



EXECUTIVE SUMMARY

The most important element in a successful disease prevention system is its human infrastructure: the workforce. Currently, responsibility for disease prevention falls on the core governmental public health workforce. The public health worker bears the responsibility for ensuring the effective delivery of the essential services and activities of public health within the broader community. In order to fulfill that responsibility, the public health worker forges partnerships with the prevention efforts of many others, some in health or community organizations, and anyone who seeks to prevent ill health in themselves, their families and communities.

Yet a number of challenges confront public policy makers who aim to develop and sustain a prevention workforce capable of supporting a healthy public. Challenges exist in defining the terms “health” and “prevention,” in identifying who provides prevention, where and how, and in measuring both the inputs and outputs of the prevention workforce. In the abstract, the field encompasses all of the organized efforts of society to prevent disease, but these efforts have no clear boundaries to help match workers to work.

Prevention is also susceptible to trivialization. For every preventable condition (and some not fully preventable), there is typically an organization that has issued some call to action—a virtual “flavor of the month” approach to public awareness. As such, it is no surprise that at times, the public is deaf to these calls and may miss the simple, over-riding prevention messages that can work to minimize multiple problems.

Prevention also crosses traditional professional and categorical lines, involving a wide array of workers in and outside the health care system. Moreover, at some level, prevention is everyone’s job. Each individual must accept and ultimately demand prevention: get immunized, eat healthy foods, exercise, and reduce risk in every avenue of life—on the highway, the bike path, the workplace, and even the bedroom. Yet while everyone may be “doing prevention,” no publicly identifiable, designated prevention workforce exists.

Through a properly-focused and adequately-funded effort at building such a workforce, these problems can be solved. Such an effort would strengthen the institutions that define the field of practice, train and certify experts, and employ, deploy, and ensure the quality of their work. Specifically, this effort should invest in the research to quantify the benefits of a prevention workforce and identify what works. This information can then be used to properly train a new prevention workforce, while providing continuing education programs for the current workforce.

In addition, creating favorable employment conditions are necessary to foster a large, strong, and sustainable prevention workforce. Ultimately, the nation’s health leadership must address the obstacles to ensuring that prevention services from this workforce are available and accessible in every community. These infrastructure elements are the topic of this paper.