
School of Public Health

at The University of North Carolina at Chapel Hill

Strategic Plan

June 1, 1991

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I. Abstract

Current and emerging challenges within the health field at the local, regional, national and international levels require a new configuration and re-focusing of school priorities and resources. Health issues of today--and tomorrow-- are complex and multifaceted: injury and violence; major chronic diseases such as cardiovascular disease, cancer, and diabetes; the AIDS epidemic; potentially profound consequences of global warming; depletion of the ozone layer and other changes in the environment; continuing problems of high infant mortality; health-care access and cost containment. Finding solutions to these problems and implementing effective interventions will require new and innovative approaches that involve collaboration among many scientific disciplines and new partnerships between academic institutions and community agencies and organizations.

The School of Public Health is one of the premiere institutions of its type in the world. It is uniquely positioned to address these emerging challenges. To best meet these challenges, the School has presented as its highest priorities a series of goals and strategies emphasizing the following:

- advancement of scientific knowledge through multidisciplinary and interdisciplinary research;
- education of public health leaders, practitioners and scholars;
- improvement of the health of populations at greatest risk, including racial and ethnic minorities, children and the poor;
- development of methodologies for measuring health status and for evaluating community-based interventions;
- development of partnerships with state, regional, national and international agencies, industries and community organizations; and
- emphasis on research, service and education within the context of global and international health.

II. Unit Assessment

The mission of the 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.

The School of Public Health differs from other Health Affairs schools by its special emphasis on identifying health status and health needs of communities or populations, as distinguished from that of individuals. This population-based focus is brought to bear on the prevention of disease and the promotion of health and on the provision of health services and protection of the environment.

The determinants of the health of the public are numerous and diverse and include environmental, biological, socioeconomic, behavioral and health care factors. The School's faculty, who bring expertise in all these areas, address issues along the continuum of public health, including disease surveillance and etiology; protection of the environment and food supply; effectiveness of health interventions; organization, financing and delivery of health services; and policy analysis and development.

The UNC School of Public Health is one of the premiere institutions of its type in the world. Of the 24 accredited schools of public health in the United States, it is the second largest, and it is widely regarded as one of the best. It is the only school of public health in North Carolina.

The School has seven academic departments and one degree-granting curriculum, offering studies in biostatistics, environmental sciences and engineering, epidemiology, health behavior and health education, health policy and administration, maternal and child health, nutrition and public health nursing. In addition, four interdisciplinary programs in international health, health promotion and disease prevention, aging and occupational health offer opportunities for faculty and student research and study across departments.

Two divisions provide schoolwide support services. The Division of Community Health Services administers the Office of Continuing Education, the Learning Resources Center and the School's AHEC Program Unit. The Division of Computing and Information Services (CAIS) provides central

administration for the School's computer services, a microcomputer laboratory for student educational use, training programs for faculty, students and staff, and coordination with University-wide computer services.

Students and Faculty

More than 1,000 students enroll in the School each year. Last year 1,055 students came from 64 North Carolina counties, 33 other states and 20 foreign countries. About 90 percent of our student body are graduate students, many of whom already have advanced or professional degrees in medicine, dentistry, nursing, social work and other fields. In 1990, 17 percent of all graduate students enrolled at UNC were in the School of Public Health.

While the School of Public Health, because of its national and international reputation, has graduates working for agencies, governments and academic institutions throughout the world, a large percentage of our alumni are working to address public health problems here in our state. Approximately 2,500 School graduates currently live and work in North Carolina.

The School has more than 155 full-time faculty and 400 staff members. In addition, more than 300 adjunct faculty from professional settings throughout the state and nation offer expertise for student learning. The excellence of our faculty, who have uncompromising standards for scholarship in research, teaching and public service, is one basis for the School's national and international reputation.

Looking to the future, we would like to expand our efforts to recruit and attract an even broader racial and ethnic diversity of students and faculty to help meet the public health challenges faced by special populations.

Relationships with Other Schools and Organizations

The School has excellent working relationships with other schools and centers within the University. With the School of Medicine, for example, there are joint programs in nutrition, health promotion and disease prevention, and ecogenetics. There are also joint degree programs with the UNC Schools of Dentistry, Social Work, Education and Law. The School collaborates with UNC centers such as the Lineberger Cancer Center, Carolina Population Center, Health Services Research Center, and the UNC Health Promotion and Disease Prevention Center, which is physically housed in the School.

In addition, the School has collaborative programs with state and county agencies. For example, the School has had a 15-year partnership with the N.C. State Health Department to provide continuing education for public health nurses and environmental health specialists. For the past six years, the School has collaborated with the North Carolina Public Health Association to

provide a Public Health Leadership Conference to inform health leaders about health policy issues and policy development.

Because the complexity of public health problems today requires collaborative and interdisciplinary solutions, the School plans to move forward in forging new partnerships with other agencies and organizations, governmental units, and business and industry.

School Facilities

In 1990 the School opened a new chapter in its history with the dedication of McGavran-Greenberg Hall and the Baity Laboratory. These facilities, together with Rosenau Hall, house classrooms, offices and laboratories.

While we are proud of our current facilities, there are pressing needs. Plans to upgrade Rosenau Hall, committed with the new building, have been delayed because of budget constraints. Laboratories need renovations to ensure safety as well as to provide modern equipment required for today's research. Further, despite space added by the new buildings, the continued growth of our programs and projects requires that we lease approximately 50,000 square feet of space outside our buildings in locations throughout Chapel Hill.

Financial Resources

The School's operating budget for teaching, research and service programs is more than \$30 million. About one-third is from state-appropriated funds; the remaining two-thirds, about \$20 million, comes from competitively awarded grants and contracts. Thus, through the initiative of the faculty and leadership of the School, each dollar received from the state of North Carolina is leveraged into three dollars to support the total academic and professional mission.

State funding provides a solid and critically needed base of operating funds for School programs. The externally funded academic research, training and service programs provide additional opportunities for faculty and graduate students to develop, acquire and disseminate new knowledge for enhancing the health of the public.

Cuts in state funding, plus a tighter market for outside funding opportunities, seriously threaten the School's ability to attract and retain "the best and the brightest" in faculty and students. In addition, the possible loss of tuition remission will have a disastrous effect on our ability to attract top students from other parts of the United States, for whom we compete with other universities across the nation.

Contributions of the School of Public Health

In fulfilling its mission to promote health and prevent disease, the School continually strives to expand the frontiers of public health knowledge, to translate this into effective interventions, and to disseminate this information to students and health professionals.

Infant Mortality Our faculty research addresses many of the most critical health problems of today. In infant mortality rates, for example, the United States ranks 21st among industrialized nations, and North Carolina is among the worst in the nation. School faculty are evaluating infant mortality reduction initiatives, such as Medicaid expansion, media campaigns and increasing obstetric providers, in 11 Southern states to determine which interventions are the most effective.

Cardiovascular Disease Heart disease is the number-one cause of death in the United States. In one of several School research projects in this area, faculty are studying cardiovascular and pulmonary disease in 4,000 black and white residents of Forsyth County, one of the sites in a long-term, multicenter national study. Data from this project may lead to interventions that change behaviors associated with heart disease. The School is serving as the data-coordinating center for the entire national study.

Cancer The third leading cause of death in the United States is cancer. Several School projects address this problem. For example, many questions have been raised about cancer risks among utility workers exposed to electric and magnetic fields. Our faculty are studying the potential relationship between magnetic fields and the increased incidence of certain types of cancer, especially leukemia and brain cancer.

Health of Minorities Minority groups have a higher incidence of many cancers and have a shorter life expectancy after diagnosis of cancer. In cooperation with the Lineberger Comprehensive Cancer Center, School faculty are conducting studies in North Carolina and Virginia to develop new ways to control cancer in minorities.

Nutrition Both health professionals and members of the general public are concerned today about the relationship between nutrition and health. Our faculty are developing techniques to measure food intake in large populations, to study the determinants that influence food intake and the associations of certain foods with the appearance of diseases.

Faculty also are studying how certain biochemicals affect health. For example, the dietary deficiency of a single nutrient, choline, sensitizes rats to environmental carcinogens. These rats develop liver cancer in response to doses of environmental toxins that do not harm normal rats.

Animal studies such as these can lead to information about the effects of biochemicals on human health.

Health Care Costs With the cost of health care skyrocketing, many corporations are initiating health-care cost-containment programs. One study currently underway will evaluate managed-care approaches in 50 large U.S. corporations to determine the most effective ways to reduce employee health-care costs. The findings will provide a valuable guide to methods of health-care cost containment for other large employers and society in general.

Dental Health Dental health has significant effects on overall health status. School faculty have been involved in a survey of N.C. school children to document improvements in oral health resulting from North Carolina's legislatively mandated preventive dentistry program. The results will direct planning efforts to develop comprehensive dental programs for high-risk communities.

Injuries Violence and intentional injuries are leading causes of morbidity and mortality in urban youth in North Carolina and throughout the nation. One School project is implementing and evaluating a violence prevention curriculum. Taught by trained social studies teachers in Durham middle schools, the program teaches students constructive strategies for diffusing or sidestepping situations leading to violent interactions. Public education and public health are combined to emphasize health promotion in a fashion understandable to middle school students. There are plans to expand the project into a larger study of violence prevention throughout the community.

The Environment While modern technology brings many benefits, there is concern about the long-term effects of these technologies. School faculty are developing new research tools drawn from molecular biology and biochemistry to determine exposures and health effects of various chemicals and infectious agents on human populations. Biomarkers, gene probes and advanced mass spectrometric methods are developed to measure chemicals in exposed populations, to record the genetic damage caused by these insults, and to examine individual differences that may reflect ultimate susceptibility to disease.

In other environmental science projects, faculty are studying the formation and transport of chemical contaminants in air, water and workplace environments. They are designing engineering systems for control of toxins in the workplace. And they are developing computer models of environmental systems, such as those associated with groundwater contamination, and regional scale modeling of ozone production in the troposphere.

Other School faculty are conducting studies of drinking water quality. Research in this area includes studies of disinfection and disinfection by-products; new treatment processes such as Advanced Oxidation Processes, biological treatment, and membrane processes; fundamental toxicology studies of drinking water contaminants; and socioeconomic studies of water management policies in developing countries.

Life-Long Learning In addition to advances in public health research, the School of Public Health has a strong commitment to providing life-long continuing education for health professionals. Rapid changes in technology and scientific knowledge require that professionals be involved in an ongoing learning process to keep up with advances in their fields. Last year, the School presented or cosponsored more than 170 courses attended by 7,000 participants. A number of these were held in conjunction with the North Carolina Area Health Education Centers. All of these courses were conducted in North Carolina, with more than 50 percent presented outside the Chapel Hill area.

Other courses were offered by the School's Occupational Safety and Health Educational Resource Center and the Institute for Environmental Studies. In addition, individual School faculty gave research presentations throughout the nation and world in association with professional associations and organizations.

School faculty also provide extensive technical assistance and consultation to local, state, national and international health and human service agencies. Moreover, faculty members often serve as experts on various state and national government commissions and committees concerned with public health. In the 1989-1990 school year alone, faculty spent nearly 24,000 hours on 824 community service projects. Almost half of these projects were conducted in North Carolina.

Challenges for the Future

Current and emerging health challenges require a re-focusing of School priorities and resources to increase the extent of interdisciplinary and inter-departmental collaboration. Many health problems of today cannot be solved by one individual focusing on a single line of research. Solutions to these complex problems require the bringing together of many disciplines and different approaches to sort out the multiple factors that contribute to modern disease and deteriorating environmental quality.

For example, AIDS is an infectious disease initially recognized in only a few distinct populations in limited locations. Now it accounts for thousands of deaths in diverse populations and age groups throughout the world. Its solution requires collaboration among scientists from such diverse disciplines as virology, biochemistry, medicine, behavioral science, and health

economics as well as from the area of policy development. Global climate change is another example of a threat that knows no borders, either geographical or political. Addressing this problem requires the interaction of environmentalists, biochemists, policymakers, economists and behavioral scientists.

The School has expertise in many of these areas. A challenge for the future will be to find the most effective configuration of faculty resources and research support services to match the complexity of the problems. Funding agencies, too, are recognizing that solutions to these problems require the focus of multidisciplinary teams; they are requiring that funded projects include a broad multidisciplinary approach. To facilitate these activities, School faculty have expressed a need for additional support for preparing grant proposals and for managing interdisciplinary research projects.

At present, 12 percent of the U.S. Gross National Product is dedicated to health services, the highest percentage of any country in the world. Despite this allocation of resources, the overall health status on such well-accepted indicators as infant mortality, longevity and age-specific mortality is far below other industrial nations. For example, the infant mortality rate within North Carolina, at or near the highest in the United States, enters the range of those in Third World countries. The development of outcome indicators and the monitoring of health and environmental status are essential to determine whether a major allocation of resources will result in corresponding benefits. With a strong foundation in the quantitative sciences, the School of Public Health is well-equipped to break new ground in the development of research tools for surveillance, data collection and assessment.

Particular attention is required, too, for priority groups in North Carolina and the nation, such as the rural poor, minority groups, the aged and children. It is well documented that these groups experience a vastly disproportionate share of health problems. They also have more difficulty with access to health care due to a higher rate of unemployment and a higher percentage of persons being uninsured or underinsured. Several departments within the School have identified that the School needs to increase its emphasis on minority health by establishing an interdisciplinary focus of research, teaching and service in this area.

The School of Public Health, with its historical focus on the community and dedication to the underserved, is well-positioned to conduct cutting-edge work emphasizing these populations. The School has currently submitted, for example, an application for a Kellogg Foundation grant for a Community-Based Public Health Initiative to Improve Minority Health in Wake and Warren Counties. The project would involve a consortium of agencies, including local health departments, the Schools of Public Health and Medicine, Wake AHEC, and community organizations and health centers.

The acquisition of knowledge and its application through teaching and service from an interdisciplinary perspective is necessary but not sufficient to meeting the public health needs of the future. Research must be translated into practice. The Institute of Medicine study on "The Future of Public Health" stated that many schools of public health in the nation are increasingly isolated from public health practice and not fully involved with the fundamental problems of public health and environmental protection. Other recent studies and reports have strongly recommended that schools of public health re-establish strong linkages to public health practice. In addition, several of the departmental plans acknowledged the need for this School to increase its practice emphasis.

While the UNC School of Public Health has a long tradition of working with public health practice, our current assessment is that we are not as strong in this area as we need to be. We have developed several initiatives to address this weakness. For example, the School recently received notice of approval for a grant to add a concentration in public health practice to an existing doctoral program. Efforts are currently underway to implement the program, and the first group of students will enroll in the fall of 1992.

In another initiative, the School has applied for a grant to establish a Public Health Leadership Institute. The purpose of this program is to meet the perceived needs of city, county and state public health officials to help them improve the quality, efficiency and effectiveness of their agencies and programs. The School will be planning other efforts to forge new and stronger partnerships with health organizations, government units, business and industry to improve health and reduce preventable death and disability.

The School of Public Health is uniquely positioned to build on its strengths and to take advantage of these new challenges and opportunities in the field of public health. To this end, we present a series of goals and associated strategies for making these goals a reality.

III. Goals and Strategies

The School's strategic planning process involved extensive discussions, deliberations, revisions and participation by the School's various constituencies. (See the Appendix for description of the planning process.) As a result of this process, the following six goals, with associated action strategies, are proposed for the School of Public Health.

Goal 1

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

Much is known about how to prevent disease and protect health and the environment, yet there is much more that we do not know. Basic and applied research is needed to increase our knowledge and understanding of the physical, biological, cultural, behavioral, environmental, political and organizational factors that affect health status.

To provide this information, researchers must conduct systematic, interdisciplinary studies to:

1. identify the underlying causes of health and environmental risks;
2. identify the sources and mechanisms of exposure to health risks;
3. identify the consequences of individual and community behaviors on health status and environmental quality; and
4. develop and evaluate the effectiveness of intervention strategies.

Because public health problems today are complex and multifaceted, scientists from various disciplines must work together to find solutions. For example, reducing the rate of infant mortality involves issues of quality of prenatal care, nutrition, health education and health behavior, health care delivery systems and health policy. Implementing cancer control measures must include education about personal health behaviors, identifying occupational hazards, regulating exposure from environmental toxins, ensuring access to health care services and evaluating treatment alternatives.

The School of Public Health has among its faculty world-class researchers representing a variety of disciplines including the physical, behavioral, envi-

ronmental and biological sciences, economics, and health policy and administration. A major challenge is to configure these disciplines in a way to match the complexities of public health, environmental protection and health services delivery.

Strategies to enhance multidisciplinary research

- Provide support for interdisciplinary grant proposal development and project management.
- Increase incentives and reduce barriers to interdepartmental and inter-school 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 2

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

The acquisition of new knowledge is a necessary but not sufficient condition to meeting the health needs of the public. Schools of public health serve an important link between the knowledge-generation function of research and its application to solve public health problems. New knowledge must be translated into curricula to ensure that public health professionals are adequately prepared to meet the challenges of the future.

As outlined by the Pew Commission on Health Professions, the training of health professionals must recommit health professionals to the public's health. The Commission emphasized the need for new curricula in prevention and management of chronic diseases, the reorganization of educational programs to develop models for health care professionals functioning as interdisciplinary teams, and for providing a moral leadership role in public discussion of health and environmental issues.

In recognition of the critical dual role of research and education, schools of public health should give faculty equal encouragement, and rewards, for both. Faculty should be acknowledged for their teaching efforts, their innovations in teaching and the use of new educational technology, and their mentoring of students.

Strategies to educate public health 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 enrolling mid-career students on a part-time basis.

Goal 3

Improve the health of disadvantaged, underserved and vulnerable populations.

Disadvantaged and vulnerable populations include many racial and ethnic minorities, children, the poor, the elderly, some rural populations and persons exposed to hazardous workplaces or environments. In North Carolina and throughout the nation, these populations have significantly higher mortality in all major disease categories, are often poorly nourished, and often have the highest risks due to exposures to environmental contaminants and workplace hazards.

In some cases, the causes of the excess burden of death, disease and disability are insufficiently understood to provide a guide to action or policy. In other cases, the causes are understood, but research is needed to determine effective interventions. In still other cases, the preventive measures needed are clear, but advocacy and policy development are required to effect change. Resolution of some of the problems may require broad social and economic trade-offs to protect these groups in their communities and workplaces.

Fortunately, the needs for minority research and for education of minority researchers and practitioners are being increasingly recognized at the national level. It is important to remember, however, that these populations are extremely heterogeneous, with extensive variations within each group. Special populations often require targeted preventive efforts, and generalizations can be ineffective. Research is needed that is population specific and that brings the coordinated efforts and expertise of a broad range of disciplines.

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. Foster activities such as faculty exchanges, research fellowships, and summer experiences with minority groups.
- Work with other units of the University to improve UNC's contributions to the public schools. Involve faculty and students in revising and developing new curricula in health and environmental education.
- Emphasize research on infant mortality, injury, substance abuse, environmental and occupational hazards and other health problems that are of particular concern to minority groups. Collaborate in this research with other UNC units, especially the School of Medicine and other health science schools and with centers such as the Lineberger Cancer Center, the Carolina Population Center, Health Services Research Center, and the N.C. Minority Health Center.
- 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. Address questions such as: How does economics influence behavior toward health promotion and disease prevention? What are the comparative costs and benefits of different interventions? What are the trade-offs associated with economic development, health, and environmental protection?

Goal 4

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

To understand health status and to plan, implement and evaluate intervention programs to control and prevent health problems, it is necessary to have adequate assessment and surveillance systems. Information is needed on the incidence of deaths and disability from acute and chronic conditions and injuries, on the risk factors associated with illness and premature death, and the effectiveness and costs of preventive and treatment services.

The increasing allocation of resources to health services and environmental health protection requires that there be a constant monitoring of health and environmental status to determine whether there is an effective use of such resources. The ability to measure health status and environmental quality as outcome measures provides a unique opportunity to better design and implement programmatic interventions to enhance the health status of the population.

The School of Public Health with its historical focus on the community and the availability of social, behavioral, health, occupational and environmental expertise is in a unique position to participate in interdisciplinary community assessment and intervention efforts.

Strategies for measuring health status and evaluating health services and environmental quality

- 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 services 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 5

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

The Institute of Medicine Committee study, "The Future of Public Health," suggests that schools of public health are becoming increasingly isolated from the challenges being faced by the field. To better meet these challenges, schools of public health should establish firm practice links to significantly increase the number of faculty undertaking professional responsibilities, conducting research and training students in practice settings.

Strategies for establishing partnerships with other agencies and organizations

- 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 policymakers 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. For example, sponsor statewide consensus development conferences to establish guidelines for more effective and efficient service delivery programs.
- 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 in particular topical areas of interest to the private sector.

Goal 6

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

The human species is having a profound effect on planet earth and its habitability, and feedback processes exist that threaten human health and ecological systems. Public health, the workplace, and the natural environment are interconnected and interdependent, transcending political and international boundaries.

The School of Public Health has a rich history and commitment to international health issues in research, education of students from abroad, and international consultation and technical assistance. The School must capitalize on these strengths to contribute to the critical human health, occupational and environmental problems of the developing, industrial and post-industrial world.

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. Studies should include the investigation of the effects of exposure to toxic and infectious agents and changes in the food supply on human populations and the fundamental problems of population control.
- 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 (worldwide) problem. Develop a focus on global problems in public health, such as occupational, environmental, population, food supply and demographic issues, that visualizes health and environmental protection in their broadest concepts and that demonstrates the links between environmental quality and human health.

Enabling Strategies Applicable to all Goals

There are several major strategies that are essential to implementation of the School's strategic planning goals, but which are common to more than one goal. These strategies appeared repeatedly in individual departmental plans as well as in planning and discussion at the schoolwide level.

- Ensure access to information technology resources by faculty, students, administrative and research staff.
- Coordinate planning in the School to assure optimum resource allocation for all departments and programs.
- Develop mechanisms for ensuring support for preparing grant proposals and for managing interdisciplinary research projects.

V. Appendix: The Strategic Planning Process

Strategic planning for the School of Public Health began in 1984 with extensive consultations with faculty, chairs, University officials, alumni, the School's Board of Advisors and other outside experts. Strategic planning is not easy, especially when large sums of money are generated from external sources, state-appropriated funds are not flexible and continue to be reduced, and national priorities change often. In spite of these constraints, strategic planning continued to gain momentum and enthusiasm in the School.

In 1988 a faculty strategic planning committee was formed on the following principles:

- The strategic plan must be faculty-owned; the sense of ownership by the faculty requires meaningful participation in the process and eventual acceptance of the product.
- The School is the unit of analysis; while realizing that departmental missions are critical to the advancement of the School, departments work together to articulate a schoolwide agenda within the University and state.
- The strategic planning process is continuous, that is, it results in the provision of interim rather than final reports.
- The process must be institutionalized in that it should not be unduly or adversely dependent upon personalities of deans or chairs.
- The process must be an integral part of the School leadership; planning must be close to the chairs and dean so that proposed programs are implemented and objectives and goals are seen to provide an overall framework for the school's thrust.

The Strategic Planning Committee of the School is constituted not to represent departments or political groups but to represent disciplines. The six discipline-oriented faculty members were selected from the behavioral, environmental, biological and policy areas. Although designated groups are not represented as such, their input is critical and is often sought. Participation of members of the faculty at-large, alumni, students, and others are systematically sought to provide ideas and criticisms to the strategic plan and its products.

The Chancellor's Call to Plan on February 23, 1990, was most welcome as it confirmed the faculty's belief in the ongoing strategic planning process. The Chancellor's Call to Plan has been properly communicated to the Strategic

Planning Committee, to chairs, to faculty, to alumni and others. A timetable was established, building up to the June 1991 meeting when the Dean makes a presentation to the Chancellor and his advisors. Departments have already presented their plans to an outside group and the Strategic Planning Committee. The outside group represented expertise in environmental sciences, health practice, and health policies. Crosscutting themes have been developed and discussed by the Dean's Cabinet, and the general faculty at different times.