

Yale University

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June 27, 1997

Dean Robert K. Leik
University of Minnesota
Office of the Vice President for Research
and Dean of the Graduate School
420 Johnston Hall
101 Pleasant Street S.E.
Minneapolis, MN 55455-0421

Dear Dean Leik:

I am enclosing a copy of the Report of the External Review Committee for the Division of Epidemiology. I view it as a final version of our statement. However, should you find that there was some issue which we did not address, or that there are some ambiguities in our statements, I would appreciate it if you would let me know so that we could address such issues.

I thank you for inviting us to participate in this task. It was a great pleasure to learn from such an excellent program.

Sincerely yours,



Stanislav V. Kasl
Professor of Epidemiology

SVK:cr
Enclosure

Report of the External Review Committee, Division
of Epidemiology, School of Public Health, University
of Minnesota, May 8 and 9, 1997

Submitted by:

Professor Stanislav V. Kasl, Yale University (chair)

Professor Michael J. Klag, Johns Hopkins University

Professor Noel S. Weiss, University of Washington

Submitted to:

Dean Robert K. Leik, Associate Dean, Office of the Vice President for Research and Dean of
Graduate School, University of Minnesota

Chronology of Schedule of Activities:

May 8

- 1) Initial briefing meeting with deans: James Boen, Mark Brenner, George Green, Frances Lawrenz, Robert Leik, Edith Leyasmeyer, Charles Louis.
- 2) Meeting with division head and director of graduate studies, Russell Luepker and John Finnegan.
- 3) Meeting with related-field department representatives.
- 4) Tour of facilities.
- 5) Meetings with individual faculty.

The Report

Overall, the Committee feels that the Division is among the top programs in the country. It has maintained its pre-eminence in cardiovascular epidemiology, it remains a leader in nutrition epidemiology, and it has built up great strengths in health behavior and behavioral epidemiology, with an increasing emphasis on intervention studies in the community. The other two programs, cancer epidemiology and infectious disease epidemiology, are somewhat smaller and in need of additional faculty to replace recently departed investigators (cancer) or to build up the program further in response to student interests and emerging public health issues (infectious disease).

It has been the philosophy of the Division to concentrate on relatively few areas and to add to existing strengths. This has been a highly successful strategy in the areas mentioned above: cardiovascular, nutrition, and behavioral science. However, if national rankings are determined by broad excellence in many areas, then perhaps the Division does not rank at the very top of the national picture. But then, the Division is embedded in a moderately-sized School of Public Health and cannot compete in all areas with a few of the very big Schools of Public Health.

Along with the above selected strengths in research programs go also several notable resources and facilities which have added to the national reputation of the Division. Among these are: a) the Minnesota ECG Coding Center which for a long time has been the pre-eminent facility for ECG coding; b) the Nutrition Coordinating Center which provides advanced methods and comprehensive databases for collecting and analyzing dietary data, including the Nutrition Data software used by a large number of investigators. Another valuable resource (though perhaps utilized only locally) are the Data Collection and Support Services, which include the Telephone

Interactions between the Division of Epidemiology and other units of the University of Minnesota take place as well. A colleague in the School of Social Work commented that he held the Division “in high regard”, and that he felt that it was “one of the best in the country”. He mentioned that students in the School of Social Work often take a minor in Epidemiology. Also, faculty in that School had joined with several of their colleagues in Epidemiology to engage on research projects, such as one devoted to the durability of community interventions. Similar comments were heard from a representative of the School of Nursing. Postdoctoral fellows there found it valuable to take courses in the Division, such as the one devoted to social perspectives and health behavior change. Indeed, some of these postdoctoral fellows have obtained an MPH degree in Epidemiology. Also, research collaborations are in place between members of the two faculties, for example in the area of the prevention of substance abuse in adolescents.

The links with the Department of Pediatrics appear to be particularly strong. Subspecialty fellows in Pediatrics who are in the clinical research track all obtain an MPH.

Those close and frequent ties to other units are remarkable, given the relatively remote location of the Division. Not only are most faculty members in the Division separated from persons in these other institutions, they are separated from their colleagues in other divisions of the School itself. The large size of the Division of Epidemiology, its research programs, and its support services require it to have a very large amount of space. Unfortunately, the price they pay for that is a geographical separation from their colleagues. However, as noted above, that price does not appear to be a steep one, and fruitful collaboration has taken place despite the handicap of distance.

4) The structural setting of the Division and the support it receives:

As noted above, the physical separation of the building, housing the Division, from the

purpose and mission. If the restructuring were to create numerous independent research centers, this might destroy Epidemiology as a distinct program of teaching and research. It is unlikely that students seeking training in epidemiology would wish to matriculate at the University of Minnesota. Furthermore, it is likely that epidemiology would become a secondary discipline, an area of expertise on loan and available to other investigators who define the issues, the projects, the science. Biostatisticians are often thrust into that role and it could happen to epidemiologists as well, under certain forms of restructuring.

If the purpose of the restructuring is to increase interdisciplinary collaboration, then this would seem unnecessary since the Division already has an excellent record of collaboration with other divisions and departments and most of its research is broadly interdisciplinary. Nor does it seem likely that restructuring is needed because Epidemiology is not sufficiently “applied” or that its research mission does not directly and rather immediately affect health and welfare of the community. So it does not appear that anything about the Division justifies or calls for restructuring; in fact, it would weaken the Division.

If there are financial reasons for any restructuring or if it represents an oblique attempt to downsize certain departments and programs, then perhaps this should be done explicitly and directly. It should be noted that independent research centers exist at many universities; most often, however, they are in addition to traditional departments and programs rather than as their transmogrification.

6) Does faculty operate as a unit:

The Committee was most impressed by a number of interrelated characteristics of the Division and its faculty. First, Professor Luepker is highly respected and his inclusive style of leadership and management is very much appreciated. There is a strong spirit of collegiality

graduate faculty (41 with primary appointments in Epidemiology). Since almost all publications have multiple authors (thus appearing on multiple CV's), as is typical in epidemiology, this represents a very high level of productivity among the faculty.

8) Level of teaching and advising:

The level of teaching (representing the last 2 years) has been about 1.0 course per year for assistant professors, about 2.1 for associate professors, and about 2.0 for full professors. The equivalent values for average yearly number of credit hours are about 3.2, 6.5 and 5.5 respectively. It is highly commendable (and quite unusual as well) that assistant professors are given an opportunity to get started on their research careers and are not expected to do an above average amount of teaching.

The advising load is as follows: assistant professors, 4 in master's and 1 in doctoral programs; for associate professors it is 6.9 and 2.4 respectively; for full professors, 5.8 and 3.1. The lower advising load among junior faculty is typical.

Compared to other epidemiology programs at other schools, the teaching load appears to be quite average, while the advising load may be average or a little below average.

9) Comments about the Ph.D., M.P.H., and M.S. programs:

The requirements for the M.P.H. and M.S. degrees are identical. However, the M.P.H. degree is the preferred degree, either as terminal degree or as the route toward the Ph.D. The M.S. is awarded primarily to those who do not complete the Ph.D. program. The possibility that the M.P.H. degree would be eliminated (because of the new professional practice requirements of the Council for Education in Public Health and the attendant need to commit additional resources appears to be a troublesome development. For one, it might lead to loss of accreditation. For another, M.D.'s are likely to continue to seek the M.P.H. and they would start applying to other

12) Student issues:

The Committee had a frank and open discussion with 13 Ph.D. students. The students uniformly expressed high levels of satisfaction with the quality of faculty, access to faculty, and administrative and financial support. The relationship with faculty is collegial and there is a multitude of research opportunities. They specifically remarked upon the efficiency and responsiveness of the graduate coordinator. The students also feel that the Division and the School of Public Health are responsive to students' needs. They also commented on the superb quality of teaching within the Division. Although the committee had concerns about whether the mechanism of financial support for students might confuse the role of learner with that of employee, the students indicated that this does not occur. In fact, the research assistantship method is seen as a major attraction that provides a wide range of practical research experience. Other strengths of the training program include the small grant programs within the Division, the strong relationship with the State Health Department and other community agencies, and great computer support.

Only two concerns were raised. The first relates to the biostatistical courses offered outside of the Division, which were described as very basic and not providing the fundamentals needed to do quantitative research. The Division of Epidemiology has sought to meet this need by instituting the highly regarded Epidemiology III course. The students expressed a need for courses somewhat between the level presented for MPH students and those in the curriculum for biostatistics students. The second concern raised by the students relates to Part B of the preliminary examination. They uniformly felt that criteria for grading are not clear and that feedback, by and large, was related more to content than study design and research methods. They also felt that the prohibition against discussing the application with anyone was extremely

commendable beginning of growth of genetic epidemiology; there is no need for it to be a separate program since it can thrive within the existing program areas.

The Division is extremely well administered and faculty and student morale are quite high. This is in spite of potential threats to the program from decrease in state allocation, reduction in tenure-track positions, and possible reorganization which might undermine the visibility and the integrity of epidemiology at Minnesota. Given that it is such a strong program, it appears that it should be buffered as much as possible against such threats so that it may continue to thrive.