THE SCHOOLS OF PUBLIC HEALTH AND PRACTICE:

Where We Stand

The following piece is the executive summary of the document *Strong Schools, Strong Partners: A Report on Practice Activities of Schools of Public Health*. The report summarizes some of the linkage, capacity-building, and student practica experience activities undertaken by schools of public health between 1989 and 1995. From this executive summary, a snapshot of some of the creative and meaningful ways in which schools and public health agencies are working together can be viewed. The information for this document was culled from reports submitted by 26 schools of public health in response to a purchase order mini-grant from HRSA which asked each school to detail what it has done to increase its practice activities. These reports, read together, give a picture of the broad range of practice activities, of the problems and successes universities face in increasing their practice agendas, and of the status of practice experiences in schools of public health. Copies of the full report can be requested from the Association of Schools of Public Health in writing: 1660 L Street NW, Suite 204, Washington, D.C., 20036, by phone: (202) 296-1099, or by email: info@asph.org.

STRONG SCHOOLS, STRONG PARTNERS

Executive Summary

"A compilation of the number of hours spent in the practice setting or the number of requests made of the school and its faculty [cannot] adequately demonstrate the value of the exchanges that take place between the schools and the practice community. The stories that surround these activities are more informing."

–University of Pittsburgh, final report

The release in 1988 of a report by the Institute of Medicine entitled *The Future of Public Health* effectively shook the foundations of academic public health. Faculty, criticized for being "isolated from public health practice," and "unresponsive" to the training and education needs of public health professionals, began looking over their research agenda, reviewing their curriculum, and wondering what could, and should, be done. Similarly, the call for health care reform and the increasing evidence of an eroding public health infrastructure raised new questions in the practice community, as federal agencies such as the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC), and state and local health departments came to grips with the changing face of public health.

Because much of the research in schools of public health is conducted on a grant and contracted fund basis from the federal government and private foundations, typically schools could find funding to support research in basic science, but had greater difficulty in funding applied research in community settings. (In comparison with other health professional colleges, however, schools of public health have long been involved in these areas.) Schools were therefore tied to research funded from sources other than the ones that most needed it: state and local health agencies. And yet, schools do not (and *should* not) want to be in the position of assuming a strictly service function, captive to state agency needs and losing their posture of independence as a research entity. Many schools are, first and foremost, research institutions, and theoretical research in itself also fills a vital public health function that few other institutions can address. Complicating this was the fact that school policies, built on the science research model, did not necessarily recognize other areas of effort as worthy of merit.

Clearly, something needed to be done to accommodate the research priorities of academia, the need for a well-trained public health workforce and a public health practice infrastructure that could support a vigorous public health agenda.

"It is important for schools of public health to reinvent their practice mission and make it relevant to the public health needs of the 1990s and beyond. This renewed interest in practice may change the public health system as we know it."

–University of Illinois at Chicago, background report

Crystallizing the problem in the IOM report gave both the government and the universities a starting place. Further research, as published in the Public Health Faculty/Agency Forum report *Linking Graduate Education and Practice*, the PEW Health Professions Commission report and elsewhere, indicated there was much work ahead.

At the federal level, the Public Health Service, with its extensive

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research and practice arms, the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC), was in a good position to foster change. Large- and small-scale funding of research programs, leadership training centers, practice initiatives and, most importantly, the development with ASPH of a system of Public Health Practice Coordinators in each school of public health, has reached deep into the walls of academia and effected real change. Likewise, foundation support and other ASPH-related projects have infused schools with greater ability to make major contributions to the effective practice of public health.

Additionally, individual schools began planning faculty retreats, schoolwide strategic planning sessions, self-study reports and other activities to review their own policies, research agenda, and preparedness of students to face the public health practice workforce. Steadily, goals and objectives of public health practice activities went from being items on policy and planning reports to becoming effective instruments in changing academic attitudes toward practice activities.

One area of concern among academics who are involved in bringing schools of public health and practice agencies together has been to establish a working definition of exactly what academic public health practice encompasses. Such a definition would need to be sufficiently broad to cover all the areas in which agencies and schools can work together, and yet be founded on a clear understanding of what each party can do for the other. For the purposes of this document, practice activities are teaching, learning and research that respond to specific public health problems or the delivery of public health through federal, state, local, clinical and community organizations.

Clearly, much has been accomplished. *Schools of public health have had practice activities in nearly every state in the country, and on all continents of the world.* Every school, without exception, has mechanisms in place for providing students a learning experience based not just on solid, theoretical foundations of the core disciplines of public health, but also on the problems of the real world, problems they will then be better equipped to handle when they leave academia to work as public health practitioners.

Schools of public health have served as a resource to the world. Forty-three countries, spanning every continent, were recipients of consulting services, research projects, and student placements during the time of these reports. Collaborative studies in human genetics through the University of Pittsburgh alone are underway on all continents except Antarctica. Schools such as the University of Hawaii, UCLA, San Diego State, and the University of Puerto Rico engage in projects that served communities in neighboring countries. Additionally, students from other countries often come to these and other schools for training, and return home to provide (among other things) an alumni "resource" for establishing further relations.

A 1993 revision to the CEPH accreditation requirements for schools of public health has concretely institutionalized this involvement with public health practice organizations. Provisions to the new accreditation guidelines require schools to: 1) specify a practice experience as an important component of the curricula; 2) emphasize the need for community-based, applied research undertaken in collaboration with health agencies; 3) pursue service activities; 4) provide continuing education; 5) integrate the perspectives of public health practitioners into teaching; and, 6) involve various constituents, including the public health community, in evaluating the school's progress toward relevant practice activities. Such an ambitious agenda clearly shows that schools need to be ready to open their doors to new ideas, and to meeting the challenge of providing public health education that is relevant to the real world. Further, it is an endorsement that schools have made great strides already, and are poised to meet these challenges.

"Academic involvement with the practice of public health is a movement providing impetus for public health development and advancement. Improvements in public health practice, preventive health, and community health and well-being will require an increased emphasis on domestic public health policy development and closer ties with constituencies within the community, in both the public and private sectors. It follows that the scholarship base required to effectively contribute to improvements in the practice of public health will be multidisciplinary, multi-sector and applied in character."

–The Scholarship of
Public Health Practice,
Appendix to final monograph,
Emory University

Every school of public health in the country has already begun some form of internal review in response to past criticisms and the changing accreditation requirements. In case after case, schools have reviewed their entire curricula, adding input from adjunct and clinical faculty practitioners to make their courses more relevant, adding courses to introduce topical public health practice issues, and changing MPH degree requirements to include the option of a more practical focus. Schools have added faculty tracks to bring practitioners into academia, and have allowed faculty pathways to increase their practice activities without compromising their promotion and tenure possibilities.

Schools of public health are increasingly supporting research centers and clinical programs with interdisciplinary teams of scientists, which are changing the face of public health delivery. *In many cases where others have failed to extend health care to minorities, rural residents and others underrepresented in the health care system, schools of public health have joined with medical schools to open clinics and, in some cases, entire health systems.* While delivering care to individuals, these institutions also offer the research bases necessary to train future public health workers and to conduct studies to advance the field of learning and solve tomorrow's problems.

This report was written in part

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because of the present imperative for the public to understand the scope and importance of public health in light of the changes being made in health care delivery and in the defining roles of government. It is important for the public to see the academic community as not just serving the needs of an isolated group of academic elite. Example after example shows instances where schools are working *in* the community, sometimes in research centers or clinics, sometimes guiding and supporting public health agencies in their efforts to prevent disease and promote public health. Whatever the need, they are, to a greater extent than ever before, involved.

Just as clearly, much work remains. Putting mechanisms in place to address a need is only one step toward meeting that need. Making education relevant to the real world, channeling the resources of the best minds in academia to solve problems of public health delivery and the challenges of building a solid public health infrastructure these are monumental tasks and should not be faced with quick or easy answers. It is hoped that, through understanding what other schools have done and will be doing, through sharing experiences and learning from mistakes, this document will stimulate discussion among schools, the federal government and public health practitioners on how to work together to continue to build a solid, viable public health system that will serve the public well in the next century.

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