

Always Changing, Always the Same: Public Health Workforce

By Kristine M. Gebbie

The last third of the 20th century and this first decade of the 21st provide an intriguing window into the constantly evolving world of public health, and particularly the men and women who have made this their chosen profession. The title reflects a personal perspective about public health practice: the essentials remain the same, through constant changes.

In 1970, the United States had not yet written the first Healthy People 1990 objectives. The swine flu excitement (some would say debacle) was yet to come, “no shots/no school” slogans as yet unwritten, and the tobacco wars barely begun. The Women, Infant and Children Nutrition Program was only a pilot in 1972. The creation of the Environmental Protection Agency in July 1970 inaugurated a bifurcation that some saw as hurtful to public health as they knew it. The new range of financing for personal care moved many public health agencies into the Medicare home health care business or into Medicaid financing for services to poor mothers and children. “Electronic vital records” meant mainframe computer storage.

State and local public health agencies were, then as now, staffed by individuals who understood that action at a community or population level was a better investment in supporting long, healthy lives. Men coming into public health in that Vietnam era might well have chosen the US Public Health Service as a uniformed opportunity that didn’t involve guns. While women with associate degrees in nursing were more visible in hospitals, the bachelor’s degree was the norm for public health practice.

What are the changes since then? The workforce is about the same size, though the population is much larger. The workforce is more specialized: nurse midwives and nurse practitioners, hydrologists, chemists, informaticians, and legal experts. Public health laboratories have expanded in both range of issues and in technology, and have been through enormous fiscal struggles to find adequate sources of support while maintaining a population focus.

There is a continuous flow of newcomers, though new to public health does not always mean “new” to work, or to a health profession. Some seek public health work as a relief from the physical demands of caring for the sick or performing surgery. Some

stumble upon it, in a military assignment or an international mission. Some are pointed towards public health by career counselors or an inspiring faculty member. For some, “it was the job available at the time.”

Each new threat to the public’s health expands the circle of interest, as happened when HIV burst upon us. Some hired with grant funding early in the epidemic followed the population of their greatest concern to nongovernmental organizations or elsewhere. But more than a few found public health a congenial home, and sought continuing work, or promotion in other program areas. Many colleagues I now meet at emergency preparedness activities were first encountered in our work to combat HIV.

Professionalization in public health was already well-established by 1970: the American Public Health Association was preparing for its centenary, the American College of Preventive Medicine was nearing the quarter-century mark, and (in typical nursing fashion), four organizations represented public health nurses. One of the most remarkable changes evident in this new century is the emergence of the National Board of Public Health Examiners, an effort to put a stamp of “prepared” on graduates of schools of public health. Letters after the name signify the environmental health professional, the nurse, the physician, the dentist, the lawyer, but until the past couple of years there was nothing similar for the epidemiologist, biostatistician, public health leader for whom public health was the primary education.

With the help of the blossoming numbers of schools and programs in public health, and the network of public health training centers, becoming prepared to practice public health, and remaining up-to-date about emerging challenges has never been easier. Public health remains the same: advocating for and taking those steps that can allow a community to become or remain healthy. Public health keeps changing: new issues, new knowledge, new skills, new jobs that contribute to achieving that mission, over and over again, every day, in every community. ■



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