<u>Potential partners</u>*: RWJ, AAMC, CDC, HRSA, ASPH, ASTHO, NACCHO, APTR, AACU,
177 National Governmental workgroup integrating the health economy

178 2) Expand AACU's Educated Citizen and Public Health Initiative, including population health
179 concepts
180 a) Create a campaign for public health in order to build more political support for public
181 health programs as there are an increasing number of people going into public health
182 programs.

183 *<u>Potential partners:</u>* CDC, HRSA

184 3) Increase interprofessional and cross-sector engagement (e.g., economists, architects) to
185 leverage resources and infuse public health across many professions, and to prepare for the
186 future workforce needs
187 a) Use novel technology (e.g., online training); use massive open online courses (MOOCs)
188 for course exchange with other disciplines
189 b) Co-present at professional meetings for other disciplines
190 c) School of Public Health deans should be connected to other schools
191 d) Public health certification for other disciplines, rotations, and internships

192 *<u>Potential partners:</u>* CDC, ASPH, other schools and professions from other fields such as
193 economists, architecture, engineering, journalism, communications, and law, AACU, APTR,
194 ASPH, ODPHP, community colleges

195

196

197 4) Focus on educational progression of learning
198 a) Emphasize support of institutions that serve communities
199 b) Develop core curriculum for undergraduate public health degrees
200 c) Assess and evaluate existing and proposed pipeline programs to identify and track those
201 with public health undergraduate degrees to their next career step
202 d) Create linkages between community health workers and community programs (for credit
203 in educational programs)
204 e) Develop interprofessional, team-based learning and practices

205 *Potential partners:* Allied Health, AACU, AACN, AAMC, AACOM, AHEC, APTR, ASPH, CA
206 Health Workforce Alliance, Colleges of Pharmacy, community colleges, community health
207 workers, Dental Education Association, HRSA PHTCs, IPEC, ODPHP

The Public Health Workforce Summit Summary Report
Glossary

AACC	American Association of Community Colleges
AACN	American Association of Colleges of Nursing
AACOM	American Association of Colleges of Osteopathic Medicine
AACU	Association of American Colleges and Universities
AAMC	Association of American Medical Colleges
ACOs	Accountable Care Organizations
AHEC	Area Health Education Centers
AHIP	America's Health Insurance Plans
ALGU	Association of Land Grant Universities
AMIA	American Medical Informatics Association
APHL	Association of Public Health Laboratories
APTR	Association for Prevention Teaching and Research
ASPH	Association of Schools of Public Health
ASTHO	Association of State and Territorial Health Officials
CBOs	Community-Based Organizations
CDC	Centers for Disease Control and Prevention
CEPH	Council on Education for Public Health
CIIH	Centers for Innovation for Improving Health (a new concept that is part of CDC's cooperative agreements with academic partner organizations)
CIOs	Centers, Institutes, and Offices (at CDC)
CMS	Centers for Medicare & Medicaid Services
CoL	Council on Linkages Between Academia and Public Health Practice
CSTE	Council of State and Territorial Epidemiologists
DOL	Department of Labor
EHRs	Electronic Health Records
FASHP	Federation of Associations of Schools of the Health Professions
HCOP	Health Career Opportunity Program (A HRSA program that funds health professions training institutions to develop an educational pipeline to enhance the academic performance of economically and educationally disadvantaged students, and prepare them for careers in the health professions.)
HHS	Department of Health and Human Services
HRSA	Health Resources and Services Administration
IOM	Institute of Medicine
IPEC	Interprofessional Education Collaborative
JPHIT	Joint Public Health Informatics Task Force
MOOC	Massive Open Online Course
NAC	National Accreditation Commission
NACCHO	National Association of County and City Health Officials
NACHC	National Association of Community Health Centers
NEHA	National Environmental Health Association
NGA	National Governors' Association
NNPHI	National Network of Public Health Institutes
NONPF	National Organization of Nurse Practitioner Faculties

NPHLD	National Public Health Leadership Development Network
ODPHP	Office of Disease Prevention and Health Promotion
ONC	Office of the National Coordinator for Health Information Technology
PHAB	Public Health Accreditation Board
PHF	Public Health Foundation
PHLI	National Public Health Leadership Institute
PHLS	Public Health Leadership Society
PHTC	Public Health Training Centers
RWJ	Robert Wood Johnson Foundation
SEPDPO	Scientific Education and Professional Development Program Office (at CDC)
SMDEP	Summer Medical and Dental Education Program (SMDEP) is a national program funded by The Robert Wood Johnson Foundation with direction provided by AAMC and the American Dental Education Association.
SPH	School of Public Health
The Sullivan Alliance	The Sullivan Alliance to Transform the Health Professions was organized to act on the reports and recommendations of the Sullivan Commission (Missing Persons: Minorities in the Health Professions), and the Institute of Medicine Committee on Institutional and Policy-Level Strategies for Increasing the Diversity of the U.S. Healthcare Workforce.