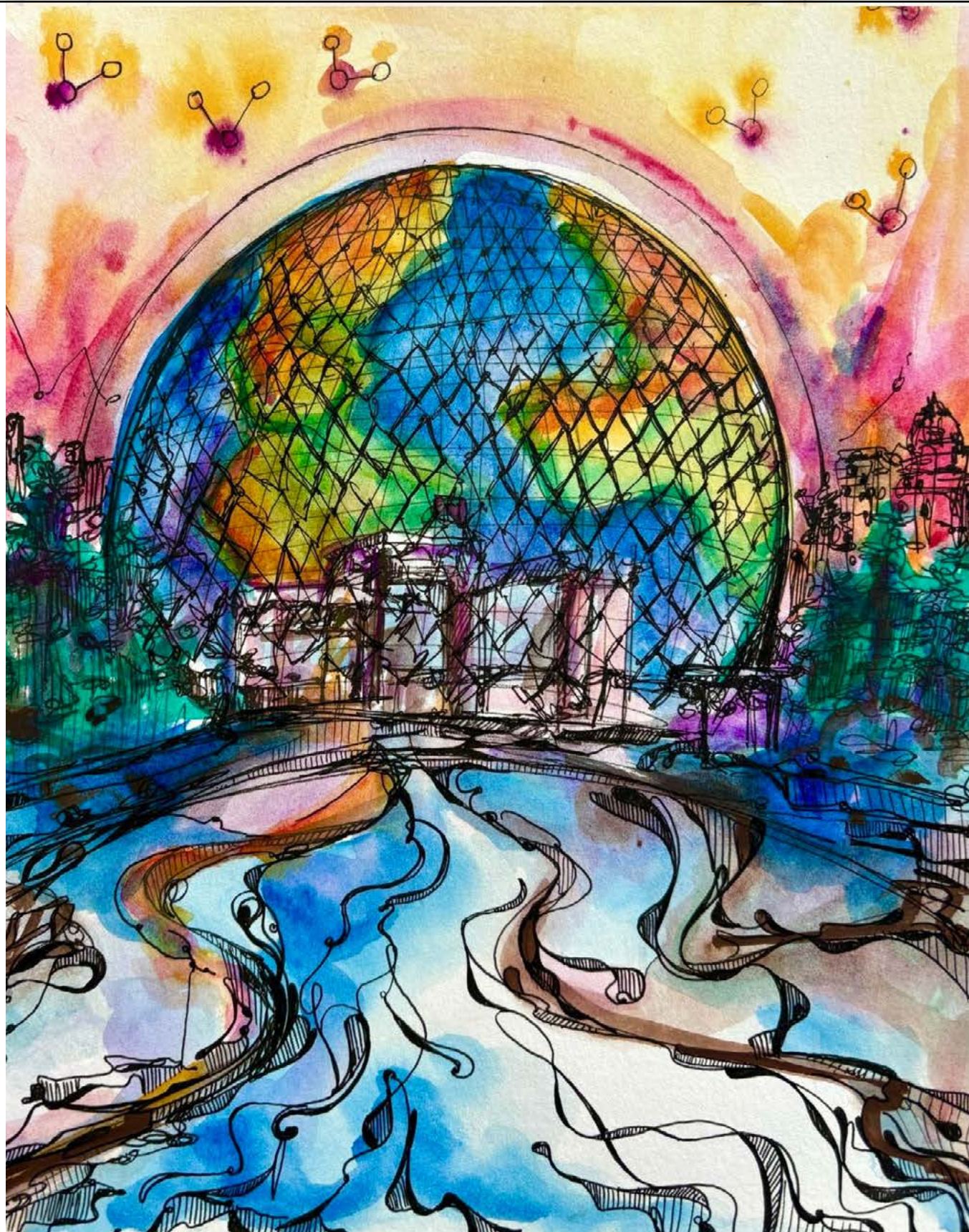


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The Dynamic Public Health Workforce: Who Is a Young Professional?

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Abstract

The interdisciplinary and inter-professional nature of the public health field has made it difficult to clearly define career pathways, which impacts those trying to enter the field, especially young public health professionals (YPHPs). Indeed, the regular use of the terminology "young professional" warrants discussion regarding its definition, significance, and the roles it encompasses. This study utilized an exploratory qualitative approach to explore the insights and underlying contexts that shape the perspectives surrounding YPHPs through a general survey followed by focus group discussions and key informant interviews. Findings suggest that the term "YPHPs" appears to associate the individual's role in the workforce, focusing on their years of practical experience. The terms and criteria of what fits its profile vary between organizations, countries, and contexts. Young professionals are attributed with enthusiasm for public health and are required to have numerous professional and human-centric competencies. There is a need for cooperation between schools of public health, employers, and young professionals to understand and meet the future public health workforce's needs. As public health is dynamic; defining and streamlining opportunities for young professionals in public health is necessary to strengthen the future of public health systems.

Keywords: Public health; Workforce; Young professional; Education; Employment

Introduction

Public health (PH) has transformed with the changing needs of our societies and an evolving understanding of health and wellbeing. It has advanced with a growing societal awareness of the field and the re-definition of the role of the public health workforce (PHW) in creating a safer, healthier, and more sustainable society [1]. Core PH skills and aptitudes have shifted from more traditional or "hard" competencies, such as epidemiology and biostatistics, to include "soft" competencies, such as strategic planning, systems thinking, and communication [2-3]. However, the interdisciplinary and inter-professional nature of the field has made it difficult to clearly define positions within PH, which impacts those trying to enter the field-particularly young public health professionals (YPHPs).

Professional identities are built by the PH core competencies guidelines [4-5], which provide useful frameworks for PH curriculum and career development [6]. However, they do not successfully serve as a blueprint for employment and job security, as evidenced by the widespread challenges faced by PH graduates in terms of securing stable employment in traditional PH roles [2,7]. Today, PH education can be assessed at bachelor's, master's, and PhD levels, resulting in a high supply of PH graduates. This is apparent in the USA,

where the number of PH graduate degree conferrals increased by more than 300% between 1992 and 2016 [8]. Other countries such as India [9] and Australia [10] have experienced similar trends. Evidently, persistent PHW shortages are being experienced despite the growth in PH programs and graduate numbers in some regions of the world [7, 10]. The lack of clearly defined career paths for non-medical graduates in PH also plays a role in this occurrence [7]. Education and career development must capture up-to-date employer perspectives/expectations for YPHPs to enable them to lead fulfilling and meaningful careers [11-12]. There has also been an emergence of young professional networks, such as the Student and Young Professionals Initiative- World Federation of Public Health Associations [13], ASPHER Young Professionals Programme [14], the Asia-Pacific Academic Consortium for Public Health-Early Career Network [15], and more. Equally, in the employment sector, international organizations have recruitment initiatives specifically for young professionals, such as the World Bank's Young Professionals Program [16], the United Nations Young Professionals Programme [17], and the World Health Organization (WHO)'s Junior Professional Officer Programme [18]. The eligibility criteria for these programs are variable, and different terminologies, including "early career" or "young professional," are used, which often differentially exclude applications based on age, nationality, education, and years of experience. An effort must be made



to align definitions for who is a "young professional" to guide these initiatives so that YPHPs can be trained, evaluated, and elicit plans for a career development trajectory.

Table 1. Various Definitions by Key Intergovernmental, Non-Governmental Organizations, and Academic Institutes

Organization Type	Organization Name	Initiative/ Network Name	Definition/Eligibility (Summary)	Criteria	Source
NGO/ Professional Association	World Federation of Public Health Associations (WFPHA)	Student and Young Professionals Initiative	Target students and young professionals in the field of public health. Focuses on networking, capacity building, and representation for those early in their public health careers. (Specific age/experience criteria are not explicitly defined on the main pages.)		https://www.wfpha.org/student-young-professional-section (General Info)
Academic/ Professional Association	ASPHER (Association of Schools of Public Health in the European Region)	Young Professionals Programme	Generally, targets public health students, graduates, residents, and early-career researchers & professionals. Often linked to fellowship programs or specific initiatives aimed at capacity building for the next generation.		https://www.aspher.org/ (Look under specific programs like Fellowships or Young Professionals initiatives.)
Academic Consortium	Asia-Pacific Academic Consortium for Public Health (APACPH)	Early Career Network (ECN)	Aimed at individuals in the early stages of their career (typically within 10 years of completing their highest degree or starting their public health career) in public health research, practice, or policy within the Asia-Pacific region.		https://apacph.org/early-career-network/
Intergovernmental Organization	World Bank	Young Professionals Program (YPP)	Eligibility (example criteria, check site for current cycle): Born on or after a specific date (e.g., Oct 1, 1992, for 2024 entry); Master's or PhD degree, relevant professional experience (often min 3 years or PhD research), fluency in English.		https://www.worldbank.org/en/about/careers/programs-and-internships/young-professionals-program
Intergovernmental Organization	United Nations (UN)	Young Professionals Programme (YPP)	Eligibility (example criteria, check site for current cycle): Age 32 or younger in the year of the examination, specific participating nationality (changes annually), at least a first-level university degree (Bachelor's or equivalent), fluent in English or French.		https://careers.un.org/young-professionals-programme/faq#age-en
Intergovernmental Organization	World Health Organization (WHO)	Junior Professional Officer (JPO) Programme	Eligibility (general, varies by sponsoring gov't): Usually under 32 years old, Master's degree, 2-3 years relevant experience, fluency in English. Crucially, candidates must be sponsored by their national government to participate in the JPO scheme with the WHO.		https://www.who.int/careers/types-of-contracts/junior-professional-officer-programme

Lastly, the COVID-19 pandemic has highlighted that public health cannot be protected without an adequately skilled and qualified PHW [19-20]. However, the exclusion of and confusion around incorporating young professionals into pandemic efforts threaten the future of PHW by limiting opportunities for current YPHPs and negatively impacting the quality of education of current PH students [21-22]. We should provide current students and young professionals with opportunities to work, develop, and take on leadership and decision-making roles, as they are the future of PH [22-23]. YPHPs are asking to be involved in active, meaningful ways as they envision how the future of societies could be rebuilt better and healthier [22]. They have fostered opportunities and taken the initiative to grow their skills through collaborative workshops, social media engagements, online discussions, and more, which is beneficial for the field of PH, which is currently suffering from years of erosion [24-25]. It is important to invest in their energy and prioritize their role in meaningful engagement to foster innovation and inclusiveness for future workforce planning. Their role, however, can only be fully understood if who they are is understood. To this end, this study aims to understand the profile of YPHPs from their perspective and the viewpoints of the PHW, including employers. Our aim, therefore, is to offer a better understanding of who a YPHP is in efforts to

make alignments for a definition that guides the field of PH towards ensuring that the needs of its workforce are addressed and that they are fit for purposes.

Methods and Materials

2.1. Research Design and Setting

The study was conducted between January and October 2021. The exploratory qualitative study followed the Standards for Reporting Qualitative Research (SRQR) and Consolidated Criteria for Reporting Qualitative Research (COREQ) to organize, analyze, and interpret data into a structured qualitative research framework, shown in Supplementary Materials (Table S1) [26, 27]. The study included two focus group discussions (FGD) of YPHPs and key informant interviews (KII) of multiple stakeholders from the Asian, European, and North American regions.

2.2. Participants and Recruitment

The study population included individuals working in PH, broadly defined to encompass any profession focused on improving population health and wellbeing. To recruit YPHPs for the FGD, we developed an online open-text survey advertised through our professional and personal PH networks and social media accounts. Interested YPHPs completed the online survey, and the completion of the survey implied consent of survey respondents. All participants were over 18 years of age, and basic demographic information, including gender, country of birth, year of birth, and occupation, was collected. Personal information was coded to maintain confidentiality. A purposive sampling strategy was employed to invite 20 participants from the pool of survey respondents who indicated interest in joining the FGD. Gender and country of birth were considered for regional and gender representation. Thirty eligible participants were invited through email to account for potential no-shows, no responses, and schedule conflicts. The invitation letter included the study information sheet with a declaration about their voluntary participation. If the participants agreed with the research, they were required to email the consent form back. Twenty participants agreed to join the scheduled FGDs by emailing back the consent form, and 14 attended the FGDs. The number of FGDs (two) and participants per group was considered optimal to gather the information needed for this exploratory analysis [28, 29]. For the KII, we contacted ten (10) individuals based on their role in the PHW from a mix of academic, research, practice, and employer backgrounds through snowball sampling from our professional and personal PH networks. We further scheduled one-on-one meetings with seven key informants who agreed with written/oral consent to participate in a KII to discuss their perspective on who a YPHP is.

2.3. Data Collection: FGD and KII

The FGD and KIIs were conducted using online meeting platforms to ensure feasibility and comfortability and overcome barriers related to the physical distance of engaging YPHPs and KIIs across the globe. Interview checklists were used to conduct the semi-structured FGD and KIIs and can



be found in the Supplementary Materials (Table S2). They were developed based on the relevant literature, responses of YPHPs from the open-text online survey, and researchers' subject knowledge as YPHPs. TTC, JR, and GT led the FGD for a duration of 60 minutes. TTC, JR, and GT administered the KIIs, which were scheduled for 60 minutes, and most interviews were between 40-60 minutes long. The FGD and KII were completed/ended when the discussion added no new insights on the subject matter. The FGD and KIIs were audio-recorded, and handwritten notes were taken during the interview to assist the researchers with participant recall and identify the most important aspects of the discussion during analysis. Interviewees did not receive any benefit/token/gift in recognition of their contribution to the study.

2.4. Data Analysis

All the audio-recorded interviews were transcribed verbatim into separate Word documents and then checked by the research team for accuracy against the original recording. For thematic coding, each FGD participant and KII interviewee was anonymously assigned a unique identifier to each transcript denoting the type: FGD-participant (FGD-P) or key informant (KII); and the interview number for that individual (e.g., KII-1). The thematic analysis (both inductive and deductive) was performed in accordance with Braun and Clarke's (2006) six phases to address our research question. This analytic technique is flexible and useful for processing and producing organized findings from large volumes of verbatim content [29]. Data analysis team members reviewed the coding and finalized the analysis for validation and to ensure accuracy. The study findings were reported following SRQR and COREQ guidelines for transparency in qualitative research reporting.

2.5. Rigor and Trustworthiness

To safeguard confidentiality, the transcripts were only shared with the interviewers and data analysis team members. We triangulated data collection and analysis techniques by incorporating transcripts, meeting notes, and validation feedback from data analysis team members. Additionally, we conducted team meetings for final verification and gathered remarks from team members.

Results

3.1. Characteristics of YPHPs

The survey received 101 responses (approximately 20-60 years old based on year of birth, Female-66, Male-33, N/A-2). Eighty respondents indicated they were interested in participating in the FGD (Africas-4, Americas- 16, Asia-47, Europe-9, Oceania-2, N/A-2). Table 2 includes the keywords frequently used by respondents. Respondents across all age ranges and occupations used young, early, or emerging terminology to describe their current status. Their self-labeled identity was reflected based on their years of practical experience and/or understanding of PH theories/frameworks (proximity to completing education). Very few described chronological age as a key component for a YPHP. Keywords

Table 2. Identified Keywords of Open-Text Survey

Characteristics ¹	Keywords used by Respondents
Professional Identity (Terminology)	<i>Young, Early Career, Emerging, Early Stage (Professional, Scientist, Researcher)</i>
Profile	<i>Recently graduated, Working experience (1-5 years), Starting/reorienting career, Accumulating work experience, Learning stage, Diversity, Digital Culture</i>
General Skills	<i>Passion, Teamwork, Communication, Intrinsic Motivation, Proactive, Courage, Learning, Empathy, Innovation, Flexibility, Novelty, Interested, Resilient</i>
Employable Skills	<i>Negotiation, Communication, Project Management, Soft Skills, Complex Systems Thinking, Networker, Research & Data, Presentation, Writing, Basic Public Health Knowledge, Teamwork, Emotional Intelligence, Professionalism, Diplomacy, Leadership, Monitoring and Evaluation, Multi-disciplinary, Critical Thinking, Advocacy, Attention to Detail, Patience, Accountability, Transparency, Confidentiality, Ability to engage with different audiences, Intercultural skills, Tech-Savvy</i>

¹ NB: The collated responses are based on the opinions of survey participants.

Table 3. Participant Profiles

Focus Group Discussion	Self-Identification ¹	Gender	Current Occupation ¹	Region ¹
FGD-P1	Early-Career	Female	Dentist	Asia
FGD-P2	Early-Career	Male	Consultant	Asia
FGD-P3	Young Professional	Female	Masters' Student	Asia
FGD-P4	Young Professional & Early Career	Male	Assistant Professor	Europe
FGD-P5	Early-Career Scientist	Female	PhD Student	Europe
FGD-P6	Young Professional	Female	Health Educator	Americas
FGD-P7	Young Professional	Male	Project Coordinator	Africa
FGD-P8	Early Career	Female	Masters' Student	Africa
FGD-P9	Young Professional & Early Career	Male	Researcher	Asia
FGD-P10	Young Professional	Male	Freelancer	Africa
FGD-P11	Young Professional	Female	Community Worker	Americas
FGD-P12	Young Professional & Early Career	Female	Researcher	Europe
FGD-P13	Young Professional	Female	Government PH Worker	Asia
FGD-P13	Early Career	Female	Government PH Worker	Asia
Key Informant Interview	Role in the Public Health Workforce	Gender	Region	
KII-1	Expert	Male	Asia	
KII-2	Employer/Recruiter	Male	Asia	
KII-3	Expert	Female	Europe	
KII-4	Expert	Male	Europe	
KII-5	Employer/Recruiter	Female	Americas	
KII-6	Employer/Recruiter	Female	Americas	
KII-7	Expert	Female	Americas	

¹ Based on survey response.

used by respondents to describe their characteristics and skills are listed below. Respondents stated that competencies/skills were different depending on the PH discipline.

3.2. Characteristics of FGD-Ps and KII

A brief background of the 14 FGD-Ps and seven KIIs are listed in Table 3. Codes are used to conceal the participants' identities.

3.3. Who is a Young Professional?

Differing opinions about YPHPs were revealed in the findings that reflect the unique historical and social contexts in which PH education and practice have evolved. We have grouped these differing opinions by five key themes: (1) YPHP terminology and profile (2) General/employable dynamic skills and competencies (3) the role of education (4) the role of YPHPs in the workforce, society, and health system and (4) COVID-19, an opportunity.

3.3.1. YPHP Terminology and Profile

The term "young professional" is primarily used to describe the individual's role within the workforce. FGD-Ps and KIIs identified the most common terms they have heard were "young professional", "early career", "early researcher", "recent graduate", and "temp." KIIs felt there was no



substantial attachment, and one term needed to stand out more than the others. There was a slight concern about the word "young" due to the connotation towards chronological age, echoed by FGD-Ps. KIIs who had worked in North America highlighted that the word "young" is avoided as policies were in place to prevent ageism. However, it was also recognized that large-scale global organizations also use the term "young," highlighting the understanding that the language changes in each organization, country, and context. FGD-Ps also shared experiences when applying for research grants or positions in which the word "young" or "early-researcher" had established criteria and potentially higher standards than the criteria for a practical role. KIIs mentioned that different countries viewed researchers based on publications or years of research experience.

When asked about the defining features of a YPHP, there was a lack of clarity on whether the individual was a student, a recent graduate, or graduated from FGD-Ps. The most common profile was attributed to individuals with a basic depth of PH knowledge with limited field experience (often less than two years) but could range up to 7 years of experience. KIIs identified YPHPs as individuals who have a higher education. Still, it was acknowledged that the degree streams for a bachelor's degree program were increasingly effective at preparing individuals for the field. YPHPs were described by both groups as someone who were still gaining work experience in the field of PH and may continue to shift to different positions and organizations. They are well-versed in digital literacy and trained in public health in the digital health era from the 2000s. FGD-Ps shared that the identity of a young professional was linked to the profession itself, describing PH as a unique, multidisciplinary sphere where individuals can enter and leave easily. This sentiment was reinforced by the KIIs, who shared stories of individuals who were from different disciplines, such as architecture or music, who had an interest in PH and pursued it in their masters' but returned back to their original focus afterward. A PHP was thought to be "anyone who is working towards the wellbeing and health of the population." These conditions shift the career trajectory as individuals who join the PHW can be any age, with any experience. According to KIIs and FGD-Ps, this composite discipline is what makes the PH profession attractive.

3.3.2. General and Employable Dynamic Skills and Competencies

Both groups (KIIs and FGDs) revealed that the characteristics (Table 2) of a young professional are extensive and aligned with the survey results. KIIs felt it was difficult to generalize employable characteristics because the field of PH has many sub-roles that have their own stereotypes of important traits. However, KIIs reinforced that they felt YPHPs were filled with enthusiasm, drive, and passion. Regarding employment, KIIs shared that YPHPs should be able to design, implement, and evaluate interventions and have a basic knowledge of PH, including epidemiology, fieldwork, statistics, economics,

and more. In today's job market, KIIs highlight that YPHPs need to be competent in analyzing, interpreting, and using data, including technical knowledge such as software and programming skills and understanding risks associated with data and technology misuse. YPHPs are instrumental in project coordination, grant writing, and developing proposals. However, to be employable, education and technical skills only play one part of the role. KIIs emphasized that YPHPs need to carry a sense of responsibility and professionalism, which leads to result-oriented outcomes. They need to focus on "human-centric" competencies such as empathy and emotional intelligence. YPHPs need to be flexible, resilient, and adaptable to the situation. It is a very multidisciplinary and multicultural field. Thus, it is important to be sensitive and have empathy, humility, and compassion, which are necessary to work with diverse cultures and vulnerable groups of populations. These skills cannot be learned from theory but are developed over time via practice-based experiences. Being able to maintain relationships with people, understanding how to build networks, and communicating with multiple audiences are critical skills. Communicating with multiple audiences (both orally and through writing) is arguably the most difficult and important skill to have. PHPs need to have emotional intelligence and diplomatic skills as they will often work with different levels of government, civil societies, and leaders. The most important skill recognized by KIIs is the art of communication. The skill to connect with people, develop partnerships, and know how to use them effectively is important in the field of PH. Communication also builds leadership skills, and leadership skills often include creating a presence for public speaking, social media engagement, and ethical strategies. KIIs highlighted that the strong communicators are leaders in the field of PH. In addition to communication, leaders in PH are also able to effectively practice and drive change management in organizations, communities, and society, as per KIIs.

3.3.3. The Role of Education

KIIs described the YPHP as the client of the education system, providing the demand for PH programs. Schools of PH have the role and responsibility to educate and prepare PH graduates for the changing PHW. KIIs described a basic knowledge of PH as important to have, and the foundations of a degree provide basic tools and theoretical knowledge. KIIs highlighted that PH graduates are well-educated on a) the social foundations of wellbeing, health, and their relationship to disease prevention and health promotion and b) how policy development, health systems, health promotion, health literacy, health in all policies, and data to the lack of a clear career trajectory path from the classroom. The FGD-Ps shared a feeling of disconnection between their education and potential careers, which contributed to their confusion regarding the entry point into a PH career.



3.3.4. *The Role of YPHPs in the Workplace, Society and Health System*

YPHPs are the backbone of PH work. KIIs highlight that they do everything from field research to social media to engagement in the workplace. They are used in many areas because they have the skills to be flexible. However, this is also recognized as a fault. FGD-Ps share their concerns that they still do not understand what a PHP does and if they are prepared for the field. Experiences connected with trial runs for job searches to recognize which PH role was a fit for their skills and experiences. KIIs share that YPHPs are the new workforce for retirees leaving the field and are well-versed in the new demands of PH, including digital technology. However, the career pathway and transition for a YPHP remain unclear in the workplace compared to sectors such as engineering. This is attributed to the uncertainty of their employment options, which is interlinked with the job market that is saturated by a clinical PH system. KIIs acknowledged a clinical background was placed as a priority for hiring practices, and not enough accommodation for non-clinical PHPs were taken in consideration. One KI shared that it is a paradox to hire clinicians in PH roles when there is a low supply of clinicians in the country. KIIs also highlighted that they found their graduates leaving traditional PH roles, as their skills were being demanded in positions outside of health. YPHPs want to do more, but the PH job opportunities are not ready for them. The jobs they are looking for do not exist, placing a high emphasis on building a network within the health system. In academia, there are barriers to cost-containment in certain regions which is a "destructive palette", while in government agencies, the number of positions is both low in availability with a low salary. The diverse skills and competencies that a YPHP is attractive in areas like pharmacy and technology where PH is evident. Governments have a responsibility to recognize the gap and shifts in order to plan their workforce accordingly to not lose strong PH candidates. KIIs called for action by the main leaders of PH to alleviate the concerns of YPHPs by professionalizing and regulating the PH profession.

3.3.5. *COVID-19: An Opportunity*

KIIs highlighted that COVID-19 has been an opportunity for the PHW as there was a shift in understanding what PH is. COVID-19 impacts made the pandemic everyone's business due to its disruptive nature. Prior to COVID-19, several KIIs organizations were beginning to incorporate YPHPs into their strategies, and the pandemic propelled forward official actions and provided the case for PH funding. KIIs saw a desire by young professionals to help, and FGD-Ps emphasized that the pandemic was an opportunity for them to diversify their fields of interest. YPHPs were offering their assistance and demonstrated their skills in the work-from-home digital era as they were comfortable hosting webinars, live discussions, etc. KIIs shared that organizations that took advantage of the momentum benefited from strong outputs and gained a new impression of the PH leaders of the future.

COVID-19 also opened doors in terms of employment because workplaces were forced to shift to remote work. The opportunity for digital inclusion in the workplace practice provided new ways for individuals in different geographic regions to apply for jobs, creating a more diverse and inclusive workforce.

Discussion

The study reaffirmed the understanding that the PH career path is a difficult trajectory to map, which is both advantageous and disadvantageous for the YPHP community. More research is required to provide direction for the early career PH individuals of the PHW. PH is not hiding in the back corners but pushing to center stage [10-11]. The demands on the PHW are continuously evolving due to an emerging polycrisis characterized by rising infectious disease threats, climate-related health challenges, and increasing burdens of NCDs [31-32]. YPHPs are thus an important factor when considering future PHW planning [22-23]. However, it is clear from the findings that the idea of who is a YPHP is aligned with the broad scope of practice of PH. Participants emphasize their enthusiasm and dedication to PH, indicating that the need for more PH research is urgent to not only minimize the transition needs of new graduates but also to retain PHPs in PH. There is a need for action to step up to improve the PHW gaps through research and action. It remains difficult to incorporate a clearly agreed definition due to the differing demands of the profession. The changing structure of PH systems influences the successful preparation, transition, and integration of YPHPs [12, 20].

The term young professional is used differently in each organization, country, and context. However, there are concerns regarding inclusive and ageist language with the word "young" versus "early career," with no clear consensus on how to define the label clearly. Historical references were made to the PHP, where in the past, PH education started at the bachelors' level, PH graduates became younger [7-9]. It is also common to see students completing a bachelor's and then going straight into a master's or PhD before working in the field full-time. KIIs emphasized that this is a positive shift because today's graduates are more prepared for PH fieldwork because they have more opportunities to be educated in the right skills and competencies. YPHPs also live with globalization and digital influences, providing a more flexible mindset.

However, YPHPs are still struggling with their role in the PHW. The list of PH skills and competencies is comprehensive, requiring an understanding of essentially everything [2]. KIIs and FGD-Ps mentioned that a basic knowledge of PH is required, but the list of what that entails is long and varied. The lesson is that PH education needs to focus less on theoretical concepts and more on practical experience at the grassroots level. KIIs mentioned that the education curriculum is not moving at the same speed as the



changing health system, and the shelf-life of skills used to be 10 years but now is most likely 2 years. The description of YPHPs' general and employable skills and competencies develop over practical experience, similar to many other professions. For example, medical professions require years of practical experience before becoming an independent physician. The PHP could model a similar requirement, given the shared experiences by FGD-Ps that PH is a person-to-person, human-centric profession. Schools of PH need to focus more on transitional, trajectory career plans that can define measures of experience rather than a discourse about PH that is too easily overwhelmed by possibilities. We need to expose the PH curriculum to match the availability of employment opportunities, which is a constant disconnect [5,9].

YPHPs also need to be provided with meaningful and genuine opportunities. They are equipped with fresh ideas [10]. KIIs shared that if organizations treated young professionals with an understanding that they wanted to do more, YPHPs could be used as a motor of action. To do this, it is important to communicate with YPHPs. FGD-Ps did not mention the shift of PHPs to areas outside the traditional PH roles, which should be divulged in further research because of the connotation that it is a negative perception. The professionalization and regulation of PH may have allowed YPHPs to gain a flexible, self-driven attitude towards PH employment, focused simply on the alluring spirit of PH, improving health and wellbeing. The responsibility of retaining YPHPs in PH careers remains with the diverse mentorship from mid-level/expert staff who contribute to PH history, offer different perspectives, and provide formal/informal support to empower young professionals in their sphere of work [3, 8]. PH organizations need to construct a sound organizational structure for smooth transitions in their workforce while providing YPHPs the same respect for a work-life balance and correlated pay for their skills. PHW needs to recognize the growing numbers of YPHPs and their identity, role, and opportunity in PH [2, 22].

4.1. Limitations and Further Research

This study was limited by using the word "young", "public health" and 'professional', as it may have deterred individuals from completing the survey or answering questions from personal perceptions that they may not qualify due to "age", "discipline of public health" such as global health or 'job title'. Furthermore, the survey results contained a higher response rate from Asia and only included English responses. To ensure a comprehensive representation of YPHP and PHW perspectives, the selection of participants accounted for gender, nationality, and occupation. This study also did not account for PH globalization and mobility trends, which may limit understanding the participants' perspectives. KIIs also used snowball sampling. Thus, the generalization of research findings to the international PH population is limited. KIIs acknowledged that their responses may be more aligned with the needs of the country they primarily work in despite

having global experiences. Future research should align with reviewing the transitions of YPHPs in the PHW and incorporate a deeper review into strategies for forecasting and planning with YPHP. This could be used in job descriptions, similar to other job sectors where entry, mid, and expert levels have time standards.

Conclusion

To our understanding, a YPHP should refer to an individual who embodies the spirit of PH and is beginning their professional career in this field. This study has highlighted how the complexity of a career in public health can be largely tied to a lack of recognition for YPHPs and unclear career pathways and progression. Furthermore, PH is in a unique field with a strong capacity to drive change and elicit societal impact. The role of YPHPs in the PHW needs to be recognized, as it is still difficult to define who a YPHP is due to the different perspectives and expectations of the practice and profession. Given the dynamism of the PHW, YPHPs represent the future of PH. Furthermore, a degree of cooperation among sectors in envisioning unique and innovative transitional strategies to create opportunities for employment in PH needs to acknowledge the capacity of new graduates that comes with experience and lifelong learning. It is clear that YPHPs are growing in number and are eager to be part of this discussion. We urge the field to continue to research about who a YPHP is and elicit further conversation regarding a potential transition framework and opportunities for young public health professionals.

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Data Availability: All the personal data of the participants are anonymized in any publication of study findings, and de-identified data will be kept in NSU drive for up to three years to meet the ethical standard of NSU Research Ethics Committee.

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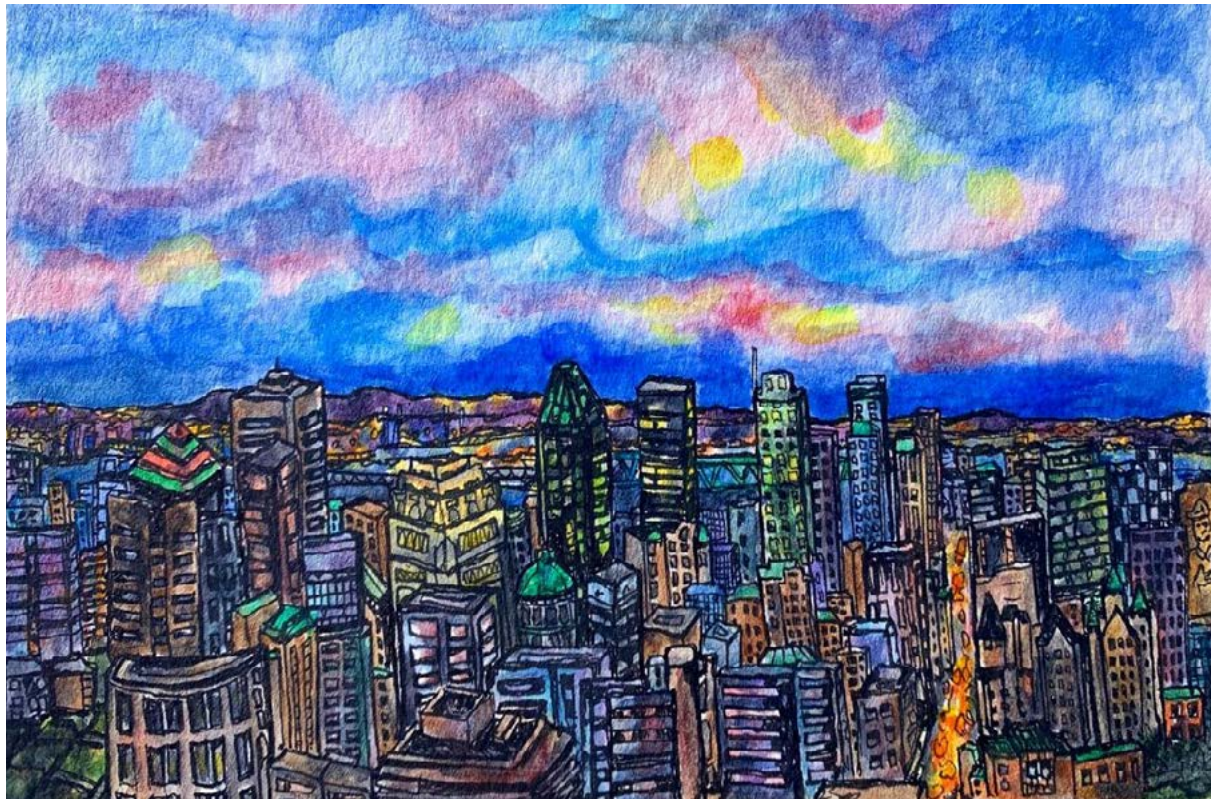
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