NIVERSITY OF KENTUCKY

**College of Public Health** 

Office of the Dean 121 Washington Ave., Suite 112 Lexington, KY 40536-0003 (859) 257-5678 Ext. 82247 Fax: (859) 323-5698 http://www.mc.uky.edu/PublicHealth

January 11, 2006

Richard Myers, PhD Missouri State University Department of Biology Temple Hall, Room 227 901 South National Avenue Springfield, Missouri 65897

Dear Dr. Myers:

As follow-up to my January 4-5, 2006 consultation visit regarding Missouri State University's Graduate Public Health Program, I am providing a summary of the most pertinent issues we discussed.

## Need for an Accredited Program in Missouri

Currently St. Louis University (SLU) guides the only public health training program in the state. As a benchmark, the state of Kentucky, with approximately 4 million residents has 2 public health programs and 2 schools of public health. Clearly, the need exists for an accredited program in a public university. One suggestion I made was that you collect from SLU the number (percent) of their students who are Missouri residents and the number of graduates who remain in Missouri following completion of their graduate programs, this will help with assessing/documenting need.

Nationally, there are concerns about a pending crisis in the public health workforce at both the federal and state levels. I am providing copies of reports that address this critical issue. This crisis is being driven by the expected retirement of a large portion of the public health workforce over the next few years. In addition, discussions nationally regarding accreditation of state and local health departments, and the fact that accreditation may be tied to future federal funding has raised additional concerns. It is likely that accreditation will be closely tied to the qualifications of the health department staff. With only one school of public health in the state I would assume that there is currently a need for formally trained public health workers and that the demand will increase significantly over the next few years.

## Public Health's Role at Missouri State University

Like most publicly-funded academic institutions, Missouri State University has been challenged to guide and expand its education mission, often with either stable or declining resources. In an ideal environment universities would have all the resources they need to meet the challenges and opportunities before them. In the real world, Missouri State must carefully select which educational programs it expands or initiates, because expansion and new efforts usually come at the expense of existing efforts. Having stated the obvious, I would argue that for an institution that desires to expand its research efforts and to meet the evolving needs of the State of Missouri, that an expanded public health training program is a logical step. The faculty in public health will by the nature of public health be a multidisciplinary group. This will open numerous opportunities for collaborative research with other campus academic units. In addition, nationally there are significant funding opportunities for research in clinical (health) outcomes, health behavior, occupational (agriculture for example) injury and environmental health. A strong cadre of public health faculty focused upon health issues of importance to Missouri and your region should result in significant funding over time. For a campus without clinical training programs in medicine, dentistry or pharmacy, I would argue that an investment in public health would be a positive one from a research perspective.

## **Organizational Location**

The accrediting body (Council on Education for Public Health) requires that an accredited school/college of public health have reporting lines within the university that are similar to other professional degree programs. For Missouri State University, benchmark professional programs would be nursing, and possibly physical therapy and audiology. All of these degree programs currently reside in the College of Health and Human Services. Therefore, one could argue that a school of public health could be located within this college at a similar level and meet the mandate of recently revised Criterion 1.3. However, CEPH also mandates that all degree programs with the organizational entity that guides the public health program will be reviewed for the public health content in the curricula of these programs. This would likely mean significant modifications (increased credit hours) to the fifteen degree programs residing in this college. The result of these changes would be increased cost to students and possible loss of students to other institutions because of the increased number of credit hours needed for the degree. It is for this reason I would argue that a stand-alone school/college would better serve Missouri State University.

The other realistic option that would continue to move you forward in public health but stop short of a move to an independent school of public health would be the current MPH program seeking to first become an accredited program, as an intermediate step. Accomplish this goal, which would likely take 18-24 months, stabilize and then move toward an accredited school of public health.

## **Doctoral Degrees**

CEPH's revised accreditation criteria now require that all accredited schools of public health have a minimum of three doctoral degrees in core public health areas. Each program area that offers a doctoral degree <u>must</u> have 5 full-time faculty to guide the program. For program areas without doctoral opportunities, these must contain 3 fulltime faculty plus 2.0 FTE that may consist of an aggregation of part-time faculty. Current Faculty Resources at Missouri State University

The committee provided information on existing faculty that could teach in one of the five core areas; biostatistics, epidemiology, environmental health, health behavior, and health services management. The information shows that enough faculty expertise exists. However, faculty would need to have primary appointments moved to public health to meet the CEPH FTE guidelines outlined above. This is in many ways the biggest decision and hurdle that you face. Consensus on the concept that making this happen, while it may negatively impact some departments, results in a positive step forward for Missouri State. The establishment of the concept of "joint appointments" between public health and previous academic departments for these faculty might somewhat reduce the impact of this decision.

I also suggest that if you decide to move forward toward an accredited school of public health that a 5-year transition plan be developed, that includes the cost of the school/college level leadership that would be required to effectively guide such an enterprise. I would see that at the end of that 5-year period you should plan to be positioned to enter "applicant status" with CEPH to complete your self-study and pursue accreditation.

We also discussed the opportunity to pursue a public health set-aside in the Missouri cigarette tax and endowed chairs as potential revenue streams for an emerging school/college.

It is my hope that our discussions and this summary will help your senior leadership as you finalize your decisions about the future of public health training at Missouri State University. If I can be of additional assistance in the coming months, please do not hesitate to contact me.

Sincerely,

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Stephen W. Wyatt, DMD, MPH Dean

cc: President Mike Nietzel Frank Einhellig, PhD

Enclosures: