168
ACECMA

Meeting the Public Health Needs of the 21st Century

Resource Document

Faculty Retreat
May 9, 1994

School of Public Health

sph

UNC at Chapel Hill

Faculty Retreat Agenda

Carolina Inn

May 9, 1994

12:00	**Lunch**
12:45	**Overview of the Meeting - *Michel A.Ibrahim***
12:50	**Review of Proposed Tenure and Promotions Policies - *Allan Steckler***
1:15	**Meeting the Public Health Needs of the Twenty-First Century - *Michel A. Ibrahim***
1:30	**Meeting the Public Health Challenges of a New Era: Report of the School of Public Health Review Committee - The University of Michigan - *Noreen Clark***
2:30	**Charge to Small Groups**
	Break
2:45	**Small Group Discussion**

Small Group Assignment:

1. **The School's Public Health Practice Initiative: Including proposed public health practice curriculum and proposed center for public health practice**

   Geri - Club R
   Mary PS Carolina C

2. **Public health core academic requirements**
   What should they be?
   How can we meet them?

   Fred Haender - Arboretum Rm
   Allan Steckler - Carolina Rm

3. **Organizing to meet the public health challenges of the 21st century**

   Tom Ricketts S. Parlor
   Jim Thomas - N. Parlor

4:30	**Plenary Session - *Michel A. Ibrahim***
5:30	**Reception**

Strategic Planning Faculty Meeting
Resource Book

May 9, 1994

A Mission Statement and Summary from School's Strategic Planning Document of 1991

B Meeting the Public Health Challenges of a New Era: Report of the School of Public Health Review Committee - The University of Michigan

C Appointments, Promotion and Tenure Manual - UNC School of Public Health

D Health Security Act Title III, Subtitle D (p. 544-548) - Functions of Public Health Programs

E Criteria for Accreditation of Graduate Schools of Public Health - Council on Education for Public Health - (p. 7-22) - Instructional Programs

F CEPH Site Team Report on the Accreditation Review of the School of Public Health - Criterion III-A,B & C, (p. 9-16)

G Recommendations for Schools of Public Health from the Institute of Medicine Report

H Request for Authorization to Plan a New Degree Program in Public Health Leadership

I Proposal for School of Environment

J Proposal for Public Health Nursing

K Proposed Center for Public Health Practice

Excerpt from the 1991 Strategic Plan for the School of Public Health

Mission Statement

The mission of the UNC School of Public Health is the prevention of disease and promotion of health. This mission is achieved through the acquisition and dissemination of knowledge; by the education of future public health leaders, scholars and practitioners; by the transfer of knowledge to practice via technical assistance, consultation, public service and professional practice; and through the synergistic interaction of these activities.

Six goals were formulated to provide the initial and long-term directions for development of the school. The goals were recognized as temporal, with the ongoing strategic planning process encouraging changing the goals to meet the emerging needs of the school's environment.

Goal: Advance scientific knowledge in public health through multidisciplinary and interdepartmental research.

Strategies to enhance multidisciplinary research:

* Provide support for interdisciplinary grant proposal development and project management.
* Increase incentives and reduce barriers to interdepartmental and interschool faculty research.
* Sponsor interdepartmental forums and team-building efforts to identify health problems that have common behavioral and policy implications and to mobilize faculty resources to address these.

Goal: Educate public health leaders, scholars and practitioners to strengthen the profession of public health and meet the health challenges of tomorrow.

Strategies to educate leaders, scholars and practitioners:

* Integrate existing courses across departments and disciplines where appropriate.
* Coordinate field placement and training across departments and disciplines.
* Increase faculty incentives and rewards for excellence and innovations in teaching.
* Define education outcome objectives and indicators.
* Continue to develop state-of-the-art continuing education or life-long learning programs for health practitioners and occupational and environmental managers.
* Develop innovative educational modalities such as an executive master's program, an interdisciplinary doctoral program, a public health practice leadership program and a program enrolling mid-career students on a part-time basis.

Goal: Improve the health of disadvantaged, underserved and vulnerable populations.

Strategies for improving the health of minorities and disadvantaged groups:

* Increase enrollment of students representing minority and ethnic groups.
* Recruit minority faculty to provide leadership in development of research, teaching and service for special populations and to serve as mentors for students interested in working with these populations.
* Develop formal links with historically minority institutions in North Carolina and elsewhere.
* Work with other units of the university to improve UNC's contributions to the public schools.
* Emphasize research on infant mortality, injury, substance abuse, environmental and occupational hazards and other health problems that are of particular concern to minority groups.
* Through the products of this research, design and evaluate interventions aimed at addressing special needs of ethnic minorities, rural dwellers, the aged population, women and other high-risk populations, particularly in the southeast United States.
* Investigate the role of economics in health promotion and disease prevention and environmental protection.

Goal: Develop new research tools for measuring the health status of populations and for evaluating community health service and quality of the environment.

Strategies for measuring health status and evaluation:

* Develop indicators to measure health status and environmental quality to provide the basis for interventions to effect changes.
* Use the state of North Carolina and the southeastern United States as a laboratory for the application and study of community-based health and environmental quality status indicators.
* Design studies to assess the effect of cost containment, availability of preventive services and access to care on the quality of health service and health status.
* Involve community and industry leaders in the formulation of policy options and assessment of their impact on community health and environmental protection.

Goal: Develop partnerships with public agencies, private industry and community organizations to address health and environmental problems.

Strategies for establishing partnerships:

* Conduct research to address the special problems of municipalities and industries in meeting environmental and occupational regulations, with emphasis on North Carolina and the region.
* Strengthen the school's focus on governmental relations, and develop methods to ensure the school's resources and expertise are made available to policy makers at the state and national levels.
* Provide leadership training to managers of public health and health-care institutions and to managers of occupational health and environmental protection programs in industry and government.
* Develop more efficient and effective mechanisms of technology transfer to translate public health research findings for the lay public and into public policy.
* Expand efforts in health and environmental education in public schools and community colleges.
* Sponsor exchange residence programs, inviting local and state health officials, representatives of local industries and professors to participate in projects of mutual interest.
* Provide research, educational opportunities and technical assistance to industries through establishment of centers of excellence.

Goal: Enhance research, education and service directed toward global and international health problems.

Strategies to enhance and expand international efforts:

* Initiate cooperative efforts among departments in the School of Public Health, School of Medicine, related federal agencies and the evolving global environmental health and population centers to study the occurrence, mechanisms and effects of changes in the human environment.
* In research and training, emphasize the recognition, evaluation and control of hazards in the occupational environment and on water and air quality.
* Create a mechanism to increase awareness and means of addressing public health as a global problem. Develop a focus on global problems in public health that visualizes health and environmental protection in their broadest concepts and that demonstrates the links between environmental quality and human health.

The University of Michigan
SCHOOL OF PUBLIC HEALTH
109 SOUTH OBSERVATORY STREET
ANN ARBOR, MICHIGAN 48109-2029
OFFICE OF THE DEAN

March 24, 1994

Michel A. Ibrahim, M.D., Ph.D.
Dean, School of Public Health
University of North Carolina
Campus Box 7400 Rosenau Hall
S. Columbia Street (Room 169)
Chapel Hill, NC 27599-7400

Dear Michel:

Enclosed is the final version of the report on the review of the School of Public Health. Thank you for your participation in the review. Also enclosed is a memorandum to faculty, staff and students which summarizes the faculty vote on the mission statement and the recommendations of the Review Committee. I will write later to keep you informed on acceptance of the report by the Provost and the Board of Regents.

Sincerely,

Richard G. Cornell
Interim Dean

Enclosures

For Intra-University Correspondence

THE UNIVERSITY OF MICHIGAN

SCHOOL OF PUBLIC HEALTH

MEMORANDUM

TO: Faculty, Staff, and Students

FROM: Richard G. Cornell
Interim Dean

DATE: March 21, 1994

SUBJECT: Vote on Recommendations of the Review Committee

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Eighty-four of the 106 members of the governing faculty returned their ballots on the recommendations of the Review Committee. The results are listed below, with comments listed on the reverse side. The Executive Committee will meet on Wednesday to transmit the vote, accompanying comments, and its own comments, to Provost Whitaker.

I am pleased that the faculty have strongly endorsed the mission statement and recommendations proposed by the Review Committee. I especially thank the members of the Review Committee for their leadership, their responsiveness to faculty, student and alumni concerns, and their diligent work. Their recommendations and the endorsement by the faculty form a strong basis for progress towards fulfillment of our mission as a School of Public Health.

Recommendation	Endorse #	Endorse (%)	Do Not Endorse #	Abstained #
Mission Statement	69	(82)	10	5
I-1: Five core departments	68	(81)	16	0
I-2: Interdepartmental concentration option	62	(74)	22	0
II-1: Core curriculum	64	(76)	20	0
II-2: Periodic review of curricula	82	(98)	1	1
II-3: Innovative programs and teaching methods	82	(98)	2	0
II-4: Ties with communities	80	(95)	4	0
III-1: Research incentives	81	(96)	3	0
III-2: Research council	69	(82)	15	0
III-3: Large-scale studies capability	74	(88)	10	0
IV-1: Variations in 40-40-20 formula	72	(86)	11	1
IV-2: Salary savings support accounts	79	(94)	4	1
V-1: ACAP	74	(88)	10	0
V-2: Executive Committee	69	(82)	15	0
V-3: ACAR	61	(73)	23	0
VI-1: Minority and women faculty	83	(99)	1	0
VI-2: Minority, international, nontraditional students	82	(98)	2	0

Meeting the Public Health Challenges of a New Era:

Report of the School of Public Health Review Committee

The University of Michigan

March 17, 1994

Committee Members:

Gerald D. Abrams, Jeffrey A. Alexander, Noreen M. Clark (co-chair), Ravonda T. Harris, Sherman A. James, Richard H. Price, Rudy J. Richardson, MaryFran R. Sowers, Kenneth E. Warner (co-chair), Robert A. Wolfe, Anne M. Young

TABLE OF CONTENTS

Recommendations:

I. Structure of the School

I-1: Consolidate existing SPH faculty into five core departments: Biostatistics, Environmental and Industrial Health, Epidemiology, Health Behavior and Health Education, and Health Management and Policy.

I-2: Establish, maintain, and periodically evaluate interdepartmental concentrations that offer curricula that both cross departmental boundaries and address important, targeted problems in public health.

II. Academic Programs

II-1: Identify a common core curriculum to be taken by SPH students.

II-2: Periodically review the excellence and efficiency of the SPH curricula of all types (intradepartmental, interdepartmental, off-campus).

II-3: Evaluate, for possible improvement and extension, programs designed to reach nontraditional groups of students and instructional methods employing innovative formats, technologies, and adjunct faculty.

II-4: Develop closer ties with communities and organizations involved in public health where students may gain practical experience through internships and special projects.

III. Research

III-1: Develop incentives for enhancing the quality and quantity of funded research in the School. [See section on Incentives.]

III-2: Establish a Research Council for the School to encourage, advocate, and support research.

III-3: Explore development of a School-based research capability to conduct large-scale studies of disease prevention and health promotion in populations.

IV. Incentives

IV-1: Enable tenured faculty to negotiate variations in the existing formula for weighing accomplishments in merit reviews (i.e., 40% teaching, 40% research, 20% service).

IV-2: Provide the faculty the opportunity to develop individual academic support accounts based on salary savings attributable to external research funding.

V. Faculty Governance

V-1: Establish an Advisory Committee on Academic Programs (ACAP), composed of tenured professors, responsible for ensuring the effectiveness and efficiency of all academic programs in the School. [This committee would replace the existing Curriculum Committee.]

V-2: Enhance the capability of the Executive Committee to contribute to School governance by clarifying and expanding the functions of the Committee, and restricting its membership to tenured faculty.

V-3: While continuing to emphasize the quality and integrity of the Advisory Committee on Academic Rank (ACAR), work to ensure that the ACAR broadly reflects the demographic makeup of the School's faculty and the broad disciplinary and methodological orientations of the faculty.

VI. Diversity

VI-1: Identify and engage in more effective efforts to recruit and retain minority and women faculty.

VI-2: Identify and engage in additional effective efforts to recruit minority, international, and nontraditional students.

In concluding this Executive Summary, we wish to emphasize that, although the needs for a self-study and a subsequent dean search were the proximate causes of the review, another factor has played an equally compelling role in its design and execution: the felt and expressed need of the SPH faculty to reclaim control over their collective destiny. Indeed, one of the Review Committee's greatest satisfactions is that, although several of our recommendations have caused heated debate, the review process has engaged the faculty in the first major substantive discussion about our collective future in nearly two decades. The Committee submits this report with the hope and expectation that the review process has inaugurated a new era of faculty commitment and control, and that the specific measures recommended herein will help to guide the School toward a coherent, efficient, and visionary future worthy of the stature of this important institution.

INTRODUCTION

Since the early 19th century, the successes of public health have been legion and readily justify the claim that public health interventions have contributed more to the improvement of human health than have all clinical health services combined. Opportunities to extend the contributions of the field in both new and familiar directions are numerous and evident. One need merely contemplate the devastating epidemic of AIDS, the escalating burden of chronic diseases, the ethical dilemmas raised by anticipated advances in genetic science, the terrifying grip of violence on our society, and the heart-rending loss of nearly *4 million* children a year around the world to such "mundane" causes as diarrhea and measles. Yet, while opportunities to improve the public's health abound, we observe a crisis of confidence within and about the traditional infrastructure of the public health profession, characterized by an Institute of Medicine committee as facing unprecedented challenges. And while the nation anticipates an opportunity to reform the health care system, the leadership of public health worries that near-exclusive emphasis on the financing of medical care services may deflect attention from the very real needs in health promotion and disease prevention that lie outside of the medical care delivery system.

A similar bipolar "mood" characterizes the University of Michigan's School of Public Health. Buoyed by a history of exceptional leadership in public health education and research, the School has attracted a renowned senior faculty that exerts a profound intellectual influence on health science, policy, and practice around the world. An energetic, creative, and highly productive junior faculty positions the School to continue its leadership well into the next century. Yet despite an illustrious past and a promising future, the School feels slightly adrift, its various components riding high on their own waves but having little sense of common direction.

Combined with pride and purpose, a subtle sense of anomie pervades the corridors of the SPH. To be sure, this reflects in part the mix of challenge, opportunity, and threat that confronts the field of public health writ large. More immediately, and closer to home, it has resulted from the highly visible and confrontational debate last year about the future of the Department of Population Planning and International Health. Less immediately, and more generally, it represents a sense that the whole of the School should exceed the sum of its parts, and that for several years now, it has not done so.

Provost Whitaker requested this review of the School of Public Health. His request was endorsed by the SPH department chairs and the Executive Committee. The report of the Population Planning and International Health Review Committee, issued last spring, also recommended a School-wide review. Given that no serious School-wide self-study had been undertaken for close to two decades, there were obvious benefits to be derived. Furthermore, a review was needed at this time to guide the search for a new dean. While such considerations motivated the review, the Review Committee wishes to emphasize that a third factor has played an equally compelling role in its design and execution: the felt and expressed need of the SPH faculty to reclaim control over their collective destiny. Indeed, one of the Review Committee's greatest satisfactions is that, although several of our recommendations have created heated debate, the review process has engaged the faculty in the first major substantive discussion about our collective future in nearly two decades. The Committee submits this report with the hope and expectation that the review process has inaugurated a new era of faculty commitment and control, and that the specific measures recommended herein will help to guide the School toward a coherent, efficient, and visionary future worthy of the stature of this important institution.

The remainder of the report is structured as follows:

- The second and third sections provide background information relevant to understanding the broad field of public health and the role of the UM School of Public Health therein, respectively. In each, we very briefly examine mission and functions, challenges and opportunities, and needs.

- The fourth section presents the Provost's charge to the SPH Review Committee and provides an overview of the Committee's response.

- The fifth section – the heart of the report – identifies the Committee's goals, objectives, and recommendations to improve the effectiveness and efficiency of the School in achieving its mission. Recommendations are organized into six groups relating to Structure of the School, Academic Programs, Research, Incentives, Faculty Governance, and Diversity.

- An Appendix describes the procedures followed in developing the report, highlighting sources of input into the Committee's deliberations, the foci of its meetings, and the nature and extent of outreach to the School's communities of interest (faculty, staff, students, alumni, other UM units, and public health practitioners).

THE FIELD OF PUBLIC HEALTH

168/220

Definition of the field

Public health has many faces. It includes such seemingly diverse activities as scientific investigation of the causes of disease, collection and analysis of vital statistics, immunization against communicable disease, protection against hazards in the workplace, environmental sanitation, educational campaigns to encourage health-promoting behaviors, development of health policy, and organization of health care delivery and financing. Yet imbedded within this diversity is a coherence of purpose and function. In this and succeeding subsections, we examine the unifying and identifying dimensions of public health.

Public health can be defined, loosely, as the set of activities a society undertakes to monitor and improve the health of its collective membership. The critical components of this definition include one that is explicit and one that is implicit. The explicit element is the emphasis on the health of the *collective* society, rather than that of the individuals who form it. Although in one sense the former is simply the sum of the latter, approaches to improving the health of population groups differ from those that focus on the health of individual citizens. This relates to the implicit component of the definition: because maximal gains in the public's health can be attained by avoiding disease in the first instance, public health concentrates on *disease prevention and health promotion*, rather than on the treatment of existing illness.

Focusing on disease prevention and health promotion in the context of the entire population accords public health a unique position in the constellation of professions devoted to improving the health of humankind. Although all of the other health professions – medicine, dentistry, nursing, pharmacy, allied health – are somewhat concerned with preventing disease, none but public health has this objective as its main focus. Similarly, none but public health has the whole community as its target. Outside the realm of public health, professional

endeavors are dominated by one-on-one clinical interventions, with individual practitioners dedicated to addressing the health needs of individual patients. Typically, medical and other clinical professionals devote much of their work to trying to repair the damage that unhealthy lifestyles and environments inflict. In contrast, public health aims to understand the basic causes of such diseases and then works to foster social and environmental conditions in which people can avoid diseases in the first place.

The two defining elements of public health also account, in large part, for the fact that among all these professions, public health is likely the least understood. By virtue of its emphases on population health rather than the health of the individual, and on disease prevention rather than palliation or cure, public health lacks a large and dedicated political constituency among the general public. It also has the unfortunate characteristic of being nearly invisible precisely when it is most successful: public health measures its achievements in terms of future illnesses avoided, disabilities prevented, and premature deaths that do not occur, each of which goes largely unappreciated by its beneficiaries.

In contrast to the invisibility of the benefits of public health, the *activities* of public health are observable and, in varying degrees, considered costly (e.g., the regulatory apparatus assuring safety and sanitation), of uncertain value (e.g., media health education campaigns), and even occasionally painful (e.g., immunizations). Furthermore, public health activities -- public health costs -- occur in the present, while the (less visible) benefits accrue in the more distant future.

The combination of visible, contemporary costs and invisible, distant benefits is not a formula for public adulation, much less support. Disease prevention, however, does happen to be the formula for contributing the most to the health of the public, at a cost well below that associated with attempts to remedy and cure existing illnesses. Building on work by the Centers for Disease Control in the late 1970s, both the Institute of Medicine and the Public Health Service have recently concluded that only a tenth of premature deaths in the United States could be avoided by improvements in access to medical treatment, while changes in health behaviors could avoid fully half, with environmental improvements yielding another 20 percent. (The balance, 20 percent, is associated with inherited conditions only now being fully researched.) (See Figure 1.) Although this analysis does not reflect the complex interactions among these factors, it emphasizes the potential contribution of public health interventions. Yet despite this potential, spending on public health constitutes a minuscule fraction of that devoted to disease treatment. The Public Health Service estimates that less than 1 percent of total health expenditures are devoted to population-based public health functions and, further, that all expenditures on disease prevention combined are less than 5 percent of the sum the nation devotes to personal health care.

Mission and functions

In 1988, the Institute of Medicine Committee for the Study of the Future of Public Health defined the mission of public health as "fulfilling society's interest in assuring conditions in which people can be healthy. Its aim is to generate organized community effort to address the public interest in health by applying scientific and technical knowledge to prevent disease and promote health."

To achieve this mission, it identified three core functions for public health: (1) *assessment of the health of the population*, through collection of data, statistical and epidemiologic analysis, and dissemination of findings; (2) *development of comprehensive public*

health policies deriving from a scientific knowledge base and an appreciation of the political process; and (3) *assurance of the availability of needed services* to achieve agreed health goals for the community, by encouraging appropriate actions by other entities (public or private) requiring such actions through regulation, or directly providing services. Last year, a separate body (the Council of Linkages between Academia and Public Health Practice) suggested a list of 10 organizational practices that comprise the specific functions grouped in these three core areas. These practices are summarized in Table 1.

In its seminal 1979 publication, Healthy People, the Centers for Disease Control grouped the determinants of premature mortality and avoidable morbidity into the four categories cited above: health behaviors ("lifestyle"), the environment, human biology, and health services. While there are important interactions among these categories, and indeed often blurred lines between them, these four areas reflect the central substantive "venues" in which the functions of public health are carried out. Thus, structurally, public health can be described by the two dimensions of (1) core functions and (2) these principal determinants of human health, themselves subject to a myriad of important social, technological, and institutional forces. (See Figure 2.) The importance of this characterization of public health will become clear in later discussion of the proposed reorganization of the School.

Challenges and opportunities

Through the past century and a half, two factors have characterized the emergence of modern public health: the development of a base of scientific knowledge about the genesis and control of disease, and the growth of the public's acceptance of the possibility and, ultimately, desirability of disease control. This was as true in the latter half of the 19th century, when modern principles of sanitation were first employed to disrupt communicable disease transmission in overcrowded cities, as it is today, when researchers, health educators, and government officials employ the full arsenal of public health weapons to combat chronic disease.

The achievements of public health are remarkable. In developed countries such as the United States, life expectancies have soared during this century, approaching what some scientists believe to be a "natural limit." (In the United States, life expectancy has increased by two-thirds, from 47 years at the turn of the century to 76 years at present.) Infant mortality has fallen by more than an order of magnitude, from at least 100 per 1000 live births to fewer than 10. With notable exceptions, such as HIV/AIDS, previously fatal infectious diseases have been transformed from the principal source of death in such societies to a relatively infrequent and typically benign source of illness. (See Table 2.)

Although medical interventions account for a portion of this achievement, analysis has established conclusively that most of it is directly attributable to such time-honored public health activities as environmental sanitation and health education. For example, although many have credited the development of streptomycin and later BCG vaccination with taming the plague of tuberculosis in the U.S. and Europe, the most substantial decline in TB deaths considerably predated the introduction of these drugs. The decline resulted from changes in contact and disease transmission patterns between infected persons and the healthy population. Similarly, improved emergency medical services and new medical technologies have contributed to recent dramatic decreases in age-adjusted heart disease and especially stroke mortality. However, the lion's share of these declines is due to effective public health interventions to control blood pressure, reduce cigarette smoking, increase exercise, and improve diet.

While health professionals welcome the recent successes in the area of cardiovascular

mortality, the fact remains that, in the developed countries, with the infectious diseases much less of a threat, the chronic diseases now account for the vast majority of deaths (Table 2), as well as an enormous burden of morbidity and disability. The product of behavioral choices, genetic predisposition, and a rapidly aging society, chronic disease confronts the public health and medical communities with a uniquely modern challenge, one that accentuates the distinction between clinical curative services and preventive public health interventions. Society can employ health education techniques and provide policy incentives to discourage conditions that produce many of the expensive chronic diseases, or we can continue to invest in their medical management after the fact. The former would seem to be the more rational and certainly less expensive approach, yet the latter appears to be the dominant societal choice, at least to date.

Obviously, we can and should employ both public health and disease treatment approaches in dealing with chronic disease. The issue is the relative mix of the two, and whether they work together or competitively. Herein lies both the excitement and the risk of the contemporary interest in health care reform. Political momentum for a systemic solution to the nation's "health care crisis" has encouraged the Clinton Administration to develop a proposal that at least accords disease prevention modest attention, including both insurance coverage of personal clinical preventive services and a small amount of support for public health infrastructure. Outwardly, public health leaders hail the Administration's recognition of the importance of public health in a serious attempt to reform the health care system. Many perceive this initiative as perhaps the best opportunity within a quarter century to synergistically link the medical care system and the delivery of public health services. Others, however, warily contemplate both current interest in and future action on "health reform" as concerned only with expanding access to medical services and finding cost-containing mechanisms to finance service delivery. They fail to find a genuine commitment to true *health* reform, which of necessity would emphasize both public and private initiatives in disease prevention and health promotion.

The architects of a few prominent health reform plans, including the Administration's, envision expanding the "turf" of health care delivery organizations to encompass a broader responsibility for community health. Yet no health reform proposal has articulated a vision that creates mechanisms to grapple with violence or a number of interrelated social ills -- an epidemic of teenage pregnancy, drug and alcohol abuse, and so on -- that reflect our society's failure to adequately address such basic problems as racism, lack of education, and unemployment. The toll of these ills is measured not only in hospital emergency department visits, but also in increasing disparities in poverty rates and in the health status of African-Americans and other minorities compared to the majority white population. (During the 1980s, the gap between white and black male life expectancy increased by nearly a fifth.) In all the major domains of concern within public health -- lifestyle behaviors, exposure to environmental hazards, and inequities in access to high-quality health care -- America's historically disadvantaged populations remain strikingly disadvantaged. The cost is not merely the widening gap in physical health, but also a less tangible and equally important toll on the affected population's sense of dignity, meaning, and purpose in their lives.

The principal reaction to the vastness and complexity of such problems is often resignation and despair. Herein lies what may be the single most important challenge to public health and the other social institutions of our nation: to find ways to diminish these problems, to restore a modicum of health and dignity, even if the fundamental underlying causes of these ills cannot be wholly resolved. Public health has accepted this challenge and is currently working to decrease the amount and sequelae of substance abuse, to understand the determinants of teenage pregnancy, and to reduce racial disparities in health status, to name only a few objectives.

One of the greatest public health challenges of the latter part of this century is the epidemic of HIV/AIDS, which like so many other diseases claims among its victims a disproportionate number of poor and minorities. The disease constitutes a textbook example of the breadth of the art and science of public health. The public health effort includes intensive work to elucidate the causes of the disease and its transmission, from laboratory analysis of the virus to sophisticated computer modeling of the epidemiology of transmission, school- and media-based health education on risk-factor avoidance, and policy development (and politics) to deal with such diverse issues as insurance coverage practices and international immigration policy.

AIDS has reawakened Americans to the fundamental character of public health problems, and to the necessity for public health interventions. In many parts of the world, however, including countries where AIDS takes the greatest toll, a new disease was not needed to remind people about public health basics. Many poor countries continue to suffer illness, disability, and death from diseases that have been virtually eradicated from the industrialized world, or reduced essentially to minor annoyances. Millions of deaths occur each year for want of application of known, uncomplicated, and inexpensive preventive and curative technologies. Malaria is a good example. Two additional prominent examples, mentioned at the outset, are diarrhea and measles, relatively benign illnesses in developed countries, which kill 4 million children under the age of five every year. Clean water supplies, simple vaccinations, and inexpensive treatments such as oral rehydration therapy could virtually eliminate these ancient killers.

Whether at home or abroad, the problems challenging the public health professions vary from the mundane and familiar, such as measles and malaria, to the novel and complicated, including the emergence of drug-resistant strains of tuberculosis and the growing epidemic of violence. The global population explosion, rapid aging in both developed and developing countries, and widening gaps between minority and majority health demand that public health live up to its unique challenge of integrating social and biological phenomena.

The opportunities for the public health professions range from applying tried and true interventions in areas of evident need, to achieving scientific breakthroughs in the laboratory or, perhaps more importantly, to determining how to grapple with the seemingly inevitable destructive by-products of the cycle of poverty and despair.

Needs

It is easy to say that public health needs more resources. More health personnel, cleaner environments, and a citizenry more cognizant of healthy lifestyles would all reduce illness and premature death. Given the constraints on resources, however, a special need is for leadership. To develop and fulfill the mission of the public health enterprise, the field must attract the best and the brightest at all levels, from entry-level workers to directors of state health departments and presidents of managed care organizations. Thus, public health practice is dependent on its ability to attract intelligent and energetic young people out of college and graduate school. Clearly, this ability will be fostered primarily by the evolution of increasing social respect for and support of public health organizations and endeavors, including the enterprise of higher education in public health.

The Administration's health reform bill explicitly recognizes the importance of public health and proposes resource allocation to back it up. Aided by experts from academia and

state and local health agencies, Public Health Service officials are currently developing a detailed agenda of responsibilities for public health organizations and a rationale for their support. Public health leaders have applauded the Administration's recognition of the importance of their field and are lobbying hard to justify and maintain it. They contemplate the future with more than a modicum of concern, however, recognizing that success in clarifying and promoting the public health agenda demands constant vigilance and continuing efforts to explain the benefits and improve the contributions of public health. At the heart of that effort, as one contemplates the future, is the need to cultivate energetic and creative leadership. In this connection, the University of Michigan School of Public Health has a special contribution to make.

SCHOOL OF PUBLIC HEALTH

Mission and functions

The School of Public Health's mission is consistent both with the School's role within a major research university and with the objectives of the broad field of public health:

> The mission of the University of Michigan School of Public Health is to create and disseminate knowledge for the purpose of preventing disease and promoting the health of populations, both within the United States and worldwide, including specific reference to poor, often minority populations who suffer disproportionately from illness and disability. Knowledge creation derives from the School's research enterprise; knowledge dissemination results from presentation and publication of research findings, teaching of professional and graduate students, and service involvement in the public health practice community.
>
> Through each of these efforts, the objective of the School is to enhance population health by improving and advancing understanding of the biological, physical, psychosocial, and institutional determinants of health, and by preparing professionals to develop and utilize knowledge in the core functions of assessment of the public's health and health needs, policy development, and assurance of the availability of required public health services.
>
> The School thus aspires to be a crossroads of knowledge from the biological, physical, social, and managerial sciences, wherein a holistic understanding of the health of populations is developed and integrated approaches to solving public health problems are created.

168

Historically, public health has successfully engaged the skills and perspectives of multiple disciplines. Indeed, while other fields newly seek to develop productive interdisciplinary teaching and research activities, cross-disciplinary interaction has been a hallmark of public health for decades. Still, the School aspires to improve the quality of such interaction in the service of our mission.

Although the three principal functions of the School – teaching, research, and service – are identical to those of any academic unit within a research university, the driving force defining the specific nature of these functions is itself a specific social objective: improving the public's health. Thus, unlike the basic sciences, the objective of SPH research and teaching is

APPENDIX

THE SPH REVIEW PROCESS

In consultation with the Interim Dean and Executive Committee of the School of Public Health, the Provost formed the SPH Review Committee in August 1993. The members from within the School of Public Health were:

Jeffrey A. Alexander, Ph.D., Professor, Health Services Management and Policy
Noreen M. Clark, Ph.D., Professor and Chair, Health Behavior and Health Education (co-chair)
Ravonda T. Harris, President, Public Health Students of African Descent
Sherman A. James, Ph.D., Professor, Epidemiology, and Associate Dean
Rudy J. Richardson, Sc.D., Professor, Toxicology, and Associate Professor, Neurology
MaryFran R. Sowers, Ph.D., Associate Professor, Epidemiology
Kenneth E. Warner, Ph.D., Professor and Chair, Public Health Policy & Admin. (co-chair)
Robert A. Wolfe, Ph.D., Professor, Biostatistics
Anne M. Young, President, Public Health Students Association

Members from the University outside of SPH were:

Gerald D. Abrams, M.D., Professor, Pathology, School of Medicine
Richard H. Price, Ph.D., Professor, Psychology, and Research Scientist, ISR

External consultants to the Committee were:

Michel A. Ibrahim, M.D., Ph.D., Dean, School of Public Health, University of North Carolina
Gilbert S. Omenn, M.D., Ph.D., Dean, School of Public Health, University of Washington

Two SPH students served as staff to the Committee and provided invaluable assistance to our efforts:

Laurie J. Bechhofer, Dept. of Health Behavior and Health Education
Christina A. Kuenneth, Dept. of Public Health Policy and Administration

Overview

This report reflects the results of close to six months of deliberation by the Committee, aided by hundreds of interactions with SPH faculty, students, staff, and alumni, as well as meetings with interested parties outside of the School, including two distinguished external consultants. While the Committee must take final responsibility for the recommendations described in the report, we wish to emphasize our debt of gratitude to the individuals and groups whose suggestions played a significant role in the formulation of the final set of recommendations.

Healthy People

IoM Report on the Future of Public Health

Public Health Faculty/Agency Forum
(at Johns Hopkins)

UCLA SPH

Univ of Mich. SPH – Provost said prove you're a school, not collection of fiefdoms

Structure + Organization – departmental vs. matrix

Berkeley is changing from departmental to 1 dept.

$ Research-driven – eg. Hopkins – raise 100% of salary – big vs. Berkeley – 9 month appts, salary paid by Univ.

Emergence of the environment as a very impt area –

School of Public Health + the Environment vs.

School of Environment

Health Care Reform

Need to think abt change

Redefine core requirements – CEPH 5 or IOM 3 ?

Public Health Practice + its reward structure

Link with communities as equal partners

Redefine our professional degrees

Link with CDC

Population perspective – identify + correct underlying causes – socioeconomic, political, behavioral (+ environmental)

Public Health Practice (MAI) – engagement in activities designed to understand causes, develop interventions, test interventions in a pop perspective, scholarly manner, ...

RECOMMENDATIONS FOR PUBLIC HEALTH EDUCATION

(Source: Institute of Medicine, The Future of Public Health, 1988)

- Schools of Public health should establish firm practice links with state and/or local public health agencies so that significantly more faculty members may undertake professional responsibilities in these agencies, conduct research there, and train students in such practice situations.

- Schools of public health should fulfill their potential role as significant resources to government at all levels in the development of public health policy.

- Schools of public health should provide students an opportunity to learn the entire scope of public health practice, including environmental, educational, and personal health approaches to the solution of public health problems; the basic epidemiological and biostatistical techniques for analysis of those problems; and the political and management skills needed for leadership in public health.

- Research in schools of public health should range from basic research in fields related to public health, through applied research and development, to program evaluation and implementation research.

- Schools of public health should take maximum advantage of training resources in their universities, for example, faculty and courses in schools of business administration, and departments of physical, biological, and social sciences.

- Schools of public health should extend their expertise to advise and assist with the health content of the educational programs of other schools and departments of the university.

- Schools of public health should undertake an expanded program of short courses to help upgrade the competence of personnel now engaged in public health.

- Schools of public health should encourage and assist other institutions to prepare appropriate, qualified public health personnel for positions in the field.

- Schools of public health should strengthen their response to the needs for qualified personnel for important, but often neglected, aspects of public health such as the health of minority groups and international health.

- Schools of public health should help develop, or offer directly in their own universities, effective courses that expose undergraduates to concepts, history, current context, and techniques of public health to assist in the recruitment of able future leaders into the field.

- Education programs for public health professionals should be informed by comprehensive and current data on public health personnel and their employment opportunities and needs.

REQUEST FOR AUTHORIZATION TO PLAN A NEW DEGREE PROGRAM
THE UNIVERSITY OF NORTH CAROLINA

Date: 2/14/94

Constituent Institution: University of North Carolina at Chapel Hill
API Discipline Specialty Title: Health Professions
API Discipline Specialty Number: 1200 Level: B__ M__ I_ Prof __ D __x_
Proposed program is at a more advanced level than those previously authorized: No
Proposed progam is in a new discipline division: Yes

Proposed date of establishment: *month* July *year* 1995

1. *Briefly describe the proposed new degree program for which planning authorization is now being sought. Include a statement of educational objectives, the relationship of the proposed new program to your institutional mission, the relationship of the proposed new program to other existing programs at your institution, and special features or conditions that make your institution a desirable, unique, or appropriate place to initiate such a new degree program.*

Introduction

Planning authorization is being sought for a Curriculum in Public Health Leadership. There are several documents which provide a rationale for exploring the development of a curriculum such as the Public Health Leadership Curriculum.

Most currently, the "Working Group Draft" of President Clinton's health care reform proposal shows the president's intent for public health problems to be dealt with in a model which requires "coordinated involvement of multiple parties, designed to foster inter-agency collaboration and public-private partnerships." Public health agencies will be required to initiate and manage collaborative efforts between health alliances, community groups, and health plans. They are also charged with accountability and quality assurance on a broader scale than has been true in the past. It will be increasingly critical to have public health leaders trained in the broad skill areas necessary to organize, manage and participate in such strategic alliances.

In addition, the Institute of Medicine's (IOM) report on the Future of Public Health cites the need for well trained public health professionals with technical expertise, management and political skills, as well as commitment to public welfare and social justice. The data in the report reflected that many individuals in public health leadership positions lack any academic preparation in public health and many lack training and/or experience in such key leadership skills as management, political competence, community diagnosis and organization development. The Public Health Faculty/Agency Forum (sponsored by the U.S. Health Resources and Services Administration) and the Pew Commission Reports Health America: Practitioners for 2005 and Health Professions Education

THE UNIVERSITY OF NORTH CAROLINA
AT
CHAPEL HILL

School of Public Health

Michel A. Ibrahim, MD
Dean

MEMORANDUM

TO: Vice Chancellor H. Garland Hershey
Provost Richard McCormick

FROM: Dean Michel A. Ibrahim

DATE: 28 January 1994

SUBJECT: School of Environment

As a follow-up to our recent conversation, I would like to propose that the University move boldly and expeditiously to establish a free-standing School of Environment. The rationale for UNC-CH's addressing the splintered efforts on environmental research and education and expressing a high priority for that field of study was amply provided in the 1992 report of the Vice Chancellors' strategic planning committee on ecology and environment, entitled "Environmental Programs at UNC: The Next Century" (commonly known as the Andrews Report). A key recommendation in that report was that the University should "establish a world-class Environmental Studies Center, combining our strengths in Academic and Health Affairs into both an integrated intellectual network and a physical facility for inter-disciplinary environmental research and teaching."

No school, including the UNC-CH School of Public Health, would be eager to give up some or all of a world-renowned department such as the Department of Environmental Sciences and Engineering. However, the importance of environmental studies for the future of the planet must transcend any organizational concerns that might exist in the School of Public Health. The School of Public Health would maintain a small but excellent Department of Environmental Health, which would be closely linked with the new school. Both the environmental and health fields would benefit immensely and be strengthened by such a move. In addition, the ability to attract first-class scientists and teachers, and to maintain a highly competitive position locally, nationally, and internationally, would be enhanced.

The organizational relationship between environmental studies and public health in the 1990s is somewhat analogous to that between public health and medicine in the 1930s. In 1936, the School of Public Health was a department in the School of Medicine. It was only in 1940, when it became a school, independent of medicine, that the School of Public Health advanced to its current national eminence. The School of Medicine continues to have excellent programs in social medicine and clinical epidemiology which are closely linked to the School of Public Health.

My attached statement is made in response to the Andrews Report and offers some details and further rationale for moving now to establish the new school. The cost to the University to create a new School of Environment should not be exorbitant: the proposed reorganization makes use of existing units and resources, and a new building should attract substantial private funds for this highly visible and important field.

cc: Professor William H. Glaze
Other SPH Chairs

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THE CURRICULUM IN PUBLIC HEALTH NURSING
PLAN FOR THE FUTURE

The health care reform movement offers opportunities as well as challenges to the Curriculum in Public Health Nursing. The uncertainties surrounding the health care reform at national and state levels as well as the uncertainties about the place and function of public health in any new health care system, create the opportunity challenge of preparing public health nurses for an unknown future.

The future is unknown, but some information is available and this has shaped faculty actions as we have begun to refocus our Curriculum. The analysis is briefly described below.

The proposed health care reform, the growth of master's degree programs in schools of nursing, the movement of less well prepared nurses to practice in the community, the uncertain role of public health nurses under health care reform and the overall decline in nurses attending the SPH (all departments) led the faculty of the Curriculum to do an indepth analysis of where we are, where we need to be and how best to get there.

The following events challenged the Curriculum faculty to take a critical look at where we are, where we are currently heading, and where we should be heading.

Internal events:

- Required self-study for Fall 1993 Graduate School Review
- Faculty Winter Retreat to analyze strength, weaknesses, opportunities and threats (SWOT) of students, faculty resources, and our program of study
- Upcoming National League for Nursing Accreditation (every 8 years - 1995)
- Recent successes in research funding

External events:

- Health Care Reform
- Questionable role of public health nurses (and all of public health in a new health care system)

The events suggested to the faculty in the Curriculum that the time for change is here. The health care reform movement suggests that more care will move to the community while, at the same time, public health nurses may be changing their roles. We believe that certain areas need to be examined. They include: students, the program of study, and faculty. The challenge is to bring the right balance of the "correct" elements of education, faculty expertise and interest to prepare public health nurses whose future role is unclear. This has required examination of a number of resources.

5/9/94

Norman Clark

Reasons for Univ. of Michigan SPH review

Debate between former dean + dept of Family + Cop. Hlth — very public + unpleasant — led to call for a review of the school. Dean resigned. Provost said no search until school was reviewed. Chairs said good idea — an internal review along strategic planning lines.

Unstated reasons — sense among SPH faculty that little sense of collective identity — undermining sense of mission.

Background pressures in environment
(1) dramatic changes in public health + health care environment
(2) change in research that funders support — large, multidisciplinary community
(3) questions about efficiency — class size, student:fac ratio, duplication/overlap
(4) steady decrease in $ support to school
(5) general lack of a strong constituency for PH in univ at large — little understanding of PH, perceived lack of coherence of curriculum

Criteria — logic + coherence to collective endeavor, stability of student body, increase research $, increase efficiency — decided that widespread change was needed

Realized need for collective, participatory process.
Need to consider how to communicate to people outside the institution to audience uninformed about PH.
- need to reveal the coherent logic of field, - as used IoM language (despite ~~its~~ its limitations)

 diagram - all PH disciplines could be accomodated.

Mission - focus on prevention + HP - distinguishing characteristics
major obligation to minority
understanding of biol, behav, environ institutional factors

Structure: 8 depts → 5 depts: Bios, epid, envn, policy, hlth
City Health Prog - Nutr, dental ph → epid
→ envn

Pop Plan + Int'l HLH - absorbed
PH Pol. + Admin, HLH Sys Mgt + Policy → combined

+ Interdepth concentrations

Acad Prog - Core curric. Core A + Core B
Core A = Bios + EPID
Core B (professional degrees) - public health profs
+ Interdisciplinary perspectives (within depts)
+ Make avail more electives - encourage 9/60 credits outside home dept

why not BPS + EPID "the first step" (this is)

Acad Prog Review Ctte — don't
Extend progs for nontraditional students
City + agency linkages

Research

Research Council to support collab research
Invest in research scientists
Enable ~~weigh~~ Negotiated weightings for emphasis on T, R, S
Individual academic support accounts — more uniform

Core curriculum

Everyone should be exposed to:
history/philosophy/perspective of public health
Multidisciplinary perspectives on f p.h. problems
Great books, seminars