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COMMENTARY

Educating Future Leaders in Public Health*

Once again, we are mired in the muck of heath care "reform." A variety of forces, chief among them increasing costs, has pushed providers and payers in the health sector to search for new approaches to managing the myriad transactions and multiple institutions and organizations that together constitute the sector, and managerial innovation has come to health care with a vengeance. Like it or not, and for better or worse, the logic of managerial efficiency has infiltrated the sector and now permeates discussions of strategy, budget, physician recruitment, technology investment, clinical effectiveness, accountability and quality of services provided. With this development has come an army of what are affectionately known as "the suits," the men and women trained in the techniques and tools of management but most of whom lack any formal clinical training. It is mainly these people, who have been tasked with introducing tools developed in other sectors of the economy to the management of hospitals, community health centers and other organizations in the health sector, and their arrival in the pinstripes of managers rather than the white coats of clinicians has often been greeted with all the warmth of an igloo in winter.

This lack of enthusiasm on the part of clinicians is certainly understandable. The world of providing health services has long been divided into two camps, clinical and administrative, and the oft-noted tensions between the two are born of the different training, missions and values – the thought worlds, in short – of the two professional groups. In the past 25 years, however, there has been a shift in the second group from administrators whose primary responsibility was to maintain order and support the clinicians to managers whose primary responsibility is to insure efficient deployment of organizational resources. This shift is hardly surprising given the problem of escalating costs, and "the suits" are playing an increasingly visible role in both strategic and operational decisions, decisions that often have a significant impact on clinical practice. The question this shift raises is at what point focus on the "bottom line" might dominate clinical judgments about what is best for the patient. And what is important in developing future leaders in public health is insuring that they have the background and tools to find the appropriate balance between these two seemingly contradictory pressures. Should they be clinicians, should they have MBAs, should they have MPHs, or some combination of these alternatives? What kind of training, in other words, will best meet future challenges, and where will this training be found? Will it be found in medical schools, in nursing schools, in business schools, in schools and programs in public health, or, perhaps, in some other enterprise altogether?

The answer is that it could be found in any of those settings *if* those responsible for educational design and curricular development understand the future contours of the landscape and are able to construct their offerings accordingly. This requires a new mindset, one that recognizes the cost-saving potential of effective health promotion and prevention, the need to balance infinite health needs and finite resources, and the cost-increasing consequences of the ever-growing incidence of chronic illness. This is the challenge that faces the organizations providing the education and training. To what extent will they be able to design or redesign their offerings to meet what the evolving landscape of public health *needs* as opposed to simply re-branding what they already do and thus offering a version of what they *already know*?

Preparing leaders in public health for careers in a world that is changing rapidly certainly requires more than a formal academic degree. It requires continual updating of skills, continuous learning from experience, and active participation in defining the conditions under which the business of public health plays out. The truly effective leaders in public health in the future will be those who actively manage their careers based on the assumption that what they "know" today is not necessarily what they will need to know tomorrow, and effective educators will be those who understand the career trajectories of successful leaders, who appreciate the interplay of formal education and front-line experience in shaping those trajectories, and who are able to design offerings that are appropriate at different points along the career path of their "students." This means that institutions involved in preparing these leaders will have to be willing to continuously reevaluate the relevance of both the "what" and the "how" of what they do, that is, the *content* of their curricula and the *modes of delivery*. It will mean reevaluating the very core of their own technologies, including, but not limited to, the role of the formal classroom in the educational process. It will mean being on top of new technologies that link students virtually and that create a different role for "place" in the educational process. It will mean reconceptualizing, for example, the meaning of an MPH degree and linking educational initiatives more to the development of personal portfolios of "students" than to particular academic degrees. It will mean taking very seriously the incorporation of experience acquired outside of the academic institution into their portfolios systematically and rigorously and building on it. It will require rethinking the already packed sets of requirements for particular degrees in ways that give priority to what students need as opposed solely to what faculty offer. And, more specifically, it will mean exposing them directly to the consequences of underinvestment in public health around the globe and to the unparalleled opportunities to contribute in a meaningful way to improving health by equipping them with new perspectives and insights into the new tools and approaches that are available to help them succeed.

The challenge is both daunting and energizing. It means that schools and programs of public health in particular will have to take a leadership role. It means that they will have to be ready to change both the "what" and the "how" of what they do. This will be hard, very hard. But nothing could be more important than the mission of preparing leaders in public health for tomorrow. ■

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