



Moving Public Health Workforce Forward: Opportunities for Health Education

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Public health and the health care are embarking on an unprecedented time of change. With the provisions of the Affordable Care Act, the United States health care system and its partners must now take a population based approach to improve health [1]. At the same time as this the governmental public health sector including local health departments, state health departments, and territorial health departments are now charged with seeking public health accreditation [2]. There are many opportunities for both the health care sector and public health sector to learn from another and collaborate together in order to improve population health [1]. However, many questions still remain. How do public health and primary care best collaborate? What will public health and its workforce look like in the future? How do we make resource allocation decisions to improve population health and get the best return on investment (ROI)? [3].

Opportunity 1-Making Decisions Based on ROI

In 2012, the Institute of Medicine (IOM) as part of the *Investing a Healthier Future* report identified that a *minimum package of public health services* should be established so that the resources required to deliver them could be ascertained [4]. IOM recommended that "to enable the delivery of the *minimum package of public health services* in every community across the nation, the committee recommends that Congress double the current federal appropriation for public health, make periodic adjustments to this appropriation for public health, and make periodic adjustments to this appropriated based on the estimated cost of delivering the minimum package of public health services" [4]. Identifying the minimum package of public health services should help inform and aid in the appropriate resource allocation for local and state public health agencies including public health workforce needed to provide those services.

Opportunity 2-Interprofessional Education and Collaboration

A strong public health infrastructure is necessary to effectively provide the essential services of public health and improve population health. In order to have a strong public health infrastructure a key component is a capable and qualified public health workforce for federal, state, local, and territorial health agencies [5]. There have been

several enumeration efforts that were undertaken at the beginning of the 20th century [6,7]. Data characterizing the composition and characterization of the public health workforce in the United States has been relatively scarce. As compared to our primary care counterparts public health workforce information remains wanting.

In order provide the workforce needed to improve population health primary care and public health must work together and learn from another. This is the time for public health to utilize some of the primary care methodology and tools for tracking workforce. Knowing how many public health workers are needed, skill set, and occupation could provide a powerful tool for better utilization of individual workers. Additionally, having such tools would allow for both sectors to better refine their potential pipeline of workers for recruitment and retention.

Health education should no longer be targeted as a potential path for those studying public health but should integrated as part of those wanting to enter the health care (primary care) sector and those currently working in the primary care sector.

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