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THE MISSIONS OF SCHOOLS OF PUBLIC HEALTH

SCHOOL OF PUBLIC HEALTH

~~Meeting~~

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R. Stallones "acid wit + caustic tongue
neutralized, Storey suggests how
a very good thing could become
better, ^{our} Schools of Public Health
HB

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Presented at a Special Session on
"The Impact of The New Federalism on Schools of Public Health"

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We are currently enmeshed in a curious paradox: at a time when health and medical services in this country are so inadequate that they are a national disgrace, and when organization and structure offer the only rational basis for early improvement of the situation, the educational institutions to which we might best look for hope in resolving these problems, the schools of public health, suffer from severe image problems.

I have been unable adequately to account for the poor image of our schools. The Congress has certainly supported us well, and the general public, to the extent that they think of the matter at all, seem to respond positively to the idea of public health. Perhaps more than anything else we have brought this problem on ourselves. Only within a few obscure religious sects is self-flagellation practiced so intensively and enthusiastically as among public health professionals. I have heard the schools castigated for their shortcomings by an Assistant Director General of WHO, a former Surgeon General of the United States Public Health Service, by staff of HEW, and by any number of faculty of schools of public health. To present a recent example; in March 1972, a report of the Panel on Health Services Research and Development of the President's Science Advisory Committee appeared. The Panel Chairman is a distinguished faculty member at one of our Schools of Public Health. The report stated: "While it is clear that the total number of persons receiving any kind of formal preparation for running the country's \$75 billion health care industry is quite inadequate, serious questions may also be raised about the quality of the candidates being attracted and the nature of the training available." The report develops the idea that as bad as we are, our contributions are vital and that large increases in financial support should be provided us, if we agree to re-orient our programs. I have, myself, in a spirit of

no redress was accorded the injured. The method of rendering medical care in this country is so arranged that no one, no matter how wealthy or how favored, has available continuous, comprehensive health and medical care of the kind we know could be provided. No arrangement that is client-initiated and based on fee for service payment can conceivably develop this kind of care.

As for accessibility of care, one simple example illustrates the problem more graphically than all the data on physician-population ratios. Has anyone not experienced, or had experiences related to him, of encountering first on entry into a medical care facility a demand for proof of ability to pay? I can understand how people will tolerate many kinds of indignities, but cannot understand why this one has not fomented revolution.

2. Environmental health. We should stop apologizing for our inability so to manage the environment as to eradicate coronary disease, and even concern ourselves a little less with air pollution and solid waste management. Poverty, ignorance, prejudice, and discrimination are environmental factors that establish a breeder reactor for disease, producing more fuel than it consumes. I cannot present the multiple regression equation that orders their relative contributions, but we cannot wait for this to accomplish some beneficial social engineering. I believe that a society most notable for conspicuous consumption and waste, that permits a child to go hungry cannot survive. Those of us who are affluent are condemned to struggle with clogged freeways, polluted air, a despoiled countryside, and shortness of breath on minimal exertion. Just as no one receives excellent medical care, just as surely, no one lives in an environment that is even remotely as healthful as we know how to build.

2. Environmental health. Here, too, solutions have been proposed from markedly differing viewpoints. On one hand, some seem to believe that we can somehow return to an agrarian or sylvan existence in which organic vegetables, VW's, and geodesic domes are the overt representations of a healthful environment. A contrary view seems to state that many, if not most, environmental problems are either self-regulatory (i.e. self-correcting), or will be solved by the natural forces of inventiveness and resource exploitation that produced them. Almost any of our large cities, Los Angeles for example, is evidence that the self-regulatory aspect of modern urban environments, if it operates, will come too late to do much good. However, to move the entire population of Los Angeles, in a large caravan of VW buses, out to the desert somewhere to live in geodesic domes would not produce a particularly appealing environment. I believe that technological ills require a technological fix, all right, but I also believe that if the value orientation that guided priorities in the past remains unchanged, then no fix will ensue. Here the plea must be for a humanistic technology.

One may reasonably wonder why society should turn to eighteen small schools of public health seeking solution to their enormous problems. The answer, in part, is that there is nowhere else to turn. The medical schools are fully occupied grinding out doctors and the health science centers are dominated by the medical schools. Academic departments of behavioral sciences are theory factories and their faculties are not disposed to become soiled by exposure to real problems. Welfare people are beleaguered by both payees and payors, and educationists are equally concerned simply to survive. The engineers may take the play away; they have long been up to their ears in some of the more mechanical

think perhaps we should, but more important, I think, is to develop our abilities further than we have, to approach our tasks with the enthusiasm and intellectual excitement that were characteristic of public health in the 1920's, and to understand our mission clearly and state it unambiguously. Then, I think, our image will take care of itself.

Coming to the end of this I am reminded that the title of this paper is "The Missions of Schools of Public Health," and that I have forgotten to mention them. That is much too easy and none of you would have listened. The missions are:

1. To provide an educational environment.
2. To conduct research.
3. To perform community service.

To what end? So the following functions may be served:

1. To educate the community at large as to what the members may do to be healthy.
2. To develop and manage environmental systems that will support people but not their diseases.
3. To assure the availability of personal medical services.

The clarity of purpose of the educational curricula of the schools of public health has been obscured by the proliferation of program-determined terminology. Surely the common aspects are more important than the differences between programs in public health administration, medical care administration, maternal and child health, public health nursing administration, hospital administration, and similar subsets. Without subscribing to the notion that administration is administration without regard for the environment within which it occurs, the

d. The commonalities are:

- ° Administrative and management skills
- ° Health and disease in human communities
- ° Public responsibility and accountability
(Public Service)
- ° Comprehensive Health Planning (Toward
an integrated system of health and med-
ical services for a community)

2. Preparation in the Sciences on which Community Health
Practice is based

- ° Behavioral Science
- ° Biostatistics
- ° Epidemiology
- ° Environmental Health Sciences
- ° Biology

These comments may not appeal to all of you. Perhaps some of you live in worlds that are more complex than mine. If you choose to disagree, I hope that you will find that this construct is unambiguous enough that we will understand clearly just what we disagree about, and that will represent a great advance over most of the discussions of the missions of schools of public health.