
Toward a Better Educated Public Health Workforce

The 28 accredited US schools of public health produce 4800 graduates with master's degrees and 550 graduates with doctorates each year. Yet most members of the public health workforce possess little if any graduate training in public health. Fewer than 1 in 5 of our graduates pursue careers in state and local health departments, and a growing proportion of students are pursuing part-time education so as not to disrupt their lives or because they

can't afford the financial burden of traditional full-time study.

As several articles in this issue of the Journal make clear, schools of public health have begun to rethink their educational mission and respond to these realities. The Association of Schools of Public Health is reevaluating core competencies essential to public health practice and their relationship to the Master of Public Health and related professional degrees. A

number of schools have totally reorganized their doctoral training programs in ways that better meet the distinctly different needs of future practitioners and future academicians.

Educational programs are proliferating to meet the array of practitioners' needs, from short, intensive courses that provide specific skills (e.g., managing budgets and human resources) or update knowledge (e.g., effective strategies for controlling HIV/AIDS among

injecting drug users) to an innovative graduate certificate program funded by the Centers for Disease Control and Prevention, which provides critical skills and half the credits and offerings required for a full master's degree.

Part-time graduate educational opportunities abound. At Johns Hopkins, for example, we promote a mix-and-match approach to part-time education toward a Master of Public Health degree. Students can enroll in any of the regular course offerings (at last count, more than 500), attend core courses off-site on weekends and in the evenings, make use of the compressed format of 1- to 3-week courses offered during our summer and winter institutes, or

obtain up to 80% of their credits on the Web from nearly anywhere in the world. Other schools are pursuing similar initiatives. Indeed some, such as the University of Texas, the University of North Carolina, and the University of South Florida, have a long tradition of distance education, employing teleconferencing to train public health professionals across their states.

While many public health workers have degrees in relevant disciplines and professions (e.g., medicine, nursing, engineering), most do not, and even fewer possess formal education in the core knowledge, competencies, and perspectives that define public health. Schools of public health recognize their obligation to pro-

vide relevant, efficient, and effective educational programs that enhance the competence and advance the cause of public health practice in all its aspects. The articles in this issue reflect our initial attempts at rethinking educational opportunities that will best meet practitioners' needs. □

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