Commentary

Framing the Future by Mastering the New Public Health

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The Framing the Future: The Second Hundred Years of Education for Public Health Task Force (Framing the Future or task force) was formed by the Association of Schools and Programs of Public Health (ASPPH) in the summer of 2011 in recognition of the rapidly changing environment for education in public health, a consequence of the unprecedented upheavals both in health care and in higher education. As a leading voice in academic public health, ASPPH believed that it had a responsibility to examine these changes with an eye toward both improving population health and equipping the public health workforce with the tools, values, and knowledge necessary to effect health improvements.

From the very beginning, the task force took seriously its mission to rethink education in public health with a long view far into the future. Equally important has been the commitment to open dialogue, transparency, and inclusivity in all aspects of the process of conducting its work. ASPPH built a Web site even before the first meeting of the task force to promote the idea behind it. The interprofessional task force membership was carefully crafted to be rich both in expertise and in diversity of experience and perspective. In addition to academics from a range of Council on Education for Public Health (CEPH)–accredited schools and programs, the task force includes representatives from major public health organizations, private sector foundations, sister health professions organizations, undergraduate programs, the Association of American Colleges and Universities, the League for Innovation in the Community College, and the CEPH. To gain the critical insights of employers, ASPPH formed a Blue Ribbon Panel representing the wide array of institutions and organizations that employ public health graduates, beyond traditional public sector settings.

To promote a continuing and open conversation, the Framing the Future chair or her designee presented at every relevant national meeting we could attend of the major public health and education organizations (the American Public Health Association, the Association for Prevention Teaching and Research, the Association of American Colleges and Universities, the League for Innovation in the Community College, the National Association of City & County Health Officials, the National Association of Advisors for the Health Professions, NAFSA: Association of International Educators, and ASPPH), convened periodic intense discussions among public health academics, sponsored a series of webinars on overarching topics, hosted a blog, and held Town Hall meetings in 16 cities around the country.

In addition to these open conversations, to manage the work of the task force and engage an even wider group of contributors, expert panels were created around specific tasks. In every case, the expert panels included people not already on the task force in an effort to broaden the participation in the work as widely as possible.

The first such panel that produced the innovative Undergraduate Public Health Learning Outcomes,[1,2] and, in fact, preceded the formation of the task force, is included as a critical element of the future of education

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in public health and because it provided such a functional model for the future work of Framing the Future. Expert panels on critical component elements for undergraduate majors, the role of 2-year colleges, the master of public health (MPH) for the 21st century, the doctor of public health (DrPH), and population health in all professions followed. The task force suggested these specific areas of foci while enjoying continuing, stimulating conversations on themes and threads that were interwoven in these focused efforts: innovations in education technology, the educated citizenry initiative, workforce development, public health in K-12 education, expanding learning spaces, certification and accreditation, and the future of the profession of public health.

In keeping with the spirit of openness that has characterized the entire effort, expert panel work was posted on the Framing the Future Web site featuring such elements as the membership of and charge to each panel, meeting summaries, preliminary recommendations, and reports. In the case of the MPH expert panel, staff developed targeted survey instruments to gather comments from key informants. Town Hall presentations featured the latest developments in draft and final recommendations, while "data" gathered from these events were communicated to each expert panel to help ensure full consideration of the perspectives and ideas shared by Town Hall participants. Finally, every expert panel report was vetted by the full task force, the Education Committee of the ASPPH, and the ASPPH Board and was released as soon as final approval was received to promote timely and optimal use of the recommendations by those institutions ready and eager to embrace the changing landscape.

As clear evidence of the importance of these efforts to define education in public health for the future and the enthusiasm with which each component of it has been received, the Recommended Critical Component Elements of an Undergraduate Major in Public Health,[3,4] the first ASPPH report aligned with the launch of Framing the Future, and considered foundational to the task force's work, was adopted by the CEPH and included in CEPH's inaugural criteria for stand-alone baccalaureate degree programs. In the first solicitation in the fall of 2013, CEPH received 9 applications for accreditation, accepting all of them. The CEPH is now initiating a revision process for the criteria for schools and programs in accordance with their mandated time frame. In light of the recent release of the MPH report in January 2014 and the anticipated release of the DrPH report in the spring of 2014, schools and programs are already anticipating the revisions to come and therefore are rethinking and redesigning their degree programs, consistent with the spirit of the MPH report and, indeed, all of the task force work to date.

Despite the clear interest in and energy around this work, change is never without controversy. It is important to note that while Framing the Future purports to reframe education in public health for the "second 100 years" in reference to the 1915 Welch-Rose report, much has already changed in education since 1915, much of it organically. The task force is pleased to harness the creative energy that already exists in our field and to accelerate the evolution of educational innovation in public health, commensurate with the revolutions occurring both in health care and in higher education. Framing the Future did not appear out of nowhere; it was in some ways, however, an inevitable step in the transformation already taking place in both of these arenas, where public health sits at the nexus of health and education.

In this swirling vortex of change, the MPH expert panel had the most difficult task of the task force expert panels because any recommendations out of this group by definition affect all of us who award public health degrees. The undergraduate work was fun in comparison because it addressed a relatively new phenomenon in academic public health, and its recommendations were eagerly anticipated by a grateful audience. The DrPH work is challenging but not threatening to academics as compared with the MPH work. The population health in all professions effort is heady, given its implications, as are some of the other novel discussion topics of the full task force (eg, K-12 education) or those that are simply exciting because they are so futuristic (eg, digital badges and just-in-time learning, just a few of the ideas raised in recent Town Hall meetings).

Despite these potential threats and the initial anxiety that surrounded the formation of the MPH expert panel (fueled perhaps, in part, by an early task force discussion questioning the need for an MPH degree at all), the group deliberated thoughtfully, honestly, passionately, and, in some cases, vehemently. A framework was adopted that enabled the conversations to be focused; a series of assertions was drafted that could then each be scrutinized and rejected, edited, or accepted. Starting with Key Considerations, moving into Design Elements, and finally winding up with Critical Content, this series of conversations (deftly managed by Dr Robert Meenan, Dean of the Boston University School of Public Health) eventually coalesced into an inspiring vision for the 21st-century MPH degree.

Key assertions of the groundbreaking report include that the MPH degree is here to stay, that it would and could continue to meet the demands of multiple student audiences, that it would emphasize a set of core professional skills, attitudes, and values in addition to a shared foundational knowledge base, and

that it would remain rooted in practice with field and culminating experience requirements retained.[5] Innovative recommendations include the emphasis on an integrated common core rooted in professional practice (and not in the traditional 5 core disciplines); the liberation of graduate programs from the requirement that they offer the MPH degree in the 5 core disciplines toward encouraging the creation of concentrations more reflective of the strengths of the institutions and the needs of the communities each serves; and the clear emphasis on preparing professionals with a definitive area of expertise.[5]

Although the idea of specialization within the MPH degree is not new, this particular recommendation was met with some negativity, primarily from individuals who believed that the report should have more prominently emphasized the need for a highly competent generalist, skilled in all the areas defined as "core" to professional practice. The expert panel had in fact spoken to this issue at some length and reached several important conclusions, to wit:

1. While the common core is dealt with separately in the document, it is not intended to be addressed in an isolated manner from the rest of the curriculum; rather, by stressing the importance of the core as foundational, it is clearly intended to be built upon in subsequent learning experiences whether course-based, field-based, service-based, or project-based. When crafted as the expert panel intended, the professional skills, attitudes, values, and foundational knowledge nurtured in the core would be reinforced in specialization classes and fully integrated and applied in the practicum and culminating experience requirements.
2. The intent of the emphasis in the report on areas of specialization is both to ensure sufficient depth of preparation in the area of focus (built on a solid foundation of professional core content) and to encourage the development of innovative areas of emphasis based on local need, faculty strength, and student interest. Such specializations could be population-based (eg, maternal and child health, aging, rural health), skills-based (eg, social marketing, health informatics, policy analysis), or values-based (eg, health equity, social justice) or could reflect broad areas of professional practice such as global health or public health leadership. While strengthening the discrete technical and crosscutting skills of MPH graduates, the specialization should be acquired in a manner that would prepare MPH holders to function in increasingly interdisciplinary and interprofessional roles and settings. Ideally, these new foci would also be developed with the deliberate input of employers to bolster the connection between the field and the education provided.
3. A generalist degree with an emphasis on professional practice could, of course, remain one of the specialty degrees offered. At one institution, College of Public Health, University of South Florida, the "public health practice" MPH specialization has been and remains the most popular. In any case, both generalist tracks and specializations must be outcomes-oriented and competency-based.

It deserves mention that the decision to recommend a strengthened specialization built upon a solid foundational core was based on numerous discussions, some of which were difficult. It may appear to some that this recommendation moves us away from a more interdisciplinary approach to public health and perpetuates a traditional siloed educational model. In fact, the expert panel recognized quite clearly that they were making this decision perhaps to their own detriment, as the abandonment of the 5 core disciplines as both the foundation of our field and the prescribed "first among equals" of areas of concentration challenges the typical departmental structure of most of our schools and programs and threatens the security of faculty aligned solely with those narrow disciplines. The group felt strongly that it was in the best interest of our field to liberate schools and programs to encourage bold, new ways of imagining the MPH degree and shaping its future.

A further criticism has been expressed as a concern that an MPH degree with a strengthened specialization focus would somehow hamper institutions' interests in designing and promoting joint degrees. A separate expert panel convened by the Framing the Future is considering this issue, but given the popularity of joint degrees at many CEPH-accredited schools and programs and growing student interests in creating their own "dual concentrations," there is likely sufficient flexibility in the structure and creativity among schools and programs to overcome any perceived challenge.

It is our sincere hope that schools and programs will reflect upon these ideas, consider their futures and the future of our field, and embrace those recommendations that make sense to them. The process through which the Framing the Future work has been conducted, by design, was intended to render the report when finally issued "old news." Rather than begin a national dialogue, the issuance of the report is the denouement of a story that began in the summer of 2011, has enjoyed several interesting plot twists and diversions, and will end where we intended it to end, at the beginning of the second 100 years of education in public health.

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