



COUNCIL ON LINKAGES BETWEEN ACADEMIA AND PUBLIC HEALTH PRACTICE

A Proposal to Examine the Question of What Should Be Done to Facilitate the Development of Academic Health Departments

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The Institute of Medicine in its 1988 report on *The Future of Public Health* deplored the "decoupling" found between the practice of public health and its academic base. The report's criticism was leveled principally at schools of public health, but it applies to other health professions academic settings as well, particularly in locations that don't have access to a school of public health. This is so because "public health professionals" include physicians, nurses, dentists, sanitarians, health educators, nutritionists, administrators, engineers, laboratory technicians, planners and many other disciplines. The academic base for public health, therefore, is extremely broad and could include a wide variety of academic entities.

An important mechanism to consider in the effort to improve the linkage between public health practice and its broad academic base is the "academic health department." There are three key issues that an academic health department would be particularly helpful in addressing:

1. Health professions students are not as well prepared as they could or should be to meet the needs of communities.
2. Community agencies have limited access to expertise needed to assess community needs and respond to changing demands for service.
3. Community-based research is currently too limited in quantity and quality.

The academic health department can improve these situations by involving academic institutions in the elucidation and solution of community health problems. Opportunities can be provided for students to have "real life" pragmatic experiences, and for academics to have access to community based data and programs for study and evaluation.

The academic health department represents a formal affiliation between a health professions school and a local health department, similar to the more familiar affiliation between academic institutions and "teaching hospitals." Such an affiliation allows both partners to benefit from the educational connection that the affiliation represents. Specifically, these benefits include:

1. Providing a location for the training of both public health and clinical students in the practice of public health and population medicine.
2. Creating linkages between public health practice and academic communities to improve the scientific base for public health decision making and public policy development.
3. Providing access for academicians to the community as a practice base for developing, refining and implementing public health teaching, research and service methods.
4. Fostering partnerships among health professionals and community leaders to identify, create solutions for, and evaluate interventions that respond to community problems.
5. Increasing the number of people who understand and appreciate public health practice.
6. Increasing the prestige of public health as a viable academic or practice career choice.
7. Improving the community's health by enhancing the assessment, policy-making, and assurance capacity of local public health agencies.

A well functioning health department provides a "window" to the greater community that can be of great value to an academic institution. The successful health department operates in a highly

collaborative mode with many community agencies and institutions. It can act as a gateway or conduit for exchange between academics and a variety of community groups such that access to involvement with community health issues is automatically broad.

The academic health department, like its academic institution partner, rests on the three-legged base of service, teaching, and research. The capacity of each partner in each area is enhanced by a collaborative and interactive relationship. Service opportunities are expanded for academics, and the quality of health department service delivery, program planning and policy development functions is increased. Learning opportunities for population medicine concepts and practices are expanded, often in a manner that provides opportunities for multidisciplinary or interdisciplinary teaching at the community level. Research efforts tend to focus on identifying and measuring the community's health problems, designing and testing intervention mechanisms and evaluating progress made in meeting the community's health needs. The academic health department, therefore, would act to direct collaboratively enhanced resources to the service, teaching, and research needs of its community. In so doing, the gap that has developed between illness care health professionals and public health professionals would be narrowed, and the goal of bringing these separate and often combative groups together into a seamless web of health promotion, disease prevention and illness care services would more likely be realized.

An effective linkage between health professions schools and public health practice is evidenced by a sharing of personnel across institutional boundaries. Faculty from academic institutions would work part time in a practice setting in the health department, and health department personnel would be faculty members and have teaching and research responsibilities. Dollars should flow in both directions as each institution purchases those services they require from the other. This combination business and functional interdependence brings the academic institution into the community and the community into the academic setting in a very real sense. It is reasonable to expect that the capacity of public health workers is enhanced by this interaction, and that academic resources are targeted more specifically to problems deemed important by the community.

The academic health department will enter into memoranda of agreement with various academic entities agreeing to develop and cultivate a collaborative working relationship. Each partner will agree to consider the purchase of services from the other such that the collaborative relationship is strengthened and progress toward mutual goals is enhanced. Each partner will agree to jointly pursue new funding opportunities.

Issues to be Pursued in Developing Academic Health Departments

1. How should such an entity be defined, and what basic criteria or standards should such a department be expected to meet?
2. What characteristics should an educational institution have which demonstrates interest or potential for a linkage with local health departments?
3. Should community agencies other than health departments be considered for formal linkage with academic institutions?
4. What are the barriers that exist to such academic/practice linkages, and how might those barriers be overcome?
5. Are there questions that should be answered about these relationships and their potential that will require further research?

What Can the Council on Linkages Do To Promote Academic Health Departments?

1. Arrange for a full discussion of relevant issues at a national forum.
2. Ask the National Association of County and City Health officials to include questions on their next local health department survey intended to identify health departments with academic linkages.
3. Propose a mechanism to bring academically oriented health departments together to review the potential for building stronger academic ties involving more local health departments.

References:

1. *Report on the Future of Public Health*. The Committee for the Study of the Future of Public Health. Washington, D.C.: National Academy Press; 1988.