Public Health Leadership and Workforce Development

Maastricht University

Inaugural speech

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Faculty of Health, Medicine and Life Sciences

Public Health Leadership and Workforce Development – Working Differently Means Leading and Learning Differently

The Inaugural Address of prof. dr. Katarzyna Czabanowska

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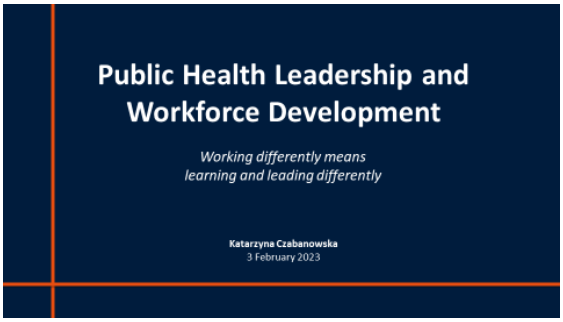


Dear Pro-Rector, members of the Executive Board of Maastricht University, Faculty of Health Medicine and Life Sciences, CAPHRI Research Institutes, Academic Board of Studio Europa, Colleagues and Family.

I am deeply honoured and humbled that I can give my inaugural address in front of such a distinguished audience in the main Aula of Maastricht University. The university, which embraces the values of inter-disciplinarity and inclusivity, which strives to play an important role in solving major problems affecting the society through inter and transdisciplinary research, innovative education and professionalism as well as international collaboration with European and global focus. I strongly believe in, share these values, and hope to reflect them in my address.

I would like to thank my promotion team: Professors: Helmut Brand, Silvia Evers, Miriam OudeEgbrink, Annemie Schols, and Pim Teunissen and the Board of Deans for granting me **the Chair in Public Health Leadership and Workforce Development,** which is the focus of my lecture today.

I would like to share with you my personal story on *how I got here*, *why this chair*, *what it comprises including research, education and development*, and *how public health leadership*

and workforce development are linked together. I will attempt to *conclude by using the five talents of public health leadership as a lens to look into the future. (Slide)*

How I got here?

I started my work at Maastricht University at the Department of International Health in 2009. Before I worked at the Institute of Public Health, Jagiellonian University, Krakow, Poland. I collaborated with Maastricht through several EU projects including the introduction of the Bologna system in Education, Employability of Public Health Graduates, and using English for Public Health Education. I took two opportunities which brought me here first AR asked me manage the project introducing Bologna system in public health education including the Sheffield, Maastricht and Jagiellonian Universities; a second opportunity was given to me by Maastricht colleagues Andre Meijer, Tom Kuiper and Helmut Brand. So I have to say that two cities Krakow and Maastricht are most important for me professionally and personally. (Slide)

Why the chair in Public Health Leadership and Workforce Development?

While there is a well-established definition of public health as *art and science of preventing disease, promoting health through organised efforts and informed choices of society,*

organisations and individuals, for many people it was or is unclear. The students struggled with explaining what they study and what would be their future job, it was hard to point out specific job profiles and employers as well as competencies. There has been a policy discourse on the definition of public health workforce due to its inter-disciplinarily and dependence on the health system context. Above all, we know that public health happens as we go. Public health is not a stranger to pandemics and has experience in fighting Ebola in West Africa, SARS in Asia, and handling more long-term health crises such as HIV that affected both the developed and developing world and COVID-19 which presents a different and potentially even greater challenge. The scale and unpredictability of the coronavirus have shaken our systems and access to them in a significant way, we are very well aware that there is huge inequality and injustice in how this crisis has impacted life globally. There are other acute challenges such as climate crisis, sustainability of access to medicines, antimicrobial resistance, migration, armed conflicts, innovative technologies or protecting individuals from dangerous products to name a few.

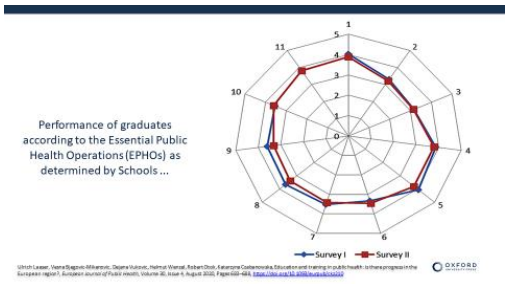
The public health workforce need to be prepared to respond effectively to such emergencies and outbreaks and disrupted health services. The history showed that our responses were often too late not well coordinated or fragmented. We also know that the public health workforce is underfinanced, not well recognised and supported.

There is an overwhelming feeling of urgency that the governments, public health organisations, and educational institutions have to do something. The feeling of urgency was fuelled by some influential calls like the one from the Institute of Medicine in 1988 and then 2009 " Today, the need for leaders is too great to leave their emergence to chance" or an offline article "Where is Public Health Leadership in England? by Richard Horton, the editor-in-chief of the Lancet "The leaders of public health have become divorced from the science that should be shaping public health policy and advocacy ... Public health leadership in England is failing. It is time for those leaders to discover courage and purpose" or policy strategic documents such as WHO Health Strategy 2020 calling for Improving leadership and participatory governance for health, leadership which is not top-down but horizontal and participatory. As it is also described in the influential report of WHO Open Mindsets. *(Slide)*

What does the chair comprise including research, education and development?

Public Health Leadership

Let me start with Public Health Leadership. In 2010, we carried out a study among the ASPHER and EUPHA members trying to find out what was the supply and demand of life-long learning courses for public health professionals. While it turned out that, there is a lot in the area of administration and management of health care organisations and epidemiology, there was hardly anything in the area of public health leadership. This result was also supported by the findings from two very robust consecutive ASPHER surveys (2010 and 20216) first looking at the content of public health educational programmes at different levels and then at the performance of the schools and departments of public health that are ASPHER members in relation to the topic areas and competency covered. The results confirmed that the programmes are traditional and train graduates in core public health areas such as epidemiology and biostatistics, management and administration of health care organisations. There was no significant difference between the two surveys apart from the fact that we observed a slight increase in the appearance of new modules in behavioural sciences, informatics and public health genomics. *(Slide)*



The need to develop public health leadership field was obvious and necessary. In 2010, we started with the EU Erasmus Grant of the Lifelong Learning programme, which secured funding for research and development. Together with colleagues from ASPHER the

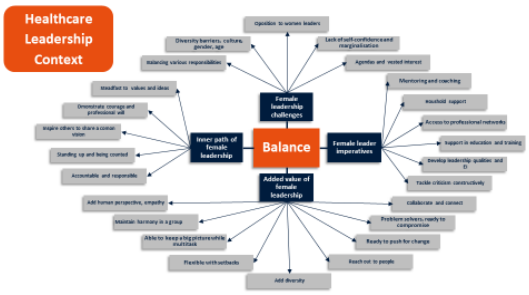
University of Sheffield and Sheffield Hallam, Medical University from Graz, Lithuanian University of Health Sciences, the Griffith University from Australia and North Carolina Chapel Hill (as associate partners) we approached the study with an assumption that although leadership is a well-known concept within organisational science, **public health leadership** is still not well-defined. We systematically studied literature of public health leadership and competencies, which led to the development of the multidisciplinary Public Health Leadership Competency Framework with a specific focus on Europe and European values. It turned out that Public Health leaders should develop competencies in the following areas: *Systems Thinking, Political Leadership, Building & Leading Interdisciplinary Teams, Leadership and Communication, Leading Change, Emotional Intelligence & Leadership in Team-based Organisations, Leadership Organisational Learning & Development, Ethics and Professionalism*. The framework is a useful tool to support curricula and personal development of professionals. *(Slide)*

In order to define and understand the nature of Public Health Leadership; we carried out in-depth interviews with prominent European public health leaders. We developed a model, which comprises such elements as *European public health context, Inner path of leadership, Essence of leadership, emerging styles of leadership, Future leader's imperatives, Benefiting society and improving wellbeing. (Slide)*

It does not reflect a particular leadership theory or orientation but presents a picture of current public health leadership based on the real life experiences of public health leaders. However, its elements resonate with aspects of generic theories such as transformational leadership, situational leadership, and servant leadership. Public health leaders need horizontal, alliance-based leadership to work closely with stakeholders at all levels of society to meet the challenges affecting population health and well-being effectively. They should be driven by values of social justice, inclusion and equity, honesty, and responsibility, coupled with expertise, and the ability to discern trends in the midst of complexity and to capitalise on those trends by creating smart, adaptive strategies in a constantly evolving environment.

"Leadership in public health is to make sound public health decisions and then to implement the changes necessary to achieve the public health benefit. It rests on achievement rather than process, and should focus on the prevention of disease rather than the treatment of disease." (Sir prof. Nicolas Wald)

Leadership also rests on diversity so we carried out the interviews with women, health and public health leaders to identify the meaning and added value of women leadership and reflect it in the design of education and training. *(Slide)*



We studied the role of emotional intelligence (EI) in developing public health leaders by studying the relationship between public health competencies that we teach in public health programme here in Maastricht and EI.

Leadership research has attracted many PhD students. Some of the topics include: How Europe-based PhD programmes develop transformational leaders for Low and Middle Income Countries (LMIC), development of transformational leadership competency framework, how leadership can be taught in undergraduate and inter-professional medical

education in Latin America, leadership competencies for Knowledge Translation or the barriers to women leadership in health care, business, and academia.

We are also involved in projects and collaborations. Owing to the dedication and perseverance of Prof. Sue Babich, we collaborate with the Doctoral Programme in Global Public Health Leadership together with the Richard Fairbanks School of Public Health at Indiana University which is now our CAPHRI Research Institute collaboration;

Developing leadership skills in public health post-doctoral researchers together with the University of Cambridge supported by a Gilling's Couple fund;

Developing a Global Nursing Leadership Competency Framework with Sigma Global Nursing organisation or World Universities Network project on Gendering Women Leadership for Health to name a few.

All this work is reflected in education, which is very close to my heart. Based on the leadership research, we have included a very strong leadership component in the Master of Governance and Leadership in European Public Health, which is embedded in the Department of International Health. I had a great pleasure and satisfaction to be a programme director for seven years, currently supporting my colleague Timo Clemens who is developing it further. The programme represents the principles *of transformational, inclusive, compassionate, evidence-based professional and ethical leadership practice based on social justice.* We aim at developing public health leaders who are prepared to address specific public health challenges by advancing or proposing new policy solutions and designing their implementation using theories of change. We offer a robust mentoring programme based on the leadership competency self-assessment and collaboration with the alumni network of the Europubhealth Joint Diploma Master of which we are a strong partner providing the specialisation in public health leadership.

I value the collaboration with other programmes at the university such as Health Sciences and Global Health, Health Policy Innovation Master, where I give lectures in the area of Public Health Leadership as well as other courses where leadership is only a small part for example *Certificate of Advanced Studies in Antithrombotic Management* organised by prof Hugo ten Cate, or external collaborations with WHO Leadership Academy, WHO Bonn

School on Environmental Health, in which transformational leadership and change are instrumental to make difference in the field and the University of Basel.

Finally, I can also give an example of a leadership training, which was very special for me organised by WHO EURO in collaboration with the MoH in Ukraine to strengthen women's leadership in public health in Ukraine. The course was organised in 2017 before the current atrocious war of Russia against Ukraine.

While at the beginning, we noticed that there was lack of leadership and it was under-represented; now I dare to say that we can talk about "Leadership in All Policies." It is mentioned in all direction setting health policy documents such as "the EU Global Health for All in a Changing World", the "WHO Euro European Programme of Work" and many others. *(Slide)*

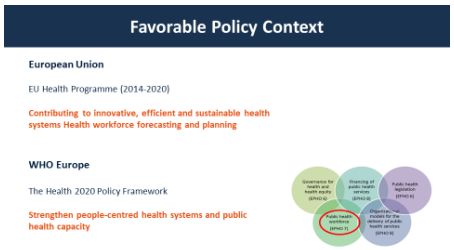
Public Health Workforce

Now, let me move to the second, strongly related aspect of my Chair, the Public Health Workforce, which constitutes a specific field and context area, which in order to be advanced on different levels needs leadership and multi-sectoral governance. How it all started?

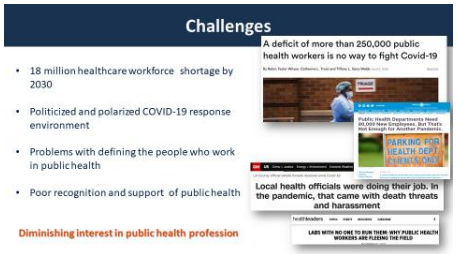
I have always been close to the students of public health first in Krakow and then in Maastricht, I tried to do something that the role of PH professionals is clear that they are recognised and future roles are clear in the society.

I was aware of and observed different processes going on in parallel. These processes included: 1) a policy discourse about the public health workforce, its education, its definition, and professional qualifications etc, 2) the development or appearance of favourable policy documents which created a basis for a discussion on PHW such as the EU

Directive 2005/36/EC on the recognition of professional qualifications, which actually did not mention public health professionals and could create the insecurity for the recognition of the qualification of non-regulated professionals and thus lead to a decline in the number of applications for this field, 3) there were also programmes such as the Third EU Health Programme, Contributing to innovative, efficient and sustainable health systems including, Health workforce forecasting and planning, or the WHO Health 2020 Policy Framework: Strengthen people-centered health systems and public health capacity. *(Slide)*



Although there was a positive climate and a documented need for upgrading public health, the public health, workforce remains marginal in most relevant policy programmes and frameworks. For example, it is not addressed explicitly in the International Standard Classification of Occupations (ISCO) of the International Labour Organization (ILO). Moreover, it is severely underfunded within the scope of health expenditure and faces several trends and drivers that pose major challenges to the composition and performance of the public health workforce. These challenges vary across regions. On top of these, well before the onset of the COVID-19 pandemic, there was also a well-documented healthcare workforce shortage The World Health Organization estimated a shortage of 18 million health workers by 2030. The WHO raised concerns regarding workforce shortages due to the migration, retirements or attrition. The recent COVID 19 context showed that PHW was undergoing particular strain in the highly politicized and polarized COVID-19 response environment. This led to burnouts and was adding up to an already-stressed and chronically underfunded workforce. No wonder why public health roles have been difficult to fill in some countries, being unattractive, low status, and lowly paid in poorly defined career structures. *(Slide)*



I was waiting for an opportunity that would help me develop this important field. In 2016, I had a great honour to be elected president of ASPHER with my full presidency taking place from 2017-2019. Development of the public health workforce became a strategic programme of the presidency, which rested on three pillars: The Core Competencies of Public Health, the Professionalization of the PHW, and Public Health Training Academy. I will share with you the experiences from the two first pillars. We have received funding from the WHO Euro to carry out research in relation to these three pillars. It was a collaboration of academic institutions, public health organisations and stakeholders who collaborated under the umbrella of the WHO Euro Coalition of Partners. *(Slide)*

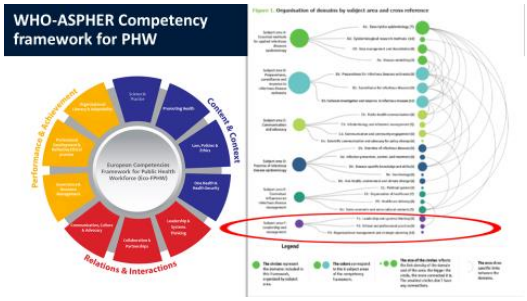
In order to put this topic on the EU Agenda, together with ASPHER, we have developed a Joint Statement of PHW Development and Professionalization, a call for a collaborative and consensus–building platform, which was also endorsed by our Research Institute CAPHRI.

It was not easy, the process was political and there were different actors who were not ready for a change or wanted to keep the status quo or were just not ready for this, or preferred to wait for clear top-down decisions. That is why it is important and meaningful that FHML and

the Board of Deans were open to coin the chair in Public Health Leadership and Workforce Development as it gives a clear signal that you care and such a chair is imperative.

ASPHER was instrumental and served a research laboratory thanks to the support of its managing director for facilitating access to major public health stakeholders. *(Slide)*

We started with the development of the Core Competencies for the Public Health Workforce. Together with our PhD students, colleagues from Maastricht University, researchers from other universities and public health organisations including ECDC, IANPHI, Public Health Medical Residents and may other professional associations and researchers from ASPHER to make sure that the framework will represent different vies and approaches Using systematic reviews, crosswalks, rounds of expert panels and consensus rounds, we developed the WHO-ASPHER Competency Framework for the PHW in the European Region, which reflects a transdisciplinary and inter-professional approach to public health. The framework is used by both Bachelor of European Public Health and Master of Governance and Leadership in European Public Health. *(Slide)*



The Framework served as an inspiration for the development of another project Core Competencies in Applied Infectious Disease Epidemiology in Europe, which was led by ASPHER and my colleague Prof Mary Codd in which we were a partner.

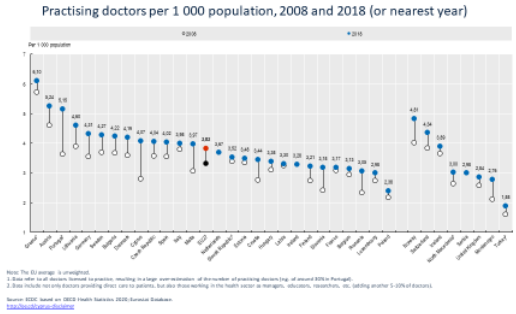
Competencies frameworks have gained popularity, in part for their ability to inform health professions education. Therefore, it is also of note that we participated in the international project consortium developing the guidelines for reporting the COmpeteNcy FramEwoRk Development in Health Professions (CONFERD-HP). The guidelines allow better understanding of relevant terminology, core concepts, and key items to report on competency framework development. *(Slide)*

The Public Health Workforce Professionalisation Road Map

In parallel, we started with identifying models and good practices on public health workforce development, planning worldwide by means of reviews and policy analysis and interviews. Much is known about the various public health workforces (in certain parts of the world, the US Australia also in China and Asia in the past few years), and less so in others (Africa and South America). Who is the PHW?

This work supported the development of **the WHO-ASPHER Road Map for Professionalization of the PHW.** The Road Map has been developed to guide countries in accelerating the process of professionalization knowing that the organization and performance of public health systems differs in the European Region. While some countries have a good system in place such as the UK or the Netherlands, other countries do not have clear solutions. The Roadmap sets out a list of essential aspects for professionalizing the public health workforce including: competencies and competency-based education, certification and credentialing, formal organisation and code of ethics, and professional conduct, which have an impact on the core and wider PHW. *Slide*

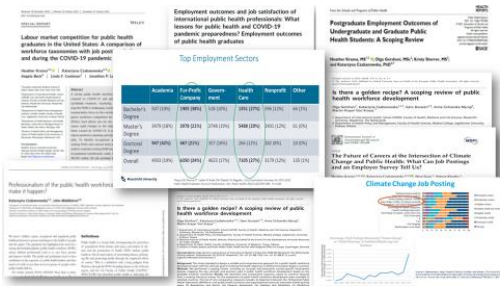
There are also other aspects, which need a collaboration of various stakeholders and sectors and which are required to support and recognise the PHW such as enumeration and taxonomies. Workforce studies report on workforce shortages, but there are no reliable PHW enumeration mechanisms based on job taxonomies, which include categories of occupations also encompassing job functions or titles. Can you imagine *how many PH professionals are needed per 1000 or 100 000 population*? It is possible to enumerate practicing doctors as there are available statics. *Slide*



It is possible to estimate a number of field epidemiologists as for example "The optimal target for surveillance is one trained (field) epidemiologist (or equivalent) per 200 000 population who can systematically cooperate to meet relevant International Health Regulations (IHR). It is difficult to enumerate PHW although PHW taxonomies exist but most of the studies do not follow them. This contributes to the blurry picture of the public health profession. Several attempts have been made to define and enumerate the PHW. For example, PHW enumeration studies in the Netherlands identified problems with the public health workforce governance such as the mono-disciplinary approach, lack of insight into the number of physicians working in public health as well as lack of insight in the background of the distribution of the workforce across the country. Classifying, enumerating, and planning the PHW is challenging.

Although such codes can be imperfect, the WHO global strategy advocates that the ILO revise the ISCO “for greater clarity on delineation of health workers and health professions,” which can be useful for workforce planning, education, and training.

Each of these areas constitutes a specific research dimension and a lot of work has already been carried out in this respect including the PhD research on workforce development covering such topics as workforce development and planning, credentialing and policy development, job taxonomies, public health training needs assessment, public health workforce employment outcomes. The last one is of great importance how can we plan and develop PHW if there is insufficient to no information on their numbers, capacity, and employment outcomes. *Slide*



Only few studies provide data on all aspects of postgraduate employment outcomes. A large number of public health graduates do not work in public health roles, and in some countries, two-thirds of the workforce carrying out the essential functions to contribute to the health of the population do not have a formal public health degree and training in public health sciences.

Even, if the PhD projects do not specifically investigate the PHW development issues but deal with specific areas representing current health and public health challenges such as digitalisation, problematic use of the internet, inclusive education or Europeanisation processes, competencies needed to address the climate change, professionalization of other care professions or provision of public health services for LGBTQ+ communities, we always make sure that there is a strong element of the research, which shows how the PHW can be prepared, trained or educated to be effective in addressing such problems. *(Slide)*

We use the Road Map in public health education offering the master thesis placements for the students to dive into its specific areas for example the development of the PH Code of Ethics and Professional Conduct or including case studies and examples related to PHW development in the curricula, continuing professional development for public health professionals and many others.

The Road Map project has been developed with the European Region in mind. We have the PHW Professionalisation Task Force in ASPHER, which I have the honour to chair. It has become a very influential document and is used by countries, which want to introduce changes in the way their PHW workforce is developed and recognised we collaborate with the American Association of the Schools and Programmes of Public Health on PH education, competencies, and workforce issues who struggle with similar problems although they have studied the PHW, which is mainly governmental and not composed of the graduates of the public health programmes. We also collaborate with the Global Academic Public Health Network and World Federations of Public Health Associations (WFPA) where colleagues work across continents with academics and young public health professionals and researchers to build the knowledge base for the development of the public health profession.

At this point, I would like to mention that through the perseverance and great efforts of my successor as the ASPHER president Professor John Middleton, The WHO-ASPHER Road Map has been picked up by the WHO Geneva and brought to another higher level. The WHO colleagues developed a high-stakeholder document with a global outlook: entitled "Building the public health and emergency workforce". *(Slide)*

They acknowledge that the COVID pandemic revealed that the role of the PHW involved in delivering public health services has been overlooked, they recognize that there are many disparities in and across countries and regions concerning public health workforce policies, capacities, planning or monitoring. It makes it difficult to assess the existing public health workforce capacities, support and recognize them so that they can deliver essential public health functions to assure health security and improved health and well-being. This Road Map builds upon our work and goes deeper and further researching the areas identified in ASPHER Road Map with the aim of providing global solutions for assessing the capacities, enumeration, and advancing job taxonomies. They also work on specific competencies for the emergency workforce.

Here, I would like to link back to the second part of the title of this lecture: *working differently means leading and learning differently.* I am sure that the same holds for you, for my distinguished colleagues and friends. A lot of these small achievements would not be possible if it were not due to the fact that we had to work remotely, that we had to stay connected, make sure that our colleagues are included, share the same values and problems and want to work together towards one goal, without travel sometimes struggling with the time zones we often reached out and stayed connected, we learned a lot, combining compassion, patience and great respect for diversity, adapting as we go also appreciating a possibility to have a physical contact again and being able to balance necessary and needed effort from the unnecessary one.

It was the COVID pandemic and extraordinary pressure on the PHW, which accelerated the concerted action and collaboration now led by WHO in Geneva. These are great lessons, which are also true for our students through the same struggles and learning. I hope that the public health students and graduates are the greatest beneficiaries of all this work and will learn how to lead to achieve better health for all based on the different models of work

that they encounter. They are also involved and actively contribute to advocating for PH and the PH profession. I am very proud of our GLEPH Master students who developed a professional movie. *(Slide)*

Looking into the future through the lens of Five Talents of Public Health Leadership

My very good colleague professor Darren Shickle from the University of Leeds also studied public health leadership. Based on the interviews with NHS and PH leaders he came up with the Five Talents of Public Health Leadership, which constitutes a very nice frame and can serve a lens for me looking into the future. *(Slide)*

1) Mentoring-Nurturing: Still there is a lot to be done on different levels. I aim to **advance education and training** in the master programme for effective, confident leaders who will courageously develop their profession and represent the values of inclusivity, trans-disciplinarily, scientific curiosity and sensitivity to diversity.
   I want to leverage the peer-to peer mentoring system including the alumni of the Public Health master and our students to strengthen the field, a community of practice and the feeling of belonging.
   On the PhD level, I would like to develop a structured PhD line concentrating on external PhDs in collaboration with other CAPHRI researchers who have similar approaches. Make sure that our alumni and external partners know where they can get support or tailored training in the area of the chair.

2) **Shaping-Organising:** Influencing the public health agenda on different levels through research development and delivery in the area of the chair especially in the area of public health curriculum, competencies, credentialing, CPD, Codes of Ethics, enumeration, minimum data sets, job taxonomies, labour market. I would like to make sure that the work on public health workforce is in line and fills the gaps in international research that it supports policies on national and global level, especially including the WHO Global task force on developing emergency public health workforce and that it is reflected in practice.
3) **Networking-Connecting:** Initiating, maintaining and cultivating relationships between individuals and organisations. Here my primary aim is to support CAPHRI internationalisation policy by facilitating links with international research institutes and renowned universities or associations and cultivate and leverage the successes that we have in-house. As a member of the Academic Board of Studio Europa, I will spare no efforts to help bridge the high-quality research on Europe with the work of the researchers and colleagues from CAPHRI and the Faculty of Health Medicine and Life Sciences who value interdisciplinary and interfaculty collaboration with the European or Euro-regional dimension.
4) **Knowing-Interpreting**: I would like to support the generation, synthesis and effective and respectful communication of research information through the work of our PhD candidates, our research teams and international research consortia. We will make sure that it is done within the context of translating science and evidence into practice and policy for various actors in the system, populations of concern and lay audience to increase the effectiveness of responses to risks, threats and damages to health and contribute to decrease a gap between knowing and doing.
5) **Advocating-Impacting**: I will make sure that we advocate for public health professionalism and recognition and support of future workforces at various local and international fora, that we advocate for our talent, our graduates, our PhD and post-doctoral researchers, whom we educate to develop innovative solutions to major problems affecting the society so that they can have impact on policies and services that promote and protect the health and well-being of individuals and communities using the skills of transformational and compassionate leadership, becoming strong leaders of tomorrow.

Nothing would have happened if it had been not for colleagues, collaborations, support and inspiration. Therefore, I would like to thank……..

‘Ik heb gezegd’