

*Joint Action Health Workforce Planning & Forecasting  
2<sup>nd</sup> Joint Action Conference under auspices of the  
Italian Presidency of the European Union*

**WHO ARE THE PUBLIC HEALTH PROFESSIONALS AND  
WHO EMPLOYS THEM?**

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*Part I*

**Who are they?**

*Part II*

**Who trains them?**

*Part III*

**Who employs them?**

*Part IV*

**What to do?**

**Ten Great Public Health Achievements  
in the 20th Century, listed by the US CDC**

**Immunizations**

**Workplace Safety**

**Motor-Vehicle Safety**

**Control of Infectious Diseases**

**Declines in Deaths from Heart Disease and Stroke**

**Fluoridation of Drinking Water**

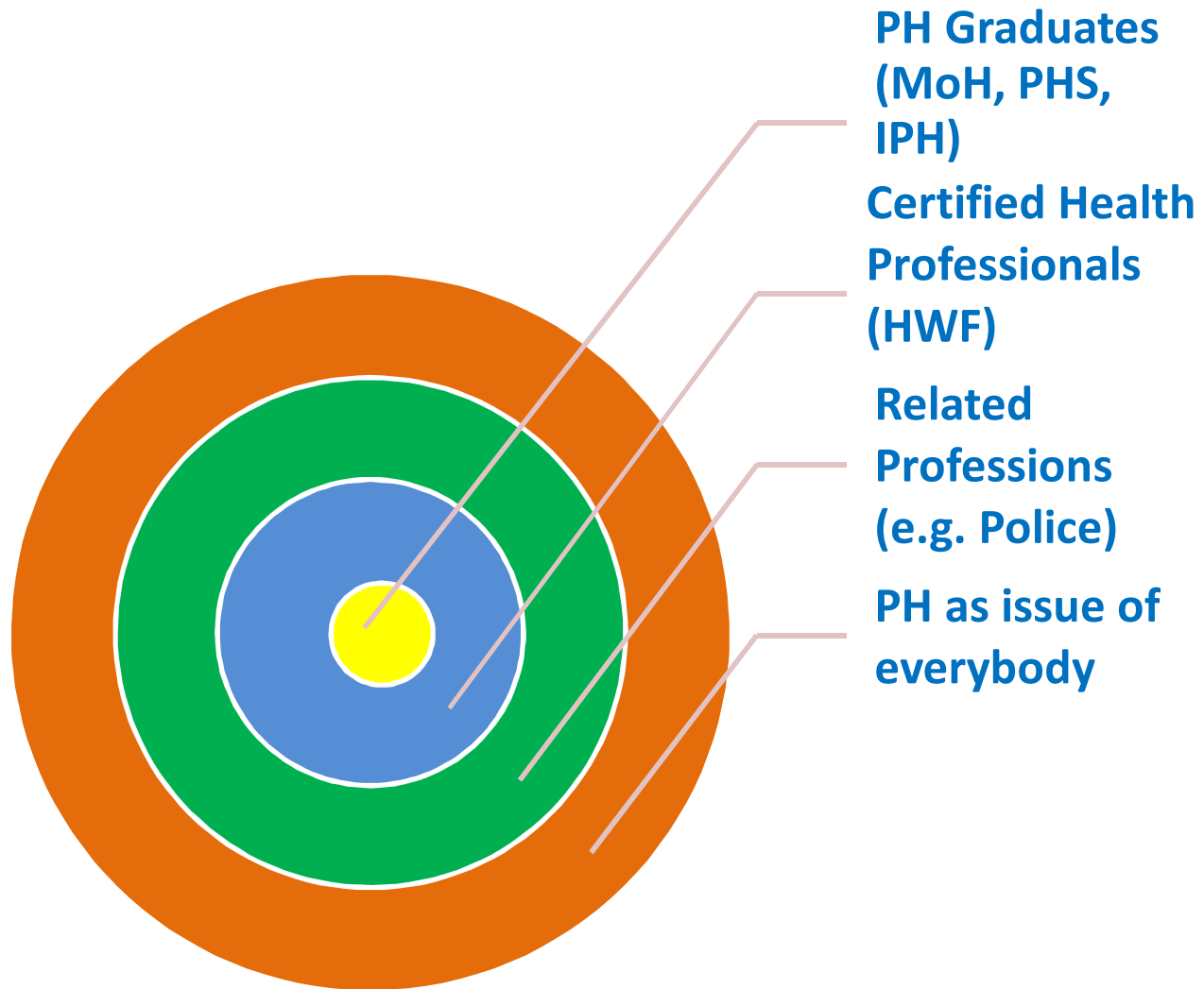
**Healthier Mothers and Babies**

**Tobacco as a Health Hazard**

**Safer and Healthier Foods**

**Family Planning**

# Who are the Public Health Professionals?



## **Where is the centre?**

**Only the second ring of “Certified Health Professionals” is well defined as the  
5 regulated health workforce professions:**

**Physicians**

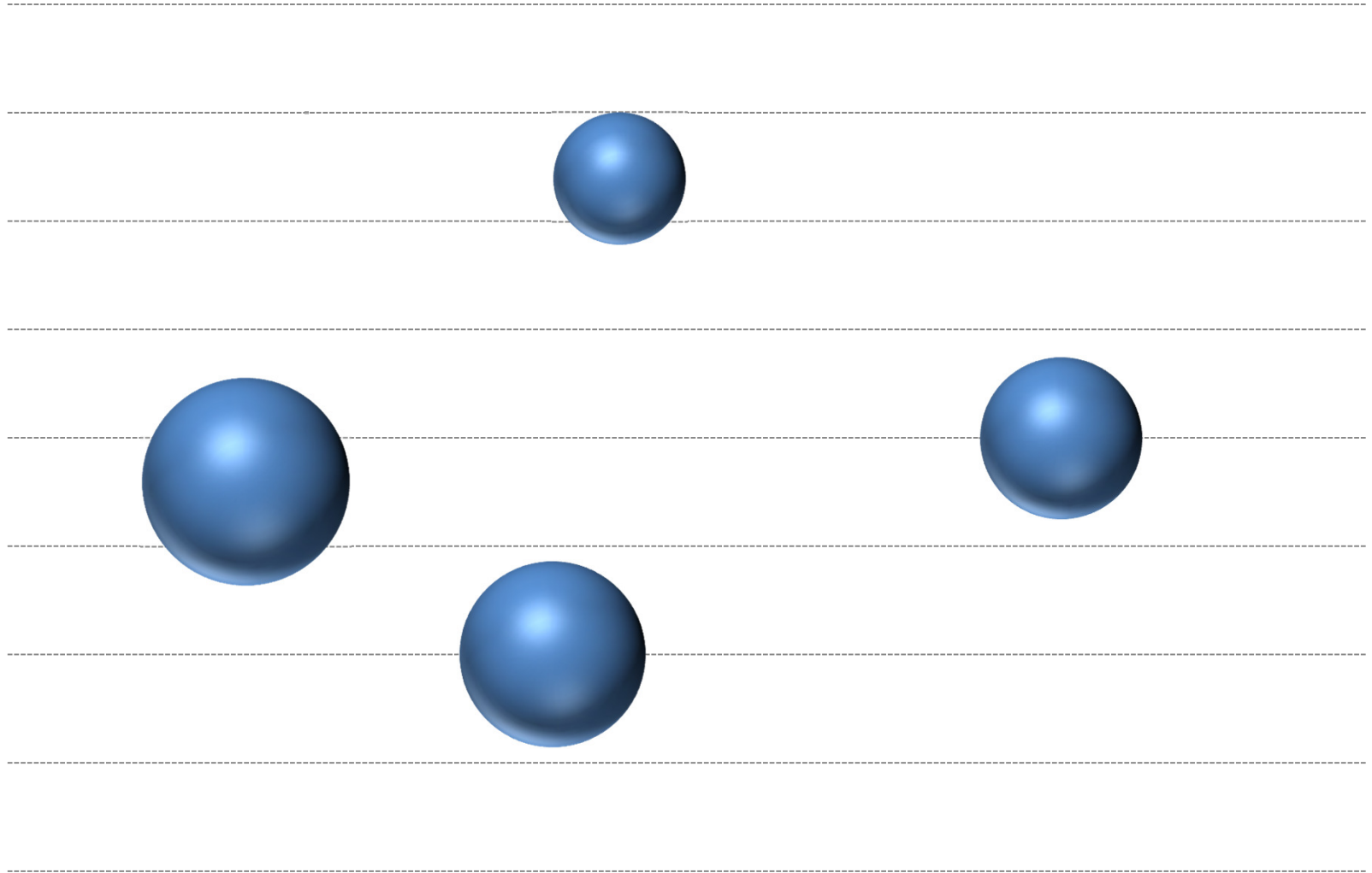
**Nurses**

**Midwives**

**Pharmacists**

**Dentists**

# THE FRAGMENTED HEALTH SYSTEM



# **The basic Public Health Sciences**

## **Scientific foundation (Academia):**

*Epidemiology and biostatistics*

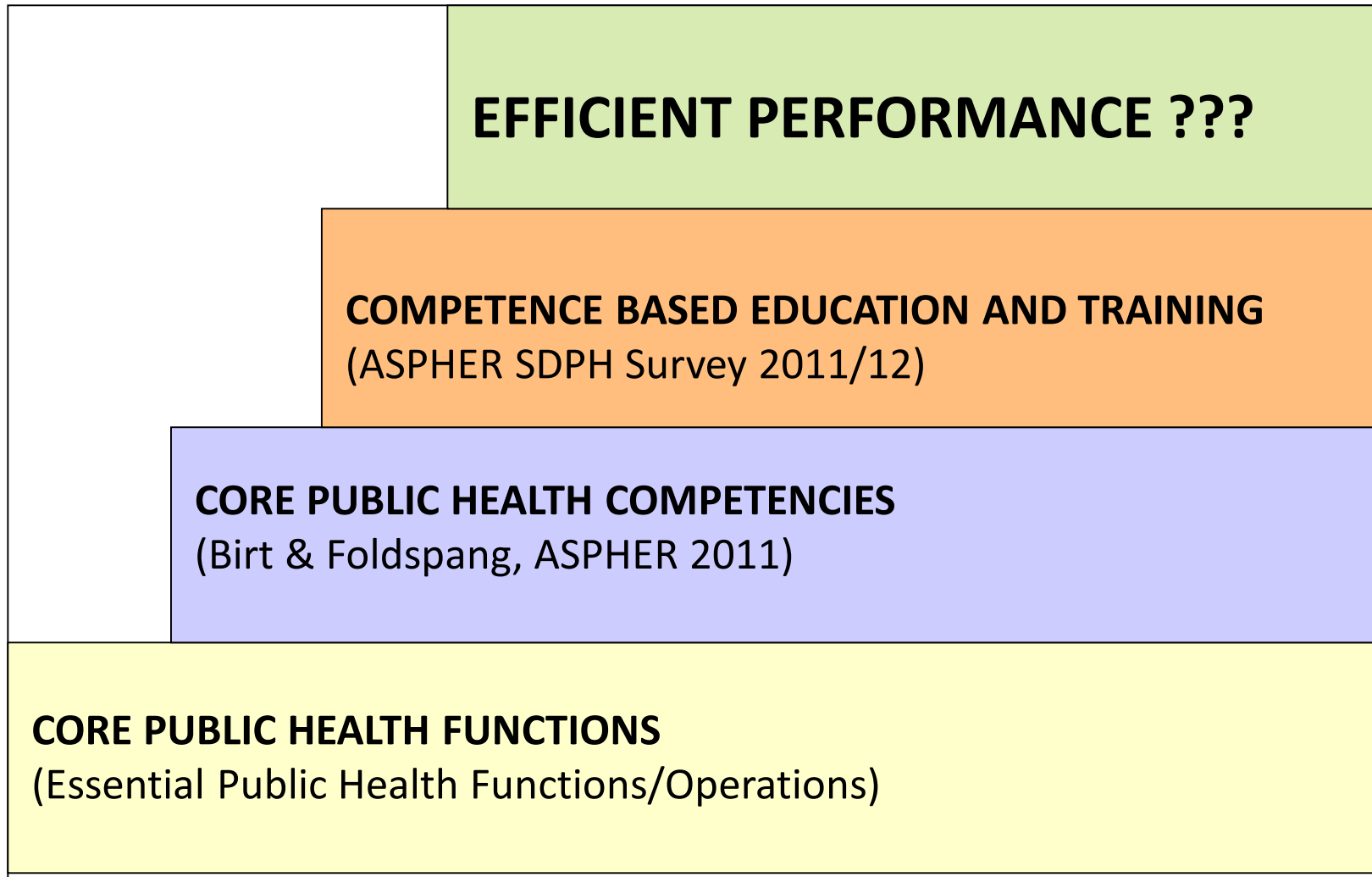
## **Preventive orientation (Practice)**

*Health protection and health promotion*

## **Societal dimension (Governance)**

*Health policy and management*

# THE BASICS OF PUBLIC HEALTH PERFORMANCE





*Part I*

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# THE TASK PROFILE OF A MODERN SCHOOL OF PUBLIC HEALTH

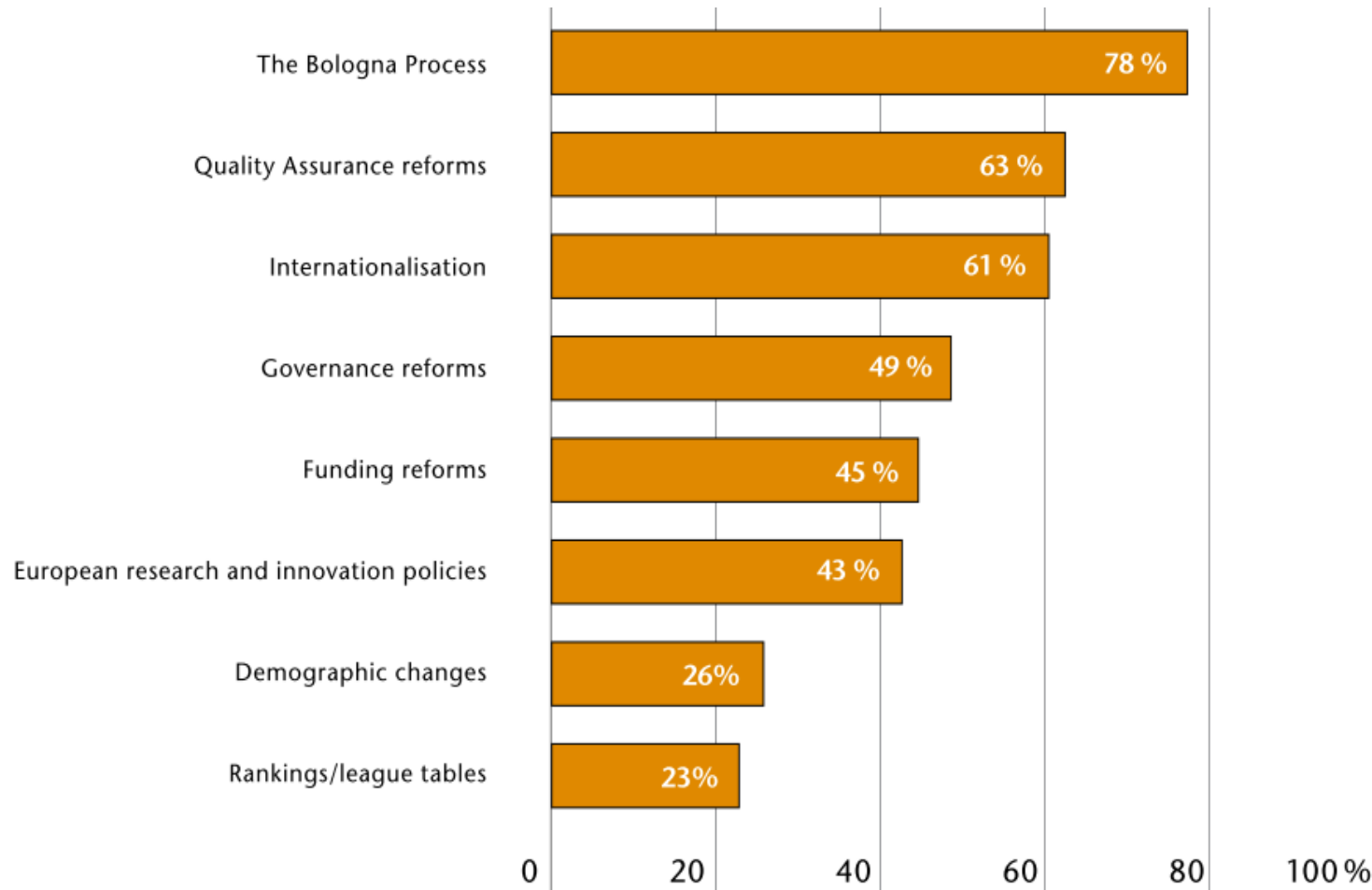
- a) Training for research and services
- b) Monitoring population health
- c) Applied research on public health
- d) Consulting the decision makers
- e) Community oriented intervention

Modified from Laaser, U. (1995) The Contribution of the Schools of Public Health to Public Health in Europe. In: Laaser, U., Evelyne de Leeuw, Christiane Stock (Eds.): Scientific Foundations for a Public Health Policy in Europe. Juventa-Verlag, Weinheim: 162-172

# Partnership in the Public Health Triangle



# The importance of different strategies of European higher education institutions



Source: Sursock & Schmidt 2010

# The Surveys 2011/12

**Participation: 66/80 = 82.5%**

## **Published:**

Bjegovic-Mikanovic V, Vukovic D, Otok R, Czabanowska K, Laaser U. Education and training of public health professionals in the European Region: variation and convergence. Int J Public Health 2013; 58/6: 801-810; DOI: 10.1007/s00038-012-0425-2

Vukovic D, Bjegovic-Mikanovic V, Otok R, Czabanowska K, Nikolic Z, Laaser U: Which level of competence and performance is expected? A survey among European employers of public health professionals. Int J Public Health 59/1 (2014): 15-30; DOI: 10.1007/s00038-013-0514-x

# Teaching programmes

The majority of SDPH offer programmes according to Bologna format, predominantly Master of Public Health (or Health Sciences; others refer to management, nutrition, health promotion, epidemiology or environmental health; one programme is online).

However many SDPH indicate also traditional postgraduate master programmes of a non-Bologna-format. Together with the 47 Bologna programmes more than 80 masters are offered in the European Region.

In addition 18 SDPH offer bachelor programmes. As regards Continuing Education (CE), there are only 23 institutions offering short courses, modules or summer schools, mainly in Public Health and/or Health Management.

## The profile of SDPH in Europe I.

Indicator	Value
Full-Time Equivalents (FTE), median per SDPH	40
Postgraduate public health programmes (total number)	130
Total number of graduates (last year)	3035
Total number of Bologna Masters or Masters of Science (thereof)	1851
Median number of graduates per SDPH (last year)	46

## The profile of SDPH in Europe II.

Indicator	Percent
University-based SDPH	86.4
Lecturers to/from other programmes	78.8/86.4
Practice links	95.5
Public health research	81.8
Connected to social networks	34.8
Modules for distance learning	45.5
Continued education offered	34.8
Alumni surveys executed	53.0
Interested in student mobility	78.8

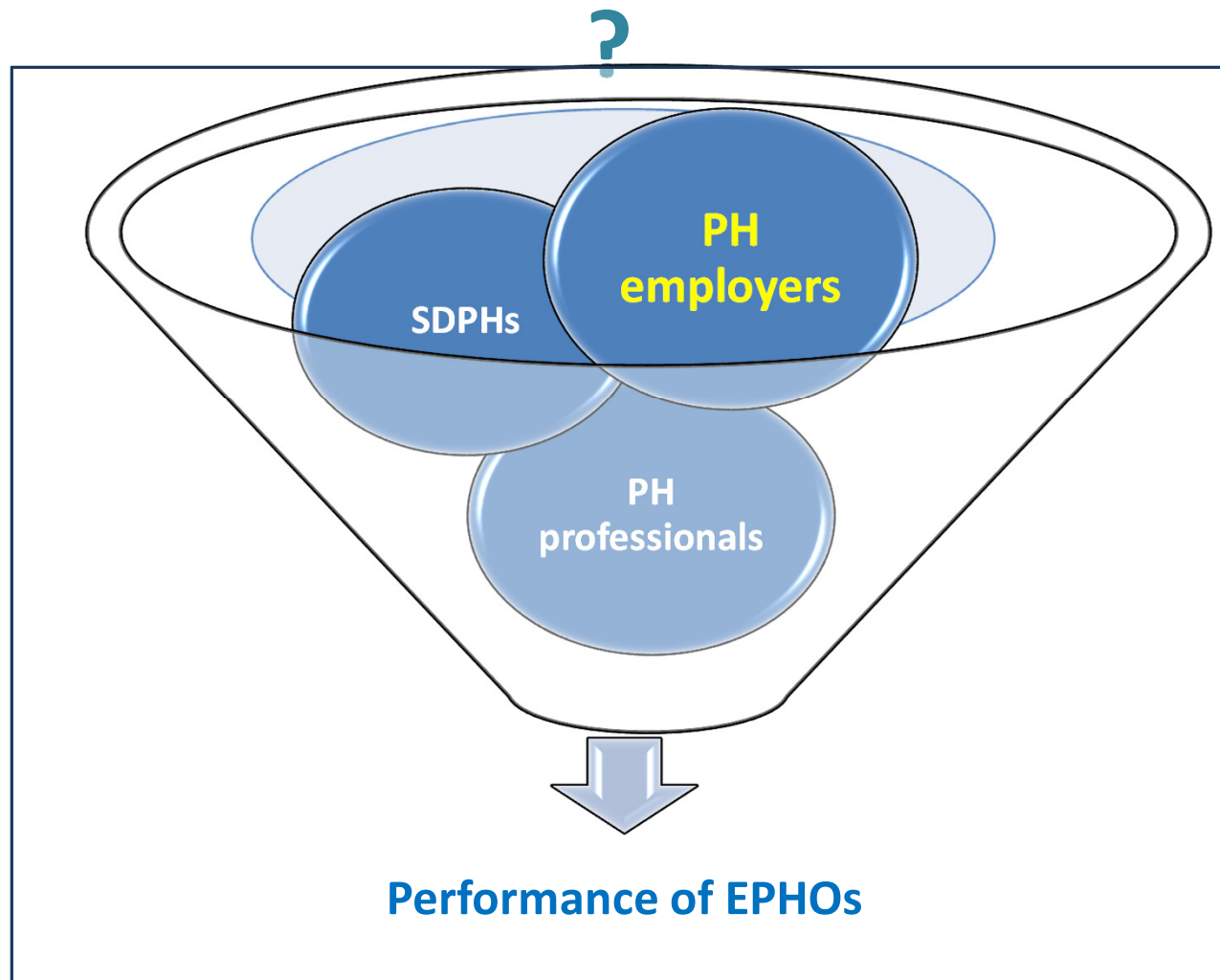


# Aspired Numbers of PH Professionals

(\* ASPH 2008)

	USA	EU	WHO Region
Population (mio)	325	501	800
220/100.000 *	715.000	1.100.00	1.760.000
2% attrition/year	14.300	<b>22.000</b>	36.000
degrees/SDPH/yr		46	46
SDPH needed		478	783
No. ASPHER SDPH ?		66	80

# Simple model of public health performance



*Part I*

Who are they?

*Part II*

Who trains them?

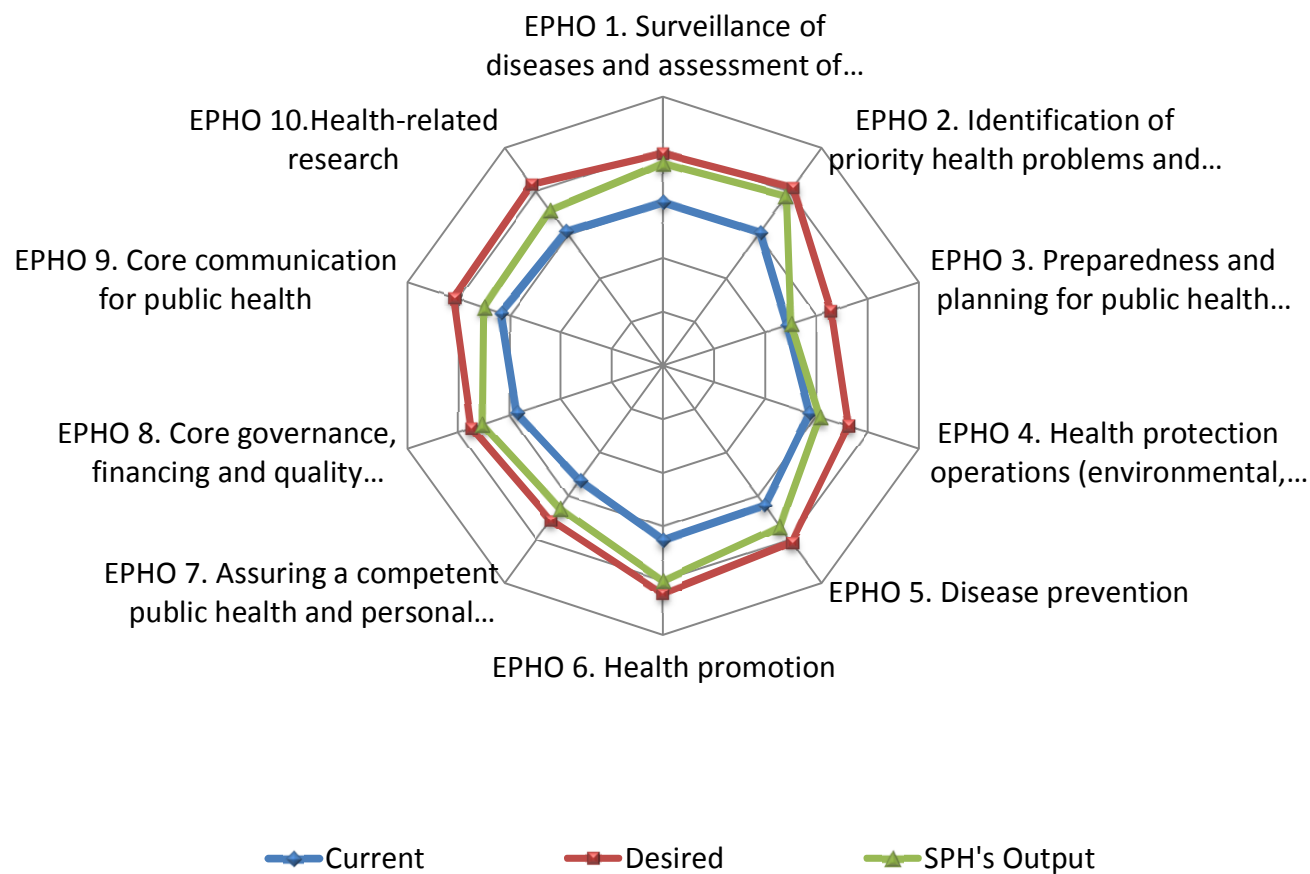
*Part III*

**Who employs them?**

*Part IV*

**What to do?**

# Current, desired & exit EPHO performance



# EPHO performance

EPHO's (figures are rounded; Differences p<.01)	1) Current	2) Exit	3) Desired	1-3	2-3
1) Disease surveillance	3.0	3.8	3.9	<b>-.9</b>	<b>-.1</b>
2) Health hazards	3.1	3.9	4.1	<b>-1.0</b>	<b>-.2</b>
3) Emergency preparedness	2.4	2.5	3.3	<b>-.8</b>	<b>-.8</b>
4) Health protection	2.9	3.1	3.6	<b>-.8</b>	<b>-.5</b>
5) Disease prevention	3.2	3.7	4.1	<b>-.8</b>	<b>-.4</b>
6) Health promotion	3.2	4.0	4.2	<b>-1.0</b>	<b>-.2</b>
7) Assuring competent HWF	2.6	3.3	3.5	<b>-.9</b>	<b>-.2</b>
8) PH governance & quality	2.9	3.5	3.7	<b>-.9</b>	<b>-.2</b>
9) PH advocacy	3.2	3.5	4.1	<b>-.9</b>	<b>-.6</b>
10) Health research	3.1	3.6	4.2	<b>-1.1</b>	<b>-.6</b>

## Current EPHO performance in 30 European countries

EPHO's (N = 63 employers)	Research & Edu. (N=21)	NGO's (N=11)	Health care (N=11)	Gov's organis. (N=20)
1) Disease surveillance	2.8	2.6	3.3	3.2
2) Community health hazards	2.8	3.0	3.2	3.2
3) Emergency preparedness	2.1	2.1	2.3	2.9
4) Health protection	2.4	2.8	3.1	3.1
5) Disease prevention	2.8	3.1	3.3	3.5
6) Health promotion	3.0	3.2	3.2	3.5
7) Assuring competent HWF	2.7	2.6	2.6	2.6
8) PH governance & quality	2.4	3.1	3.0	3.0
9) PH advocacy	2.8	3.2	3.1	3.4
10) Health research	3.1	3.0	3.3	2.9

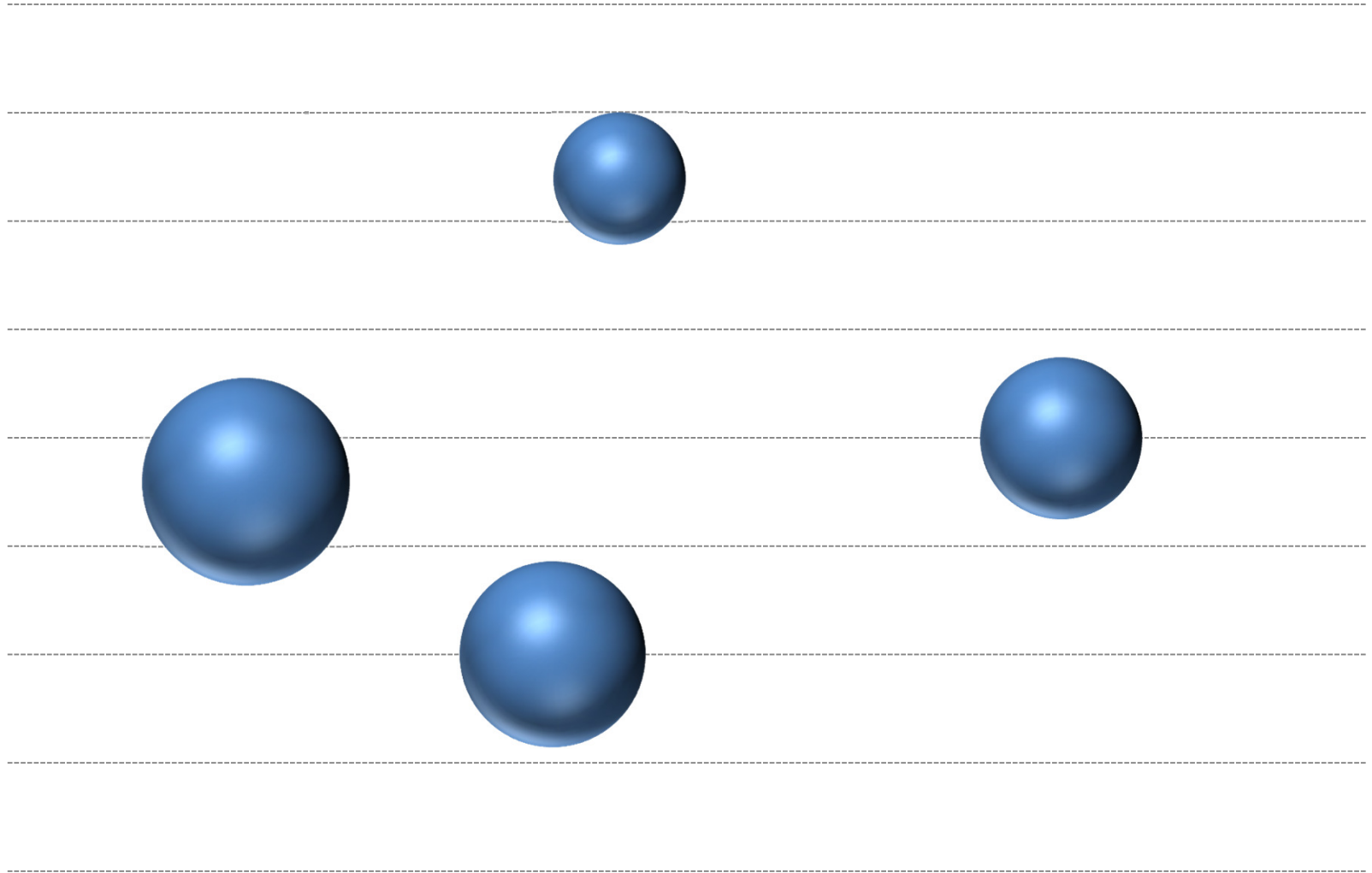
# Conclusions

*The Essential Public Health Operations represent a cost-effective strategy to maintain and improve the populations health.*

- 1) The capacity of the European SDPH is far below a critical level.
- 2) The European SDPH need targeted support to develop Distance Learning, Social Media, and Alumni Surveys.
- 3) The European SDPH need targeted support to improve exit performance of graduates especially re EPHOs 3,4,9,10

**In order to meet the needs of the labour market.**

# THE FRAGMENTED HEALTH SYSTEM





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**What to do?**

## Define a public health profession: Basics

- 1) Skills based on knowledge which is certified/licensed and credentialed;
- 2) Provision of training and education, usually associated with a university;
- 3) Certification based on competency testing;
- 4) Formal organisation, professional integration;
- 5) Adherence to a code of conduct;
- 6) Altruistic service.

*Macdonald KM, Sage 1999*

## See for references:

- Bjegovic-Mikanovic V, Czabanowska K, Flahault A, Otok R, Shortell S, Wisbaum W, Laaser U (2014) Policy Summary 10: Addressing needs in the public health workforce in Europe. European Observatory on Health Systems and Policies, WHO-EURO: Copenhagen, Denmark (available at: [http://www.euro.who.int/data/assets/pdf\\_file/0003/248304/Addressing-needs-in-the-public-health-workforce-in-Europe.pdf?ua=1](http://www.euro.who.int/data/assets/pdf_file/0003/248304/Addressing-needs-in-the-public-health-workforce-in-Europe.pdf?ua=1))
- Bjegovic-Mikanovic V, Vukovic D, Otok R, Laaser U: Functions, competences, and performance in Public Health Education. In: Working Group on Innovation and Good Practice in Public Health Education(WGIGP) in cooperation with ASPHER members: Modern Teaching – Distance Learning, a guide to online and blended learning - with case studies from public health. ASPHER : Brussels 2013
- Czabanowska K, Laaser U, Stjernberg L. Shaping and Authorising a Public Health Profession (Short report). South Eastern European Journal of Public Health 2014, posted: 31 May 2014. DOI 10.12908/SEEJPH-2014-23

# How to prepare the ground for employment ?

- 1) Certification, Licensing, and credentialing of CPD via integration into the 2005/36/EC Directive on the recognition of professional qualifications and listing in classification systems (ILO, OECD, EUROSTAT, WHO).
- 2) Establishment of specific professional chambers for public health.
- 3) Governments and other employers should request formal public health degrees for specific positions as e.g. head of public health institutes.

# How to prepare the ground for employment ?

- 4) Certification and CPD of individual professionals based on competences (via national chambers for public health).
- 5) Harmonisation of academic programmes delivered by SDPH acc. to all 3 Bologna cycles, their accreditation, and considerably increased capacity.
- 6) Advancing the self-organisation of PHP in national or regional Public Health Associations.
- 7) Develop a code of conduct incl. the demand for altruistic service.

# How to advance employment of PHP?

The example of the Faculty of Health Sciences in Bielefeld, Germany, 1989:

- 1) Make use of your alumni as ambassadors and mediators.
- 2) In the 2000nds, make use of the social media.
- 3) Link training and theses to business partners.
- 4) Offer extensive CPD & FDL.
- 5) Offer modules half time.

# The Association of Schools of Public Health in the European Region (ASPHER)

Comprising more than 100 institutional members works on these deficits together with

1) The WHO in the context of its European Action Plan to Strengthen Public Health Capacity and Services (EPHO7 lead), and with

2) The EU (operational grants ASPHER FY2011, FY2012, and FY2014).

# The European Public Health Reference Framework (EPHRF)

To this end ASPHER developed the EPHRF with two main functionalities:

- (i) Human capacity planning for system use, and
- (ii) Career planning for individual use

*Hopefully the EU will recognize the relevance once reflecting on the current joint action and the intended follow up.*





**Thank you for your attention!**

***GRAZIE MOLTO***