

Peer Review Report

Review Report on Revolutionizing the Public Health Workforce – A Policy Brief in retrospect of the World Congress on Public Health Rome 2020

Policy Brief, Public Health Rev

Reviewer: Jonathon Leider

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EVALUATION

Q 1 What are the main findings and conclusions reported in this manuscript?

The authors are submitting a series of recommendations relating to their thoughts on futuring public health education, especially in light of the challenges posed by COVID, differences across countries and regions with respect to the what the authors consider the public health workforce, and efforts to transform public health education

Q 2 Please highlight the limitations and advantages.

There are a number of strengths in this brief worth highlighting, including that it is a clear and concise call to action to motivate change in public health education across countries that is much needed. It appears to be the result of a consensus building approach out of some recent proceedings. The fundamental strengths lay in recognition in the variability in history of the public health workforce across internationally boundaries, and trying to bring that variation into coherence.

Limitations, however, are manifold.

First, and most problematically, this policy briefly consistently conflates the nature of the public health workforce between population based public health and safety net clinical care. This is meaningful, as different countries integrate or do not integrate these aspects of their public health systems, and this dramatically affects the under and over production of public health workers (Australia, as they note, is one such example). This conflation perhaps borders on an objective error, per Q3 below, as a core argument the authors are making is schools and programs of public health (and implicitly nursing schools, allied health, medicine, dentistry) are not producing the correct amount of providers, clinicians, and workers. Which is true, depending on what one is talking about, and where. But the deficits of governmental public health workers in the United States have a different etiology than primary care clinicians in east Africa, and the reader is left wondering what a public health worker actually is after reading this document. CF Czabanowska's recent work on definitions both in taxonomies but also competencies (eg <https://doi.org/10.1093/eurpub/ckab165.438>). Public health's marginalization to medicine seems hugely important if the author's want to make the argument that transformation in the field is needed, so conflating the two seems similarly, hugely, counterproductive.

A second major limitation of this brief is that a premise is incorrect: much is known about the various public health workforces (in certain parts of the world), and less so in others. In Europe, the United States, and Australia, hundreds of peer reviewed manuscripts have been published on the (governmental) public health workforce. In Asia in the past five years, China especially, dozens have. Less so in Africa and South America. It is understandable that the authors would want to motivate a reader to action by staking a strong claim, but precision and accuracy are critical here.

A final consideration: In the United States, a major problem is not that we don't have enough graduates, we have 35,000 public health grads a year. It's that we cannot seem to attract them into government (pay, weakening benefits, poor career trajectory/advancement options). Part of the author's brief that could be

strengthened lays in the mismatch between supply and demand, but from the perspective of employer competitiveness & recognition that public health workers are employees, not...heroes.

Thank you for the opportunity to review

Q 3 Are there objective errors or fundamental flaws? If yes, please detail your concerns.

See above

Q 4 Check List

Is the English language of sufficient quality?

Yes.

Does the manuscript provide an appropriate context for a non-technical audience?

Yes.

Does the manuscript use language that can be understood by a non-technical audience?

Yes.

Is the quality of figures and/or tables satisfactory?

Yes.

Is the evidence presented appropriate, sound and objective?

Yes.

Are the action points provided based on the evidence?

No.

Are the action points provided reasonable and feasible?

Yes.

Are there any ethical issues with the recommendations provided?

No.

Q 5 Please provide your detailed review report to the editor and authors (including any comments on the Q4 Check List):

Detailed in Q2

QUALITY ASSESSMENT

Q 6 Originality



Q 7 Rigor



Q 8 Significance to the field



Q 9 Interest to a general audience



Q 10 Quality of the writing



Q 11 Overall quality of the study



REVISION LEVEL

Q 12 Please take a decision based on your comments:

Major revisions.