

PH WINS and the Future of Public Health Education

Beth A. Resnick, DrPH; Laura Morlock, PhD; Marie Diener-West, PhD; Elizabeth A. Stuart, PhD; Michelle Spencer, MS; Joshua M. Sharfstein, MD

Public Health 3.0

As we grapple in the 21st century with complex public health problems rooted in inequity and the social determinants of health, such as violence, addiction, and obesity, there is a growing realization of the need for enhanced public health approaches. In response, the US Department of Health and Human Services launched Public Health 3.0 in 2016 to “boldly expand the scope and reach of public health to address all factors that promote health and well-being, including those related to economic development, education, transportation, food, environment and housing.”¹(p621) Public Health 3.0 calls for local leaders to serve as “chief health strategists,” engaging their agencies in cross-sector collaborations and leveraging resources to address social, environmental, and economic conditions that impact the health of the public.²

PH WINS

Moving from the vision to the implementation of Public Health 3.0 requires high-functioning public health organizations prepared with the skills and capabilities to advance systems thinking and collective action. The Public Health Workforce Interests and Needs Survey (PH WINS),³ described in detail in this supplement, provides data on state and local public health agency workforce capacities and needs, as well as insight into what is needed to support the transition to Public Health 3.0.

Author Affiliation: Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland.

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Correspondence: Beth A. Resnick, DrPH, Johns Hopkins Bloomberg School of Public Health, 624 North Broadway, Rm 457, Baltimore, MD 21205 (bresnick@jhsph.edu).

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The 2017 PH WINS assessed the importance of 65 specific skills and self-perceived proficiency in 8 “strategic skill” domains: effective communication, data for decision making, cultural competence, budget and financial management, change management, systems and strategic thinking, developing a vision for a healthy community, and cross-sectoral partnerships.

Training needs or skill gaps were defined as those skills that respondents indicated were important for their jobs but for which they indicated they had low proficiency. A gap in the 8 key focus areas was identified when a training need was identified in at least one of the specific skills within that focus area. Survey results are discussed in detail in this supplement.

PH WINS findings of particular relevance to the transition to Public Health 3.0 were the limited advanced training in public health in health departments, with only 14% of respondents reporting a public health degree at any level. In addition, the majority of respondents, including those with public health degrees, identified a need for advanced training in systems and strategic thinking, developing a vision for a healthy community, and financial management—all critical to the success of Public Health 3.0.

These survey findings underscore both the responsibility and opportunity for the growing numbers of schools and programs of public health to transform their public health education, training, research, and practice endeavors—embracing new approaches in new settings with new partners to address current and emerging public health challenges. Furthermore, the infrequency of formal public health training in public health agencies emphasizes the need for innovative and affordable ways to train a large, diverse, and effective workforce.

The Future of Public Health Education

The 2017 PH WINS results align with a movement for change within public health education. In *Framing the Future: The Second 100 Years of Education for Public Health*,⁴ the Association of Schools and

Programs of Public Health called on educational institutions to better prepare graduates for careers on the front lines of health challenges. *Framing the Future's* recommendations then informed the Council on Education for Public Health (CEPH) revisions to the accreditation criteria for schools and programs of public health released in 2016.⁵ The new accreditation criteria shifted the education emphasis from technical knowledge imparted in a course-based curriculum to pursuing the achievement of competencies needed for effective public health practice. This change allows for more flexibility, with less emphasis on curricular inputs and added focus on student achievements and outcomes relevant to Public Health 3.0.

The new CEPH accreditation requirements offer a platform for needed innovation in public health education. PH WINS results suggest the need for several new approaches, which we illustrate with examples from our own institution.

First, to reach thousands of public health workers who are not able to participate in formal coursework, schools and programs should adopt a greater use of free or very low-cost courses, such as Massive Online Open Courses (MOOCs), to improve access to public health content. MOOCs have expanded educational and training opportunities to populations across the globe. For example, the Johns Hopkins Bloomberg School of Public Health has used MOOCs to engage thousands of learners from across the world in a wide range of topics including a general introduction to public health (*the People, Power and Pride of Public Health*), specific discipline areas (*Epidemiology in Public Health Practice*), and in areas identified in PH WINS as training gaps (*Systems Thinking in Public Health*).

Second, schools and programs should offer a wider range of public health training for those interested in acquiring expertise in a particular area. It is possible to modularize, catalogue, and curate public health course materials and content to support both degree and nondegree offerings that target specific audiences and skill sets. For example, the Johns Hopkins Bloomberg School of Public Health has initiated more flexible degrees and certificates through its Online Programs in Applied Learning (OPAL). These programs provide courses in focused areas such as spatial analysis for public health and population health management. These courses include training in systems and strategic thinking as well as financial management—skills identified as important gaps in PH WINS results.

Third, schools and programs should offer more scholarships to expand degree opportunities for staff inside public health agencies and other organizations that are advancing Public Health 3.0.

For example, the recent gift to Johns Hopkins from the Bloomberg Philanthropies to establish the Bloomberg American Health Initiative will fully fund MPH degree programs for 50 students per year and DrPH programs for 10 students per year. These students are drawn from organizations working on one of the 5 challenges tackled by the Initiative: addiction and overdose, violence, environmental challenges, obesity and the food system, and risks to adolescent health. Participating organizations include state and local health departments as well as law enforcement agencies, university dining services, outreach programs for youth experiencing homelessness, and advocacy organizations working to end sexual assault and intimate partner violence. The scholarship program provides financial support during the training period for projects at the collaborating organization that support their work and requires students to spend at least 1 year with their organization after receiving their degree.

Fourth, schools and programs should modernize their course offerings and educational approaches in line with Public Health 3.0 in mind. A local diabetes educator, for example, should learn more than traditional epidemiology and biostatistics. She can learn the skills to develop a healthier food system in her community and to support national efforts to address marketing of low-value foods for children. An individual engaged in reducing community violence should not just understand the value of clinical interventions but also study major issues in criminal justice policy, including policing. Developing these classes and team-based approaches will require schools to develop new educational partnerships and recruit a diverse faculty.

For example, CityLab: Introduction to Urban Social Enterprise demonstrates such new educational approaches. CityLab, an interdivisional course offered through the Johns Hopkins Carey Business School and the Johns Hopkins Bloomberg School of Public Health, brings together business and public health students and neighborhood stakeholders to work collaboratively to apply business and management knowledge and tools to create social value in an economically distressed urban neighborhood. This active, hands-on learning platform is designed to provide students with skills aligned with Public Health 3.0.

Conclusion

The 2017 PH WINS finds significant gaps in skills needed to address today's complex public health challenges. The revised accreditation criteria offer a platform for schools and programs of public health to innovate to address these gaps and prepare the "chief

health strategists” of Public Health 3.0 to protect and promote health and well-being in the United States.

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