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## It's Time We Became a Profession

During their annual joint breakfast meeting last fall, the executive committees of the Association of Schools of Public Health (ASPH) and the American Public Health Association (APHA) agreed that the public health workforce, and public health as an important societal endeavor, suffer from lack of definition, appreciation, and visibility. Despite the fact that public health can take credit for 80% of increased longevity and health, the story is simply not known; investments in public health have declined from a minuscule 3% of US health spending to a microscopic 0.9%; local

health budgets and staff are being slashed and their responsibilities transferred elsewhere, often to managed care and other clinical/treatment enterprises; and the public health workforce is traditionally undervalued and underpaid.

While these are the long-term results of numerous factors, the executive committees agreed that one important factor, which we can change, is the absence of discernible, visible, organized professionalism. William Henry Welch, founding dean of the Johns Hopkins School of Hygiene and Public Health and arguably the most important

medical statesman of his day, famously proclaimed, "There are no social, no industrial, no economic problems which are not related to problems of health." True enough. But while schoolmarms and investment bankers have an impact on the health of society, they are not public health professionals.

### ***Who Are Public Health Professionals?***

Much has been written about the attributes of recognized professions. Almost all

include a prescribed set of knowledge, shared perspectives, standardized evidence of core competencies, and self-regulation.

The executive committees of ASPH and APHA appointed a joint task force composed of 3 representatives from each organization (APHA: Carol Easley Allen, Virginia Caine, James Marks; ASPH: Alfred Sommer, Charles Mahan, Edith Leyasmeyer) to determine the value of and basis for advancing professionalism in public health. The joint task force has concluded that professionalization would benefit public health enormously: it would increase recognition of public health's members and raise the visibility of the public health workforce, while ensuring high standards that better serve the health of the public. It was further agreed that public health professionals already share a common perspective—focusing on populations and prevention rather than on the treatment of individuals with established disease—and ethical values.

The task force concluded it was now important to agree upon a shared core of knowledge (including the major determinants of health and disease, quantitative and qualitative methods, and other tools and insights relevant to carrying out public health's responsibility for assessment, policy development, and assurance) and develop an equitable, national, standardized system for ensuring that prospective members of the profession have mastered these core competencies.

Part of the process will likely require a mechanism that facilitates the acquisition of

core knowledge and competencies among members of the existing public health workforce, until such time that it is reasonable to expect the MPH (or its equivalent) to become the standard for entry into the credentialing process. During this transition, a concentrated graduate program, like the "graduate certificate" presently offered by a number of schools of public health through long distance education and supported by the Centers for Disease Control and Prevention, might serve to "grandfather" those seeking recognition who are already in the workforce.

The task force will now expand its contacts with other interested organizations (e.g., National Association of County Health Officers, American College of Preventive Medicine) and explore funding opportunities from cognizant foundations and federal agencies. The goal is to provide both ASPH and APHA with firm recommendations and a realistic implementation plan within the near future.

Once it is clear that public health is a defined and organized profession, visibility, respect, and compensation of the public health workforce should all increase. So should the profession's impact on policy and legislation, in a voice more audible and coherent than ever before.

We recognize that many public health "professionals" will have extensive graduate education in specific disciplines that directly affect the public's health, such as medicine, nursing, engineering, epidemiology, nutrition, and sanitation. But even these disci-

plines have their greatest impact when enhanced by core competencies and values common to all public health professionals.

We have great expectations for our task force, our associations, and their respective governing boards. The faster we formulate and adopt guiding principles for a true profession and work out the particulars, the quicker we will advance our common cause and the health of the public, for which we are responsible.

This is a strategic moment. The organization and financing of health-related activities are in profound flux, not only in the United States but around the world. As other professions stake out their claims and positions, public health is uniquely focused on those issues that most profoundly affect health. As a recognized profession, we will be more visible, influential, and effective in improving the health status of all people, not only in the United States but around the globe. □

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