

Commentary

Public Health Management: Out of the Shadows

Bernard J. Turnock

Public health workers have always been the most important component of public health's infrastructure, yet attention to the public health workforce has seldom been a priority of policy makers, national public health organizations, academic institutions, or even federal, state, and local public health agencies. On those occasions when the spotlight was cast on public health workers, the targets were generally high-profile individuals leading state and local public health agencies and others in the public health workforce who had achieved levels of professional academic-based credentials that were well beyond the reach and aspirations of the vast majority of public health workers. Examples of this phenomenon are many. National public health leadership development programs, including the National Public Health Leadership Institute, serve top-level leaders of state and local public health agencies.¹ State and regional public health leadership efforts often replicate this approach by serving top- and midlevel professionals a little closer to home. Books that focus on public health workers generally, including two excellent works recently produced by the Pfizer Pharmaceutical Group, highlight the careers of leading public health figures, virtually all of whom have master's and doctoral-level degrees.^{2,3} It is likely that the only national initiative to recognize public health workers through a public health credential will require completion of master's-level training in public health to sit for the examination.

These examples argue that when the public health workforce has been in the spotlight the bright lights have been directed toward workers in leadership and professional occupational categories, such as public health nurses, environmental health practitioners, health educators, and epidemiologists. While these are critical components of the public health workforce, there are several hundred thousand other public health workers in less visible and celebrated occupational categories left in the shadows with little attention.

Perhaps the group most overlooked has been those workers carrying out administrative and business activities for their organizations.

From that perspective, the take-away lesson for me from the collection of articles on the Management Academy for Public Health in this special edition of the journal is not how it brought two disparate colleges at a large university together, although such collaborations are all too rare in large academic institutions. Nor is it how the Management Academy for Public Health managed to achieve financial sustainability, although that is a success story seldom encountered in lifelong learning initiatives for public health workers. Nor is it how this effort deployed continuous quality improvement strategies in devising, delivering, and then enhancing its competency-based training to hundreds of public health workers. The real story here is that it did all these things while serving the largely forgotten underbelly of the public health workforce. It is great when a program like the Management Academy for Public Health does things right, but it is even more impressive when the program does the right thing, in this case targeting a largely ignored group of public health workers.

Few can argue with the premise that public health organizations require competent managers and administrators at various levels throughout the organization to plan, organize, direct, control, and coordinate health services, education, or policy. Throughout the 50 states, the people serving in these positions come from a wide variety of educational, professional, and work experience backgrounds. Most lack formal training and previous experience in public health.⁴ Together they are the third largest occupational category within the public health workforce, behind only environmental health

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professionals and public health nurses.⁵ But they represent a force even larger than their numbers.

Data from the Bureau of Labor Statistics indicate that there were 16,300 medical and health services administrators working for state (7,000) and local (9,300) governmental health agencies in 2004.⁶ Adjusting for positions not allocated to a specific occupational category, *The Public Health Workforce Enumeration 2000* study identified about 20,000 public health administrators and managers working in state and local governmental public health agencies.^{5,7} Often working closely with these public health administrators and managers are several other occupational classifications involved with public health administration, including another 7,500 administrative business professionals and 80,000 administrative support staff.⁵ It is not uncommon for these titles to serve as steps along the career development path leading to a public health administrator position.

Preparation and career pathways for public health administrators and managers vary considerably. It is not uncommon for a public health administrator to have a general academic degree at the bachelor's or associate degree level and to have risen through the ranks of public service in the governmental sector. It is also common for an experienced public health professional such as an environmental health practitioner or public health nurse to be promoted into a management position. These varied career pathways make it difficult to comprehensively assess the training needs of this diverse group. As a result, serving this subset of the public health workforce requires thoughtful approaches to linking the job duties and performance in ways that emphasize the needs of the worker as well as the work organization. The philosophy, strategies, and activities of the Management Academy for Public Health do just that.

With public health managers and administrators now one of the largest and most important of the occupational categories in the public health workforce and demand for these positions increasing steadily, this often overlooked segment of the public health workforce deserves greater attention and support. The lack of a standard taxonomy for public health occupations and comprehensive enumeration strategies and tools, however, limit our ability to assess the size, composition, distribution, skills, and impact of this important occupational category. Similar to other public health worker

categories, competency-oriented job descriptions must become more widely used to characterize key duties as well as to evaluate worker performance and effectiveness. Also, like other worker categories, managers need professional development and continuing education, such as that offered by the Management Academy for Public Health. Better defined competency and skill sets for public health managers and administrators could facilitate credentialing and further professionalize and recognize this category. There is much that can be done when academic institutions and public health practice organizations collaborate and shift the emphasis from pipeline strategies that focus on future worker to approaches that focus on those already doing or in line to be doing this work and providing training that is closely linked to their actual and future job duties. The experience and lessons of the Management Academy for Public Health to date demonstrate that this approach works and that it can be sustained. It is now time for public health workforce development collaborators across the United States to step up and run with this model.

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