The University of Texas
Health Science Center at Houston

Center for Health Promotion
Research and Development

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Robert L. Kane, M.D.
Dean
School of Public Health
Box 197 Mayo Memorial Building
420 Delaware Street SE
Minneapolis, Minnesota 55455

Dear Bob:

It was a great pleasure and privilege to review the outstanding report of the Health Education Internal Review Committee and to discuss its recommendations for the future of health education in your school with some of your faculty and students.

When I landed at Minneapolis airport I had only three major concerns with the report. All three concerns largely vanished within my first half-hour with Henry Blackburn, Cheryl Perry and Jim Kincannon. My first concern was whether the chairman of the division of epidemiology was going to be receptive to the major recommendations. Henry assured me he was and that with the necessary support from your office, he was committed to assuring the implementation of the major recommendations within the division of epidemiology.

My second major concern was with the question of leadership. The report had been sent before Dr. Cheryl Perry had decided she would be willing to entertain the responsibility of chairing the new program in community health education as proposed in the report. My list of suggested candidates for external recruiting was not very promising, so I was much relieved to hear that Dr. Perry was now receptive to the responsibility and that Dr. Blackburn supported her nomination. Somewhere in your files you have my letter of recommendation for Cheryl Perry's promotion and tenure, so you can see the high esteem I hold her. Her appointment to lead this new program will lend immediate national recognition and credibility to the program.

My third major concern was with the proposed name of the new program. I am comfortable with health promotion as the name for a research center whose purpose is to stimulate research in a previously neglected area that has come to be called health promotion, but I do not see it as a professional discipline. It is an interdisciplinary field with no professional association, code of ethics or standards of practice to give it continuity and shape as a field of professional preparation. Community health education, on the other hand, has a long standing tradition that has weathered the

periodic assaults of federal initiatives in categorical program areas with new titles such as family planning education in the 60s, patient education in the 70s and now health promotion in the 80s. Schools of public health and departments of health education in other schools have occasionally added these terms to their programs to give them greater currency, but they have not lasted.

My major recommendation, after setting aside these three concerns, is to begin phasing in the new community health education program immediately with provision for the current students to complete their degrees, either under the requirements in force at the time they began their program, or with a newly contracted set of requirements that would not penalize them during the transition.

My second recommendation is that the major gaps in the current curriculum be filled not with the restarting of classroom-bound courses left by Dr. Carlaw or others no longer available to the new program, but rather with the development of group tutorials or apprentice programs in the field with faculty associated with the Minnesota Heart Health Program, the drug and alcohol abuse programs and the worksite health promotion programs. It is my fervent belief that these represent the future of community health education and that the Minnesota faculty are on the cutting edge of at least the first of these and have strength in the other two. It is also my observation that health education as taught in most of the schools of public health and elsewhere has suffered from a predominately classroom approach to material and skills best learned in the field. The analog of bedside teaching has not been well developed in community health education training programs, except where students are farmed out to internships with practitioners trained many years earlier and therefore not themselves on the cutting edge of knowledge in the field. The ideal of faculty working with the professional students-in-training in their own laboratories or clinics has not been developed in community health education because of the greater complexity of such a teaching relationship in the community, but also, regrettably, because so many health education faculty have not themselves been actively involved in community programs. The Minnesota Heart Health Program has developed an ideal laboratory for the training of students in community health education and ideal material for their analyses and deeper understanding of the planning, development and evaluation of community health education programs.

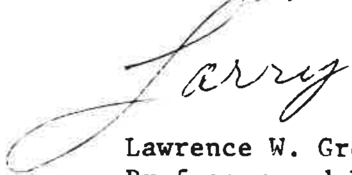
I fully appreciate the difficulty of implementing this model in the context of the system in which methods for tracking teaching contributions other than classroom hours have not been well developed. Clearly it will be necessary for specific contracts to be written between faculty and students. In my discussion with the first-year students (8 first-year and 2 second-year students) they seemed eager and willing to take major responsibility for working with faculty in developing standards and procedures for this

contractual outcome-oriented educational process. They recognized the need for a clear delineation of assignments for their preparation in advance of meetings with faculty in the field and the need for direct feedback on their performance. The faculty will need to develop formal protocols for instruction and interaction and checklists for evaluation of students. This kind of documentation could become the material for the development of classroom time equivalence for the faculty's teaching credit.

The faculty whose responsibilities in recent years have been primarily in teaching and service, or administration, could be invaluable in the formulation and pretesting of these instruments or protocols for community teaching. It would be regrettable, however, if they ended up as the only faculty with this responsibility. The great benefit of this approach lies as much with those faculty who have active research programs in the community as those who have more extensive experience in community service. Both models need to be presented to the students. One for its innovative ideas and scientific grounding, the other for its reality testing in the bureaucratic world and its wisdom from years of weathering.

Thank you again for this opportunity to work with you in the development of your program.

Sincerely yours,



Lawrence W. Green, Dr.P.H.
Professor and Director

cc: Henry Blackburn