



SHIFTING the *BALANCE*



MODERNIZING THE WORKFORCE
FOR THE PUBLIC'S HEALTH

DAY 2: SUMMARY OF PRIORITIES

Integrating Population Health into
Health Professions Education

PRIORITIES AND WHY

- Public Health Competencies for Clinical Professionals
- Resources
- Faculty Development
- Increase Diversity of Public Health Learners and Teachers
- Approaches to Learning
- Applied Experiences
- Examination of Accreditation

OTHER OBSERVATIONS AND INSIGHTS

- Almost every activity has current synergies that can be built upon
- None are truly low hanging fruit
- But all are doable and need to be accelerated and sustained



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DAY 2: SUMMARY OF PRIORITIES

Topic: Fostering the application of practice-based population health in schools and programs of public health

PRIORITIES AND WHY

- Priority 1: Continue the discussion to collaboratively reframe the skills and knowledge needed by the future public health workforce
- Priority 2: Define and develop institutionalized collaborative models of teaching and practice
 - Sub Activity: Convene a group to identify exemplar practices

PRIORITIES AND WHY

- Priority 3: Promote and develop academic health departments and educational units within health departments
 - Sub Activity: Train preceptors/mentors
- Priority 4: Redirect Public Health Training Centers to ensure they are effectively addressing the needs of the future public health workforce and faculty development

PRIORITIES AND WHY

- Priority 5: Develop fellowship or residency opportunities for students and graduates focused on public health to be placed within the new health system
- Priority 6: Develop faculty for new practice and educational models

DAY 2: SUMMARY OF PRIORITIES

Overarching: Refine a career/education lattice that offers continuous progression for careers informed by public health knowledge (Cradle-Career)

PRIORITIES AND WHY

- Priority 1: Build on and fund the expansion of existing successful programmatic efforts such as SMDEP, HCOP, Framing the Future, Summer Health Programs, Science Olympiad, National Health Service Corps
 - Why: Support diversity; Recruitment & Retention

PRIORITIES AND WHY

- Priority 2: Educated Citizen in Public Health initiative- include population health concept
 - Create a campaign for public health (CDC/HRSA)
 - Why: Build more political support for public health programs
 - Why: More people going into public health programs

PRIORITIES AND WHY

- Priority 3: Increase inter-professional and cross-sector engagement (i.e. Economists, Architects, etc.)
 - Why: Leveraging resources and group effort to impact public health
 - Why: Infusing public health across many professions
 - Why: Will prepare for the future workforce needs

OTHER OBSERVATIONS AND INSIGHTS

- There is a lot of rich discussion that is not reflected in this brief presentation
- Need to create opportunities for further discussion
- Ensure that emphasis on diversity is included in this discussion



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DAY 2: SUMMARY OF PRIORITIES

Topic:

Enhancing Existing Public Health
Workforce

PRIORITIES AND WHY

- Enhance personnel workforce (civil service) policies – engage national organizations and state personnel directors
 - Why:
- Leverage and strengthen the national system of PH leadership around workforce enhancement (?) / training (mobilize existing leaders)
 - Why:
- Create/assemble Universal Public Health “Toolkit” of workforce development resources for life-cycle of public health worker
 - Why:

PRIORITIES AND WHY

- Leverage EHRs for training, surveillance, needs, etc. Train PH in the use/potential of EHRs. Train HC side to use PH data. Provide training in informatics
 - Why:
- Provide continuing education / on the job training within and across PH and health and non-health sectors – incentives, rotations, CE, mentoring
 - Why:
- Refine and prioritize PH (and PH-related) competencies, integrate existing, include emerging capabilities, identify commonalities, consolidate where appropriate
 - Why:



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OTHER OBSERVATIONS AND INSIGHTS