

**University of Washington
School of Public Health and Community Medicine
STRATEGIC PLAN**

I. Introduction and Rationale

The University of Washington School of Public Health and Community Medicine (UW-SPHCM) is among the nation's leading academic institutions in the public health sciences. The School enjoys a unique position of regional, national, and international influence in public health research and education that has been achieved through three decades of growth and expansion. The School's current success as an academic institution is widely recognized, but future success is not assured by the School's present position. Success creates new opportunities, but it also creates many new opportunity costs and risks. Moreover, the field of public health is changing rapidly, as are the educational and scientific environments that shape academic health institutions. To build and improve upon past successes, the School must be highly responsive to emerging trends and opportunities, and to the School's overarching institutional mission of education, research, and public service.

As the School enters a new century and its fourth decade of existence, a unique opportunity exists for charting a future course of action for the School. Now more than at any other time in its history, the School has the expertise and experience necessary to make informed and strategic decisions about its future role in health protection and health care. This role may involve radical changes to the School's current operations— or it may simply entail minor adjustments. Whatever course is chosen, it should reflect the School's mission as well as the opportunities and challenges to be confronted now and in the future.

This document presents initial findings and recommendations from a strategic planning process designed to identify a course of action for the School for the year 2000 and beyond. It reflects the perspectives and priorities of faculty, staff, students, alumni, and many external stakeholders. Because this document focuses on institutional strategy, it is necessarily a work in progress that will evolve and change over time in tandem with the School's internal and external climate. If successful, this document will guide decision-making within the School, enabling everyone to work toward a common vision of the School's future.

The Need for a Strategic Plan

Thirty years ago, the founders of the School devised a strategic plan for the development of the School. These leaders had a vision of what the School should be and how it should function. Now, at the start of a new millennium, the opportunity again presents itself to reassess the School and set it on a course toward a collective mission. The purpose of a strategic plan is to bring together faculty, staff, students, alumni, and the community with a common vision and shared objectives. The strategic planning process may also help to focus attention on the broader field of public health and where future needs lie. Those involved in public health are responsible for the practical application of new knowledge and information that will advance scientific methods that improve public health. It is important to take stock of what areas are emerging as public health concerns, and also what areas are possibly being left behind.

A strategic plan creates opportunities to take advantage of the special qualities of an institution, thereby ensuring that these qualities become assets rather than liabilities. The plan must not only address the present status of the institution, but also the future. For the UW-SPHCM, the plan must take into account several areas of emphasis identified for President McCormick by the Board of Regents' 1999-2000 strategic plan. These include:

- ◆ enhancing program quality and national competitiveness
- ◆ ensuring continued distinction in research
- ◆ expanding outreach and public service
- ◆ increasing diversity (student body, faculty, staff)
- ◆ reallocating resources toward the strongest programs and new initiatives
- ◆ improving and utilizing technology to increase productivity and extend education, and
- ◆ increasing private support.

The School's strategic plan must also consider the future of the field of public health with an eye to the *Healthy People 2010 Initiative* (<http://web.health.gov/healthypeople/>). A key to successful strategic planning is context. The plan must consider the interests of the School in its larger context, including its place within the University, the State of Washington, the region, the nation, and even the global environment.

It must take into consideration such external changes as value shifts, economic trends, new technologies, policies, and resources as they relate to the field of public health. Universities in the future will be characterized by their flexibility and ability to respond rapidly to changing environments. It is time for the School to take stock of its position and to think creatively to capture new directions while affirming existing ones.

Developing a strategic plan was recommended by the Council on Education for Public Health after it reviewed the School for continued accreditation during the 1998-99 year. It is also being required of all University of Washington academic units by President Richard L. McCormick. A more compelling rationale for this endeavor exists in the widely held observation that to some extent the School has fallen victim to its own successes. A strategic plan will help the School anticipate and create its future, maximize its strengths, capitalize on its opportunities to play a leading role in the emerging issues shaping public health, as well as secure private funding to support activities it deems important to its future.

II. Strategic Planning Methods

In recognition of the need to chart the School's future, a consultant with extensive experience at a peer school and expertise in strategic planning was engaged to facilitate the process. In July 1999, a strategic planning committee of faculty, staff, and students was formed to advise on the

process. A set of questions was formulated to help provide a starting point for conversations about the future of the School in the context of the outlook for public health.

The next step in the process included facilitated discussions with faculty in each department, as well as staff, students, alumni, and the School's Visiting Committee. Those meetings took place the last week of October 1999. All involved were asked to comment candidly on specific strategic planning questions and to think expansively about future opportunities for the School. Individuals who could not attend the meetings were invited to provide their input by e-mail, regular mail, or telephone. A web site specifically devoted to the School's strategic planning questions was also created. A second round of facilitated faculty meetings occurred in mid-April of 2000 after distribution of an initial strategic planning draft.

In addition to meetings within the School, input was obtained from a number of external sources. The Dean has met with key leaders in public health and health care to determine their views of the School at present and in the future. The Dean and Associate Dean for Public Health Practice are visiting all of the 34 health jurisdictions throughout the State of Washington to identify ways in which the School can assist in the development of the public health workforce. Other educational institutions are also being visited anticipating future collaboration in public health education.

This second draft of the strategic plan attempts to summarize and synthesize input from all who contributed. However, planning is an iterative process and feedback from all stakeholders will continue to guide the evolution of a strategic plan for the School's future. It is expected that this draft will undergo regular review and substantial revision in response to continuing input.

III. Findings: Institutional Context and Climate

The development and growth of the School of Public Health and Community Medicine at the University of Washington has been remarkably successful in the eyes of both internal and external constituents. With success comes complexity, which can severely challenge efforts to maintain and build upon past achievements. Institutional growth and development must be managed actively to ensure that the overall mission of the School and its constituents remains in focus. After three decades of development, the School comprises an intricate web of institutional strengths and weaknesses that requires careful attention to assure the School's future success in a changing environment.

A major challenge when things are going well is to think creatively. There is little incentive to change direction or even to make minor adjustments. However, as was abundantly evident in the facilitated meetings with faculty, staff and students, there are issues of concern that can be addressed through a logical planning process. It is recognized by all that the School has long ago outgrown its physical plant and that faculty time is stretched to the limit. Resource constraints are limiting recruitment and further exacerbating the challenges to creating a diverse body of faculty and students. Business as usual will not solve these problems and continuation will lead to further frustration.

Mission

A clearly defined mission is an essential element for success in this endeavor. The School is well served by a mission that reflects public health's focus on health improvement as well as the University's commitment to teaching and research. The mission of the University of Washington School of Public Health and Community Medicine is "to promote better health, prevent illness and injury, and ensure more efficient and cost-effective health care, through education, research, and service." To fulfill this mission, the School pursues four interrelated goals:

- ◆ To advance knowledge in the public health sciences;
- ◆ To develop highly competent researchers in the public health sciences;
- ◆ To train able and effective public health practitioners; and
- ◆ To promote health through involvement with communities.

Evidence of the School's success in many of these areas is abundant and widely recognized throughout the region and nation. Sustainable success, however, hinges on the School's ability to continually refocus operations on its mission and goals amid an evolving organizational context and external climate. This process of institutional refocusing should be guided by a clearly articulated vision of the School's future and has been an important outcome of this strategic planning process.

It is recognized that the School's success comes from the success of individual faculty. The past development and present realities of institutional support means that future success depends on individual faculty initiative and productivity. In charting its leadership course, the School must protect and sustain the energy and commitment of its faculty, then seize every opportunity to translate faculty accomplishment into added value for our mission in public health and higher education.

Historical Development

Several milestones in the School's historical development offer insight regarding the institution's current and potential orientation within the University and the field of public health. The School's developmental roots originate in the School of Medicine at the University of Washington, which opened in 1946. The medical school had a Department of Preventive Medicine that struggled to find its identity while other areas of the medical school, like the basic science departments, excelled. In 1960, the Department of Preventive Medicine recruited a new chairman with a research background, and quickly things began to change for the Department. It embarked on a quest to create a strong research and graduate training program. In ten years the faculty grew tenfold – from just four faculty members in 1960 to 40 in 1970. Support for the new positions came mainly from sources other than general University funds and a demand grew for programs in epidemiology and biostatistics.

By 1970, the Department of Preventive Medicine was at full parity with the other departments in the School of Medicine, but opportunity for further growth within the School was limited. The

faculty felt the opportunity was ripe to develop a school of public health that would strengthen and enlarge their educational programs. With support from both the University and the federal government, the Department of Preventive Medicine became the School of Public Health and Community Medicine on July 1, 1970. The new School in the Health Sciences Center occupied a wing, built in 1966 with funds appropriated from the Washington State Accident and Medical funds and matched by federal Public Health Service funds.

Founders of the School established three strategic objectives for the School. The School was to:

- ◆ maintain excellence in teaching and research;
- ◆ maintain close collaboration with the faculty and programs of other health professional schools, especially the School of Medicine; and
- ◆ emphasize rigorous in-depth programs of specialized education similar to a residency training in medicine – thus only candidates with prior doctoral degrees were accepted in the MPH program.

In pursuit of these objectives, the School organized to meet the needs of a variety of constituents. As the only school of public health in the region, it developed graduate programs to train professionals who could meet the public health needs of populations residing in the Northwest. The School also added two new departments, Environmental Health and Health Services, to the existing departments of Biostatistics, Epidemiology, and Pathobiology. Over the years, the School continued to collaborate with other schools and departments within the University of Washington. It also established close ties with a number of external organizations that contribute substantially to the School's mission of research and education. Examples of such organizations include: the Fred Hutchinson Cancer Research Center, the Veterans Affairs Medical Center, Children's Hospital and Medical Center, Group Health Cooperative of Puget Sound, and Harborview Medical Center.

Growth of the School was opportunistic, based on soft money generated by research. This resulted in the sometimes inverted relationship between instructional programs and research agendas where teaching was shaped to fit around the interests and voluntary offerings of soft money researchers.

Since the establishment of the School, the development of new research methodology and the training of students in its application has been a strong focus across all of the public health disciplines. This emphasis continues and is consistent with the University of Washington's position as a leading research institution.

Today the programs within the School of Public Health and Community Medicine draw from the clinical, basic, quantitative, behavioral and social sciences to address health and disease within communities. The emphasis is on the identification and prevention of disease and illness risk factors and the development and evaluation of strategies to promote health among population groups.

The School's historical development has coincided with important trends among the populations that it serves – particularly the citizens of Washington. Washington's population increased by 43 percent during the 1970-1990 period and is projected to continue at a rate of 2.5% per year. Older age groups have been a growing proportion of the state population, with continual gains in life expectancy. Since 1970, the people of Washington have experienced reductions in death rates from heart disease, stroke, and unintentional injuries (formerly called accidents), as well as diabetes mellitus, chronic liver disease, suicides, and infant mortality. In contrast, death rates have risen for malignant neoplasms and especially for chronic obstructive pulmonary disease and influenza/pneumonia among women. Restricted activity days, a general measure of morbidity and functional impairment due to chronic conditions, increased between 1970 and 1995.

During this same time period, alarming disparities in health status and access to health care have persisted among many minority populations in Washington. These historical trends call attention to the evolving health needs among populations served by public health. These needs should shape the School's strategic orientation in pursuing a mission of improved health of the population.

Assessing the Current Institutional Context: Internal Strengths and Challenges

During its 30-year history, the School has developed many notable strengths and competencies as an academic institution. Despite their advantages, some of these internal characteristics also entail institutional costs that ultimately pose challenges for the future success of the School. The School's strategic orientation should ensure that strengths endure while challenges become opportunities for improvement. Some of the most compelling internal strengths and challenges uncovered during the strategic planning process are described below.

Geographic Locale. As the only school of public health in the Northwest and the Pacific Rim, the School faces a compelling opportunity to become the primary locus of expertise in the science and practice of public health. This leadership opportunity extends well beyond the borders of Washington State. Such a natural monopoly entails obligations as well as advantages. The public health needs of such a large and dispersed population are vast and, without an infrastructure for outreach, determining and meeting those needs is a challenge. Currently perceived as the regional leader in public health science and practice, the School will face the challenges of meeting the expectations of a large, changing, and diverse constellation of stakeholders.

Emphasis on Scientific Research. The Department of Preventive Medicine created a niche in public health research when it began its quest to create a strong research and graduate training program. The School is regarded as a premier public health research institution and it receives numerous grants and outside funding to support this research. Not only is scientific research a core value of the School, but substantial efforts are directed towards the development of new research methods to be used in all fields of public health research.

Specialized areas of scientific inquiry are growing at the School. The School is fast becoming a center for applied genomics research. Research and academic programs are now under way or under development in the areas of molecular and genetic epidemiology, public health genetics, bioinformatics, gene-environment interactions, and statistical genetics. Other growing areas of interest at the School include health communication, nutritional sciences, health and environmental policy, environmental monitoring, remote sensing, measurement and

interpretation of biological markers of exposure and health risk, public health informatics, and cost-effectiveness and outcomes of medical care. The School is uniquely configured with expertise in molecular biology to address health threats stemming from the cell through that of the individual to the entire population.

While focusing on research has brought the School financial support, it may have cost the School in terms of defining its own agenda and, perhaps, achieving its goals. From its inception the School has often grown in areas where funding opportunities arose rather than deciding which direction to take or what areas of public health research should be emphasized. The School's early and continuing dependence on support from the federal government and foundations through grants and contracts, and the inherent need to address the interests of those funding sources, was a trend that began early at the School and continues today. While this has led to the School's premier reputation as noted above, it may also have led to the constraints evident today.

For many years the public health practice community has been frustrated by the apparent disconnect between research and practice. Where research exists that has application in community settings, it is often difficult to find and apply. In addition, little research in the field of health focuses on human behavior, an area of critical importance to public health. There is a strong sense that the School's current agenda is shaped by resource opportunities, rather than by identified health needs in relevant communities and populations.

Interdisciplinary Nature of Public Health. The School of Public Health, comprised of its many public health disciplines, is by nature one of the most multidisciplinary schools on campus. The solution of real public health problems requires the application of many disciplines and teamwork among professionals across many fields of expertise and arenas. Even within a single department, one finds multiple disciplines. Thus, it is natural in public health research to collaborate across fields, departments, and schools.

Partnerships. The Institute of Medicine study, "The Future of Public Health," (*The Future of Public Health* [1994]) suggested that schools of public health were becoming increasingly isolated from the challenges faced by the field. One remedy for this is to establish firm links within the community. As the only school of public health in the region, the School has a responsibility to lead the development of partnerships with community organizations, state and county agencies, and businesses and industries. To facilitate partnerships, the School may decide to develop more efficient and effective mechanisms to translate public health research findings into public policy and community action.

Educational and Scientific Infrastructure. Institutional growth can be considered a blessing or a curse. Just as the Department of Preventive Medicine outgrew the confines of the School of Medicine, the success of the School of Public Health and Community Medicine has resulted in the expansion of faculty and students – but not of space or financial support from the state. Physical facilities are clearly inadequate. The School utilizes 58,000 square feet of space at the University, 70,000 square feet of rental space, and approximately 50,000 square feet in local affiliated institutions.

This distribution results in a highly decentralized School. There is no central location for faculty, students, and staff to convene since they are dispersed in various locations around campus and surrounding areas. The School has suffered losses in educational and research

interdisciplinary collaboration and productivity and in recruitment of students and new faculty. Future success of the School's research and academic programs depends to a considerable extent on the acquisition and development of new facilities. Collegiality, as a result of dispersion of faculty, has suffered; and, in order to unite and broaden departments, this condition will have to be rectified. The School's excellent reputation cannot be maintained absent these resources.

The academic environment creates incentives for its members in two major ways: through research prestige (primarily but not exclusively through articles published in well-respected scientific journals) and through funding opportunities. As discussed above, members of the UW-SPHCM have been very successful at pursuing projects that are both fundable and produce high-quality academic output. However, also as discussed above, external sources of funding imply that School faculty tend to respond to external priorities. If the School were able to fund a certain number of projects and program initiatives out of discretionary funds, such as from endowments, then it could encourage faculty activities more along its own priorities. The current average level of funding of faculty activities from internal sources is 20-30%, most of which is for classroom teaching. As a result, the School as an institution has very limited capacity to assist faculty to do community-based research, community outreach, policy-relevant activities, program development, or respond to community needs.

Anticipating the Future: External Opportunities and Threats

Academic institutions also face the challenge of responding to an evolving landscape of external pressures and incentives. For schools of public health, this landscape is particularly complex and turbulent, given recent shifts in health status, health policy, health technology, human behavior, and the health care marketplace. A new millennium creates opportunities for reflection and resolution regarding ways to better position the UW-SPHCM in this volatile environment. For the field of public health and for this School, there are a number of developments under way in this environment that present opportunities as well as threats. In thinking about the future, the School must consider what will set it apart from the other schools of public health and pick among many possible future scenarios.

Shifting Demographics. All regions of the country are becoming more diverse in racial and ethnic make-up, and especially the Pacific Northwest. Often members of minority populations are faced with challenges to accessing health care. Cost and communication barriers may be factors in the growing problem of racial and ethnic disparities in health outcomes. Policy-makers and the general public increasingly look to health professional schools to address these urgent and unacceptable circumstances.

Age is another key demographic consideration for the future of public health. The number of Americans aged 65 and above is projected to increase from 35 million in 2000 to 78 million in 2050. By 2020 in the Puget Sound area, the number of people over age 65 will increase to 1 in 4. Major public health concerns for this group include public policy regarding the cost and quality of health care, the management of chronic illness, mental health issues, and injury prevention.

Another implication of the shifting demographics is the recognition that cultural and socio-demographic diversity enriches the process of discovery, the ways of thinking about problem-solving, and the multiple modes of communicated ideas. For academic institutions, the opportunities for enrichment accrue to those organizations that successfully cultivate diversity within their educational, research, and outreach activities. Schools that fail to achieve and

maintain a diverse constituency of students, faculty, and staff risk becoming increasingly removed from leading edge educational and research opportunities in public health and relevance in their communities.

Economic Trends. Large and growing economic disparities persist across the Northwest region, the nation, and internationally. People living in poverty have less access to health care and suffer the tremendous burdens of inferior health. This population is more vulnerable to preventable illness and disability, including cancer, heart disease, adverse birth outcomes, asthma, and infectious disease. In the 20th century, many public health problems affected society at large. In the next century, as the public's attention turns increasingly to chronic and other diseases, the economically disadvantaged will be at a special risk. Many in this population are functionally illiterate and will require special efforts to reach.

If the UW-SPHCM is to play a meaningful role in enabling improvements in population health, the School must begin to focus on the economic issues associated with population health in its educational and scientific endeavors.

Environmental factors often mediate the links between low income or economic status and disease. Environmental costs are often borne by low income groups to a disparate degree due to proximity to hazards such as poor housing quality, increased exposure to pests, pesticides, and violence. Much needs to be understood about the nature and magnitude of these effects, which is a necessary element of charting a more equitable path on social decisions affecting health.

Environmental and Climatic Health Threats. Environmental degradation and climatic change pose human health threats of enormous and growing proportions. The emerging public health issues in this burgeoning region range from concerns about air pollution, groundwater degradation, solid and hazardous waste disposal, pesticide exposure, and seafood safety -- to more global concerns about the disease risks created by atmospheric and climatic changes. Addressing the complex array of emerging environmental health issues will require collaborative efforts among industry, government, academia, advocacy groups, and community representatives. Effective solutions must integrate science, economics, politics, and social values. Resolving these emerging environmental health issues will depend on integrating scientific research across many fields with policy development.

Emerging Infectious and Non-Infectious Diseases. Infectious diseases remain the leading cause of death worldwide, and the third leading cause of death in the United States. The next century presents a challenge of emergence of new infectious diseases, the re-emergence of old foes, the use and/or threat of these agents in acts of terrorism, and the development of microbial resistance among many infectious agents. Among schools of public health, reputations of scientific expertise have historically hinged on their specialized knowledge of disease transmission, prevention, and control. If the UW-SPHCM seeks to play a leading role in this field, the School must strengthen its expertise in identifying and addressing the risks posed by emerging and resurgent infectious diseases. This expertise is likely to include specialized knowledge in a multiplicity of disciplines, including molecular biology, genetics, surveillance methods, geography, and the behavioral sciences.

Emerging non-infectious diseases are musculoskeletal disorders, neurological diseases, and possibly multiple chemical sensitivity and other conditions lacking clear diagnostic criteria but suspected of having preventable occupational or environmental origins.

Health Risks of Human Behavior. The challenges and opportunities for advancement of the public's health in the new century must focus on empowering individuals to lead healthier lives. It has been shown that behavioral intervention has been responsible in the last decade for the largest reduction in the leading causes of death. (*JAMA, Vol. 270, No. 18, 1993*)

While the UW-SPHCM has begun to address behavioral issues, it will need to decide whether to place major emphases on this aspect of public health research and education. Some specific behavioral issues likely to require greater attention in the future include the following:

- ◆ *Genomics and Behavioral Change.* In the next few years, new understanding of the human genome will greatly change research and practice in public health. Scientists will be able to link variation in individual genes or groups of genes to changes in normal development and the occurrence of particular diseases. Public health will need to use this information to focus delivery of specific interventions tailored to individuals susceptible to disease and illness.
- ◆ *Obesity.* According to the Center for Disease Control and Prevention, the percentage of adults considered obese (over 30 percent above ideal body weight) in the State of Washington increased by 77.2% from 1990 to 1998. Over a fifth of all Americans, including many children and young adults, are obese, a condition that contributes to 300,000 deaths annually in this country. The yearly costs of treating problems related to obesity are estimated at \$100 million. Sedentary lifestyles and poor eating habits are clearly contributing factors to the disparity in health status seen among impoverished US sub-populations.
- ◆ *Substance Misuse.* The United States faces a growing epidemic of substance misuse, as do many other nations. Tobacco continues to be the leading preventable cause of death and illness in the United States, and alcohol misuse causes 105,000 deaths and 10 million illnesses and injuries each year in our country. An estimated 60 million Americans age 12 and older report current cigarette use. Furthermore, approximately 13.6 million Americans were users of illicit drugs in 1998.
- ◆ *Violence.* Domestic and community violence has a tremendous impact on health. Battered women may comprise up to 30% of ambulatory care patients, and the frequency of child abuse is clearly underestimated. Youth violence is a major concern today as well.
- ◆ *Mental Health.* Social and political pressures are building within the US to address the looming crisis in mental health during the new century. Schools of public health have important roles to play in access to care, illumination of the problem, and identification of the risk factors, intervention points, and prevention opportunities.

Prevention Research. As defined by the Association for Schools of Public Health, "Population-based prevention research addresses health problems that affect definable populations, evaluates the application and impact of new discoveries on the actual health of these populations, and focuses on the biological, behavioral, and environmental (includes social, economic, cultural,

and physical) factors and their interrelationship that are associated with the prevention of disease in these populations.” There is a great need for more research that demonstrates how scientific findings can be introduced into practice and included in policy making. For all of the public health problems associated with human behavior, prevention technologies must receive emphasis.

Information and Communication Revolution. Technological advances in communications and information processing are changing how people learn and are creating both opportunities and challenges for public health. The Internet offers the possibility of dramatically increasing public access to health information. But as the availability and accessibility of accurate, evidence-based medicine has increased, so has the accessibility of inaccurate and misleading information. Another consideration is the socioeconomic disparities in access to information and communications technologies – a gap that widens with each technology innovation. This emerging technology gap threatens to exacerbate the existing gaps in health status and access to health care among minority and disadvantaged population groups.

If the UW-SPHCM wishes to remain a leader in public health education it must be on the cutting edge of technology. It must give appropriate attention to technological innovations in teaching and learning, so that they can be the technological pacesetters in education as in research. These new technologies will be powerful tools for expanding access to public health information and educational opportunities, particularly through distance learning modalities. The School must keep in mind, however, that new technology should enrich teaching rather than substitute for it.

Expanded Public and Private Investments in Research. Federal policy-makers continue to express an interest in enhanced public support for biomedical and health-related research. The federal agencies that support prevention-related and public health research efforts have all benefited from recent budget increases, including the US Centers for Disease Control and Prevention, the Agency for Health Care Quality and Research (formerly AHCPR), and the National Institutes of Health. Future federal funding increases for prevention research also appear likely. At the same time, health-related research funding from private philanthropic institutions appears to be rising, due in part to the proliferation of health foundations created by the conversion of nonprofit health organizations to for-profit status. Industry-sponsored research activities are also growing in many academic health institutions, as university researchers begin to identify common research interests with organizations such as pharmaceutical and biotech companies, health plans, and hospital corporations.

These expanding opportunities for research funding create an imperative for the UW-SPHCM to think carefully and strategically about its research goals and mission, rather than simply pursuing each viable opportunity that arises. It will need to bring together public and private research partners to develop a comprehensive and coordinated public health research and applications agenda. Developing such an agenda will help to ensure that resources are effectively used for improving the public’s health.

Evolving Educational Imperatives. Academic health institutions face an urgent imperative to adapt their educational and research activities to the external forces described above that are likely to shape the public’s health in the next century. Recognizing this need, the Pew Health Professions Commission (*Recreating Health Professional Practice for a New Century* [1998])

identified a series of strategic imperatives for restructuring schools of public health to promote their continued success and relevance. These include the following:

- ◆ Schools must accommodate the evolution of a health care economy by collaborating with managed care plans and integrated delivery systems. The goal should be to ameliorate market failures and shortcomings that put the public at risk.
- ◆ Schools must develop closer relationships with local and state health departments in order to realize the compelling opportunities for research, practice innovation, and enhanced educational experiences for students.
- ◆ Schools must collaborate among themselves to foster innovations in research, practice, and education.
- ◆ Schools must assist the clinical sciences in learning the public health competencies essential for population-based care.

In addition to these imperatives, schools that seek to remain relevant in the changing public health environment must take on an expanded view of public health that recognizes the role of physical, behavioral, psychological, social, and environmental factors in promoting health and preventing and controlling disease. An opportunity for this School lies in revitalizing established educational and research programs by refocusing them on these new and emerging perspectives.

IV. Recommendations: A Strategic Agenda for the Future

To build upon current and past successes, the UW-SPHCM must pursue an agenda that focuses tightly on a vision of the School's future. Conversations with faculty, staff, students, alumni, and other key stakeholders suggest that the School's vision might be stated informally as "understanding the determinants of health and doing something about them." This involves the discovery, dissemination, and application of relevant knowledge. The steps to be taken toward such a vision must be responsive to the School's unique internal and external environment. In light of this environment, it is proposed that the School's agenda for the future emphasize three broad areas.

1. Build the science base for health protection and improvement. The School should focus its scientific resources and expertise on the most promising avenues for maintaining and improving human health, and forego research opportunities with less relevance to this goal.
2. Strengthen educational opportunities through research and service. The School should leverage its research and service activities in ways that enhance the learning process for students, health professionals, and community members.
3. Develop new alliances to bridge science and practice. The School should pursue partnerships that facilitate the exchange of information, technologies, and ideas with public and private institutions operating in a variety of arenas, including health, education, business, community development, and government.

To accomplish these goals will require that the UW-SPHCM place a priority of time, money, and organization on collective deliberations about critical areas that will have the greatest benefit for the public's health. While such discussions have taken place both intra- and inter-department, by and large the hallmarks of the School are the sum of individual initiatives and expertise rather than organizational consensus. However, the School has the building blocks – its many centers, institutes, and interdisciplinary programs – for the “citizens” of UW-SPHCM to come together to shape the research, teaching, and service activities that will, taken together, move the School toward the broad purpose of improving people's health.

Each of these structures offers a place for like-minded faculty, staff, students and community partners to explore and build a portfolio collectively. Moreover, each can play a vital role in building a School that is working to improve health by addressing its critical determinants. Over time, a concerted, collective effort along these lines would establish UW-SPHCM as a leading school of public health in understanding and positively affecting the determinants of individual and population health – human genetics, physical environment, social environment, human behavior, and health services.

Below, several specific strategies are described for pursuing these priorities within the School's unique internal and external context.

Internal Strategies

School-wide Interdisciplinary Initiatives

The School should begin to focus its energies and resources on targeted areas that have the following characteristics: the greatest potential for improving human health, consistent with the School's competitive strengths; bridge departments with broad interdisciplinary themes; provide opportunities for the translation of research to practice; have development potential; and, last but not least, have faculty interest.

A number of areas have been identified that are consistent with or complementary to the School's scientific expertise, and also that target areas of public health science with promising implications for health improvement. While all of these areas cannot be pursued initially, the School should select a subset of these activities in which to place emphasis during the short-term. These initiatives should be implemented through a staged process so that they gradually replace activities that are less central to the School's overarching mission, thereby freeing organizational resources and scientific expertise to pursue more promising ventures.

Most of the targeted activities will require substantial scientific expertise from multiple disciplines, thereby necessitating and encouraging collaboration across departments, schools and universities. For some of these initiatives, a readily available external funding base may not currently exist (e.g., NIH contracts and grants) and will require the School to seek support from nontraditional sources (e.g., foundations, private donors). Based on the input received at the facilitated sessions described in the Methods section and subsequent input from a variety of key informants, suggested areas of scientific emphasis include:

- ◆ Public Health Genomics and Genetics
- ◆ Application of Social and Behavioral Sciences to Health Protection and Promotion

- ◆ Informatics – Public Health Informatics and Bioinformatics
- ◆ Global Health
- ◆ Disease Prevention – Chronic, Emerging Infectious, and Non-Infectious Diseases
- ◆ Health Risk Assessment and Risk Communication
- ◆ Health Disparities and Social Determinants of Health
- ◆ Healthy Life Span – Maternal & Child Health, Prenatal Effects, and Aging
- ◆ Cost and Outcomes Research for Patient Care, Disease Prevention, and Health Promotion
- ◆ Integration of Nutritional Sciences and Public Health

Permeating all School-wide initiatives are the following themes:

- ◆ *Acquisition of New Knowledge.* The School continues to provide important contributions to fundamental research on the mechanisms and processes that are integral to these interdisciplinary initiatives.
- ◆ *Research Methodology.* The development and application of new research methodologies in all of the public health sciences has been a major strength of this School since it began. This emphasis will continue and be applied across all School-wide activities.
- ◆ *Cultural Competency.* Underlying all public health research and training activities is an appreciation of the impact that racial and cultural diversity has on the health of the community. There must be an understanding of the behaviors, attitudes, and policies that enable public health to work effectively in cross-cultural situations.
- ◆ *Health and Environmental Policy.* The School's substantial knowledge base should be reflected in action at the community level determined by the development of new policies and laws.
- ◆ *Public Health Ethics.* Community-based research and training activities require sensitivity to community needs and views and the treatment of communities as equal partners in the process of developing and carrying out the research agenda.

Synergistic Educational Programs. The School should enhance existing educational programs and develop new educational opportunities that benefit from the substantial expertise amassed in the School, as well as taking advantage of the School's unique geography and relationships within the health community. Discussions with employers and comments from students and alumni highlighted the following points:

- ◆ There are strong and continuing employment opportunities for graduates of all programs.
- ◆ Graduates of the discipline-specific academic programs are well trained in their discipline and in the appropriate application of research methods in their field.
- ◆ The recently developed Evening Executive Master of Health Administration (MHA) and the Certificate Program in Health Administration were widely praised as welcome additions to the daytime MHA program, which is the degree of choice for most professionals working in health care organizations.

- ◆ While the research-focused Master of Public Health (MPH) has met the training needs of students interested in developing their research skills, other students and many employers in the public health arena expressed desire for an alternative MPH program. In their view, MPH graduates should be more broadly focused, be skilled in lay communication and community organization, and have experience working in teams with other public health disciplines, in addition to their excellent technical knowledge.

Some new educational opportunities that have been identified or are already under way include:

- ◆ Development of a new Community-oriented MPH Practice degree program with integrated core sequences and a broader focus to meet the needs of public health practitioners working in the community.
- ◆ Initiation of a Ph.D. in Health Services.
- ◆ Enhanced education in applied genetics through the development of a Ph.D. in the Public Health Genetics Program and a Statistical Genetics pathway in the Biostatistics and Statistics Ph.D. programs.
- ◆ Revised Master's of Pathobiology aimed at providing education for employees in the biotechnology and laboratory industries.
- ◆ New MPH pathways in Health Promotion and Environmental Health
- ◆ Enhanced Academic Program in International/Global Health reaching a larger audience.
- ◆ Provision of educational opportunities in environmental policy through conjoint degree programs with the Daniel J. Evans Graduate School of Public Affairs.
- ◆ Expand and enhance the visibility of public health among UW undergraduates through additional undergraduate course offerings and expanded public health minor.

Strengthened Educational and Scientific Infrastructure. The School must begin a targeted effort to develop the research and instructional infrastructure necessary to support expanded scientific and educational endeavors in the areas described above. Adequate human and capital infrastructure is essential to the task of implementing the School's educational and scientific agenda for the future. Infrastructure development should focus on these areas:

- ◆ *Administrative and technical staff development.* The School should coordinate workshops and short courses for administrative and technical staff that will allow these individuals to build their skills in areas that are particularly relevant to the School's research and educational focus. Such possibilities include project management, data processing, community outreach and communications, human resources management, financial management, and grants and contracts administration.

- ◆ *Targeted development activities for capital improvements and stable funding.* The School should pursue opportunities for acquiring additional research and educational space that can support enhanced communication and collaboration among departments and programs within the School. The School must combat fragmentation by securing space that is sufficient to house research and educational activities from multiple departments within the School. Additionally, priority should be given to developing “common spaces” that facilitate interaction among faculty and students from multiple departments and programs. Funding for capital improvements must be pursued aggressively from a variety of private sources, since public agency contracts and grants typically do not provide sufficient support for capital costs. Endowments for faculty professorships and student scholarships must be sought to enhance the academic programs. Funding for research projects that fit within the School’s goals rather than relying on opportunistic funding will allow the School to move ahead in a focused fashion.

Enhanced Internal Communication and Intellectual Exchange. As a final internal strategy, the School should begin to develop new mechanisms for internal communication and intellectual exchange within the School. Such mechanisms will help to reduce the departmental fragmentation that has developed within the School, while facilitating the development of collaborative, multidisciplinary approaches to learning and scientific discovery. Specific strategies may include:

- ◆ Periodic School-wide staff meetings that allow administrative and technical staff from throughout the School to exchange ideas and identify ways to improve the operation and efficiency of the School as a whole.
- ◆ An expanded and formalized schedule of scientific forums and seminars for faculty and students, in order to promote learning and intellectual exchange across departments and programs and to showcase the research excellence of its faculty.
- ◆ A School-wide Web-based depository for research abstracts, educational syllabi, and curriculum vitae. If maintained regularly, such a depository can serve as a powerful engine for enabling cross-disciplinary research and educational endeavors among faculty within the School.

External Strategies

Community-based Research and Learning Partnerships. The School should actively develop community-based research partnerships with health-related organizations and professionals serving the Northwest and Pacific Rim regions. These voluntary partnerships could provide venues for fielding a variety of clinical, behavioral, and community-based research efforts that target public health issues of high importance for the School, the participating partners, and the communities that they serve. At the same time these partnerships could provide unique opportunities for identifying important new areas of inquiry, developing testable research hypotheses, disseminating evidence-based information to the practice community, and evaluating changes in patterns of professional practice.

Membership in these partnerships may include local and state public health agencies, community hospitals, community health centers, local physician practices, health care delivery organizations, and employers. Ideally, the research carried out through these partnerships should follow the guidelines for ethical community-based research; i.e., be truly collaborative in nature, with participating organizations involved in decision-making at all steps in the research and dissemination process. In this way, the research partnerships become avenues for implementing research of direct and immediate importance to health and health care in the region.

Community-based partnerships provide opportunities for engaging faculty and students in a variety of public service and outreach initiatives. Through these partnerships, the School can maintain direct lines of communication with practicing public health professionals and organizations regarding community health issues and outstanding needs for information, technical assistance, training, and staffing. This information can be used by the School's faculty to continually update its educational programs. Furthermore, the School can collaborate with its partners in maintaining community-based educational opportunities for students, including internships and preventive medicine residencies.

The partnerships can also be used as a vehicle for pilot testing promising new public health programs and interventions of common interest to the School and its partners. Similarly, the partnerships can be used to disseminate new information about public health issues and interventions. Prevention-focused programs can be offered that will provide continuing education credits required for licensed health professionals in public health practice. In these ways, the partnerships can dramatically enhance educational opportunities for students and practicing health professionals alike, while allowing the School to become more directly involved in the health issues facing the Northwest region.

The locus of the School's community-based partnerships will be the Northwest Center for Public Health Practice. It is the vehicle through which the School will funnel its outreach activities that link the School to the community. It will also play a catalytic role within the School for faculty and students interested in community-based activities and research.

Distance Learning Modalities for Practicing Professionals. The School should develop new and more effective modalities for providing information and training to practicing health professionals, using distance learning technologies. Access to both degree and non-degree programs should be expanded throughout the Northwest and Pacific Rim regions using Internet-based and satellite-based communications technologies. Emphasis should be placed on reaching geographic areas that are under-served by trained public health professionals, and on reaching professionals that serve minority groups such as African American, Hispanic, Asian, and Native American populations. The partnerships described above should be used as a vehicle for supporting distance learning opportunities, such as by using the participating organizations as access sites for satellite-based or Internet-based instruction.

Expanded Initiatives in Public Health Policy and Practice. As part of its outreach mission, the School should seek to expand its involvement in informing public health policy development and policy implementation through partnerships with state and local public health agencies and the Department of Health in Olympia. As a state university, the School should actively pursue opportunities that demonstrate the ways in which academic institutions can support sound governmental decision-making in the public health arena by developing formal mechanisms for

providing technical assistance and training to practicing professionals in state agencies. Similarly, working with the Department of Health, the School should seek opportunities to provide information and training to state legislators, their policy staffs, and the State Board of Health concerning major public health issues.

Through these efforts, the School can dramatically enhance its visibility as a non-partisan source of information and expertise in public health matters, thereby enabling governmental decision-makers to better understand the social benefits produced by academic public health institutions. The School can provide vital help to public health agencies in evaluating prevention and health promotion strategies. With limited resources, agencies must be sure that the strategies in use are efficient and maximally effective.

Public Health Leadership Training. There is a widespread need for high quality training to provide community health leadership at local, regional and national levels. A training institute would strengthen public health leadership in the Pacific Northwest by providing participants with analytic and experiential skills needed to address the impact of social determinants of health within community health and the public health system. The objectives of such an institute would be:

- ◆ to assure that participants know more about the relationship between social determinants of health, health status, and other determinants of health by developing a strong theory and empirical base about these subjects;
- ◆ to develop belief structures that will enable them to develop strategies for community health improvement, and to develop skills to implement change, including strategic thinking, working with the media, community organizing and coalition-building, advocacy, education and policy development.

Public Health on the UW Campus. The School should look for ways to increase its visibility on campus, to strengthen existing collaborative opportunities across campus and to build new ones. Public health and environmental health should permeate every area of campus. The health of UW students would be enhanced with a Center of Excellence in Student Health that would link with other health facilities to provide students with health information and resources.

Marketing and Public Relations. The School has done little to describe its research and the value of public health to the public. In most departments, relationships with alumni are not extensively developed. Through the distribution of newsletters, newspaper articles, brochures, and information via printed materials and the Web, the School can raise its own visibility and also educate the public about public health. Communication through the media can also inform the public of the value of public health and the work of the School.

V. Conclusions and Next Steps

The University of Washington School of Public Health and Community Medicine has established a nationally and internationally renowned research and educational enterprise in the public health sciences. Maintaining this highly successful enterprise in the changing public

health environment will require new strategies that account for the institution's unique strengths and weaknesses, and that anticipate its future opportunities and threats.

Through conversations with a wide range of institutional stakeholders, three broad priorities have been identified to guide the School's future endeavors. Additionally, an initial set of more detailed strategies has been articulated for the School to begin pursuing through both internal and external relationships. The strategies considered in this document are certainly not exhaustive of the types of activities that can and should be implemented to achieve the identified priorities. Similarly, it may not be feasible to pursue all of the strategies considered in this document, at least in the short run. Nonetheless, the priorities and strategies together form a guide for how the School can best begin to position itself within the evolving domain of public health science and practice, as well as within the local community and the University of Washington.

The strategic planning process does not end with this document. To begin implementing the priorities and strategies outlined herein, or others to be identified as the process continues, the School must engage major institutional stakeholders in prioritizing the strategies and elucidate the specific actions necessary to carry out each strategy. These tasks are best carried out by small task forces that are appointed to consider each of the identified strategies. Each task force might study a given strategy in detail and reach consensus on a specific set of actions that will allow the strategy to be implemented successfully. A timeline and list of responsible individuals should also be identified for each action. Implementation plans developed by these task forces should be reviewed broadly by major institutional stakeholders and revised accordingly. The final set of implementation plans will serve as a management tool for achieving the School's strategic agenda.

The tasks yet to come in the strategic planning process are the most challenging and the most rewarding. In carrying out the priorities and strategies identified in this document, and subsequent versions, tangible changes will need to occur in how the School allocates its resources and how the School organizes and carries out its educational and scientific endeavors. The difficulties created by these changes, however, will be far outweighed by the benefits that flow to a more responsive and focused academic institution. By following a course of informed organizational change, the School can build upon its past successes and achieve its vision of improved population health.