THE TRAINING AND DEVELOPMENT OF public health practitioners is dominated by volumes of information on the technical aspects of public health practice. While this information is vital, there is a lack of real discussion of the cross-cutting strategic skills required for successful leadership and management of public health agencies. If we have learned anything over our careers working in and for governmental public health departments, it is this: the future of public health requires a deep understanding of the specialized, science-based, and technical aspects of what improves health and wellness as well as a broad understanding of the strategic skills that support effective public health practice.

While academic public health training does an excellent job preparing the public health workforce for many of the technical challenges of practice, this book focuses on the political, strategic, and leadership skills that need much more attention in both academic and “on-the-job” training programs for public health professionals. To be successful, contemporary public health practitioners need
both the scientific knowledge and formal preparation required to be experts in their fields as well as acumen in strategic leadership and management.

We came to this belief along two different avenues. While working in state and local public health agencies, Brian C. Castrucci found that his colleagues included many highly specialized and knowledgeable experts in distinct fields, such as epidemiology, laboratory sciences, chronic disease, and maternal and child health. However, his colleagues’ expertise often failed to translate practically into systems change. He realized that public health practitioners—both inside and outside of the governmental public health workforce—need to bolster their existing skills and knowledge with a broader set of skills that support multisector partnership building, improved communication with the public, and increased integration of public health ideas to address the social, political, economic, and community-based determinants of health.

Having worked for national associations of local and state public health leaders, as well as for a brief time in federal service at the Health Resources and Services Administration and the Centers for Disease Control and Prevention, Michael R. Fraser observed the political influences and organizational development challenges to members and colleagues in government that were unrelated to their technical know-how and expertise. These observations led him to further study in leadership, management, and strategy to complement specialized academic training in social science and opened a universe of knowledge about organizational behavior and an evidence-based approach to organizational performance that have been transformative to his leadership of organizations ever since.

Our experiences suggest that the governmental public health workforce should take a more integrative approach to strategic management and technical skills to effectively manage initiatives, engage across sectors, and influence key factors that affect health in communities. Practitioners can develop strategic skills that complement their existing discipline-specific expertise with an ability to gain and apply knowledge from experts in other disciplines, such as transportation, agriculture, and housing. While many of these skills are not unique
to public health, they are vital to the sustainability of governmental public health organizations at all levels.

**What Are the Strategic Skills?**

The process of identifying the strategic skills most critical to the public health workforce began in 2014.¹ Representatives from 31 public health organizations, including discipline-specific member organizations, national organizations, and federal agencies, were interviewed and then convened to identify the cross-cutting priority training needs for the public health workforce over the next decade. The preliminary work laid the foundation for the work that followed.¹ While the initial process articulated strategic skills, those skills were not specifically defined. Also included in the work was a call for the “creation of a convener organization . . . dedicated to workforce development.”² The de Beaumont Foundation responded by convening the National Consortium for Public Health Workforce Development, which included representatives from 34 national partner organizations, to determine how best to operationalize, promote, and support the transformation of the workforce to include the integration of strategic skills.

The first deliverable from the National Consortium was the release of a report, *Building Skills for a More Strategic Public Health Workforce: A Call to Action*. Using a consensus-building process, the report’s authors identified nine indispensable, high-performance workplace skills applicable to the entire public health workforce regardless of specialty or discipline. Since the release of the report, how these skills are defined and operationalized continues to evolve. Figure I.1 provides a list of the strategic skills and their current definitions.

The National Consortium’s report also applied the “T-shaped employee” concept to the public health workforce. First proposed in 2015 by Tim Brown, chief executive officer of global design firm IDEO, the idea of a T-shaped employee is one who has deep expertise (the vertical part of the T) as well as cross-functional knowledge (the horizontal piece).² The public health workforce includes highly specialized and knowledgeable experts in distinct scientific disciplines (epidemiology, laboratory sciences, chronic disease prevention, injury and violence prevention, and so on) that are the foundation for many
disease response efforts illustrative of the vertical part of the T-shaped employee. This expertise alone, however, is inadequate to achieve necessary change to improve the public’s health. For public health practice, the T-shaped workforce is one in which there is continued excellence in core scientific disciplines, complemented by strategic skills that allow the workforce to transcend traditional public health disciplines to meet the evolving needs of the public.
Introduction to the Strategic Skills Framework

State of Strategic Skills in the Governmental Public Health Workforce

Data from the Public Health Workforce Interests and Needs Survey (PH WINS) support the move to elevate the strategic skills in public health practice. First fielded in 2014, PH WINS is the only nationally
representative source of data about the governmental public health workforce. It captures individual governmental public health workers’ perspectives on key issues, such as workforce engagement, morale, and training needs, as well as emerging concepts in public health and demographic data.

As part of the second PH WINS (undertaken in 2017), participants were asked to assess the importance of several cross-cutting skills and their proficiency with each. Training gaps were defined as areas of high importance but low proficiency. Several of the cross-cutting skills aligned with the strategic skills identified in the National Consortium’s report. While not all strategic skills were included in the skills assessed, the top two skills with the most significant training gaps regardless of supervisory level or position in the organization were budgeting and financial management (cited by 55% of participants)—which falls under the Resource Management strategic skill—and systems and strategic thinking (identified by 49% of participants). Other strategic skills with significant training gaps included change management (43%), cultural competency (31%)—part of the Justice, Equity, Diversity, and Inclusion strategic skill—and data for decision-making (28%)—part of the Data-based Decision Making strategic skill. These proficiency assessments underscore the need for continued investment in the development of the skills among the governmental public health workforce.  

The third PH WINS, fielded in 2021, built on the preceding work by explicitly assessing the presence of the nine strategic skills in order to inform the development of workforce training.

**Strategic Skills and COVID-19**

We conceptualized this book prior to the emergence of the SARS-CoV-2 (COVID-19) global pandemic, a development that thrust governmental public health agencies and public health management, leadership, and strategy into the spotlight. While our colleagues completed their contributions to the manuscript, COVID-19 continued to rage across the United States and around the globe. We argue that what has been hardest about the prolonged response to COVID-19 in this country is not just the technical or scientific challenges of a global pandemic. Public health professionals have accomplished an
amazing amount of work to understand the virus and control it using basic principles of public health science since the virus was first confirmed in the United States on January 21, 2020. For example, while initially delayed, COVID-19 tests were developed and scaled, epidemic containment and mitigation approaches were implemented, interruption of airborne viral transmission has become relatively well understood, and COVID-19 vaccine development has been an unprecedented achievement.

Instead, what has been hardest to professionally witness and in many cases to be part of is the lack of systems thinking and strategic response in our national efforts, including the confusion caused by unclear messaging and public communications about the use of face coverings and physical distancing, the unfortunate politicization of the public health response by many elected leaders and members of the public, the scarcity of data-informed problem-solving and decision-making among some authorities charged with preventing the spread of the virus, and many other examples where strategic skills could have, and should have, been applied. Equally painful is the way that COVID-19 magnified and worsened the disparities and inequities in this country, an outcome that was predictable given prior pandemics and public health emergencies but that has been inadequately addressed in many communities even as of today. A dearth of strategic thinking and leadership, not lack of technical skills and public health science, characterizes our response to this devastating public health crisis. One need only ask, “What is our national COVID-19 exit strategy?” to see that there are competing versions of the way forward, all of which will require significant public health leadership, management, and strategy.

Integrating strategic skills into the governmental public health workforce’s existing science-based training will help the nation be more prepared for the next pandemic. For example, through the addition of strategic skills, the public health workforce will be poised to think and strategize across systems to align disparate and competing systems, to efficiently and rapidly pivot and react to changes during future disasters, and to communicate more effectively the nuances of a crisis and justifications for policy decisions. These were precisely the
Building Strategic Skills for Better Health

skills needed to enhance our nation’s pandemic response. Too often, we presume that strategic skills, like problem-solving, are “learned along the way” or are innate to specific personality types. Instead, like any skill, they are teachable and can be mastered with practice. We believe public health practice can, and will, do better with an integrated approach to workforce development that leverages the best of public health technical expertise and a new and equally significant focus on the cross-cutting strategic skills that promote effective public health practice. Focusing on strategic skills will help public health organizations advance in countless ways.

A Call to Action

The leading recommendations from *Building Skills for a More Strategic Public Health Workforce: A Call to Action* include:

- Elevate strategic skills development to the level of specialized skills.
- Invest in expanding professional development and training in strategic skills.
- Advance the use of strategic skills to support systems instead of silos in public health practice.

This volume seeks to advance these recommendations by defining the nine strategic skills and by providing greater detail, through our contributors’ chapters, on each of the skills and why they are essential for public health practice. Ensuring the adoption of strategic skills and training necessary to support their development throughout the public health workforce will require a collective effort across the public health enterprise and governmental public health workforce.

The chapters in this volume highlight leadership, strategic, and management skills and what is currently happening in the field to advance, disseminate, and further these skills in the workforce. Embedding these skills into governmental public health practice will fast-forward the work of public health, moving from disease-focused tertiary services to upstream population health improvements. This book supports and advances the implementation and practice of these strategic skills among public health professionals ready to combine
practical information with compelling leadership and management competencies.

We urge training programs and interdisciplinary partners in schools of policy, management, and engineering, as well as professional associations and philanthropy, to build on these chapters to help advance the consortium’s recommendations.

We envision this book as a tool for addressing the National Consortium’s central criticism of the field of public health workforce development:

Public health workforce development efforts have remained mired in traditional, disjointed training solutions heavily loaded toward discipline-based content and outmoded approaches. While maintaining excellence in core scientific disciplines continues to be a priority, developers and deliverers of public health education and training need to act in new and different ways if the governmental public health workforce is to gain competency in the strategic skills needed throughout the entire public health workforce.²

As stated above, creating these “new and different ways” of building public health workforce competencies in strategic skills should be a priority for academic programs, professional associations, and public health partners nationwide. When we successfully transform the public health workforce to equally balance strategic and scientific skills, we will undoubtedly unlock the full potential of the governmental public health workforce to improve the public’s health and create healthier communities.

References