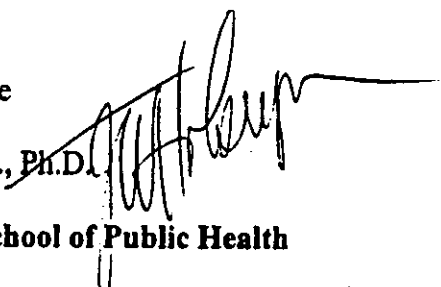


MEMORANDUM

TO: University of Kentucky Senate

FROM: James W. Holsinger, Jr., M.D., Ph.D. 

SUBJECT: **Proposal to Create a New School of Public Health**

Attached is a proposal to create a new School of Public Health within the College of Medicine in the Chandler Medical Center. The proposal is the result of several months of planning and has benefited a great deal by input from the Committee on Academic Organization and Structure and the Senate Council.

As you will see, we are just beginning our efforts and the road ahead will require a great deal of consultation, planning, discussion and deliberation. Nevertheless, we are beginning. We plan to involve numerous stakeholders in the decisions about issues such as vision, mission, goals and objectives, curriculum, and research directions. Many with whom we have discussed this proposal are excited by the opportunity for the University to take some new and potentially exciting directions.

The proposal comes as the result of discussion about how our Academic Medical Center can respond to the challenge which the Governor, Legislature, President of the University and the Trustees have give us. We have been considering the ways that we can become a top 20 academic health center. Clearly we have a number of strategies, one of which is the creation of a new School of Public Health. We believe that such a move is essential if we are to join the ranks of elite institutions such as the University of Michigan, UCLA and the University of North Carolina, Chapel Hill. As there are only 27 accredited schools of public health nationally, the creation of the School will rapidly identify us as a major academic medical center.

You will be considering your advice to the President at the next meeting of the Senate and we wished to provide as much background information as you need in your deliberation. Unfortunately, I will not be at the meeting. I will be attending the American Association of Dental Schools Summit Conference with the Dean of the College of Dentistry, Dr. Leon Assael. I have asked that Dr. F. Douglas Scutchfield be available at the Senate meeting to respond to any questions you have. As you can see in my enclosed letter, I am absolutely committed to the development of this program and hope the Senate shares my enthusiasm for this new and exciting development at the University of Kentucky.

Since I will not be at the meeting, if you should have any questions or concerns regarding this letter, please do not hesitate to contact me at 323-5126.



*School
of
Public Health*

APPENDICES
SCHOOL OF PUBLIC HEALTH PROPOSAL

Letters of Support from Medical Center Deans and Dean of Graduate School Appendix A

Biographical Sketch for Dr. F. Douglas Scutchfield Appendix B

Letter of Support from the Department of Preventive Medicine Appendix C

Curriculum for MPH Concentration Appendix D

Article by Dr. Milton Roemer Appendix E

Proposed Budget for the School of Public Health Appendix F

Memo from Dr. James W. Holsinger, Chancellor, A. B. Chandler Medical Center Appendix G

A PROPOSAL TO CREATE A SCHOOL OF PUBLIC HEALTH AT THE UNIVERSITY OF KENTUCKY CHANDLER MEDICAL CENTER

We propose to create, within the College of Medicine, a new School of Public Health. We further propose to create the School and then to work with faculty, administration and staff of the University to spell out, in more detail, the character of specific educational programs contained in such a School. Those programs, as they are developed, will be returned to the Senate and appropriate University bodies for their review. The School will bring together faculty from around the Medical Center in a new and creative attempt to develop education, research and services opportunities that do not now exist. The School already enjoys the support of the Medical Center deans and the dean of the Graduate School as reflected in their support letters attached as Appendix A.

NEED: As it currently stands, there is no school of public health in Kentucky. In fact, there are not schools of public health in several of the states that surround Kentucky. The closest schools are Saint Louis University, a private church related school in St. Louis, the University of North Carolina, Emory University and the very new and developing school at Ohio State University. There are now nationally only 27 schools of public health accredited by the Council on Education for Public Health (CEPH), the national voluntary accrediting body for schools and programs in public health. The School will seek accreditation by the CEPH. We have carefully reviewed the criteria and plan to meet them as the School is developed.

There are three potential student targets for a school of Public Health. These are first, students entering traditional public health disciplines for the first time. Schools of public health are traditionally interdisciplinary and focus their attention at the graduate, primarily master's level, instruction. Thus students from a variety of backgrounds from the sciences, both natural and social, to the liberal arts, to those who hold professional health related degrees would be attracted to such a program. The second group of students is those in the other professional schools. One of the hall marks of a school of public health is that they frequently provide dual or joint degrees, so that students in medicine, dentistry, nursing or pharmacy can simultaneously earn both the first professional degree and the masters degree in public health. Finally, the Commonwealth of Kentucky's public health departments, in many cases, does not have well prepared public health professionals. It is likely that these individuals, particularly if we provide some distance learning opportunities, are likely to want both degree programs and continuing education.

Many students currently leave the Commonwealth to obtain public health education. Anecdotes and letters from students who have taken this tack demonstrate that this is the case. Conversations with senior public health officials and local health directors also confirm a desire to see public health professionals being educated in Kentucky.

In addition to this anecdotal evidence, there are several national publications and reports that document shortages of those individuals educated in schools of public health. These include Reports from the Bureau of Health Professions and periodic reports on health personnel to the Congress. The major national professional association for schools of public health, the Association of Schools of Public Health (ASPH) has established a committee to assist schools in the process of their

development, a sign that even existing schools of public health recognize the unmet need for public health education. We have been in contact with ASPH and plan to seek their help in the development of the School.

PROGRAMMATIC CONSIDERATIONS: The School will be established within the College of Medicine. The notion of schools existing within colleges is common on the University of Kentucky campus. The School will be lead by a Director, who will also hold the title of Associate Dean of the College of Medicine for Public Health, as delineated in the UK Governing regulations. Initially, Dr. F. Douglas Scutchfield will fill the position. Dr. Scutchfield's biographical sketch is attached as Appendix B.

The College of Medicine offers the Masters of Science in Public Health (MSPH). As is common in other colleges of medicine it is a generalist degree without concentrations in the specific areas of public health. It requires a thesis and is a 30-unit masters program. It currently has approximately 50 students, full and part time, in the program. The program was primarily developed to assist residents in occupational and preventive medicine meet the American Board of Preventive Medicine requirement for a MPH, or its equivalent, to take that Board examination. In many cases the Department of Preventive Medicine, in which the degree is offered, must turn away students because the breadth of courses offered are not available here, but are available in schools of public health. A letter of support from the Department of Preventive and Environmental Medicine is enclosed as Appendix C, as this Department, in the College of Medicine, is the home of the MSPH program.

The proposed MPH would flow out of the existing MSPH, which would remain a degree option, with an academic rather than a practice orientation, i.e., the MSPH would only have a plan A option. We propose to offer the MPH in certain specific concentrations, such as epidemiology and biostatistics. Many of the courses required for such concentrations already exist on the campus, so that not many additional courses will be required. Appendix D lists the potential curriculum of the MPH concentration in the areas of epidemiology and biostatistics. The biostatistics concentration illustrates how the proposed School would work with existing programs on campus. The Department of Statistics would be asked to allow students from the School of public health to take courses in that Department, rather than duplicate, in another unit, the course material. The faculty in epidemiology would get to know the faculty in statistics better and cross sector collaboration, for example research activities, would be stimulated.

A 30 unit MPH is planned, with a plan A or plan B option. It is important to note that this is a proposed curriculum. The faculty of the proposed School must have the opportunity to establish vision, mission, goals and objectives. Then the faculty would have the responsibility for the development of the curriculum and proposing such degrees to appropriate University approval bodies based on that vision, mission, goals and objectives. We do not wish to presuppose what the faculty will eventually propose.

The planning committee for the School, will be appointed after the Board of Trustees approves this proposal. The following would be asked to serve on that planning committee:

NAME

DEPARTMENT

Dr. James Applegate	Communications
Dr. Terrence Collins	Preventive Medicine
Dr. Zed Day	Medical Center Chancellor's Office
Dr. Joseph Fink	Pharmacy
Dr. Thomas Garrity	Behavioral Science
Dr. Lynne Hall	Nursing
Dr. Rice Leach	KY Department for Public Health
Dr. Samuel Matheny	Family Practice
Dr. Robert McKnight	Preventive Medicine
Dr. Raynor Mullins	Dentistry Public Services
Dr. William Pfeifle	Dean's Office - College of Allied Health Professions
Dr. John Poundstone	Lexington-Fayette County Health Department
Dr. F. Douglas Scutchfield	Preventive Medicine
Dr. Bob Shapiro	Dean's Office - College of Education
Dr. David Watt	Dean's Office - College of Medicine
Dr. Constance Wood	Statistics
Dr. Steve Wyatt	Markey Cancer Center

In addition to the MPH the School will offer a Doctorate in Public Health (DrPH). This is the professional doctoral degree offered by schools of public health. There has been much national discussion regarding the nature of this degree. We believe that we should develop a professional practice degree, reflecting the contemporary practice of public health. Attached, as Appendix E, is a reprint of an article by Dr. Milton Roemer reflecting his suggestion for a new approach to the DrPH degree. This suggestion will be the starting point of deliberations regarding the curriculum for that degree. It is possible, indeed likely, that the School will seek to offer additional degrees as resources are available to do so. Specifically, schools of public health in the US frequently offer PhD degrees in the certain public health areas, such as epidemiology or health services research.

FACULTY

The initial faculty of the School will be drawn primarily from existing units in the Medical Center who share the mission of addressing population health status. The program would grow out of the Department of Preventive and Environmental Medicine. There are currently 15 individuals who hold faculty appointments in that Department. In addition, the Center for Health Services Management and Research will contribute faculty to the proposed School of Public Health. In addition to its current five faculty/professional staff, the Center has received an additional allocation of two tenure track positions, one in epidemiology and one in biostatistics. Both of these positions will shortly be recruited.

There are two major units that currently report to the Vice Chancellor for Research and Graduate Studies who would likely join the School of Public Health, with their associated faculty and staff allocation, specifically the Kentucky Injury Prevention Research Center, with three faculty and the Biostatistical Consulting Unit, with two faculty.

There currently are a number of faculty within the various units of the Medical Center who hold the MPH, DrPh or have doctoral degrees in areas in public health, who might well wish to have a faculty appointment in the proposed School of Public Health. Such a School would also collaborate with those units with a shared interest within the Medical Center. Specifically, the Dental College has a dental public health group, the Community Health Nursing group on the College of Nursing and various individuals scattered in the College of Medicine represent potential faculty of the proposed School. There are an excess of 20 of those individuals.

We believe that a number of new faculty positions can likely accrue from grant activities of a School of Public Health. Many grant proposals, for example, require the inclusion of epidemiology or biostatistical capacity. These provide the opportunity for the recruitment and retention of additional epidemiology and biostatistical expertise. In addition, it would further enhance the grants and contracts activity of other existing units within the Medical Center. Health promotion and disease prevention are currently enjoying a resurgence of interest within the federal research establishment, therefore there is the opportunity for additional research grants acquisition in this area.

It is also possible that other units within the Medical Center would have interest in working with us to create a School of Public Health. We anticipate discussions with those groups to ascertain their interest in and possible involvement with a new School of Public Health. These units include such groups as the Department of Behavioral Science in the College of Medicine and the Center for Toxicology. There is, as well, the opportunity for interaction with a variety of Lexington campus related efforts. For example, the Department of Statistics needs to be involved in these efforts, as does the Department of Kinesiology and Health Promotion and the Health Communication unit in the College of Communications. As the new School is planned and is under development these groups, and others, will be consulted regarding their interest in collaboration with the newly created School and what form that collaboration might take.

BUDGET: Attached as Appendix F, is the proposed budget for the School. The budget is comprised of the budgets of the existing Department of Preventive and Environmental Medicine, the Center for Health Services Management and Research, the Kentucky Injury Prevention Research Center and the Biostatistical Consulting Unit, which currently is a part of the Vice Chancellor's office. The budget of the School will be built from these various components. Any subsequent additional state funding for the School would be allocated in usual University fashion. We anticipate substantial additional research funding would come to a new school of public health. These units, on other campuses, frequently have the highest per capita grant totals of any unit on the campus. We have attached as Appendix G a memo from the Medical Center Chancellor regarding his financial commitment to the creation of the School. This should provide assurance of support from the Medical Center that financial support is available for the development of the School.

CONTACT POINT: The contact person for questions and issues relating to the creation of the School of Public Health is F. Douglas Scutchfield, MD who is the Director of the Center for Health Services Management and Research and the Peter Bosomworth Professor of Health Services Research and Management.

Appendix A

March 27, 1998

James Holsinger, Jr., M.D., Ph.D.
Chancellor, Chandler Medical Center
301 Kentucky Clinic
Campus 0284

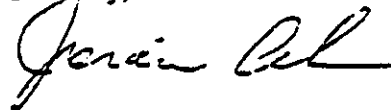
Dear Dr. Holsinger:

I am pleased to write a letter of support for the creation of the School of Public Health within the College of Medicine. We feel that such an educational program has the potential to provide new research and teaching linkage for the College of Pharmacy programs in pharmacoconomics and pharmacoepidemiology.

I am excited by the opportunity to participate in further developing our Medical Center to encompass all of the schools of the health professions. It should serve to enhance our mission and national reputation.

Please let me know how I can be helpful.

Sincerely,



Jordan L. Cohen, Ph.D.
Dean, College of Pharmacy

JLC/dh

March 27, 1998

James W. Holsinger, Jr., M.D.
A301 Kentucky Clinic
CAMPUS, 0284

Dear Dr. Holsinger:

I am pleased to write a letter of support for the creation, within our Medical College, of a School of Public Health. Such a School has the potential to interact with many of the educational programs of the College of Allied Health Professions. For example, there is an important opportunity for our Division of Health Services Management to interact with a new School, as well as our developing Ph.D. in Rehabilitation Sciences. I also believe that such a School will potentially make an important contribution to our research agenda, as it will provide new biostatistical and epidemiological expertise to the Medical Center. This capacity should extent the ability to acquire extramural support for our efforts.

We look forward to the creation of the School and are willing to actively participate in its planning and development. Please let me know if there is any thing I can do to facilitate the creation of the School.

Sincerely,



Thomas C. Robinson, Ph.D.
Dean

TCR/ned

March 11, 1998

James Holsinger, Jr., MD, PhD
Chancellor, Chandler Medical Center
A301 Kentucky Clinic
Campus 0284

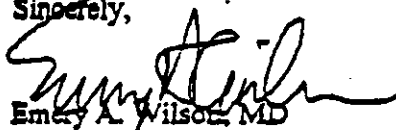
Dear Dr. Holsinger:

Enclosed is a proposal to establish, within the College of Medicine, a School of Public Health. As we have discussed, there is an opportunity for us to further distinguish the Medical Center in a variety of ways. This School will provide an important opportunity for students to acquire information in the population based health sciences. It will further enhance our capacity to achieve research excellence. It will develop our capacity to respond to major public health problems that we face in Kentucky. Currently, there is no Public Health School in Kentucky.

We believe that this will contribute substantially to the University's desire to become a top 20 research institution. One of the most frequent reasons that grants are denied is their lack of methodological or statistical rigor. We believe that the School will provide an important contribution to that research rigor which will enhance our capacity to compete for extramural support.

We have many faculty and students who have expressed an interest in such a program and would help to contribute to the building of such a School. We are excited about the opportunity to move forward with this proposal. We are, of course, prepared to answer any questions that you might have regarding the School.

Sincerely,



Emery A. Wilson, MD
Dean, School of Medicine and Vice Chancellor



UNIVERSITY
OF KENTUCKY

RECEIVED
UKMS
CHANCELLOR'S OFFICE
AUG 27 2 07 PM '98

Research and Graduate Studies

The Graduate School
Patterson Office Tower
Lexington, Kentucky 40506-0027
FAX: 606-323-1928

August 26, 1998

James Holsinger, Jr., MD, PhD
Chancellor, Chandler Medical Center
301 Kentucky Clinic
University of Kentucky
Campus 0284

Dear Chancellor Holsinger:

I am pleased to offer my enthusiastic support for the creation of a School of Public Health. I understand that this School would be administered within the College of Medicine. A School of Public Health would help the University further develop its leadership in health science research, and it would enhance the University's ability to address important public health problems in the Commonwealth and the nation. I believe that graduate student interest for the programs normally included in a School of Public Health would be very high; consequently, the University's graduate productivity would increase.

Currently, the proposal indicates that the School would offer the MSPH, MPH, and DrPH degrees. Proposals to establish any new graduate degree programs will need to be approved by the standard university councils so that matters of curriculum, faculty, and utilization of University resources will receive careful study. I will be happy to have the Graduate Council review such proposals promptly as they are developed.

Best regards,

Michael T. Nietzel, Dean
The Graduate School

April 24, 1998

Dr. Holsinger, Chancellor
UK Medical Center
A301 Kentucky Clinic
CAMPUS 0232

College of Nur

Office of the D

Lexington, KY 405
Telephone: 606-37
FAX #: 606-37

Dear Dr. Holsinger:

I am writing in strong support of the development of a School of Public Health in the Medical Center. For a number of years there have been faculty within the Medical Center and others within the state who have felt that the state needs a School of Public Health and the most appropriate location would be at the University of Kentucky. Last year at the Kentucky Governor's Conference on the future of public health, a number of individuals expressed the need for a school of public health within the state. Also, last year I had the opportunity to serve as a member of a strategic planning group for the State Department of Health and during those sessions the educational needs of the public health work force was a focus of concern, and in those sessions a number articulated the need for an educational unit focused and committed to preparing people for work in the public health arena.

As one who has had the opportunity to have a faculty appointment in a school of public health, (The University of North Carolina at Chapel Hill) I am exceedingly delighted with the prospects of such a unit being developed within the Medical Center. I know that the creation of a school of public health would be complimentary to other programs in place within all of the Medical Center Colleges, would bring new opportunities for research and service, as well as the ability to meet educational needs of individuals seeking careers in public health. I am confident that the synergism which would evolve with such a unit would be of great benefit to the region and the state and would enhance the Universities' ability to achieve our mission.

There are several faculty within the College of Nursing who would be very eager to participate in collaborative programming with the school of public health and to have a joint appointment with such a unit.

I look forward to the development of the School of Public Health and engaging the faculty of the College of Nursing in collaborative endeavors with the proposed school.

Sincerely,

Carolyn A. Williams
Carolyn A. Williams, PhD, RN, FAAN
Dean and Professors

May 4, 1998

James Holsinger, MD, PhD
Chancellor, Chandler Medical Center
A-301 Kentucky Clinic 008+

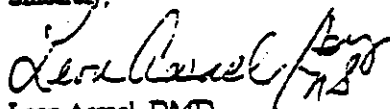
Dear Dr. Holsinger:

I am pleased to indicate my strong support for the creation of a new School of Public Health in our Medical Center. Dental Public Health is one of eight recognized dental specialties. Our faculty in dental public health are extremely active throughout the Commonwealth. We have an expanding set of public health and service projects in our College. I know our faculty are excited about the potential synergy with a new School of Public Health.

I believe, as well, that many of our students would be interested in taking public health courses and/or joint degree programs. This will particularly be the case as more and more emphasis is placed on population-based medicine and dentistry in the future. Formation of a School of Public Health would also help develop our health services research potential. We believe there are major opportunities in Kentucky to increase the volume of epidemiological, community-based dental research. The mix of faculty associated with a School of Public Health could significantly enhance our research activities.

We would welcome the opportunity to be part of a planning process for a new School of Public Health and encourage you to proceed with planning activities.

Sincerely,



Leon Assael, DMD
Dean, College of Dentistry

Appendix B

BIOSKETCH

F. Douglas Scutchfield, MD

Dr. Scutchfield was born in Wheelwright, Kentucky. He received his BS degree, with distinction, from Eastern Kentucky University. He received his MD degree from the University of Kentucky where he was elected to Alpha Omega Alpha, the medical school honorary society. He completed post graduate work at Northwestern University, Centers for Disease Control and the University of Kentucky. Dr. Scutchfield is a Charter Diplomat of the American Board of Family Practice, which certified him from 1972-1985. He is also a diplomat of the American Board of Preventive Medicine.

Dr. Scutchfield began his career at the University of Kentucky as Field Professor of Community Medicine, living and working in rural Kentucky. He rose from Assistant to Associate Professor at UK. He became the Founding Professor and Chair of the Department of Community and Family Medicine at the University of Alabama in Tuscaloosa. He subsequently held the post as Associate Dean of that institution.

He became the Founding Professor and Director of the Graduate School of Public Health at San Diego State University. He also held a clinical faculty appointment at the University of California, San Diego School of Medicine. He was a visiting Professor at the University of California, Irvine School of Medicine. Dr. Scutchfield was also a visiting scholar at Kaiser Foundation Health Plans in 1995-96.

He is the inaugural Peter P Bosomworth Professor of Health Services Research and Policy at the University of Kentucky Medical Center. He is the Director of the Division of Health Services Management and Director of Graduate Studies for the MHA degree. He holds faculty appointments in the Departments of Preventive and Environmental Medicine, Family Medicine, Health Services Management and in the Martin School of Public Policy and Administration.

Dr. Scutchfield is a Fellow of the American Academy of Family Physicians and the American College of Preventive Medicine. He has held numerous leadership positions. He is a past-President and Board member of the Association of Teachers of Preventive Medicine and the American College of Preventive Medicine. He has served as Secretary-Treasurer of the Association of Schools of Public Health. He has been a delegate to the AMA from ACPM since 1985 and has served as Chair of the AMA Section Council on Preventive Medicine on several occasions. He has served as a member of the AMA's Council on Medical Education and was its Vice-Chair. He served as a representative to the ACGME, the American Board of Medical Specialties, Liaison Committee for Specialty Boards, the Residency Review Committee for Preventive Medicine and the Committee on Allied Health Education and Accreditation.

He has been named the recipient of the American College of Preventive Medicine's Distinguished Service Award. He received the Outstanding Alumnus Award of Eastern Kentucky University and the Dr. William Beaumont Award of the AMA. He has given several named lectureships, including the Baz-Wegman Lecture of the US Mexico Border Health Association and the Anderson Lecture of the Aerospace Medical Association.

He is the author of over 100 publications. He served as Editor of the San Diego Physician and the California Physician, both of which earned national awards while he was editor. He was editor of Appalachia Medicine and served on the editorial board of Journal of Community Health. He is currently the editor of the American Journal of Preventive Medicine and associate editor of the 13th and 14th edition of Maxcy Rosanau's Public Health and Preventive Medicine. He is also the editor, with Dr. William Keck, of the textbook, Principles of Public Health Practice. He has received numerous grants and contracts and has served as a consultant to many national and international organizations.

Dr. Scutchfield lives with his wife Phyllis Scutchfield in Lexington, Kentucky.

Appendix C

Department of Preventive Medicine
and Environmental Health
1141 Red Mile Road, Suite
Lexington, KY 40504-5
Administration: (606) 323-5
FAX: (606) 323-1
Clinic: (606) 257-5
<http://www.comed.uky>

May 21, 1998

Dr. F. Douglas Scutchfield
Director
Center for Health Services Management
College of Allied Health
109 CAHP Building
CAMPUS 0003

Dear Dr. Scutchfield:

I would like to take this opportunity to support the development of a school of public health at the University of Kentucky. The Department of Preventive Medicine and Environmental Health has the most vested interest in this potential development than any other department at the University. The department has had a Master of Science in Public Health degree program since 1987 and has had 63 students graduate, including medical residents in occupational and general preventive medicine. The degree program also has a formalized track in industrial hygiene, the only one in the Commonwealth. The MSPH program faculty recognizes that the department lacks breadth of certain subject areas and depth in certain important key public health areas that are needed. While the department has the core of epidemiology education resources on campus, there are many other people working in related areas and at the present time there is no way to bring them together for a cohesive effort in teaching, education, research, or service. A school of public health would provide such a service.

The public health system in the Commonwealth has few staff members with formal training in public health, a serious need not only for the state government, but for the public health of the people of Kentucky as well. The best and most efficient way to meet that need is the establishment of a school of public health. The University of Kentucky is the major consultation research for the state health department, as well as the department of labor, but a school of public health would enhance our ability to provide consultation to government agencies.

The University of Kentucky campus is the only facility of higher education in Kentucky that has existing resources in epidemiology, health care administration, biostatistics, and environmental health. These core disciplines of a school of public health, currently functioning, need to be enhanced to raise the quantity and quality of work that can be provided for the people of Kentucky.

I unhesitatingly support the establishment of a new school of public health at the University of Kentucky, preferably housed in the College of Medicine, where the current MSPH degree is based.

Sincerely yours,



Terence R. Collins, MD, MPH, MPS
Professor and Chair
Kurt W. Deuschle, MD, Professor of Preventive Medicine
and Environmental Health
[Email: trcoll01@pop.uky.edu]

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Appendix B

BIOSKETCH

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Dr. Scutchfield lives with his wife Phyllis Scutchfield in Lexington, Kentucky.

Appendix C

Department of Preventive Medicine
and Environmental Health
1141 Red Mile Road, Suite
Lexington, KY 40504-0001
Administration: (606) 323-1111
FAX: (606) 323-1111
Clinic: (606) 257-1111
<http://www.comed.uky.edu>

May 21, 1998

Dr. F. Douglas Scutchfield
Director
Center for Health Services Management
College of Allied Health
109 CAHP Building
CAMPUS 0003

Dear Dr. Scutchfield:

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The public health system in the Commonwealth has few staff members with formal training in public health, a serious need not only for the state government, but for the public health of the people of Kentucky as well. The best and most efficient way to meet that need is the establishment of a school of public health. The University of Kentucky is the major consultation research for the state health department, as well as the department of labor, but a school of public health would enhance our ability to provide consultation to government agencies.

The University of Kentucky campus is the only facility of higher education in Kentucky that has existing resources in epidemiology, health care administration, biostatistics, and environmental health. These core disciplines of a school of public health, currently functioning, need to be enhanced to raise the quantity and quality of work that can be provided for the people of Kentucky.

I unhesitatingly support the establishment of a new school of public health at the University of Kentucky, preferably housed in the College of Medicine, where the current MSPH degree is based.

Sincerely yours,



Terence R. Collins, MD, MPH, MPS
Professor and Chair
Kurt W. Deuschle, MD, Professor of Preventive Medicine
and Environmental Health
[Email: trcoll01@pop.uky.edu]

rtf
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Appendix D

MPH PROGRAM

CONCENTRATION IN EPIDEMIOLOGY

Fall Semester

<u>Course</u>		<u>Credits</u>
PM 521	Epidemiology	4
STA 503	Intro to Statistical Methods	4
PM 601	Occupational/Environmental Health I	4
HSM/HA 601	Overview of the Health Care Delivery System	<u>3</u>
		15

Spring Semester

<u>Course</u>		<u>Credits</u>
PM 621	Topics in Advanced Epidemiology	2
HA 660	Managerial Epidemiology	3
STA 671	Regression and Correlation	2
STA 675	Survey Sampling	2
BSC 620	Orientation to Medical Behavioral Science	1
Electives		<u>5</u>
		15

CONCENTRATION IN BIostatISTICS

Fall Semester

<u>Course</u>		<u>Credits</u>
PM 521	Epidemiology	4
STA 503	Intro to Statistical Methods	4
PM 601	Occupational/Environmental Health I	4
HSM/HA 601	Overview of the Health Care Delivery System	<u>3</u>
		15

Spring Semester

<u>Course</u>		
BSC 620	Orientation to Medical Behavioral Science	1
PM 621	Advanced Topics in Epidemiology	2
STA 524	Probability	3
STA 671	Regression and Correlation	2
STA 675	Survey Sampling	2
Elective		<u>5</u>
		15

Appendix E

Preparing Public Health Leaders for the 1990s

MILTON I. ROEMER, MD

Dr. Roemer is Professor Emeritus, University of California. Tearsheet requests should be sent to him at the School of Public Health, University of California, Los Angeles, CA 90024.

Synopsis.....

Public health leadership is urgently needed throughout the world. In most local, provincial, and national jurisdictions, such responsibility has been assumed by doctors of clinical medicine, who know much about treatment of disease in individual patients but very little about prevention of

disease and promotion of health in populations or the management of health systems.

Effective leadership in public health requires a new profession, with generalized education in the basic tools of social analysis, health and disease in populations, promotion of health and prevention of disease, and health care systems and their management. More than 40 distinct scientific subjects have been developed in these fields over the years, and current faculty are not qualified to teach them. To provide this education would require about 5 years of academic and field studies, after a bachelor's degree. Schools of public health now train doctoral-level specialists who are prepared in the PhD tradition for academic posts. These schools should also develop educational programs for doctoral-level generalists who are qualified to provide community health leadership at local, provincial, and national levels.

THE SUITABILITY of prevailing patterns of higher education in public health, to prepare personnel for effective community service, has long been of concern to educators (1). In early 1986, my proposal for a thoroughly recast 5-year academic program to train "professional doctors of public health" was published in this journal (2). Since then, the proposal has been widely discussed, and this paper is intended to offer further suggestions for its development.

Need for Effective Public Health Leadership

Effective public health leadership is needed throughout the United States and everywhere in the world. Such leadership requires, at a minimum, adequate educational preparation. In our 50 States, 69 percent of the health officers are clinically trained physicians, of whom 34 percent lack any public health training (Source: Association of State and Territorial Health Officers, unpublished 1988 data). The great majority of public health officials in the roughly 3,000 local health jurisdictions are also physicians from exclusively clinical-academic backgrounds. In other countries, the dominance of clinical physicians in positions of public health

responsibility, yet without formal training in the field, is as great or greater.

In Turkey, for example, there are 67 provinces (with an average population of 700,000), each headed by a provincial health director. All of those directors are general medical practitioners, among whom only a few have had more preparation than a brief orientation program in the Ministry of Health. It is small wonder that their time is spent predominantly in the clinical treatment of patients coming to hospitals or health centers. This is the work they are comfortable doing. It is also not surprising that the performance of primary health care (PHC) workers supposedly under their supervision, in Turkey and many other developing countries, has repeatedly been found to be deficient. PHC posts are very meagerly utilized; the limited work done is mainly palliative first-aid, not health promotion or prevention; the approaches of community participation and intersectoral collaboration remain little more than World Health Organization (WHO) slogans rarely implemented. (The data concerning the provincial health directors in Turkey are from an unpublished, official report entitled "Human resource development for primary health care: Turkey," which D. Warning and I prepared

delivery drew increasing attention—concepts such as multiphasic screening, prepaid group practice (much later called HMOs), and regionalization of hospitals. It was also the period of extremely rapid growth of voluntary health insurance.

The enactment of Medicare and Medicaid in 1965 constituted another watershed event in American health care, with major repercussions on public health education. Soon after came the first Comprehensive Health Planning Act and the Regional Medical Program for Heart Disease, Cancer, and Stroke (14). By 1970, U.S. national health expenditures had risen to \$349 per capita—much more than double the \$142 per capita spent in 1960 (15). As a percentage of the gross national product, health expenditures over that decade had risen from 5.2 percent to 7.4 percent; this increase meant a leap from \$27 billion to \$75 billion in 1970. Of this large outlay in 1970, only 1.9 percent was attributable to expenditures for all governmental public health activities at Federal, State, and local levels. Such a reflection of the extremely small part played by classical health department activities in the United States health scene was bound to have an impact on the form and content of higher education in public health.

The major insight acquired by the schools of public health—or, more accurately, by all schools of health science in the universities—was that the several disciplines relating to health and disease had a social as well as a biological dimension. In medicine, the concept of "social medicine" gained new currency, meaning essentially that the good physician must take account of the patient's total social environment in making a diagnosis and prescribing treatment (16). For many, the term meant much more than that. In 1947, the New York Academy of Medicine launched its Committee on Medicine in the Changing Order, and numerous medical schools appointed sociologists to their faculties, often in departments of psychiatry (17). In the next decade, the American Sociological Association established a Medical Sociology Section (now appropriately called Health Sociology) (18). The Public Health Service established a National Center for Health Services Research and Development in 1965 (19). Health economics became a respectable specialty in modern economics. In 1976, political scientists started the *Journal of Health Politics, Policy and Law*.

All of these developments led to the appointment of social scientists—in sociology, economics, political science, and also in history, law, and anthropology—to faculties of schools of public health.

'Public health leadership, . . . requires generalists who can appreciate the enormous variety of problems affecting the health of populations and the very wide range of strategies necessary to promote health and prevent disease, or to facilitate treatment when prevention has failed.'

Courses were offered on the many social aspects of health and disease and of prevention, promotion, and therapeutic, in populations. The social, organizational, and administrative aspects of health in populations, moreover, became so widely recognized that the schools of public health could no longer respond to all the educational demands. There arose, therefore, a variety of university programs in hospital administration, health education, health records, and other related fields under the wing of diverse settings in universities.

With hindsight, therefore, one may identify four periods in the purposes and configuration of higher education in public health in America. The lines between the periods are not sharp; there is much overlap because the various public health schools responded to societal developments at different times and in different ways. Moreover, as in so much formal education, there has always been a lag of several years between the appearance and even the recognition of a social need and the response of universities with academic programs.

With this caveat, one may identify the following periods or stages in public health higher education in America:

Period 1. Health officer training (1913-30): Physicians and a few other professionals were taught about the tasks of operating a local department of public health—principally to maintain a sanitary environment.

Period 2. Preventive health sciences (1930-45): Instruction was broadened to examine all known aspects of preventive health science, including personal services, such as communicable disease interventions, health education, nutrition, maternal and child hygiene, and supportive activities, such as vital statistics and public health laboratory services.

Period 3. Inclusion of medical care (1945-65): In addition to all the foregoing disciplines, teaching

In periods 3 and 4, after World War II, eligibility for the DrPH and often other doctoral degrees (PhD, DSc, for example) was extended widely to nonphysicians. (Doctoral degrees, other than the DrPH, had been open to anyone with a baccalaureate from the outset of the schools of public health.) In period 4 (1965-present) interest by nonphysicians in public health doctoral studies mushroomed. At UCLA, for example, between 1981 and 1986, doctoral degrees—DrPH or PhD—in Public Health were awarded to 141 graduates, of whom only a few were physicians (1987 unpublished report of the School of Public Health, UCLA: "Report to the Graduate Council for 1981-1986"). The typical doctoral graduate takes about 1 year of extra course work (beyond the master's), mainly in his or her chosen field of concentration, passes a qualifying examination, and then does the research and writing leading to an acceptable dissertation. The practice everywhere has been to emulate the requirements for the PhD that have dominated advanced university studies for centuries. The dissertation exercise has become increasingly demanding and has usually required between 3 and 5 years of work, sometimes longer, for a total of 4 to 7 years after the baccalaureate. Moreover, an estimate 25-33 percent of students who begin the doctoral program never finish it. For a variety of reasons, they do not complete an acceptable dissertation.

That doctoral graduates in public health are rigorously trained and highly specialized is evident. Beyond some rather superficial exposure to the full scope of public health, they become quite knowledgeable concerning a very specialized subject about which they have written a dissertation. Following are the titles of just a small sample of dissertations in various fields produced at UCLA in the last few years:

- The role of conjugal power in the fertility decision-making process (behavioral science and health education).
- estimation of the parameters on the logistic regression model for retrospective studies (biostatistics).
- electron microscopic studies of the cytoplasmic inheritance of San Angelo virus in *Aedes albopictus* mosquitoes (epidemiology).
- A cost-effectiveness analysis of the surgical treatment of mitral valve disease reconstruction and replacement (health services).
- the effects of iron-deficiency anemia on plasma lipids, lipoproteins, and erythrocyte membrane li-

"The medical graduate who somehow failed to learn anything about the anatomy of the liver, the enzymes of the pancreas, or the uses of radiation therapy would not be accepted by a medical licensing body. Yet, current doctors of public health who majored in epidemiology may know absolutely nothing about health insurance, and DrPH graduates concentrating in health administration may be totally ignorant of the risk factors for disease."

pids (nutritional sciences),

- lung carcinogenesis and splenomegaly following chronic ozone inhalation at ambient concentrations (environmental and occupational health),
- the interrelationships of the menstrual cycle, alcohol use, and female sexuality (population and family health).

The writers of these doctoral dissertations have undoubtedly learned a great deal about the topics they have investigated. They have learned also about the difficulties of original research, the strategies for overcoming them, and the rigorous demands of sound scientific inference. They have learned how to report empirical findings and express ideas in writing of sufficient quality to be approved by a committee of five university professors. They have learned intellectual self-discipline.

One may ask, however, what have they learned about the problems and strategies of public health of the scope encountered in the current world? How well are they prepared to meet the obvious need for effective public health leadership throughout the United States and everywhere in the world? The answer must be: very poorly, if at all. The current model of doctoral studies of public health, in other words, prepares graduates for research and perhaps teaching in selected highly specialized subdivisions of the public health field. (Ironically, many public health doctoral graduates end up not in academic but in community posts for which they are actually ill-prepared.) Public health leadership, however, requires *generalists* who can appreciate

more than an empty slogan, thousands of doctoral generalists must be trained.

From a relatively streamlined review of the scope of knowledge in modern public health, one can identify some 43 subjects about which a minimum knowledge should be acquired by the future doctor of public health. This knowledge may be classified under the four main headings shown in the box on the right.

For students to master this range of knowledge and concepts, along with appropriate field studies, elective courses, and a modest research exercise, would require at least 5 years. This is 5 years following a bachelor's degree, compared with the 4-7 years after the BA taken by current graduates earning the DrPH or PhD in public health. Unlike the situation in periods 1 and 2 (1913-45), a prior MD degree would be quite unnecessary. If a physician wished to undertake these professional studies, he naturally should be welcome; but to require such a lengthy educational investment (much of which would be quite irrelevant) as a general rule would be socially and economically extravagant.

This proposal cannot be dismissed as a figment of an overactive imagination. See the box on page 450 for the outline of a feasible schedule of studies for the professional doctorate in public health, which could, with moderate adaptation, be readily implemented in most U.S. schools of public health. Here and there, a new course may need to be developed; but on the whole, instruction in the subjects listed is already available in most schools—plus many more courses that may be chosen as electives. I have tested this theoretical curriculum against the courses listed in the 1987-88 annual "Announcement of the UCLA School of Public Health" (even considering the constraints of the days and hours scheduled for courses each week and each quarter of the academic year). With only a few gaps to fill, the proposed type of curriculum could be readily put in place. The gaps could be easily filled, and the only question—to use WHO jargon—would be one of "political commitment."

Some Practical Considerations

This proposal may strike some persons as utopian or unrealistic. Compared with the prestigious doctor of medicine, it will be argued, the new *doctor of public health* would not be accepted socially. Furthermore, some may ask, who would apply for such graduate education, considering the uncertainties? Would the entire idea be approved

The Scope of Public Health Knowledge

Basic Tools of Social Analysis

1. Population and demography
2. Historical evolution of public health
3. Biostatistical techniques and analyses
4. Population sampling and surveys
5. Methods of program evaluation
6. Principles of medical sociology
7. Political science of health systems
8. Principles of health economics
9. Concepts of culture and medical anthropology

Health and Disease in Populations

10. Major diseases of man
11. Descriptive epidemiology (vital and health statistics)
12. Concept of risk and epidemiologic methods
13. Infectious diseases in populations
14. Chronic disorders in populations
15. Methods of clinical diagnosis and treatment
16. Nutrition and malnutrition
17. Environmental hazards
18. Mental health and disease in populations
19. Global ecology of disease

Promotion of Health and Prevention of Disease

20. Environmental sanitation and protection
21. Occupational health control and safety
22. Maternal and child health services (including family planning)
23. Mental health services
24. Communicable disease control
25. Control of sexually transmitted diseases
26. Nutritional programs
27. Dental health protection
28. Health education and behavior modification
29. Chronic noncommunicable disease control
30. Geriatrics and rehabilitation

Health Care Systems and Their Management

31. The national health care system
32. Health manpower development
33. Health facilities and their administration
34. Drugs, medical supplies, and their logistics
35. Health planning (population-based)
36. Health insurance and Social Security
37. Management of health programs
38. Budgeting, cost controls, and financial administration
39. Records and information programs
40. Community and intersectoral relations
41. Health legislation and ethics
42. Health systems research
43. Comparative international health systems.

by the academic bureaucracy? If graduates are turned out, would they be hired by public authorities or nonpublic agencies? What about governmental licensure?

These and other questions must be answered, but one should first recall that the history of the health professions is studded with sagas of courage and adventure (24). Consider nursing and Florence Nightingale; consider the origins of pharmacy from the mysticism of alchemy; consider the rise of dentistry from the itinerant artisans who pulled teeth; consider the evolution of public health itself. A new professional doctor of public health will not be recognized everywhere overnight. Before long, licensure would doubtless be required. (Why should we demand licensure of physical therapists and laboratory technicians and ignore the qualifications of persons responsible for the health protection of thousands or millions of people?) But the intrinsic soundness of the idea should prove itself within a few years.

Regarding the emergence of applicants for such a new doctoral program, there can be little basis for doubt. After my first publication of an article on this idea in January 1986, I received numerous inquiries about it from all over the country (2). "Where can I enroll in such a program?" young people asked. In talking with graduate students at UCLA and elsewhere, I have found widespread interest. Many of the brightest and most socially oriented students have said, "I want to work for an advanced doctoral degree in public health, but I do not wish to have an academic career. I want to do community work. Must I first go through medical school if I wish to be qualified for a significant leadership role in public health?"

My usual reply is that, when I started public health work in 1941 (period 2), a medical degree was virtually required for anyone hoping to make a real contribution in public health. There were exceptions, of course, but they were rare. Today, I then add, a medical degree is no longer prerequisite to a worthy public health career. There are DrPH and PhD programs in public health open to students from a wide variety of backgrounds. Their focus, however, is essentially academic, and the career opportunities involve a high degree of specialization.

In the meantime, protecting the health of general populations is largely in the hands of medical practitioners not adequately qualified for their work. This inadequacy applies to public health leadership at the level of communities, districts, provinces, regions, and nations. The fact that some of these

officials do splendid work is due largely to their personal philosophy, courage, self-instruction, insight through experience, advice from colleagues—certainly not their education (25). This crucial deficiency should be corrected by the schools of public health in the United States and elsewhere, with the urgency required. We have the knowledge, we have the teachers, we have the schools, and we are increasingly acquiring the requisite social values. What remains is to take the necessary action.

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Appendix F

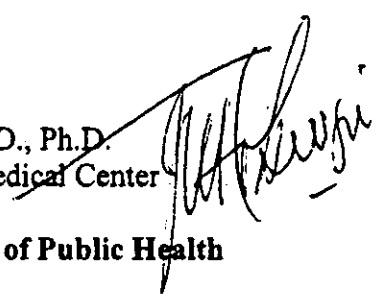
**SCHOOL OF PUBLIC HEALTH
OPERATING FUNDS - 1998-99**

	<i>CHSMR</i>	<i>BIOSTAT</i>	<i>KIPRC</i>	<i>Preventive Medicine</i>	<i>Total</i>
General Funds State	\$355,041			\$378,192	\$733,233
Service Center (Recharge)		\$167,400			\$167,400
Income	\$2,490	\$10,000		\$4,628	\$17,118
Subtotal	\$357,531	\$177,400		\$382,820	\$917,751
Restricted (Gifts)	\$27,908			\$21,500	\$49,408
Grants	\$330,059		\$1,210,067	\$1,648,822	\$3,188,948
KMSF				\$668,178	\$668,178
Nonrecurring	\$150,000		\$96,634	\$481,054	\$727,688
Total	\$865,498	\$177,400	\$1,306,701	\$3,202,374	\$5,551,973

Appendix G

MEMORANDUM

TO: Roy Moore, Ph.D.
Chair, UK Senate

FROM: James Holsinger, Jr., M.D., Ph.D.
Chancellor, Chandler Medical Center 

SUBJECT: **Funding for the School of Public Health**

I understand a major concern of the Senate Council in its most recent deliberations has been funding for the proposed School of Public Health. I wanted to make my position on this issue clear and dispel any concerns in this regard that might delay the rapid development of the proposed School.

First, we have provided a budget that reflects the initial budget commitment, as we bring together portions of activities within the Medical Center. No budget center within the Medical Center units will be diverted without faculty's active involvement in that decision. It is not my intention to abolish any units or activities in association with the creation of the School, without appropriate Medical Center or University review and approval.

As you can see from the budget, provided in the proposal in response to the Senate Council's direction, we anticipate three major funding streams. As is common with other units within the Medical Center we anticipate the School will have a practice plan where faculty of the School, who engage in clinical activities, can derive support both for the individual and the School. Previous experiences with Medical Center practice plans suggest to us that this could be a potentially fertile source of revenue.

We have identified a second major funding stream, the research dollars associated with such a School. Our belief is that a school of public health will attract major research funding. The experience of other schools of public health and conversations with deans of such schools confirms that schools of public health outperform other professional schools in extramural support. Further that with the current research climate, e.g., the proposed doubling of the NIH budget, we feel that the School will be quite successful in acquiring research grants and contracts.

Funding for the School of Public Health
Page 2

The final funding stream is that of state recurring dollars. We anticipate that the planning committee, which we will charge with the development of the School's strategic plan over the next academic year, will be looking at resource needs for the School. It is my intention to provide, from Medical Center allocations, in a phased manner, the state resources necessary to achieve full accreditation for the School. We believe and are committed to assuring that the resources necessary for the School will be made available.

The creation of the School is part of my effort to assure that the Medical Center is one of the top 20 Academic Health Centers in the nation. In fact, I think it would be unlikely to accomplish this objective without the School. The creation of the School places us among a handful of institutions, state-supported or private, which have all six of the schools of the health professions and immediately propels us to national prominence, as there are only 27 accredited schools of public health in existence. I remain committed to accomplishing the creation of the School and want to assure the Senate that commitment includes financial commitment from the Medical Center.

Unfortunately, I am not able to be at the October Senate meeting, as I made another commitment earlier. I don't want my absence to leave the appearance that I am, in any way, not absolutely committed to the creation of the School and to the resources necessary to accomplish that creation. Please let me know if there are any questions that you or your colleagues have.