Public Health at Pitt: Local to Global Perspectives

21 March 2008

Don Burke, M.D.
Dean, Graduate School of Public Health
Director, Center for Vaccine Research
Associate Vice Chancellor for Global Health
OUTLINE

• SNAP SHOT OF GSPH
• HISTORY OF THE FOUNDING OF GSPH
• WHAT IS PUBLIC HEALTH?
• PENNSYLVANIA PUBLIC HEALTH AGENCIES
• GSPH STRATEGIC PLANNING PROCESS
• CERTIFICATION IN PUBLIC HEALTH
• CONCLUSIONS
Dean, Graduate School of Public Health
Core Disciplines in Public Health

- Health Services Admin
- Biostat
- Epidem
- Behav Sci Hlth Educ
- Environ Health

modified from www.asph.org
University of Pittsburgh Graduate School of Public Health

- 7 Departments
- 168 Faculty
- 600 Graduate Students
- $110M Annual Budget

modified from www.asph.org
Graduate School of Public Health
7 Department Chairs & 2 Center Directors

Behavioral and Community Health Sciences / Ron Stall

Biostatistics / Howard Rockette

Epidemiology / Roberta Ness

Environmental and Occupational Health / Bruce Pitt
Human Genetics / Ilyas Kamboh (acting)

Health Policy and Management / Judy Lave

Infectious Diseases and Microbiology / Chuck Rinaldo

Center for Minority Health / Stephen Thomas

Center for Public Health Practice / Maggie Potter
Sponsored Research Funding per Faculty Member

( Schools within the University of Pittsburgh )
HISTORY
FOUNDING OF THE GRADUATE SCHOOL OF PUBLIC HEALTH

1946

Adolph W. Schmidt, Trustee of the A. W. Mellon Educational and Charitable Trust, commissioned to investigate “the most urgent and long-range needs of Pittsburgh”

Ideas solicited from six prominent citizens:

- Director of the Mellon Institute
- Director of the Buhl Foundation
- Director of the Falk Foundation
- Editor of the Pittsburgh Press
- President of Carnegie Tech
- Chancellor of the University of Pittsburgh

All six cited public and occupational health services as a pressing need. Several ranked it first
U of Pittsburgh Chancellor notified of interest in establishing a school of public health “probably connected with the U of Pittsburgh”

Was promised

• $10 M funding with $3.0 M more after 5 years if school is “comparable quality and standards with the best in the United States”

Rufus Henry Fitzgerald
Pitt Chancellor 1945-55
1948

Thomas Parran, retiring Surgeon General of the US Public Health Service, recruited to become first Dean

Well known in Pittsburgh for syphilis control, supported by Buhl Foundation

- Assemble faculty
- Build a facility
- Develop a curriculum
- Obtain accreditation
- Admit students
- Establish relationship with other U Pitt schools and hospitals

October 26, 1936
60 DELEGATES SIGN
HEALTH 'CHARTER'

Constitution for a New World
Organization Wins Wide
Acclaim at Assembly

"A Magna Carta for health" is
provided in the World Health Or-
ganization Constitution, signed
yesterday here by sixty national
delegates, Dr. Thomas Parran,
president of the Constitutional As-
sembly, declared at the ceremony.
The United Kingdom and Chi-
inese delegates affixed the only
signatures to the Constitution that
were tantamount to ratification, at
the last meeting of the United
Nations Health Assembly in the
Henry Hudson Hotel.
Eighteen other delegates
empowered to sign without reserva-
tion the new international health
charter declined at the last mo-
ment to exercise their full pow-
ers. As a rule, their reservation
was the result of domestic political
considerations rather than any
sudden loss of faith in the new
health organization.

Stress on Psychiatry

Dr. Parran upheld the organi-
zation (to be created when twenty-
six United Nations States have
ratified the Constitution) as "a
powerful instrument for peace," in
which psychiatry would play its
"urgent" part in removing the
seeds of war. He said:

Dr. Thomas Parran of the United States addressing the session at the Henry Hudson Hotel yesterday. Also seen are Arkady M. Sobolev (left), acting Secretary General of the United Nations, and Henri Laugier, Assistant Secretary General for Social Affairs.

The New York Times
GSPH took temporary quarters in the remodeled Pittsburgh Municipal Hospital, a former contagious diseases hospital

First class admitted in September 1950: 29 full-time and 5 part-time students
Thoughts of the Public Health Leadership on the ideal relationships within the Health Sciences

“The GSPH cannot in the long run be stronger than the medical center with which it is associated. It is therefore important that the Trustees bend every effort to the improvement of the medical school.”

Lowell Reed to Adolph Schmidt

“First and last the GSPH is part of a larger organism, the University and its medical center. No school of public health can become great unless it is integrated with a great university and a great medical center.”

Thomas Parran, in his first progress report
Observations on the quality of the Medical School in 1948

“I have stressed the obstacles to the integration of our School into the Medical Center, the chief block being that there was no such center but an agglomeration of weak schools and individualistically inclined hospitals.”

Thomas Parran

“The faculty consisted almost entirely of part-time instructors who earned their living in the private practice of medicine and had neither time nor inclination for basic research.”

Jonas Salk

“The hierarchy of professors in the School of Medicine saw some kind of threat in the founding of the GSPH and bringing professional teachers of public health into their midst.”

Adolph Schmidt
An unintended consequence of a full-time salaried faculty at the GSPH was the realization that the School of Medicine required a core of full-time faculty for all departments.

Transition assured when Schmidt told hospitals that there would be no more Mellon grants until they complied.
The new GSPH building
1955
Paul Mellon at the GSPH building dedication in 1955:

“\textit{The fight for quality cannot be won in any single School or Department. The University as a whole must find greatness.}”
“As for this building, the instruments and equipment, these are merely the workshop and the tools…What is real is the quest, the opportunity to know more of man – his body, his mind, his physical and social environment and the dynamic interrelationships which we call “human ecology” or Public Health.
Paul Mellon at the GSPH building dedication in 1955 (cont)

“As for this building, the instruments and equipment, these are merely the work shop and the tools…What is real is the quest, the opportunity to know more of man – his body, his mind, his physical and social environment and the dynamic interrelationships which we call “human ecology” or Public Health.
WHAT IS PUBLIC HEALTH?
WHAT IS PUBLIC HEALTH?

Public Health is the science and art of protecting and improving the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention.

Public health helps improve the health and well being of people in local communities and across our nation.

Public health helps people who are less fortunate to achieve a healthier lifestyle.

Association of Schools of Public Health
Don Burke’s 10 second elevator speech

Public health is prevention of disease in populations

Examples include Vaccines, Sanitation, Diet, and Healthy Behaviors
"Health care matters to all of us some of the time, but public health matters to all of us all of the time."

C. Everett Koop
About this Project

"What is Public Health?" was created to answer three questions:

- What does public health encompass?
- What impact does public health have on our lives?
- What types of careers are available in the field of public health?

While viewing this website, we hope you will gain a better understanding of the various roles public health professionals play each day to ensure a healthy American public. We encourage your continued curiosity of this increasingly important field and ask that you contact the correct organizations, linked within the website, for further information.

This website was developed by the Association of Schools of Public Health and was made possible by support from Pfizer.
## Comparing Public Health and Medicine

<table>
<thead>
<tr>
<th>Public Health</th>
<th>Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary focus on</strong> population</td>
<td><strong>Primary focus on</strong> individual</td>
</tr>
<tr>
<td><strong>Public service</strong> ethic, tempered by concerns for the individual</td>
<td><strong>Personal service</strong> ethic, conditioned by awareness of social responsibilities</td>
</tr>
<tr>
<td><strong>Emphasis on</strong> prevention, health promotion for the whole community</td>
<td><strong>Emphasis on</strong> diagnosis and treatment, care for the whole patient</td>
</tr>
<tr>
<td>Public health paradigm employs a <strong>spectrum of interventions</strong> aimed at the environment, human behavior and lifestyle, and medical care</td>
<td>Medical paradigm places predominant emphasis on medical care</td>
</tr>
<tr>
<td>Multiple professional identities with <strong>diffuse public image</strong></td>
<td>Well-established profession with <strong>sharp public image</strong></td>
</tr>
<tr>
<td>Biologic sciences central, stimulated by major threats to health of populations</td>
<td>Biologic sciences central, stimulated by <strong>needs of patients</strong></td>
</tr>
<tr>
<td>Move between <strong>laboratory and field</strong></td>
<td>Move between <strong>laboratory and bedside</strong></td>
</tr>
<tr>
<td><strong>Numeric sciences</strong> an essential feature of analysis and training</td>
<td>Numeric sciences increasing in prominence, though still a relatively minor part of training</td>
</tr>
<tr>
<td><strong>Social sciences</strong> an integral part of public health education</td>
<td>Social sciences tend to be an <strong>elective part</strong> of medical education</td>
</tr>
<tr>
<td><strong>Clinical sciences</strong> peripheral to professional training</td>
<td><strong>Clinical sciences</strong> an essential part of professional training</td>
</tr>
</tbody>
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Harvey Fineberg, MD, PhD, Dean, Harvard University School of Public Health, 1990
Of 34 recommendations, 7 dealt with Academia

Academic institutions should increase integrated interdisciplinary learning opportunities for students in public health and other related health science professions

Congress should increase funding for HRSA for public health training

Federal funders should reward faculty scholarship related to public health practice research

Congress should provide CDC with funds to enhance its investigator-initiated programs for prevention research

CDC should analyze funding levels necessary for effective Preventive Research Center functioning

NIH should increase its budget for population and community-based prevention research

Academic institutions should develop criteria for recognizing and rewarding faculty scholarship related to service activities that strengthen public health practice
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Who Will Keep the Public Healthy?
Educating Public Health Professionals for the 21st Century
Institute of Medicine, 2003 (R. Goodman)

- Reaffirmed centrality of the five traditional "Core Competencies"
  (biostatistics, epidemiology, environmental health, health services administration, social and behavioral sciences)

- Stressed the "Ecological Model" in Public Health

- Introduced eight future important areas:
  - Informatics
  - Genomics
  - Communication
  - Cultural competence
  - Community-based Participatory Research
  - Global Health
  - Policy and Law
  - Public Health Ethics
The Ecological Model: A guide to thinking about the determinants of population health
The Ecological Model: A guide to thinking about the determinants of population health
“As for this building, the instruments and equipment, these are merely the workshop and the tools...What is real is the quest, the opportunity to know more of man – his body, his mind, his physical and social environment and the dynamic interrelationships which we call “human ecology” or Public Health.
Healthy People 2010

U.S. Department of Health and Human Services
Office of Disease Prevention and Health Promotion

A comprehensive set of disease prevention and health promotion objectives for the Nation

Two overarching goals

1. Increase quality and years of healthy life
   and
2. Eliminate health disparities

► 28 focus areas
► 467 specific objectives
► 10 Leading Health Indicators
Leading Health Indicators

- Physical activity
- Overweight and obesity
- Tobacco use
- Substance abuse
- Responsible sexual behavior
- Mental health
- Injury and violence
- Environmental quality
- Immunization
- Access to health care
NEW DEAN’S INITIATIVES AT GSPH

• INFECTIOUS DISEASE EPIDEMIOLOGY

• GLOBAL HEALTH

• COMPUTATION IN PUBLIC HEALTH

  the dynamic interrelationships which we call “human ecology” or Public Health.
PUBLIC HEALTH AGENCIES IN PENNSYLVANIA
Commonwealth of Pennsylvania Department of Health

November 5, 2007
OR-07-302

Office of Health Care Reform
Office of Public Health Preparedness
Physician General
Governor's Press Secretary
Governor's Policy Office
Policy Office
Legislative Liaison Office

Secretary

Deputy Secretary for Health Planning and Assessment
Office of Health Equity
Bureau of Epidemiology
Divisions:
Infectious Disease Epidemiology
Environmental Health Epidemiology
Community Epidemiology

Bureau of Laboratories
Divisions:
Clinical Microbiology
Chemistry and Toxicology
Laboratory Improvement

Bureau of Health Planning
Divisions:
Plan Development
Health Professions Development

Bureau of Emergency Medical Services

Bureau of Community Health Systems
Division of School Health
Divisions:
Southeast
Northeast
Southcentral
Northcentral
Northwest
Southwest
Local Health Departments
Allegheny
Allegheny
Bethlehem
Bucks
Chester
Erie
Montgomery
Philadelphia
Wilkes-Barre
York

Deputy Secretary for Quality Assurance
Bureau of Facility Licensure and Certification
Divisions:
Nursing Care Facilities
Acute and Ambulatory Care
Safety Inspection

Bureau of Community Program Licensure and Certification
Divisions:
Drug and Alcohol Program
Licensure
Home Health
Intermediate Care Facilities

Bureau of Managed Care
Divisions:
Certification
Quality Review

Deputy Secretary for Health Promotion and Disease Prevention
Bureau of Drug and Alcohol Programs
Divisions:
Prevention
Treatment
Program Monitoring

Bureau of Communicable Diseases
Divisions:
HIV/AIDS
Tuberculosis and Sexually Transmitted Diseases
Immunizations

Bureau of Family Health
Divisions:
WIC
Child and Adult Health Services
Community Systems Development and Outreach
Newborn Screening and Genetics
Bureau Operations

Bureau of Health Promotion and Risk Reduction
Divisions:
Cancer Prevention and Control
Health Risk Reduction
Nutrition and Physical Activity
Tobacco Prevention and Control

Deputy Secretary for Administration
Bureau of Human Resources
Divisions:
Employment and Compensation Services
Labor Relations and Safety
Workforce Development and Training

Bureau of Administrative and Financial Services
Divisions:
Budget
Office Services
Contracts

Bureau of Information Technology
Divisions:
Application Development and Support
Customer Support and Operations

Bureau of Health Statistics and Research
Divisions:
Vital Records
Statistical Registries
Statistical Support
Board of Health Meeting

Bruce Dixon, MD
Director

Lee Harrison is Vice-Chairman
THE PLANNING PROCESS

1. Set the Planning Cycle
2. Environmental Scan
3. Evaluate the Mission Statement
4. Identify Themes and Priority Areas
5. Department and Center Planning
6. Synthesis and School-Wide Planning
7. Ongoing Implementation and Evaluation
**STRATEGIC GOALS**

**GSPH Theme**
- Education
- Research
- Practice
- Resources and operations

**University Directive**
- Pursue excellence in education
- Maintain excellence in research
- Partner with the community
- Secure an adequate resource base
- Ensure operational efficiency and effectiveness

GRADUATE SCHOOL of PUBLIC HEALTH  STRATEGIC PLAN 2008-2012
Strategic Goal 1: Prepare the next generation of public health leaders through rigorous educational programs.

Objectives: By 2012, the Graduate School of Public Health will:

1. Implement innovative and responsive educational programs that address pressing public health issues.
2. Create a selection of innovative hybrid and distance education and training programs.
3. Enhance the quality of teaching, advising, and mentoring.
4. Expand opportunities for students to engage in educational offerings, research and practica throughout the world.
5. Improve the quality of its educational programs.
6. Strengthen the quality and diversity of the student body.
Strategic Goal 2: Expand knowledge in the field of public health through scientific inquiry and innovation.

Objectives: By 2012, the Graduate School of Public Health will:

1. Consistently maintain a place in the top three schools of public health based on NIH funding.
2. Diversify its research funding portfolio.
3. Enhance its reputation of research excellence through faculty recognition.
Strategic Goal 3: Advance the health of populations through service and strategic partnerships with local, regional, national, and international communities.

Objectives: By 2012, the Graduate School of Public Health will:

1. Build its capacity for providing scholarly service with high impact on the health of populations.
2. Build and maintain additional partnerships with health organizations and public health professionals.
3. Become a recognized leader in addressing population health objectives by implementing evidence-based interventions and strengthening public health systems.
Strategic Goal 4: Enhance the school’s capacity to deliver its mission by ensuring adequate resources and operational efficiency and effectiveness.

**Objectives:** By 2012, the Graduate School of Public Health will:

1. Increase the school’s fiscal base through tuition and research revenues and institutional and philanthropic support.
2. Acquire sufficient, state-of-the-art and aesthetic space that meets the projected programmatic needs of the school.
3. Increase the operational efficiency and effectiveness of the school’s administrative processes and work.
4. Provide opportunities for faculty and staff recognition and professional development.
Credentialing of public health professionals
The purpose of NBPHE is to ensure that students and graduates from accredited schools and programs of public health have mastered the knowledge and skills relevant to contemporary public health.

This purpose will be accomplished by developing, preparing, administering, and evaluating a voluntary certification exam.

Bernard Goldstein, MD
Chair, NBPHE
• Established in September 2005

• Collaborating Organizations:
  • American Public Health Association
  • Association of Prevention Teaching and Research
  • Association of Schools of Public Health
  • Association of State and Territorial Health Officials
  • National Association of County and City Health Offices
Public Health Core Disciplines and Cross-Cutting Competencies

- Biostatistics
- Environmental Health Sciences
- Epidemiology
- Health Policy & Management
- Social & Behavioral Sciences

Interdisciplinary/Cross-cutting Competencies

- Communication & Informatics
- Diversity & Culture
- Leadership
- Professionalism
- Program Planning
- Public Health Biology
- Systems Thinking
Images of Public Health
Man by Virgil Cantini
(GSPH, Pittsburgh)
Together by Selma Burke
(Hill House, Pittsburgh)
END
Alan Scaife proposed that Parran be appointed as VP of the University in Charge of Medical Sciences, but clinicians at Medical School are strongly opposed.

Chancellor Fitzgerald replied that such a move could cause “a revolution in the Medical School” and refuses to appoint Parran.

Parran requests that either his duties as Consultant to the University on Medical Sciences be clarified, or that he be relieved of them.

Mellon Trust attorney warns board “If Dr. Parran should decide that others could do the job better in Pittsburgh, it would be a good indication to institutions and foundations everywhere that possibly Pittsburgh was still not ready for the big-leaguers.”