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Notes	On Jan 6 1989, Henderson had announced he would resign after 12 years as Dean of the JHU School of Public Health, effective Sep 1989. He remained an additional year, until the summer of 1990, when Dr. Alfred Sommer was selected as the new dean.
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The School of Hygiene

Thoughts About the Future - A Personal View

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Dean

A recent statement (January 1987) dealing with the mission and future of the School, has relevance to the issues to be discussed at the retreat and is here appended for ready reference. It covers most of the issues I would otherwise raise. Some additional reflections are appropriate, however.

There is no question but that there is a need and now is a propitious time to consider the School's future in terms of the type of institution which can best address future public health problems. Certainly, we would all agree that the School must have an educational mission and a relevant research agenda. We would also agree that it must have a commitment to involvement in the local, national and world public health community so as to translate research into practice and to permit practice to inform the research agenda. The principal questions relate to the balance of these activities, the scope of the Hopkins agenda, the nature of organization and governance, future relationships with other institutions and methods for funding the enterprise.

The challenges of public health are growing logarithmically and this we all recognize. If we are to address these adequately, I believe we, as a nation, will require a substantially expanded and far stronger academic structure than now exists. But where can this be built? Let me be candid in expressing disappointment, indeed disillusionment, with

most other schools of public health. All but a few are far too small to play a meaningful role. Few embrace more than a highly circumscribed, pedestrian focus. Those which evidence sparks of imagination and creativity are, by and large, so constrained by tradition and governance that I see few prospects for their growth in size or scope of agenda to be meaningful participants in a so-called Second Public Health Revolution. So far as Departments of Community/Social/Family Medicine in schools of medicine, there is little to say.

At Hopkins, as perhaps nowhere else, we possess in one institution the momentum, the necessary strength and scope of foundation, and the flexibility in governance to assume international leadership in shaping and redefining a contemporary public health profession and practice. However, the numbers of faculty and staff which we now have are still precious few indeed even to meet today's challenges. What, for example, would be the stature of the Hopkins School of Medicine with 300 full-time faculty? Numbers alone do not define the institution but a "critical mass" is required if we are to address seriously and comprehensively the problems of the 1990s and beyond. I submit that we are far below that critical mass.

Some institution must assume a leadership role if major progress in public health is to be fully realized and, given the absence of alternatives, this has to be Hopkins. Thus, I believe we should evolve and grow over the decade ahead with the goal of a faculty-professional staff of not less than 750 by the year 2000. Inevitably, this will widen the disparity between our own and other institutions comparable

perhaps to the gap between the Harvard Business School and the management program at the School of Continuing Studies. So be it. Having said this, I would hope I am wrong in my assessment of the prospects for other institutions, as we would all be better served by the empirical testing of alternative academic programs by a number of others. I see little hope of this occurring.

To secure support which permits a viable institution of the size envisioned necessarily requires that we think and plan well beyond the conventional stereotype of an all but wholly self-sufficient institution whose core support is derived from endowment, tuitions from full-time students, government and foundation supported training programs, and research grants from NIH. This has been the model of the 1960s and early 1970s; it is neither appropriate nor relevant to the 1990s.

A primary concern is education. The cost of education, and especially graduate education, is becoming prohibitive. While I believe it is critical that we sustain full-time masters and doctoral programs for domestic and especially foreign students, prospects for a larger full-time and qualified student body, even if we had the facilities to accommodate it, are slim to nil. On the other hand, there is a real need and opportunity to expand greatly our part-time and continuing education programs and, in the process, to improve the competence and standards of our profession. Such a strategy makes sense both academically and fiscally.

We must chart an appropriate strategy for academic education with care but clearly, we need to expand greatly an adjunct faculty; we need to look to conjoint degree programs with other schools; we need to draw far more extensively on the rich resources of the Baltimore-Washington area; and we need to look to conjoint programs with institutions in other countries. In brief, I would see a future Hopkins and its core faculty serving a far more effective and wide-ranging catalytic role in pioneering public health education throughout this region and employing a network of carefully selected institutions in other countries as well.

I believe the focus of our educational efforts should be directed toward those who are now discharging or can be expected to assume mid-level and leadership positions in the field. There is now and will be a major need for the training of large numbers of support staff. Institutions are needed for this purpose but given the contemporary challenges of public health and the dearth of leadership, I believe the Hopkins focus must be clear - and this indeed is consonant with the original Welch-Rose report.

The strength of our research program derives primarily from the interrelationship and communication across the spectrum of those engaged in public health practice, on the one side, to those engaged in molecular biology, at the other. The merits and demerits of disciplinary vs. programmatic departments can be argued *ad nauseam*. However, I perceive, in general, greater vitality, flexibility and relevance to the mission of the School among those working collaboratively to address programmatic problems. This is not to

suggest that disciplinary departments be dissolved but it argues strongly for the creation of special programmatic units, such as centers or task forces, in which faculty from several departments can be more actively engaged.

I see no dearth in the availability of research funds, given the expanding challenges before us and the comparative paucity of competence in the academic world of public health. It seems to me that we have both an opportunity and a responsibility to the profession to expand our research base to address these needs. Too great an expansion, however, could tip the balance of our activities undesirably far toward a research institute to the detriment of our academic mission. Thus, the need for an expansion of educational mission as outlined earlier.

Given the vagaries of research funding and the simple fact that conventional NIH research grants represent, in fact, a net drain on resources, it has become apparent that departments and divisions need other revenues to provide stabilization in funding. Revenues from part-time degree and continuing education programs can provide a portion of such support. Other sources of revenue also address this need:

- (1) Center grants such as for Environmental Health Sciences;
- (2) Fixed-price contracts from such as industry which fully cover research costs and a discretionary margin as well;
- (3) Provision of services/research through an actively promoted clinical practice plan which might include both faculty and non-faculty (Fellows of an institute or center, for example); and
- (4) Special development activities such as offered by Triad. A decision to phase-in the

principle (now in practice in several departments) that all faculty are full-time employees and that revenues whatever their source flow to Unit Accounts (as in Medicine) could materially assist in rationalizing budgets.

A greatly expanded array of activities inevitably dictates a reorganization in management. One concept which I believe deserves attention is the creation of programmatic "Institutes" which could serve an intermediate role between that of department and Dean's Office. Such a need is, in part, engendered by growth in the School and, in this respect, it is important to bear in mind that we now have three departments, each of which is larger than half of the accredited schools of public health. Specifically, I would have in mind such as Institutes in Environmental Health, International Health and Public Health Programs which could identify and promote programmatic activities spanning several departments; which could each have significant professional practice components; and which could serve, as well, a development role.

Securing of resources to create a much larger enterprise will require the exploration of new approaches and mechanisms. We have successfully extended conventional development approaches far beyond past boundaries but significantly greater largesse from the private sector seems unlikely even with active support from a University President. Industrial and government partnerships offer significant opportunities but most important, I believe, will be greatly expanded programs for professional practice, as well as part-time degree programs and continuing education.

Were all of these changes to take place, the School would have a different ambience than it does now and inevitably there would be those who would look to the past with nostalgia. But we must face the fact that we are in a rapidly changing world; that failure to progress and change (even in academia) signifies erosion, not stasis; that the public health profession is more desperately in need of leadership than perhaps any other sector of society and that there simply isn't another institution now poised to provide that leadership or even close to being able to do so.

If this is the course for the future, your new dean will require great vision, highly creative administrative skills and leadership qualities to take what is now a small, diversified industry and expand it exponentially to the point where it meaningfully addresses major societal needs and offers a stimulus and template to an all too lethargic group of confreres.

DAH/vrw