Date	May 26 1989
Author	DA Henderson
Title	Public health and the future of the schools of public health
Event	
Event Sponsor	Albany School of Public Health
Event location	Albany NY
Notes	At this time, Henderson received an honorary degree from Albany Medical College. However, he did not make a commencement address, and other than a reference to the School of Public Health, there is no indication as to the context in which this material was presented
Publ as	

"Public health and the future of the Schools"
Albany May 1989

Medicine + health care = log. change — driven by biomed. research.

Structure, organ., financing — log change — driven by societal imperatives
Analogies can be helpful in perceiving problem.
An inexact analogy as I see it.

Similar to a commun. moving from provision of food by Mom/Pop Groc.
to working out a system by which everyone is fed and indeed,
guaranteed food by some sort of insurance plan.

Public health — imperative requires to define the future in terms of the needs (problems etc) to be addressed
and to identify the role of academic ctrs. in addressing them.

Important that I dissociate my (succeeding) pronouncements from present role as Pres. of ASPH.
24 SPH — not esp. helpful as a model.
> 1/2 are tech. train. schools. — little research — small < $10 × 10^6
Most are staffed c̄ faculty who are largely tenured. (2/3 +)
Most regard themselves as grad. inst. — educ./research.
not prof. schools.

Our (philosophy) concerns & direction at Hopkins may be helpful to you.
altho we, too, see continuing substantial change + evolution — not yet where I believe we should be.
My belief + belief of substant. no. by no means all of the faculty —
we are a professional school — what do I mean. —
legitimatize professional practice — not service
analogy — surgery
we have a direct concern + involvement c̄ policy + program — state/natl./local
Our growth — even during the Regan yrs. — has been surprising 10 – 15%/yr.
now FY90 — $100 × 10^6 > 300 f.t. faculty (1/3 tenured) / 250 p.t. faculty
1000 grad. students ~~1000 grad. students~~ — 25% for. / 70 for. countries.
Graduate 25% of all doctoral graduates
Let me return briefly to a capsular hx of p.h. — helps to see where to go
by reviewing where we have been

~~See the future thru a cloudy glass - ... major change inevitable .. how traditions~~

~~Future of P.H. + Intl. Hlth. (in many ways, a diff. agenda + return to this at the end.~~

~~RH - need to define the future in terms of problems + potential / to define identified by acad. ctr. of needs ... in P.H. not to define in terms of replicating entities we now have~~
~~(off the record - Pres. ASPH)~~

~~Important to understand hx -~~

Wm. Welch - from time of becoming 1st dean of med. - 1893
visualized two schools + two dif. agendas.
① Curative -
② Range of action which extended beyond the curative to hlth of com.
Y.F.; typhoid; TB - prev. interventions - sanit. / H_2O / prev. nutrition.

activities not provided by a curative care M.D.

Why SPH got started - Panama Canal.
Hopkins SPH → 1920's 25+ other Rockefeller schools.
1920's - 1930's - programs - science base + com. involvement
1950's - 1960's - a graduate prog. - res. + educ.
HSRD - precision + isolation.
A withdrawal from the orig. objective - a prof. school.

Parenthetical - How I came to Hopkins. -
Progress: Prof. degree ... prog. in environ hlth (travails of starting) Professional school
Private sector involvement - Council
1980 Industry + labor
environ. issues / no interest in hlth benefits
1983 A major change.
now about $20 × 10^6 / yr. c̄ industry / labor
Social marketing - Tatiana + Johnny
Nigerian soap opera.
We have begun to be involved as prof. SPH

~~We (JH) have begun to be involved in prof. practice of p.h.~~
~~External interest in what we do —~~
~~Growth over last 6 yrs. — 15%~~
~~Now — FY90 — budget of > $100 × 10^6~~
~~a drop in the bucket compared to need.~~

Agenda: SPA

MEASUREMENT

① Health of the comm. — ~~[illegible]~~ Goals for Nation

~~Mom + pop grocery stores → health of com.~~

Measurement — surveillance — epidemiology

② Cost and quality of + method of del. of medical care — health major sector of econ. ~12% of GNP.

Know very little about economics of the market place (e.g. DRG system), what makes it work or even what might to make it work.

Policies — arbitrary, capricious, ill thought out but something needs to be done — who is to do it.

Depts of Economics
SOM
Other schools.

NO — multidisciplinary mix. — SPA.

③ Environmental issues — risk/benefit assessment
Risks
Chernobyl — 5 rats.
Mice are little men. — lack of a science base
Hysteria over alar.

④ Comm. probs / ~~[illegible]~~ cm. based prog.
~~Some of the most inconsequential problems with few answers in exist. system~~
AIDS / Substance Abuse / teen age preg.

Answer — future — Academic. / State / private sector initiatives.
Define field and research as define the problem.

Acad. role – mix of disciplines needed to address probs.

physicians / hlth econ. / mgt. + marketing / basic bench scientists (toxic) / engineers /

Where to put this motley group. – not in SOM.

– not in a graduate school.

Need a SPH.

NY trad. – 30's Hellcher, Baumgartner, Langmuir, Rubkin, Korns, Stebbins, Litchfield