

1984

Hopkins Today
17 Nov.

Welcome - note ~~to~~ who are alumni - School - 'best kept secret Baltimore'
School - 'best known of all HHS inst. around the world'

Effort today to acquaint you with the work of a school whose mission and direction have changed and are changing more rapidly than any other school in the Univ.
Appreciate your coming - we like to better than to talk about our favorite subject.
Public Health - 1920's thru WW II

Inf. diseases -

Sanitation -

Basic nutrition -

Still concerned but many of the advances we now take for granted.

'Drinkable glass of H₂O'

'Typhoid, polio, measles, even tuberculosis'

Balanced diet & nutrition - rickets at JHH / M. Callan.

Enormous progress + single fact: since 1900, every week, 2 additional days added to lifespan.

If one analyzes - why? - primarily as a result of prevention of illness and the promotion of a better quality of life.

1950's through earlier 1970's

The ~~clinical~~ therapeutic revolution - organ transplants / CAT scans / antibiotics

↑ budgets for hospitals / for doctors / for insurance.

~~that~~ benefited many but concern for ↑ costs and have we really obtained value for \$ spent. Not argue this but will argue that for additional \$ spent, we can do much more to ensure healthy people living a better quality of life.

1979 Second P. H. Revolution -

A return to basics but with added dimensions of disease prev. & 10th. prev.
You are at the heart of that 2nd P.H. Rev.

School size - counter to JH. credo of "small but excellent"

SLIDE - FACULTY

SLIDE - STUDENTS

SLIDE - OUTCOMES STUDENTS

? Strategy - what can & should we do that other schools cannot.

Characteristic - multidisciplinary
- professional school

Many areas / focus on 3 major
programmatic changes.

- Environmental health sciences - probes of toxic substances whose risks are unknown - need for multidisciplinary faculty. (MD, physiologists, toxicologists, engineers)

Adm. Council

Associates

Exd. Council for T.H.

CAAT.

→ CDEH
II. - spans labs.
Unique facility

- Health Policy and Management

HSRD Ctr.

Hoop. Fin. & Mgt.

Phoenix

HPA
~~SOET~~

Significant
RW Fellows
~~Pattern~~

U.S. Ctr. for WHO developed countries

Health care costs & financing / access
Care of aging
What are other countries doing
(problems to MD / economists / lawyers / politicians)

- Institute for international health programs -

Problems of developing countries - one problem

trade / stability / migration.

Problems are not that of one disease or of population or of production. (all interrelated)

Except in London - ~~not~~ ^{no} intl. health ctr. today

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No. of faculty
Congressional language.

Today 205 students from 34 foreign countries - Institute will expand ability to coordinate and develop programs.

- + Overseas sites - Africa / Asia / Latin America.
- + Short-term training for World Bank, UNICEF, WHO + others.

• All of this depends on measurement

Epidemiology - ~~etc~~, ~~Recht~~, best in USA - Clinical Division (Mellon)
Biostatistics - " " " " - " " (Mellon)

↓
MICROCOMPUTER LABS - DIGITAL

Lastly - problems -

Support for P.H. -

SLIDE OF \$

→ Emphasize private support

- Endowment - only \$1.6 x 10⁶ of total.
- Tuition costs & provision of help from governments.

Need for laboratories + offices - Bldg plans

Need for housing for international students

Need for funds to explore the unknown and unthinkables.

Need for student aid.

FRONT OF SLIDE
BACK OF SLIDE
HAMPTON VICTIMS

requests

Brief tour - Basic sciences → applied

- Basic sciences
 - Physiology
 - Stress physiology
 - Immunology & inf. dis.
 - Microcomputer
 - CHCM
 - Co EA