

The School of the New Public Health

A Proposal

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INTRODUCTION

The concept of health promotion has grown in clarity; and strategies to guide its development are taking shape. There is a general consensus that the idea of promoting health, as distinct from preventing disease, embodies a broad social definition of health and a social effort to achieve it. While there is certainly a dynamic quality to our knowledge as new data are presented, there is also a hardened commitment to the health promotion ethic as the framework for a new public health.

It is equally clear, however, that the "best laid plan" might, probably will, remain just that until we have a sound infrastructure of resources to do all those things called for in the Ottawa Charter. The most critical resource is the human resource, both lay and professional. The obligation of the architects of the new public health is to strengthen the capacity of lay and professional resources through the creation of opportunities, technologies, and skills necessary to achieve a health promoting environment (social and physical) and a system to ensure equitable and continuous access to that environment.

A key element in this process is the present public health enterprise. It is an enterprise with long-standing traditions of strategies, procedures, and measures of success. It has evolved an elaborate structure and system for delivering services. While not always (or usually) as visible as, say the police or educational services or medical services for that matter, public health has a substantial presence at the community level. Its responsibilities are often of the passive sort (monitoring air and water quality) or punitive (restaurant inspection) or crisis oriented

(screening for AIDS). When its face is visible to the public, it is often cast as the purveyor of bad news (warning of the hazards of smoking or cholesterol) or perhaps, even worse, bland news (encouraging a balanced diet). However one wishes to characterize the public health establishment, the important fact is that it is an established part of governmental responsibility, operating with statutory authority with a well defined organizational structure, distinctive functions, budget, and accountability procedure. While its ideology and experience might not be consistent with the values, goals and strategies of the new public health as envisioned in the Ottawa Charter, the public health establishment as we know it represents the most available and appropriate resource with which to begin the task of building the necessary infrastructure for health promotion.

For reasons of credibility and to achieve a broad systematic impact, it seems wisest to approach the process of professional reorientation through an organized academic programme. Further, given the range of knowledge and skills required, a university based programme has special advantages. The proposal that follows is for such a university based programme designed to prepare persons for various professional roles in public health practice consistent with the goals and emphasis of the Ottawa Charter for Health Promotion.

Two key operating principles

Adhering to a social definition of health as put forward in the Charter and its supporting documents, forces a reconsideration of the limits of

public health practice. We could say that health as socially defined is synonymous with the quality of life or, even more broadly, well-being. This generous definition can help deepen our understanding of the etiology of health and what it will take to increase and maintain its availability. On the other hand, such an all encompassing definition does little to indicate the unique role of the public health establishment. Indeed it allows the possibility that everybody's business will become nobody's business. So the task before us is to adjust with some precision both the research and practical agendas of public health through professional education.

Of course, the design and method of professional education in health must be in close alignment with the practice of public health. Given the present lack of specific models which reflect values and strategies in the Ottawa Charter, it is especially important that professional training be fundamentally fused with practice. So in addition to the *horizontal* integration of a university based programme among the disciplines related to "well-being", there also must be a *vertical* integration of the programme with all levels of the community enterprise in public health. These two operating principles of 1) disciplinary integration and 2) integration of theory and practice form the essential framework of professional education in the new public health. An approach to professional education in health based on these principles can provide:

- 1) The resources for an educational data base that can incorporate a full range of conceptual and skill options required to exploit the health promoting opportunities in social policies, programmes, and practices;

- 2) Clarification of, and priorities for, behavioural, social, organizational, programmatic (evaluative), and policy research necessary to undergrid and guide both training and practice in health-promoting public health; and the availability of research findings in a coherent and mutually supportive manner;

- 3) Fusion of training and practice to build an infrastructure for health promotion that remains timely and self-correcting as the result of a two way flow of knowledge that moves between the training programme and practice;

- 4) Reinstatement of the university as an accessible full partner of the community in promoting health.

- 5) Reduction of the territorial conflicts between community, university, and government which, in turn, can have the salutary effect of inhibiting professionalization, medicalization, elitism, healthism, and other forms of social control.

THE NEW SCHOOL OF PUBLIC HEALTH

A. Governance

In the spirit of the operating principles put forward, the School of the New Public Health would be formed as a nexus of community and university; and within the university, the school would intersect the traditional public health sciences and the faculties of social, behavioural, and environmental sciences as well as facilities of the professional schools, particularly law, social work, education, and public and private management. Representatives of these disciplines and professions (together with student representatives) would form the School's governing council, elected or appointed by the constituencies of each. The School would have the status of a degree awarding institution with the understanding that its remit would make it available for certification services (evaluating competence), but not licencing.

B. Faculty and student start-up

The faculty of the School would be its first "students". Recall that the central mission of the School is to build an effective personnel infrastructure oriented toward health promotion. Consistent with this objective, the faculty (students) will initially be drawn largely from practising public health personnel, progressively (over a 5-7 year period) building a permanent cadre of core faculty who will retain their community responsibilities for 25% to 50% of their time. At an appropriate stage, students (in the more classical meaning) will be admitted for preparation in a variety of public health career lines including both traditional and non-traditional roles. New career students, like the faculty, shall be largely part-time in their academic work and part-time in an organized field praxis under joint supervision of school faculty and supervisors in the community.

Faculty (and their counterpart students) would reflect the intersectoral reality of health promotion. They would be recruited from the

practising fields of the established public health authority, city planning, housing authorities, agriculture, public education, communications/media, and transport, among others. They would be designated by their employing agencies as persons who would take responsibility for the health promoting aspect of a given public service. In most cases this arrangement would involve secondment to the School (temporary duty assignment) with the community agency providing salary support proportionate to a person's service commitment to the School. Appointments of faculty would have staggered starts to ensure 1) a reasonable production of qualified personnel for full time service; and, 2) continuity of the curriculum.

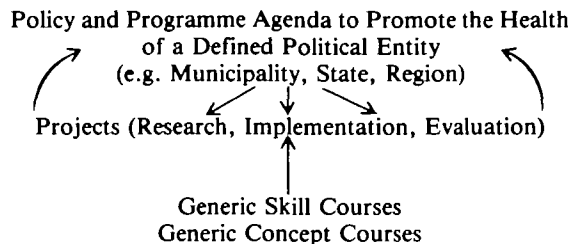
Community service agencies would be the main source of student (new career) recruitment. Nominations of persons to be considered for admission should derive from both informal and formal community agencies. Equity of access must be assured through ample fellowships and traineeships, recognizing the need to attract a culturally and socially diverse cross section of the community.

Admissions criteria would include appropriate previous academic achievement and evidence of community support for the candidacy. The number of admittees should not exceed the capacity of the faculty to engage the students in small team activities (about a 5-1 ratio). A balance should be struck among the various student career interests to ensure optimum student-to-student mutual learning opportunities and to reflect diverse needs of the health promotion enterprise.

C. Curriculum

The curriculum of the New School will be fluid and derive in large part from the realities of health promotion action in the community. Even the "staples" of public health – epidemiology and biostatistics – will follow pathways of inquiry and teaching that are consistent with changing requirements in advancing the goals of health promotion. This process, however, depends on a framework for the curriculum that is a coherent integration of the School's research and teaching resources. It would be, in effect, a model of interdisciplinary and pedagogical planning strikingly similar to a model of community planning for health promotion. Indeed, the core of the curriculum would consist

of a unifying commitment to an actual political territory (a city, county, region) where "hands-on" technical support by the school could be planned, implemented, and evaluated. The vehicle for this effort would be faculty-student project groups as continuing activities. This resembles a matrix management approach in which problem-solving around substantive goals is supported by skill building courses generic to the general requirements of: problem-posing (e.g. epidemiology, economics, anthropology, sociology, policy analysis); problem-solving (e.g. political sciences, organizational and administrative science); and evaluation (e.g. "health" statistics, psycho-and socio-metrics, qualitative analysis). Concept courses would be a second major category providing general support to all aspects of the problem oriented curriculum. These courses would concentrate on health promotion, equity, accountability, ecology, regeneration, environmental science, intersectoral action, and health services in relation to health promotion. The curriculum is represented in the following scheme:



A major decision surrounds the selection of the community that will identify activities that can be undertaken in a coordinated manner. We are taking an holistic approach which will allow several student-faculty projects to contribute to the entire environment; a healthy cities project approach that will concentrate on the community's own talent and resources as the first line of development. The community selected need not necessarily be contiguous with the school's immediate environs, but such an arrangement would indeed be favourable from a purely logistical point of view. If the community selected is local, there is a greater chance for continuous and full involvement of residents, particularly informal groups.

While the learning experiences (and related research) will be local, it need not (should not) be parochial. Much can be learned that will have

potential for testing and application elsewhere. Certainly learning the *strategy* of healthy community development will be the main benefit for students. The fact that learning will be in the "real world" will enhance its utility and validity and substantially reduce the lag time between learning and readiness to apply what is learned – one of the major problems facing public health training today.

Reorienting faculty to this living laboratory approach will involve a substantial effort. We are seeking to optimize the growth of new ideas, new hypotheses, and new intervention styles that are effective in both "making health more public and making the public more healthy." But at the same time the reorientation process must be sensitive to the historical commitments of the several public health disciplines and recognize their continuing contribution to, for example, disease surveillance, health (medical) services research, organization and management and environmental monitoring. The objective in reorientation is really to balance the current research and teaching agendas with a progressively greater emphasis on observations and intervention skills relevant specifically to health promotion.

CONCLUSION

A brief outline for a School of the New Public Health is presented in response to the need to

build a human resource infrastructure to support health promotion initiatives at levels of policy and practice. The model proposed here is one that links academic and experiential learning and at the same time cuts across traditional disciplinary boundaries through a problem centered (matrix management) approach. The overall framework for the School of the New Public Health is the mandate for health promotion development as outlined in the Ottawa Charter.

We need urgently to discuss how to build a competent and responsible infrastructure of professional resources to further the objectives of the Ottawa Charter. Professional training should be high on the development agenda. Clearly the nature of the task demands that we construct an approach based on a new set of assumptions; an approach which is committed to the values of health promotion and reflects its dynamic character. None of the presently available training institutions offer this. Nevertheless, we must start with the resources at hand and encourage the necessary changes through building new alliances between (and among) academia and community, disciplines and professions, and research and practice. The opportunities and incentives are there to do this. They now must be spelled out.