Developing a Partnership to Address Educational Gaps in the Public Health Workforce

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Historical and Contemporary Foundations

The role of public health is very different today than during its American beginnings in the eighteenth century dispensaries of Philadelphia, New York, Boston and Baltimore. Paul Starr writes of the early years "that public health in America was to be relegated to a secondary status: less prestigious than clinical medicine, less amply financed and blocked from assuming the high-level functions of coordination and direction that might have developed had it not been banished from medical care" (Starr, 1982). How much has changed with regard to the status, funding and authority of the public health community? Our community-academic partnership is addressing issues surrounding the education, financing and role expectation of the public health workforce within our region.

Attention to educational gaps in the public health workforce is again coupled with the critical role public health plays in health promotion, education and delivery in America. The Institute of Medicine report The Future of Public Health states that "the mission of public health is to assure conditions in which people can be healthy and that public health serves three functions: assessment, policy development and assurance" (The National Academy of Sciences, 1988). Our nation's health departments vary greatly in their composition but agree in primary mission. Higher education is called to respond through community-based interdisciplinary programs that will fill the educational gaps existing within the workforce. Today the importance of collaborative educational efforts needed to build healthy communities is evident. Public health in partnership with other academic disciplines such as allied health, education, medicine, nursing, and social work is seeking to solve the vast health and safety issues plaguing our nation.

In April of 2001 the Council on Linkages Between Academic and Public Health Practice published guidelines for competencies in eight domains. These competencies serve as a guide for higher education to develop, implement, and deliver educational curriculum that adequately responds to identified workforce needs. Our community-academic partnership is responding to the need for core competencies in order to better educate the public health workforce. The end result will be a more effective, efficient and better-educated workforce to assist our communities.

I. Initiating Strategies and Process

In the Summer of 2001 the Wright State University School of Medicine, Division of Health Systems Management was asked by leadership from the public health community of southwestern Ohio to look into the feasibility of developing a graduate program in public health. Leadership from the Cincinnati Health Department, the Combined Health District of Montgomery County and the Miami County Health District initiated this endeavor. The Division of Health Systems Management is charged with the task of researching relevant literature on public health workforce competencies/knowledge, completing a needs assessment of the southwestern Ohio public health workforce and reviewing existing graduate programs in public health. The primary objective of this phase was to develop a strategic plan for the advancement of a community-responsive educational program to serve the needs of current and future public health professionals within the region.

A. Mission, Vision, Values and Strategic Objectives

The initial meetings of the partnership were focused specifically on defining a mission, clarifying our shared vision and agreeing on how to most effectively move forward. In the first few months there were many more questions than answers. This open discussion and exchange of ideas served the team as an effective way to communicate each individual's perspective and ultimately resulted in the successful articulation of a comprehensive mission statement. Additionally, through these early meetings the team defined individual roles and responsibilities necessary for ongoing partnership advancement.

Specific strategies essential to our early progress were to bilaterally 1) encourage questions, 2) patiently and optimistically wait for answers, 3) encourage communication among all members, 4) respect varying individuals' need for information and 5) promote the development of our partnership throughout our respective communities.

The group agreed that one of the products of the first twelve-months is the articulation of strategic objectives. The partnership is not rushing the development of objectives, as these will serve to measure future progress toward goal attainment. Strategic objectives will be reviewed on an annual basis to evaluate progress and establish future directions.

B. Process Definition, Roles and Responsibilities

The partnership agreed to begin collecting data and developing a strategic plan. All partners advise as to resources, gather information for incorporation in strategic planning, participate fully in team meetings and review progress. A project director serves as the primary collection point for

documents, reports and data generated. This person also distributes monthly status reports to the team and is available for questions or updates on a daily basis.

Successful strategies implemented with regard to process, roles and responsibilities include 1) scheduling monthly meetings of the partnership, 2) rotating meetings between the various partners' offices, 3) checking in and reporting on the status of our work regularly, 4) participating in the development and execution of work, 5) maintaining communication with the project director and 6) distributing monthly status reports.

C. Stakeholder Articulation

The three health departments that generated the initial movement toward a community-academic partnership are geographically spread out over eighty miles, encompassing two large metropolitan areas each with more than one million residents. There are many city, suburban and rural health districts included in the 13 counties. The region is very diverse in population composition. Cincinnati and Dayton are large urban centers that present the types of public health problems typical to large metropolitan areas. In some of the rural counties, the county public health department is the only coordinated source of health service of the entire county. The health departments' staff size range from two to approximately 750 full time employees.

The health commissioners have observed a public health workforce that is lacking in requisite skills (e.g. epidemiology, environmental health and health care administration) to adequately respond to community health needs. They feel that the development of an academic partnership is necessary for their workforce-based educational goals and that the educational delivery needs to be flexible in order to respond to the varied needs of the public health community. The ultimate goal is to establish a graduate program in public health that is responsive to the competency-based needs of the public health community, is flexible in delivery, and is academic in approach yet community-based in delivery. The partnership is an appropriate vehicle through which to meet stakeholder needs.

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There are eighteen institutions of higher education, including four state universities, in southwestern Ohio. The health commissioners spoke with representatives from four institutions of higher education to determine their potential interest in collaboration. The Wright State University School of

Medicine emerged as a clear partner. Health Commissioner James Luken commented that, "Wright State University has a proud history of responding to community needs."

The Wright State University School of Medicine operates under a community-based model, partnering with seven area hospitals and includes 18 academic departments. The Division of Health Systems Management strives to improve the quality, efficiency and access to health care, serving the local community, as well as playing a role in the development of national models of excellence. The medical school has been successful in partnering with each of the ten colleges that comprise the university, producing collaborative initiatives that are nationally recognized for quality.

The system stakeholders are health departments'/districts' employees, related health and human service organizations' staff, area institutions of higher education and, ultimately, the communities, by being provided services through a better prepared workforce. In this, the early stage of program development, attending to the needs of system stakeholders is key to future program implementation. By encouraging an open dialogue with, and flow of information between, regional health departments/districts, regional hospitals and health care delivery organizations, interested academic institutions and community leadership, the initiative is enjoying early successes. One very important focus is the development of the network of partners. It is our expectation that the partnership of invested stakeholders will continue to grow well beyond the initial team that began this important work.

D. Funding

Program development and sustainability is linked to funding, but fiscal issues are not a focus of this early work. A contractual agreement between one of the partnering departments of public health and the university provided staff support to coordinate all activities related to the first year of development. The contract demonstrates a serious commitment to the university from the public health community, promoting critical staff development. In-kind support from the health departments and the university in the form of professional staff and faculty effort is provided. To date most of the costs are covered by institutions' in-kind support. Future fiscal support will come from contractual agreements, demonstration grants, educational grants, student tuition and in-kind support from partners.

E. Internal and External Analysis

It is very difficult for our partnership to draw a line of separation delineating where the internal and external environments meet. Therefore, the internal and external analyses have been combined. For example, one of the strengths of the community-academic program being developed is a distance-learning component. The resources needed to provide distance-learning include teleconferencing facilities and computer access. Resources

will be provided at the university and at remote sites throughout the region. Curriculum delivery will therefore combine a mix of both internal and external resource allocation.

To better articulate issues relating to the internal and external environments the team developed a comprehensive Threats, Opportunities, Weaknesses and Strengths (TOWS) Matrix. Organizational strategic position and future initiatives can be established through the matrix, "some of the alternatives developed through the TOWS matrix may be adaptive, market entry, positioning, or operational" (Ginter, Swayne, & Duncan, 1998). Through the application of a TOWS matrix the partnership recognizes our position as one requiring "future quadrant" strategies of advancement. An abbreviated TOWS matrix is provided below.

TOWS Matrix

External Opportunities	External Threats	Internal Strengths	Internal Weaknesses
Federal Funding for Public Health	Approval Processes	Community Driven and Supported	Complicated/Slow Approval Process
No Similar Program within the Region	Existing Programs Feeling Threatened	Faculty and School of Medicine Resources	Access and Flow of Information
Increased Public Awareness of Need	Lack of Funding to Continue Activities	Experienced Professional Leadership from Community	'Turf' Issues in Colleges/Schools
Partnership with other Organizations	Lack of Student Interest	Excellent University Computer Systems	Limited Number of Specialty Faculty

II. Future Focused Strategies

A. Product Development

Our product will be a graduate program in public health that is community-based, multiprofessional and dynamic. Fortunately, we have documented guidelines for program development such as the Core Competencies for Public Health Professionals (Council on Linkages Between Academic and Public Health Practice, 2001) and the Criteria for Accreditation of Graduate Schools of Public Health (Council on Education for Public Health, 1999). This emerging educational program is the result of demonstrated need within the community. Developing a program that is responsive to the public health community needs, the education of current and future students, and the requirements of higher education accreditation policies is critical for success. This guiding principle of community responsiveness is well articulated by previous program development at the Wright State University Center for Healthy Communities, "individuals in the community must become empowered to capitalize on their strengths and discuss the major difficulties that the community and the academic institutions encountered and strategies for meeting them such as the importance of building trust and the importance of learning the needs identified by the community partners, not just those identified by the academic partners"

(Maurana & Goldenberg, 1996). The emerging public health educational program will incorporate the partnership values of community-based multiprofessional education.

B. Market Development

Through our early fact-finding efforts we have established that current members of the public health workforce in southwestern Ohio are very interested in the development of a graduate program of this type. Traditional undergraduate and graduate students currently enrolled in health profession degree programs (e.g. medicine and nursing) are interested in additional opportunities to learn the core competencies needed in public health, as they see themselves working within the public health sector upon completion of their clinical degree programs. There is an anticipated interest from hospitals and other health care agencies within the region. In addition to the traditional clinically-prepared professions, there is an expressed interest from school health education, traditional K-12 education and public administration program leadership. One objective of the first year of work is to develop a fiscal feasibility study including projected number of students, tuition revenues, faculty costs and other program related figures.

C. Penetration

Graduate degree programs focusing specifically on the principles of public health do not currently exist within the 13 county region. It is anticipated that many of the students will be working professionals. One challenge is to develop a program that responds to the needs of current working professionals while allowing for students enrolled in traditional programs of study to gain valuable educational experience. The planning team has articulated a strategic initiative to develop a comprehensive plan for marketing, focusing on multiple audiences and integrating into existing degree programs.

D. Communication and Information Access

Issues of communication and access to information are key to success and exist on many levels within a community-academic partnership. A system of monthly meetings followed by distribution of minutes including action items listed by the responsible partner is vital. This is a very effective way to maintain communication and provides continuity from month to month. The partnership learned that informal networks of communication impact progress. Early in our development misinformation was communicated to potential partnership affiliates regarding the initiative. These problems were resolved by establishing communication with colleagues that expressed an interest in learning about the program. By providing open and detailed communication with interested affiliates, the partnership has expanded and these organizations now have a voice in the development of a comprehensive program. Six academic partners within Wright State University will be

assisting the School of Medicine in the development of this graduate degree program; the College of Education – Department of Health, Physical Education and Recreation, the College of Liberal Arts – Departments of Social Work and Urban Affairs & Geography, the College of Nursing and Health, the College of Science and Mathematics – Departments of Environmental Science and Mathematics & Statistics, the School of Professional Psychology and the Center for Healthy Communities.

III. Recommendations and Discussion

When this work was initiated, the team focused specifically on **addressing the educational gaps** in the public health workforce in southwestern Ohio. However, as we complete our first year of work we see that our future role might better be defined as that of **filling the educational voids** in the public health workforce. James Luken advises, "There is a critical labor shortage of people qualified to lead public health into the future. The few that exist are all eligible for retirement within the next two to three years. There is no hope of the outside schools of public health filling that gap. Within our region there are 13 county health departments and approximately 15 city health districts. Currently, within our region only two health commissioners hold graduate degrees in public health."

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Much of the success of the partnership development was due to the existing relationships with the public health and university communities. Wright State University is "dedicated to teaching, research and service and has the distinct mission of providing leadership to improve the quality of life for the people of the Miami Valley" (www.wright.edu). Key elements that can be attributed to the successful partnership development are 1) the health commissioners' identification of need and mobilization, 2) the health commissioners' effort to contact institutions of higher education and establish an academic partner, 3) the existing relationships between the public health community and the university, 4) the university's strategic position and experience in community partnership programs and 5) the existing infrastructure on which to build the program.

For other communities addressing the important issues of public health workforce education, we strongly recommend 1) deliberate articulation of mission, vision, values and objectives, 2) thoughtful partnership articulation and role expectation, 3) comprehensive assessment of resources, 4) detailed internal and external analysis, and 5) thorough communication. The old adage *patience is a virtue* is quite appropriate in light of the work ahead for a community-academic partnership developing a graduate program in public

health. The institutional processes are time consuming and the political barriers extensive. However, the need for increased public health education has been brought to the forefront due to heightened national awareness of the critical role our public health workforce plays in the daily lives of citizens. There has been no better time in American history to advance public health educational programs, curriculum delivery, and community-academic partnerships for health.

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