Rethinking Schools of Public Health

A Strategic Alliance Model

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ABSTRACT

Canada is in the midst of rejuvenation of public health organizations, mandates and infrastructure. Major planning exercises are underway regarding public health human resources, where academic institutions have a key role to play. To what extent could schools of public health be part of the solution? Many universities across Canada are considering or in the process of implementing MPH programs (some 17 programs planned and/or underway) and possible schools of public health. However, concerns are raised about critical mass, quality and standards. We encourage innovation and debate about ways to enhance collaborative and structural arrangements for education programs. A school of public health model might emerge from this, but so too might other models. Also, novel types of organizational structure need consideration. One example is a "strategic alliance" model that is broad-based, integrative and adaptive – building on the interdisciplinary focus needed for addressing public health concerns in the 21st century. From our perspective, the central question is: what (new) types of organizational structures and, equally important, collaborative networks will enable Canada to strengthen its public health workforce so that it may better address local and global challenges to public health?

RÉSUMÉ

Le Canada est en train de revoir de fond en comble les organismes, les mandats et les infrastructures de son système de santé publique. De grands exercices de planification sont en cours à l'égard des ressources humaines en santé publique, et les établissements d'enseignement ont un rôle clé à y jouer. Dans quelle mesure les écoles de santé publique pourraient-elles contribuer à solutionner les problèmes? Nombre d'universités canadiennes envisagent ou mettent déjà en œuvre des programmes de maîtrise en hygiène publique (environ 17 sont prévus ou en cours) ou songent à créer des écoles de santé publique. La masse critique, la qualité et les normes suscitent cependant des craintes. Nous encourageons les intéressés à innover et à débattre des moyens possibles d'améliorer les ententes de collaboration et d'agencement des structures des programmes d'enseignement. Un modèle d'école de santé publique pourrait naître de ces discussions, mais d'autres modèles sont également possibles. Par ailleurs, il faut envisager des structures organisationnelles nouveau genre, par exemple un modèle d'« alliance stratégique » à base élargie, fondé sur l'intégration et l'adaptation – en misant sur l'interdisciplinarité nécessaire à la résolution des problèmes de santé publique du XXI^e siècle. De notre point de vue, la question fondamentale est la suivante : Quels (nouveaux) types de structures organisationnelles et – tout aussi important – quels types de réseaux de concertation permettront-ils au Canada de renforcer ses effectifs de santé publique pour être mieux à même de relever les défis locaux et mondiaux dans ce domaine?

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Tulchinsky and Bickford¹ pose a timely question in their CJPH commentary: "Are schools of public health needed to address public health workforce development in Canada for the 21st century?" A consistent message from recent reviews of Canada's public health systems is that integrative, interdisciplinary and comprehensive approaches are required. This includes expanding the output and delivery options of training programs, providing greater availability of continuing professional development, ensuring quality practicum experiences, increasing capacity for applied research, and fostering evidence-based decision making.²⁻⁴ To what extent could schools of public health be part of the solution?

This question is being discussed actively within the Canadian academic, government and public health communities, driven by the pressing need for public health workforce development and infrastructure renewal. Academic institutions in Canada are currently experiencing an "outbreak" of MPH programs – some 17 programs are planned and/or underway. This raises concerns about whether each program will have a critical mass of qualified faculty as well as sufficient field locations (practica) to ensure a high-quality professional education. Canada potentially risks repeating Australia's initial experience with a multitude of training programs leading to inefficient duplication and uneven quality.⁵ Subsequent efforts there have led to greater coordination and collaboration through state-based consortia.

Whither schools of public health?

What is actually meant by a school of public health? The United States (US) model is well defined by their Council on Education for Public Health, with schools needing the same degree of independence accorded to other professional schools, providing a MPH degree program meeting specified criteria, as well as having a critical mass of faculty.⁶ The criteria also allow for collaborative institutions that could be sponsored by two or more universities. This model has not been a panacea and reviews have called for a greater focus on public health practice and stronger collaborative linkages with other schools and organizations.^{7,8}

The issue of independence is particularly interesting. Independence of the federal public health agency from the rest of

Health Canada was strongly recommended by the Naylor⁹ and Kirby¹⁰ reports and acted upon by the federal government. A similar argument might be made for the benefit of public health faculty being separate from medical and other health sciences' departments. However, herein lie many challenges. For those existing university departments of "public health", will attempting to evolve to independent status be timely and worth the effort? Will independence hinder the ability to ensure public health concepts are well represented and integrated within the curriculum of health sciences' students including medicine, nursing, rehabilitation and others? Will seeking independent status hinder the development of new programs versus building on existing inter-departmental strengths? These questions need to be addressed prior to adopting a particular structural model.

The manner in which workforce development will be organized on a regional basis in Canada is highly pertinent. How might a school of public health model work in Atlantic Canada where currently there are no MPH programs or Community Medicine specialty programs? Is a "virtual" school of public health really a "school" or is it an example of a distributive learning model? Who would sponsor the "school" in Ontario and how might the many other sites of relevant public health training be involved and linked? Similar questions can be posed with their own nuances in other regions of the country.

Discussions regarding critical mass, quality, and standards provide a natural forum to examine collaborative and structural arrangements for training programs. A school of public health model might emerge from this, but so too might other models. The sheer size of Canada poses its own challenges. In response, this country has had a number of positive experiences with distributive learning models that involve collaboration among multiple institutions without the formal structure of a school.^{11,12} Such options need to be assessed for their potential in answering the workforce training needs of the public health system.

Strategic alliance model

Tulchinsky and Bickford¹ argue for schools of public health as "independent faculties within universities." Instead, we advocate a

Figure 1. Strategic Alliance Model for a School of Public Health

new type of organizational structure that is integrative and adaptive, building on the interdisciplinary focus needed for addressing public health concerns in the 21st century. Canada has already taken a major step in this direction with the formation of the Canadian Institutes of Health Research, built on four integrative research areas: biomedical; clinical; health services and systems; population and public health.¹³ In addition, CIHR has 13 Institutes, including a specific institute for leadership in population and public health, directed by Dr. John Frank.

The need for innovation and breadth was underscored by the U.S. Committee on Educating Public Health Professionals for the 21st Century.¹⁴ This report emphasized that public health education needs to move beyond the traditional core components of public health (epidemiology, biostatistics, environmental health, health services administration, social and behavioural sciences), and encompass new critical areas such as: informatics, genomics, communication, cultural competence, community-based participatory research, policy and law, global health, and ethics. Schools of Public Health are challenged to collaborate with other academic disciplines as well as with field agencies to achieve dual goals: 1) discipline-specific competency, and 2) interdisciplinary and cross-cutting competencies. The need to encompass ever-increasing domains of study suggests models of strategic alliance and collaboration versus a brick and mortar school approach.

For example, a strategic alliance model (Figure 1) underpins the school of public health at the University of Toronto. Anchored by Public Health Sciences, the school encompasses a network of researchers, educators and practitioners throughout the greater Toronto area, across Canada and around the world.¹⁵ The vision is to be "a leading school of public health with global reach." This model is broad-based, integrative and interdisciplinary. It builds on the legacy of the School of Hygiene established in 1925 at the University of Toronto by strengthening existing alliances and creating new ones with teaching hospitals, research institutes, university departments, centres and faculties, and the public health community at large. Five broad themes underlie its comprehensive research endeavours: urban health, gene-environment-society; communicable diseases and public health threats; chronic disease prevention; and global health. The education programs have been revamped into a four-phase model (Figure 2) that integrates continuing education (CE) with flexible professional masters-level training, and research training at both masters and doctoral levels. Emphasis is placed on core competencies, critical analysis and evidence-based decision making. A newly developed concentration on Global Health is being implemented at both masters (September 2006) and doctoral (September 2007) levels, along with a Global Health Summer Institute for Continuing Education in 2006 and new

Figure 2. Comprehensive Model for Public Health Continuing Education, Professional Development and Capacity Building

Masters (MAHSc) program for health professionals in 2007 and DrPH program under consideration.

Thus, public health education is undergoing major transformation in North America as indeed it is elsewhere throughout the world. There is a growing emphasis on global health as an integrative construct for conceptualizing and organizing public health education, research and practice. This emphasis is needed in order to address local health issues and public health interventions within a context of increasing international determinants such as: shifts in world trade policies, poverty, infectious diseases and emerging pathogens, climatic change, conflict and terrorism, and scarce resources – especially oil and water.

Recent progress in public health workforce development

Stimulated by SARS and other public health threats such as water safety (Walkerton, North Battlefield), Canada is in the midst of rejuvenation of public health organizations, mandates and infrastructure. Major planning exercises are underway regarding public health human resources (PHHR). At the national level, this is being led by the Office of Public Health Practice of the newly established Public Health Agency of Canada. A public health network has been created involving

federal/provincial/territorial representatives. One key activity is the task group on “Building the Public Health Workforce for the 21st Century”.¹⁶ The Task Group is articulating specific goals, including strategies and activities for achieving them, to increase all jurisdictions’ capacity to:

1. plan for the optimal number, mix and distribution of public health skills and workers,
2. develop an inter-professional workforce with public health skills and competencies to meet public health needs,
3. achieve the appropriate mix of public health workers and deploy them in inter-professional population-based and client-centred service models that make full use of their skills and competencies,
4. recruit and retain public health providers and maintain a stable, affordable public health workforce in healthy, safe work environments.

In the province of Ontario, major effort is underway in planning a new provincial public health agency,¹⁷ in parallel with conducting a capacity review to address the capacity of the province’s public health system at the local level.¹⁸ A highly anticipated component of the new plan will be a research, evaluation and knowledge exchange network, drawing on experiences with the teaching health unit (THU) and

public health research and education program (PHRED).¹⁹ This network will build closer linkages and partnerships among PHAC, academic institutions, public health departments, and related sectors (e.g., hospitals, community health organizations, NGOs, private). A critical point is to ensure necessary resources and connection among all players in the system.

CONCLUSION

Many universities across the country are considering or in the process of implementing MPH programs and possible schools of public health. Before choosing and advocating for any particular structural solution(s), we must be clear about the aims, needs, strategic opportunities, and options for system development. Rather than risk endorsing a proliferation of schools of public health, we encourage dialogue and debate. What (new) types of organizational structures and, equally important, collaborative networks will enable Canada to strengthen its public health workforce so that it may better address local and global challenges to public health?

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Book Reviews/Recension

Our Overweight Children: What Parents, Schools and Communities Can Do to Control the Fatness Epidemic

Sharron Dalton. London, England: University of California Press, 2004; 292 pp

This book provides an understanding of the current obesity epidemic, and offers practical strategies to counter this problem. The author discusses the increasing need for prevention of this disease, including the need to teach children to respect their internal cues of hunger and satiety, and teaching parents to become authoritative, and actively engage with their children. Additionally, this book discusses the nature versus nurture debate and specifically documents that the hereditary factor (genes) and the environmental/cultural factors (home/school) together affect this disease. This book assesses home concerns (feeding practices, and the increase in fast-food consumption), as well as school concerns (vending machines and junk food).

Dalton highlights the increase in unhealthy food, coupled with the decrease in physical activity participation (which may be a result of unsafe streets) as disconcerting for health professionals. She acknowledges different weight management programs, but supports only following the food pyramid, and offering children a diet that is high in fruits, vegetables, and whole grains, and low in fat and protein.

Our Overweight Children displays the need for society to make a lifestyle change, as this obesity epidemic is a threat to the nation's health. Therefore, policy changes, campaigns and community actions are needed to increase healthy food consumption and participation in physical activity. These lifestyle changes will involve an interdisciplinary approach, including involvement from: families, health professionals, school leaders, the food industry, the media, and policy-makers.

The last chapter of this book offers practical implications, suggesting what schools,

communities, industry, and government can do to fight this crisis. The book reinforces the importance of acknowledging this problem, and taking personal responsibility to combat it. Given the current rise in childhood obesity, it has become a major public health concern, and this book offers a multidisciplinary approach to managing this problem. *Our Overweight Children* may prove interesting to many health professionals, including health promoters, and policy-makers. School leaders and parents may also find this book useful.

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