Schools of Public Health in 1972 — Ivory Towers or Sites of Relevance?

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The natural history of organizations and institutions resembles that of living beings. Thus schools of public health have been sired at intervals since 1913, and most have survived to enter adult life. Doubts about their stage of maturity, however, fill the air of 1972. Some viewers urge, for example, that the schools are ripe to spawn a new generation of institutions with somewhat different functions; still others claim that procreation is long past and that decline and death seem near. Such writers hold that these schools, like old soldiers of fortune, should fade away, willing their tasks and wealth to distant relatives.

Resembling humans with some lasting sparks of life, however, these institutions do not rush to place themselves on the slab so that we may see how they work. Even without such information, health providers and some consumers still feel free to question the form and function of schools of public health and to doubt the sanctity of those who work in them. Some faculty members add weight to such comments; recent papers show that neither observers nor participants tiptoe round this subject like mourners at a wake (*1, 2*).

Why then another paper about schools of public health? Mainly because they now seem to be caught in a crossfire of conflicting pressures, which should be explained to those who wonder why change is slow. Partly also because some critics have had unrealistic expectations or have stated erroneous goals for these institutions—misconceptions that should be corrected rather than oft repeated. We also need more discussion of the simplistic view that schools of public health have one major goal which should be optimized and on which we all agree. Some past descriptions

have also, however, made many useful points; they form the foundation on which this review is built (*3–5*).

Why Schools of Public Health?

Each health profession knows much more about caring for individual persons than about the setting for services to population groups. This imbalance of knowledge reflects the interests of the institutions and personnel who begin the education of health providers. It leaves an unfortunate gap between what these educators teach and what society hopes to gain from their graduates.

From a seed sown first in Boston, schools of public health grew partly to correct this imbalance and partly to embrace an ideal. They focused their teaching and research efforts on the environment, on prevention, and on the health problems and services of population groups long before society renewed its interests in these topics. They imparted interrelated knowledge from many sources to students from several different professions. In addition, these schools stressed a value that received only lipservice in most uniprofessional schools—the conventional wisdom that preventing the onset of disease and speeding its detection and treatment are more humane to individual persons and often less costly to society than the care of advanced illness. In 1972 we see few signs that uniprofessional schools, including departments of community medicine in medical schools, will change their educational efforts to span all of the interests of schools of public health.

Schools of public health have one factor in common with health service agencies—a long-term objective to improve the health of present and future generations. The unique characteristic of the schools, however, is the activities in which they engage to achieve this goal. By forming a home for faculty and students, they create and acquire the knowledge, values, and skills that are applied to improve the public health. Their fundamental role is an educational one, which involves them rarely in the large-scale delivery of health services. Their main contribution to the health of society has thus been indirect—the prospect that their 7,000 MPH graduates during the 1960s would change society where change was needed.

Like all institutions, however, schools of public health are expected to respond to the views of those who support them. In recent years, therefore, some faculty members and students have urged the schools to engage more vigorously in direct efforts to improve health. Holders of such views have pushed for a change in past academic priorities which held that service activities were appropriate for faculty members only so long as their teaching and research efforts were not impaired.

In assessing this situation and some other aspects of the current scene, the different constituencies of these schools should be considered: the university that surrounds the school, the students who are the primary consumers, the faculty that provides the educational and research activities, and the broad sector of society that ultimately supports and consumes the activities and their end results. Concerning these matters, I have added my thoughts to those expressed by Fry (*6*).

The university setting. Schools of public health are part of their parent universities, which hold each school responsible for scholarly work at a standard of excellence equal to other parts of the academic community. It is in this setting that faculty members must select the activities and objectives that will meet their interests and advance their careers. What are the ingredients of this environment, and how do they affect the future directions of the schools?

In the 19th century, U.S. universities were built around a belief that all knowledge was important. Teaching did not have to be "relevant" or "practical," and indeed much lay far from these descriptions. Knowledge did not have to help graduates wield power, achieve success, or influence others, although a university education often raised prestige and skills sufficiently to create these situations.

The university thus traditionally helped society by means of the activities of its graduates. Its societal contribution rarely went in an unbroken, direct line from university to society. The university of yore did not seek to incorporate such functions as the solving of pressing social problems; these functions could be carried out, and usually better, by other segments of society.

Particularly since the end of World War II, however, more universities have lost their cloistered shroud. Speeding this change have been the vast sums of money coming from Government, foundations, and industry. A new type of faculty member, whose status and rank depended on how much wealth he enticed, became more numerous. The wish for such funds made it easy for universities to bypass their previous ideals. Institutes proliferated that were funded by out-

side sources and were only under weak control of the university. "Research professors" were appointed who did little or no teaching.

Thus universities tended to become the fatted calves of research funding, while teaching and service activities were less altered. University faculties changed from a patriarchical elite to members of a more middle-class democracy. Knowledge was valued no longer entirely for its own sake, but partly for its power to meet the needs of individuals and society. To a large extent, producing knowledge without practical application became expendable, irrelevant, and akin to fiddling while Rome burned.

Such changes then formed the setting for most schools of public health, and many schools have mirrored these changes. In the 1960s some schools became corpulent, nourished by funds that fostered research activities. In this environment, community service and administrative activity continued to gain fewer academic rewards than investigation. Even when community service and consultation with health agencies improved teaching, these activities were difficult to evaluate and received less credit than equivalent periods spent elsewhere. Faculty members worked in an environment that encouraged public health practitioners to classify them as being out of contact "with real life."

Although through 1969 faculty members continued to rise in numbers, the average income of schools of public health, in terms of constant dollars, has decreased since 1965. This change relates partly to the rising number of schools: 14 in 1965 and 18 in 1970. The financial austerity of 1972 has stimulated an interest, not wholly pleasing to faculties, in raising the efficiency of educational efforts. This interest has torpedoed, but has not sunk, a dominant faculty view that scholarly work is not susceptible to cost-benefit analysis.

Efforts are mounting to prick the consciences of faculty members who have light teaching loads—suggestions come with diminishing subtlety that courses with a small registration of students should be strictly assessed and perhaps thrown out. Nevertheless, official records show that fewer old courses were dropped in 1969–70 than before (*7*).

The students. Students who enter schools of public health come from many settings. Certain changes in the student body have affected most schools. One has been the younger age and the briefer practical experience of recent entrants. Among those graduating, for example, 30 percent were under 30 years of age in 1967–68, compared with 37 percent in that age group in 1969–70. Some students now seem to enter school because jobs are scarce. Another change has been the increasing tendency to object to remnants of the old concept that knowledge is valuable for its own sake. Particularly objectionable have been those aspects of academic life that seemed to maintain the student body as powerless participants in the institution.

Thus some student concern has appeared in attempts to bring a seemingly authoritarian structure more into line with its surrounding democracy. But usually only a minority of students have wished to participate actively in the time-consuming activity of governing the schools. Those with special needs or views have tended to control student government, while students with a strong professional or vocational identification have been less concerned with such issues as student power.

Part of the vanguard of student unrest has been bright and idealistic; such students have been dissatisfied with courses affording a weak intellectual challenge. Also active, however, have been some who were less academically inclined—students whose goals have been not just a strong say in the content and grading of courses but also in the granting of independence to go one's own unstudious way. With both groups, nevertheless, the proposed remedies have seemed worse to some faculty members than the disease which they purport to cure.

Faculty views, however, have sympathized with some aspects of the student cause. As experience has gathered with broader student involvement, more faculty members have been impressed favorably with the results. Many agree that students learn much by participating in school decisions and that they sometimes improve the decisions that are made. The view seems more widely accepted that students help particularly to assess one part of the teaching effectiveness of faculty members.

Some faculty resistance continues, however, against student involvement in longer term planning activities, partly because the student is a transient participant in the institution and does not face the long-term results of wrong policies. From the students' vantage, therefore, democ-

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racy has not overwhelmed most schools.

Placing the student changes in perspective, it is difficult to decide whether the good outweighs the bad. Some deficient teachers have been forced to raise their standards. More students have become freer to take courses of their own choice. But some students have also become task oriented, interested only in specialized courses which give skills that are usable in the first job after graduation. Such students leave without an education, poorly prepared for the unexpected career changes that may be frequent in the coming decades.

Many students remain unhappy in 1972 with the response of faculty to their suggestions and with the continued disagreement concerning some academic issues. They fear, moreover, that discussions may be quietly forgotten after each cohort of students graduates. Partly trying to strengthen their future position and to improve continuity, student representatives from many schools of public health formed a national Federation of Public Health Students in 1971. It is still too early to assess whether this group will survive to energize the influence of future students.

The faculty. Like all human groups, faculties of the schools of public health wish to lead rewarding lives. With some exceptions they find it more satisfying to teach intelligent and manageably small groups of students in depth; less entrancing is the thought of giving broad and simple pictures to large classes of shorter trained students. The tendency toward small groups makes it difficult to lower the cost of education. While few faculty members entered academic life solely for monetary rewards, almost all believe that their salaries should continue to rise. Modern administrators may suggest that increased salaries should be accompanied by increased productivity, but they are discouraged by the scarcity of valid ways to measure the end results of scholarly activity.

Within the academic environment, faculty members are subjected mainly to colleagual control, with less weight on superior-subordinate relationships than occurs in service agencies. Some

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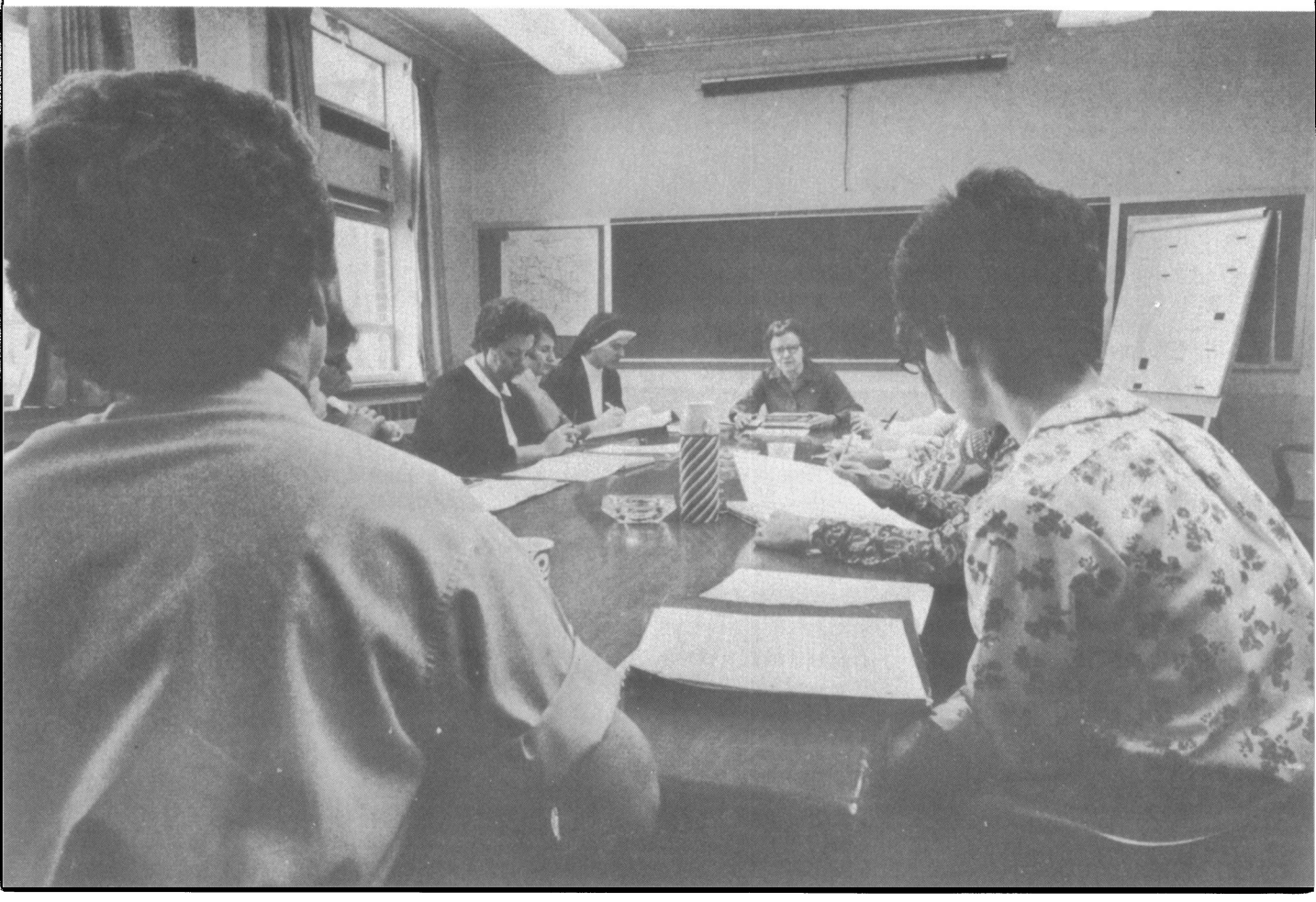


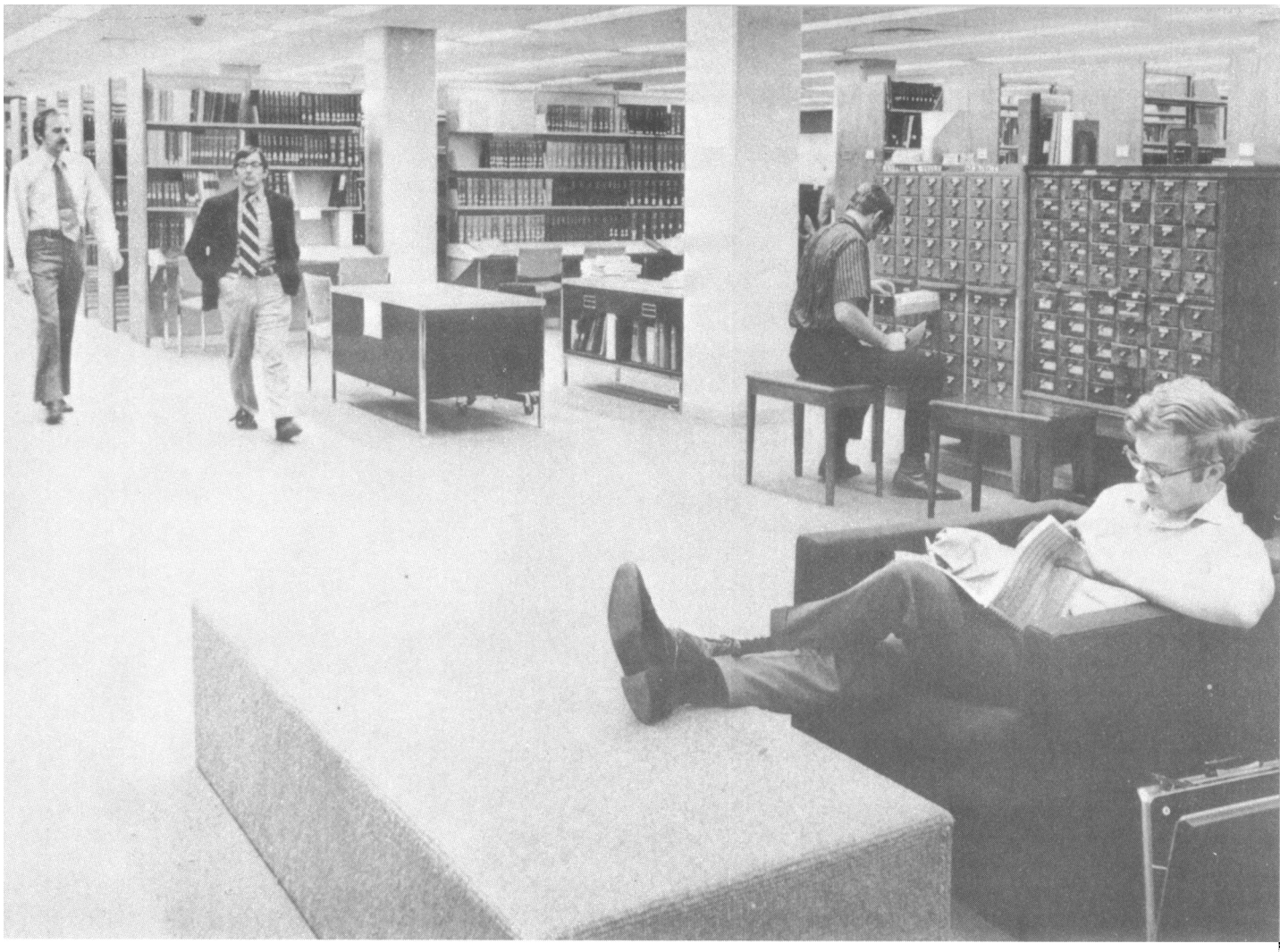
Younger and with less practical experience than before, recent students have objected to continuing as powerless participants in the institution

schools of public health have a more bureaucratic air, perhaps because senior faculty members have had long experience in nonacademic agencies. In the other direction, rare extremes of individualism do occur when a faculty member seems more concerned with doing his own thing than with the welfare of the institution that fosters him.

It thus becomes easier to understand why convincing a dean on a particular course of action does not swiftly change the direction of the school's activities. Disagreeing at least mildly with the dean's views is a novel pastime in faculty discussions. The chief executive of the school thus has a complex and difficult job to perform. Having all colleagues deliberate and vote on every problem does not work, but the path is limited along which some deans and administrative staff can freely make their own decisions.

Before the reader is misled into urging stricter hierarchical control within schools of public health, it should be added that the colleagual control system is believed to contribute strongly to effective teaching and research. It creates an atmosphere for free debate and assessment of ideas, unfettered by fears that superiors will punish their innovative subordinates for leaving the party line. And although slow to form, a faculty consensus on a course of action enables the decision to be implemented with firmness and enthusiasm.

Society-at-large. For some years U.S. society has probably been overpersuaded that research



The unique characteristic of schools of public health is their creation and teaching of knowledge, values, and skills which are applied to improve the public health

and educational activities can strongly affect its problems. In 1972, public opinion has swung in the other direction. It is now common to suggest that universities must control their own strifes before prescribing bold cures for the ailments of the remainder of society. This view may not have changed the frequency with which academicians are asked for help, but it has added to broad-scale economic factors in reducing the financial strength of universities and their schools of public health.

Special sectors of society have particular importance to the schools. Not least are the employing institutions interested partly in new personnel who fit swiftly, with good knowledge and understanding, into the current system of doing things. Schools of public health agree that they must help solve manpower shortages—but they often hold it essential not to tailor their graduates precisely for existing jobs lest the graduates become obsolete for the new activities of the coming decades (*4*). Another aspect of academic life is that students are encouraged to question the unproved assumptions of the past, which adds to the risk that some new graduates will not cross tactfully from academic to service life, where many rules of thumb are used in program planning. Health agencies and their administrators must thus expect that some on-the-job training will be needed to help the graduate understand the particular techniques used and the difficulties faced by the employing agency.

The alumni form another special group that relates to each school of public health. Their

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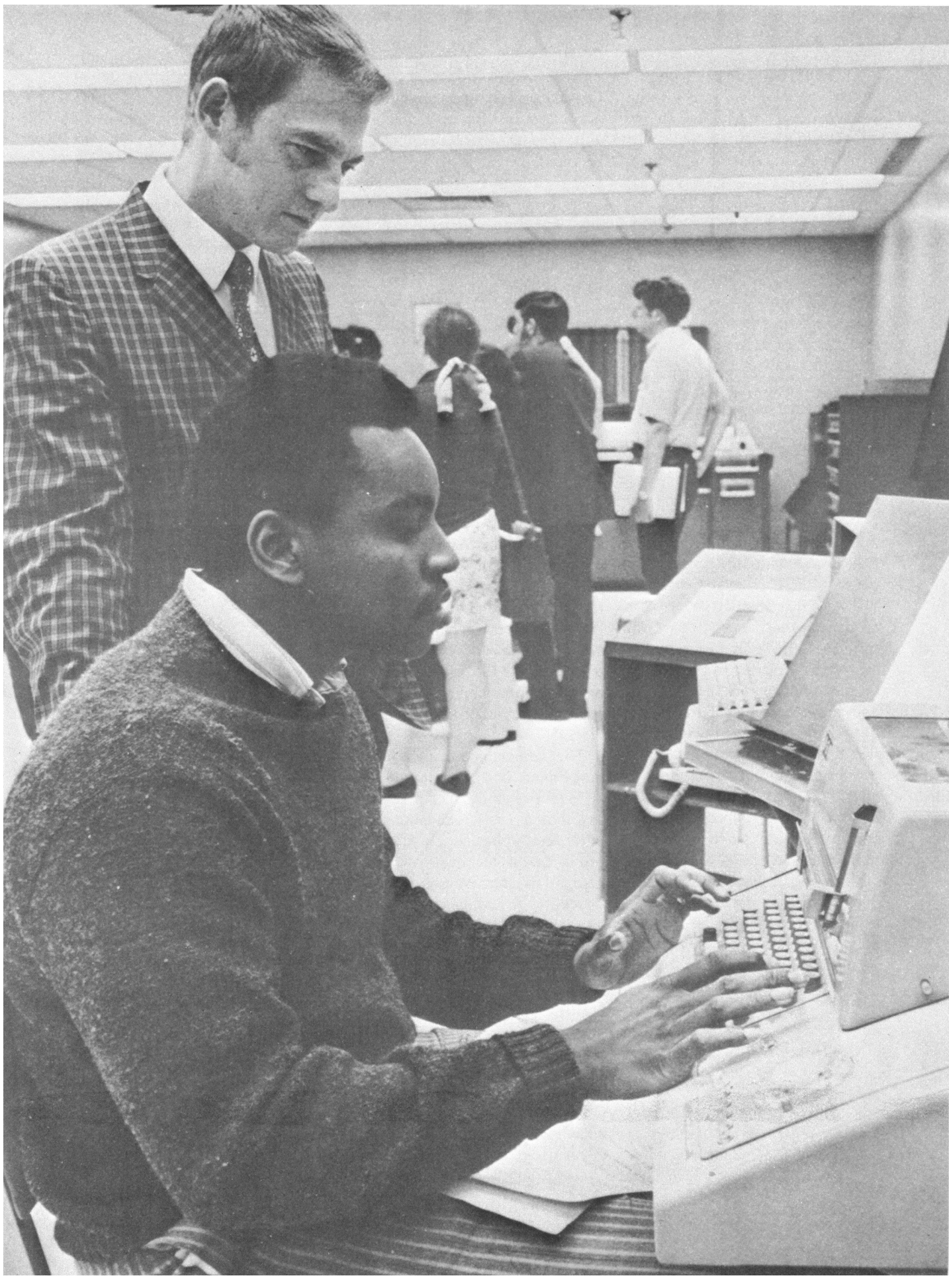

major strength is a concern to see that their schools survive and improve, and they show this concern in financial and moral support. With even greater ability to change schools through funding, the Federal Government has helped support the training efforts of these schools since 1958. A total of $44.9 million in Federal funds came directly to 17 accredited schools of public health in 1969–70 (7). Curriculums and research efforts have tended to change with Federal priorities in funding, and part of the current austerity relates to the shortage of Government funds.

Some less sympathetic viewers raise the possibility of stopping direct payments to schools of public health for training. Instead, they recommend that subsidies be provided directly to students, preferably as loans, which will be returned after some years of employment. Such steps will push the schools more vigorously into competing for students, advocates of such subsidies suggest, and may raise that part of the quality of teaching by which students judge the institutions.

To make these proposed steps effective, other measures would have to be introduced. Potential students would have to know more than they do now about the schools and the quality of teaching before they apply for admission. And the financial rewards may have to increase before public health degrees will help graduates pay for past loans.

Conclusions

Until the U.S. economy regains its vigor and until the public renews its faith in academia, schools of public health may have to regard basic research as a delicacy that must be minimized in the annual diet. The university environment may have to change further to encourage academic institutions to create and transmit knowledge that can be rapidly applied. If the schools swing further in this direction, some may organize health agencies that remain under university control, where innovations may be tested more swiftly than in existing service agencies.

Institutions may be considered more successful when they sense and meet the changing needs of society (*8*). But like most institutions, the schools will show some degree of organizational conservatism in the 1970s. Some resistance to change is good, however. When schools of public health respond to every breeze of change, they eventually reach a state of chronic indecision and lose sight of their several purposes. Some recent proposals (for example, graduating more shorter-trained personnel) are akin to recruiting high-powered trucks to do the jobs of wheelbarrows; they would make these schools less, rather than more, efficient.

The school of public health is best understood as a community of health specialists in a university setting (*8, 9*) and not as a bureaucracy that should allay all pressures on the health services system. Its effectiveness is determined by the quality of its faculty and much less by its style of organization. All the schools have several objectives and constituencies, with needs that can only be partly satisfied. Members of each constituency, however, are likely to continue to feel that their need is salient.

Complaints and dissatisfactions will thus persist when objectives cannot be largely fulfilled in the 1970s. Nevertheless, we should discontinue the simplistic view that schools of public health are largely at fault for this situation. Their plight compares with that existing on military bases, where complaints about food fluctuate much more with the state of morale than with the quality of the food. As the health services weather the storms and sail into smoother waters, so will the schools of public health emerge more soundly established as essential and effective institutions.

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