CPHP White Paper:

Can the Graduate School of Public Health Have Greater Impact on Public Health Policy and Practice?

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Introduction and Purpose

The mission of the Graduate School of Public Health (GSPH) is to provide leadership in health promotion, disease prevention, policy development and elimination of health disparities in populations through research that generates new knowledge to drive effective education, practice, and policy. In significant ways, GSPH has and continues to succeed in this by influencing public health policy regionally, nationally and internationally in many different areas of interest. Success has been due to the school's experienced and dedicated leadership, an outstanding and renowned faculty, high quality students and alumni, recognized science and research, and a genuine commitment to its mission of public service and practice.

During the past few months alone, numerous GSPH faculty members have asserted their influence on public health policy at the local, statewide and national levels. Dr. Roberta Ness published a national study of the effect of HIPAA regulations on health research. Dr. Devra Davis authored a highly publicized book on environmental cancer hazards. Dr. Conrad Dan Volz studied contamination of local waterways and the fish taken from them. Faculty members from the Center for Public Health Practice provided consultation for a financing plan to start up the state's first bi-county health department. In each of these instances, GSPH's research has or is likely to influence public policymaking.

The question is whether the individual and decentralized efforts of faculty and departments might also be leveraged in a more synergistic or centralized approach, enabling the GSPH as a whole to have greater impact and recognition as a critical resource for public health policy formulation and implementation.

With the present lack of a school-wide, strategic program for promoting public health policy, recent experience demonstrates that GSPH does not in a coordinated and consistent manner:

- Synergistically communicate its policy-relevant research output to policy makers;
- Have ready access to data on diseases and hazards to support research on current threats to community health;
- Engage in practical-problem solving through working relationships with public health leaders; or
- Serve as centralized support and a clearinghouse for public health policy.

The purpose of this White Paper is to explore whether GSPH at the institutional level can create sustained impact on policies to improve the public's health. Meeting this challenge requires a school-wide strategic goal with a set of measurable objectives.

In the following five parts, this paper will provide: 1) an environmental scan describing aspects of GSPH's current policy effectiveness; 2) a conceptual framework for increasing policy effectiveness in the future; 3) a vision, a strategic goal statement, and measurable objectives to guide these efforts; 4) recommendations for implementation; and 5) next steps.
Environmental Scan

Over the past year, GSPH has received information from a wide variety of internal and external sources concerning its current policy effectiveness. Additionally, individuals including the GSPH Dean and the coauthors of this White Paper have sought out relevant information through meetings and interviews. A review of these results provides background and context for recommendations and next steps.

- In late 2006, GSPH underwent re-accreditation by the Council on Education for Public Health. The Site Visitors' Report observed that the school's relationships and interactions with the community and public health practitioners could be strengthened.\(^1\)

- In early 2007, a "SWOT" analysis (strengths, weaknesses, opportunities and threats) by the GSPH Strategic Planning Committee noted weaknesses in the school's branding, external communications, and its sometimes "suboptimal" inclusion of partners including state and local health agencies and officials (Appendix A).

- In the fall of 2007, Dean Burke met with Dr. Bruce Dixon, Director of the Allegheny County Health Department. Asked to cite the county's health priorities, Dr. Dixon named tobacco use, sewage water systems, and influenza. Asked about sharing access to health information, Dr. Dixon fully agreed.

- Also during the fall of this year, a coauthor of this White Paper (GH) met with officials of the UPMC, who stated their willingness to share access to data from its health plan population for the purpose of public health research.

- In recent interviews with each of the GSPH department chairs, this coauthor (GH) learned of support for strengthening the school's role in influencing public health policy and practice, but cautioned about risks of financing, faculty disincentives, and bureaucratic dilution of science.

- Another coauthor of this White Paper (GB), formerly the deputy director of the Allegheny County Health Department, prepared a history of the department's relationship with GSPH. Notably, past collaborations have depended upon either pressing needs or individual initiatives, rather than institutional commitments (see Appendix B).

- In November of 2007, several coauthors (GB, GH, MP, and ER) participated in a 90-minute interactive-television conference with the director and associate director of the North Carolina Public Health Institute (NCPHI) based at the University of North Carolina/Chapel Hill School of Public Health. The NCPHI director specifically noted that a strategic and financial strategy of that school had been to centralize service and outreach activities within this one entity. NCPHI has been cited as the national benchmark of excellence for academic public health practice.\(^2\)

- In December of 2007 at the request of GSPH, the University opened negotiations with the Pennsylvania Commonwealth's Department of General Services to create a Master Agreement to reduce bureaucracy and delays in the funding of many faculty consultation and fee-for-service activities. A list of services proposed for coverage by GSPH for coverage under the Master Agreement is provided at Appendix C.

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1 Access the report at: http://www.publichealth.pitt.edu/files/accreditation/20070801_105000_0000.pdf.
Conceptual Framework for Policy Effectiveness

In order for GSPH’s policy influence to continue and grow stronger into the future, the school must meet the challenges of increasing timeliness and effectiveness of communication, have access to data and information, and build relationships externally with professional leaders and policy makers. Importantly, the school must designate within its organizational structure a locus of responsibility for policy effectiveness.

The following elements are needed:

1. Definition of the public health policies of interest to GSPH and its constituencies

2. A determination and documentation of the key public health policies (current and proposed) at various geographic levels – local, regional, state, national and international (from the United States prospective)

3. An inventory of GSPH activity (translational research, teaching, community service, consulting, political advocacy, and practice) related to the policies identified in Paragraph 1, above

4. A survey of the interests and agendas of local, state and federal elected officials, with a concentration of them from Pennsylvania, as they relate to the policies identified in Paragraph 1, above

5. The establishment of linkages (letters, visits, invitations, consultations, etc.) between GSPH (faculty and staff) and politicians and public health officials

6. The creation of periodic newsletters, media releases, web-sites, and other media strategies to support the above objectives

7. Quarterly tracking of policy developments of interest and GSPH's influence on them

Resources and interest to accomplish this overall strategy already exist within the University, GSPH and UPMC. Leadership can be provided through the Dean’s Office and the Center for Public Health Practice, with support from the University Government Relations Office, UPMC Media Relations Office, and the GSPH Public Relations Office.
Vision Statement, Strategic Goal and Objectives

A vision statement for this initiative is: **GSPH translates science to influence public health policy and practice for the improvement of health worldwide.**

A strategic goal should articulate how the GSPH mission "to provide leadership in health promotion, disease prevention, policy development and elimination of health disparities in populations through research that generates new knowledge to drive effective education, practice and policy is to be implemented." We propose the following statement: **GSPH is recognized for and contributes to the development and implementation of public health policy at the local, regional, state and global levels.**

A number of objectives will contribute to achieving this goal. The starting point to measure each of the listed indicators is documentation of what is occurring now. Sustaining the effort will require a consistent system for data-capture and ongoing monitoring of indicators.

**Objective 1: GSPH has significant visibility in the public health policy arena.** Indicators are:

- Increase the number of contacts (calls, letters, and e-mail) to the GSPH from policy makers asking for the School's input.
- Increase in the number of contacts (calls, letters, and e-mail) to the GSPH from the Media asking for policy positions.
- Increase in the number of legislative briefings, web hits, etc.

**Objective 2: GSPH influences Public Health Policy.** Indicators are:

- Increase in the number of policy positions the GSPH takes.
- Increase in the number of policy positions the GSPH takes, which become Policy
- High correlation between external policy issues and research being performed by the GSPH faculty and staff

**Objective 3: Faculty members have access to and use public health data from the State and Allegheny County to conduct research and policy development.** Indicators are:

- Increase in the number & percentage of faculty who request public health data from external sources.
- Percent of faculty who receive requested data in a reasonable time frame and in usable form.
- Percentage of faculty who use external-source data in research or to develop policy.
- Increase the external sources of public health data to include the Commonwealth of Pennsylvania (various departments and agencies), Allegheny County, UPMC, and others.

**Objective 4: Connect faculty with practice-based activities to encourage the transfer of evidenced-based knowledge for improving public health practice and influencing research agendas.** Indicators are:

- A functioning faculty practice program within GSPH.
- Increased number of faculty who participate in a consultation project or provide technical assistance to the public health practice community.
- Increased number of faculty whose research agendas are influenced by their consultation project or technical assistance activities.
- Increased number of transfers of evidence-based knowledge from faculty to public health practice at the state and local level resulting from consultation and technical assistance.
Recommendations

The Graduate School of Public Health can indeed have greater impact on local, regional, and statewide policies to improve the public's health. Its recent reaccreditation self-study and site visit, as well as its ongoing strategic planning process, have produced relevant insights. Together, these insights yield a conceptual framework for policy-relevant activities and a strategic policy goal with clear objectives and measurable indicators of success. Implementing the stated goal and objectives requires an optimal institutional structure and policies, a definition of policy priorities, and the creation of long-term sustainable programs not only for external liaison and communication but also for internal support and incentives.

The Center for Public Health Practice (CPHP) has the necessary faculty expertise, public health system research tradition, contacts with State and County officials, and on-going relationships with and outreach to the public health practice community. CPHP is therefore positioned to assume this area of responsibility as follows:

First, CPHP should develop school-wide plans and procedures to identify public health priorities that are aligned with GSPH's departmental strengths. CPHP should also be responsible for the ongoing monitoring and tracking of GSPH's influence on the development of policy in the priority areas for local, regional, and statewide populations. The plans should state how CPHP will communicate on behalf of GSPH researchers with clients, stakeholders & policymakers locally, regionally, statewide, and nationally through newsletters, op-ed pieces, press releases and briefings, legislative briefings, and other media.

Second, CPHP should serve as a hub for the translation and dissemination of practice-relevant, research-based evidence. GSPH should centralize service and outreach programs under the CPHP umbrella, including programs for training, consulting, and contract-based programs and projects. Examples of such programs include some that are currently based in GSPH departments (i.e., the AIDS/ETC; the Pennsylvania Prevention Project; the Center for Healthy Communities & Environments) and others that are already based at CPHP (the Pennsylvania & Ohio Public Health Training Center; Pittsburgh Influenza Prevention Project; Center for Public Health Preparedness). As the focus for service and outreach activities, CPHP should provide administrative support for policy activities (including contracting, fiscal administration, communications, data management and evaluation, record-keeping and reporting); market the school's service and outreach activities; and support the publication and dissemination of practice-relevant evidence as derived from both research and professional experience.

Third, CPHP should continue to develop practice-relevant expertise within the GSPH faculty. This includes promoting faculty service to and within public health agencies. It also includes recommending supportive policies and incentives within GSPH to encourage faculty members' involvement in policy development and practice-oriented research.
Next Steps

The coauthors of this report can constitute themselves as a Policy Project Team. A Project Assistant will be hired as of January 2008. The three above-stated recommendations correspond to three phases of implementation, which can begin in substantial part during the 2008 calendar year.

Phase 1 is the process of policy prioritization and alignment with GSPH strengths, can be accomplished by Spring 2008. A work plan for Phase 1 appears at Appendix D. Proceeding with this plan requires the Dean's approval, and responsibility should be taken by CPHP and the Policy Project Team.

Phase 2 is the administrative process of centralizing the school's service and outreach programs within CPHP. The process must begin with the Dean’s authorization and the Department Chairs’ concurrence. A substantial period of consultation with the school’s center directors – perhaps as long as a year – should then proceed. Questions to be answered include core staffing, financial support, a management structure, and other issues. Responsibility for this phase should rest with CPHP.

Phase 3 is the long term development of school wide policies to assure faculty incentives for policy and practice, build competence and expertise in translation and advocacy among both faculty and students. Responsibility for this phase belongs not only with CPHP but with the associate deans and the department chairs.
Appendices

A. SWOT Analysis: Inventory of strengths, weaknesses, opportunities and threats to GSPH (Strategic Planning Steering Committee)

B. History of the Allegheny County Health Department and the GSPH (G.M. Barron)

C. Services proposed by GSPH for coverage by the Master Agreement between the University of Pittsburgh and the Commonwealth of Pennsylvania

D. Work Plan for Phase 1 to Implement GSPH Policy Project
SWOT ANALYSIS

Strengths
- Outstanding faculty in terms of expertise, funding, publications, and service.
- Strong collaborations internal and external to the school and university.
- Mentoring of junior faculty.
- Location: Pittsburgh has a stable population and reasonable cost of living. The campus is adjacent to the health science schools and UPMC.
- Student/faculty ratio at master’s level provides opportunity for growth and recruitment of better students.
- Areas of expertise and star programs such as human genetics, HIV/AIDS, environmental health, chronic disease epidemiology, genetic counseling program, genetic epidemiology, women’s health, geriatrics, infectious diseases, and minority health.
- Centers.
- Certificate programs.

Weaknesses
- Lack of student placement services and program metrics (academic vs. practice and master’s vs. doctoral)
- More doctoral than masters students limits growth & reimbursements.
- Lack of clear branding (GSPH and public health in general).
- Do not participate in the training of other health professional students despite ability to do so.
- Limited pool of tuition money/tuition revenue.
- Limited or non-existent evaluation of programs, processes, and mission-critical operations.
- Weak external communication (process and content) to various audiences. GSPH doesn’t pay enough attention to its “story” and how the story is told.
- Public perception of the University of Pittsburgh is weak in comparison to Ivy League schools, although this varies somewhat by department.
- Lack of or suboptimal inclusion of partners in some school activities. Some key partnerships are weak; for example, those with the Allegheny County Health Department and state Department of Health.
- With the exception of the Center for Minority Health, there is no school-wide focus on diversity. Diversity is not mentioned in mission statement.
- Inadequate financial resources for administrative structure in mission critical areas (e.g., dean’s office, student affairs).
- Quality of data management systems and infrastructure and a lack of comprehensive, integrated data systems.
- Overdependence on soft money.
- Reputation within some parts of University is poor. This may be a result of factors such as GSPH’s focus on research while other schools have different missions; the disconnect between hard and soft money; the disconnect related to undergrad vs. graduate education focus. Mixed reporting lines may also contribute to this.
- Limited post-doc training opportunities, although this varies by department.
- Little continuing education for professionals.
- Incomplete implementation of component processes critical to planning and evaluation
Opportunities
- Burgeoning interest in and importance of global health.
- Growing demand for distance education.
- Shortage in public health workforce.
- Increase in foundation funding.
- Increase in industry funding.
- Environmental awareness.
- Emphasis on informatics.
- Emphasis on transdisciplinary research.
- Growing demand for undergraduate education.
- Increased interest of other professionals (e.g., veterinarians, physician assistants) in public health degrees.

Threats
- Flat budgets.
- Proliferation of public health schools.
- Incursion by the School of Medicine.
- Increased number of distance education programs.
- Morphing science.
- Poor Pennsylvania public health infrastructure.
Memo

To: Dean Burke
From: Gerry Barrow
CC: George Huber, Joanne Russell and Maggie Potter
Date: November 2, 2007
Re: History of the GSPH and the ACHD

Attached, as you requested, is a brief history of the relationship between the Graduate School of Public Health and the Allegheny County Health Department. I have asked Dr. Dixon to review a draft of this information, however I haven't heard back from him yet. If his comment substantially changes anything in the report I will revise it and resend it to you. I hope you find the report informative.
The Graduate School of Public Health and the Allegheny County Health Department
A Brief History of Their Relationship
Author- Gerry Barron, M.P.H.

The early relationship between the Graduate School of Public Health and the Allegheny County Health Department between the years 1948 through 1974 is very well documented in the book "Graduate School of Public Health, University of Pittsburgh, 1948-1974", written by Zaga Blockstein, Ph.D. for a Doctoral dissertation in the School of Education. The materials in Appendix A are taken directly from this book and are the pages, which contain the pertinent information relative to the relationship of the Graduate School and the Health Department. As you will read, this relationship actually begins prior to the creation of the Allegheny County Health Department in that the University of Pittsburgh Law School and the Graduate School of Public Health were instrumental in the creation of the Local Health Administration Law (Act 315), which allowed for the creation of County Health Departments in Pennsylvania. In this section the Butler County Health Department is also mentioned along with the Allegheny County Health Department. For your information, the Butler County Health Department was disbanded in the late 1960s or early 1970s.

Between 1975- May 1999 activities as described by Dr Blockstein as occurring in 1974 continued. Faculty served on the oral boards and interviewed candidates for job placement at the Health Department. They also served as "consultants" to the Department. This included the assistance in large foodborne illness investigations of Dr Robert Yee, Department of Infectious Diseases and Microbiology and Dr Russ Rychek, Department of Epidemiology. In 1987, Mr. Albert Brunwasser, M.P.H. was appointed Director of the Health Department. Since Mr. Brunwasser did not have a medical degree, Dr. Warfield Garson, MD, Department of Environmental and Occupational Health, was hired, under contract with the Graduate School, to be the Medical Director. This relationship lasted 1-2 years. In 1992 when Dr Dixon was appointed Director the Graduate School performed an evaluation assessment of the Health Department entitled "The Allegheny County Health Department: Present Capacity and Future Potential" This Study was funded by the Jewish Health Care Foundation and was co-lead by Dr Donald Mattison, M.D., who was Dean of the Graduate School at the time and Dr. Ed Ricci. In Appendix B of this document are the Study recommendations and in Appendix C is a history of the Health Department, which was an Appendix in the 1992 Study. A copy of the entire Study is available upon request. Also in the mid-1990s, there was a contract between the Graduate School and the Health Department for toxicology consultation services. Drs. Yves Alarie and Julian Andelman faculty of the Department of Environmental and Occupational Health performed these services and helped investigate problems relative to indoor air emissions, and chemical contamination of the environment, especially drinking water contamination. Dr Rosenkranz ended the contract when he became Interim Dean due to the concerns of University attorneys over the University's liability for decisions made in these issues. Dr Rosenkranz still made the services of expert faculty available, when needed, on an informal basis. A small number
of Health Department employees where enrolled in the School and attended classes during work hours when necessary to complete their degree requirements. In addition, Health Department staff including Dr Dixon, lectured in 3-4 classes per year when requested by faculty. In May 1998 Gerry Barron, Health Department Deputy Director received the first Adjunct appointment of a Health Department staff to the Graduate School where he taught “Introduction to Health Service Administration”, which was a Department of Health Policy and Management core course. His Adjunct appointment was in that Department.

From June 1999- present, there has been an attempt to develop a much closer relationship between the two identities. On June 22, 1999, Dr Rosenkranz signed a Memorandum of Understanding (MOU) between the School and the Health Department. Dr Dixon signed the document on June 23, 1999. This MOU is included in Appendix D of this document and a “GSPH news” article from the Spring 2000 issue outlining the agreement is Appendix E. The MOU established “a joint steering committee consisting of representatives of senior management of the GSPH and ACHD, or their designees, to identify areas of common and mutual interest wherein the capabilities of the two institutions can be maximized.” The areas of cooperation include faculty and staff appointments or exchanges, student internships and joint research/joint projects. This MOU is still in effect. Gerry Barron, who at the time was Health Department Deputy Director and Maggie Potter, Associate Dean for Public Health Practice chaired the Joint Steering Committee. Under the MOU there were approximately 12 adjunct appointments given to Health Department staff in several of the School’s Departments and a Secondary Appointment given to Dr Dixon. Currently 6-8 of the staff with Adjunct appointments are still working for the Health Department. The adjunct faculty from the Health Department has not been used in any meaningful way since their appointments. There was a ½-day orientation to Health Department Programs offered to GSPH faculty and a shadowing program developed to allow faculty to go out into the field on staff program activities. Very few (5-6) faculty took advantage of these efforts. The Steering Committee met monthly for approximately 18 months and never found any real traction at the School. No joint research or joint projects where entered into due to these meetings. Health Department senior management staff attended the meetings, but School Department faculty did not. Steering Committee meetings stopped. However joint projects did occur, but these were due to relationships developed prior to the MOU. For example Dr Dixon worked with Dr Harrison around the issue of E. coli outbreak identification as outlined in the “GSPH news” article in Appendix E and Gerry Barron in 2002/203 worked with Dr Ed Ricci and Dr Ravi Sharma to perform an Adult Behavioral Risk Survey for Allegheny County residents. Also Drs Sharma, Ley and Talbott have performed contractual services for Health Department Programs involving evaluation of the Healthy Start Program and the analysis of hospital visits and air quality. Mr. Barron also worked with the Pennsylvania and Ohio Public Health Training Center to provide trainings for Health Department staff. In addition, student internships (1-2/year) have been accepted by the Health Department and this area of cooperation continues today. Most recently these internships have been funded by the Center for Public Health Preparedness. Dr. Sam Stebbins, Executive Director of the Center for Public Health Preparedness, has been working closely with the Health Department around the issue of emergency preparedness and Jo Ann Glad, staff of the Department of Epidemiology and
a doctoral student, under contract with the Health Department, has for the last 5-6 years been the Epidemiology Manager of the Health Department’s CDC Environmental Health Capacity Building grant.

Also in this period, there have been two faculty, who have or are serving on the Allegheny County Board of Health. Dr Susanne Gollin, Department of Human Genetics and Dr Lee Harrison, Department of Infectious Diseases and Microbiology. Dr Harrison is a current member of the Board of Health.

Author’s Note- After reading the history of the GSPH and the Allegheny County Health Department as recorded by Dr Zaga Blockstein in her book I need to say that we must go forward to the past. The founding fathers (they were all men) of the Graduate School and Health Department had the right concept for the relationship of the two and we need to get back to it.
Appendix A

“Graduate School Public Health
University of Pittsburgh, 1948-1974” by Zaga Blockstein, Ph.D.
Pages 204-209

Copyright by Zaga Blockstein, 1977
countries. The program has two goals: 1) additional dimension of international character will be added to the University of Pittsburgh, and 2) people in African countries will benefit educationally.270

History of Public Health

The Unit was organized in 1960 under Dr. John Duffy who held a joint appointment in the Department of History, aided in the acquisition of historical material by the School Library, and helped in the development of a course in the History of Medicine in the Medical School. He did a research study during his stay with the School on the yellow fever epidemic of 1853 in New Orleans and a history of the New York City Health Department.

Dr. Duffy resigned his position in 1965 and Dr. Dean A. Clark was appointed Director of the History of Public Health Program.271 Unfortunately, the funds could not be provided for the Program and Dr. Clark left shortly after his appointment.272

H. COMMUNITY ACTIVITIES NOT LIMITED TO THE INDIVIDUAL DEPARTMENTS

It is important to note that not all community activities were limited to the individual departments. Interdepartmental and even interschool cooperation, known from the early beginnings of the School, deeply affected the growth, direction and reorientation of the community health agencies. The Butler County Health Unit and the Allegheny County Health Department were formed through such cooperation.

With the financial support of the A. W. Mellon Educational and Charitable Trust and with the experience, technical knowledge and research facilities of the faculty of the School of Public Health, the Public Health Law Research Project of the University of Pittsburgh, under the general supervision of the Law School, had started in 1949. The American Bar Association Journal noted it:

Begun last June, the Public Health Law Research Project has carried out intensive research in the advances, regulations and state laws administered by Pittsburgh in the health field. It is presently completing one urgently needed segment of its work—the publication of a compilation of the ordinances, laws and regulations presently in force in Pittsburgh.273.

272 Dorothy Vaughan, personal interview, 9 January 1974.
The work of research and writing was in the "hands" of two young Law School graduates, J. Craig Kuhn, Jr., and David Stahl. It was published in 1950 under the title "Public Health Laws of the City of Pittsburgh." Mr. Kuhn, who was later a City Councilman for many years, remembers those "research" days and said that Dean Thomas Parran, Dr. Antonio Ciocco, and Dr. James Crabtree, all three from the Graduate School of Public Health, were of great help in an advisory capacity for that first project and for further drafting of the model health law codes and consequently reorganization of public health laws.274

After the compilation and publication of the Public Health Laws of the City of Pittsburgh, a model health law was introduced to the Legislature and the bill is known under the name: Local Health Administration Law, Act of August 24, 1951, P.L. 1304. (16 Purdons Statutes, Section 12001). Mr. David Craig, another young Law School graduate, later Public Safety Director of Pittsburgh, was mainly responsible for drafting the model. Mr. Craig said that under the Local Health Administration Law, the Allegheny and Butler County Health Departments were founded. The law had long significance for the future of public health in the Commonwealth. It authorized the establishment of local county health units throughout the State for the purpose of decentralizing public health functions and more specifically meeting the needs of local areas.275

In addition, the Vital Statistics Law of 1953 (Act June 29, 1953, P.L. 304, 35 Purdons Section 45) and the Disease Prevention and Control Law of 1955, (Act of April 23, 1956, P.L. 1955, 510, 35 Purdons Statutes, Section 521) were a product of Mr. Craig and his associates' activities with the Graduate School of Public Health. Mr. Craig said that it is very interesting that in the first decade of its existence, the Graduate School of Public Health, by lending the experience and knowledge of its faculty, contributed greatly to the health laws of Pennsylvania. The resources of the School provided the substance for drafting the law. He said that men like him, Mr. Stahl and Mr. Kuhn just translated that substance into the needed legal terms. Having authority, in accordance with the Local Health Administration Law of 1951, Dr. Parran, on October 3, 1953, suggested the establishment of a modern demonstration County Health Unit in Butler County. Butler County was to serve as a natural environment to the School and the community for public health research. The program was to be designed so that the School and County could benefit from it.

The proposal was endorsed by the Butler County Commissioners on October 6, 1955, and it was agreed to present the continuance of the unit to the voters on the 1956 primary ballot.

A letter was sent to Chancellor Rufus H. Fitzgerald, informing him about the decision of the A. W. Mellon Educational and Charitable Trust to finance this three year project through a grant of $180,000 to the University of Pittsburgh for the Graduate School of Public Health which would assume responsibility for the administration of both phases of the project.276

Convinced of the need for greater health protection of all of the Allegheny County population, the Graduate School of Public Health gave full support for the transfer of the Pittsburgh City Health Department to the Allegheny County Health Department.

In April of 1956 the County Commissioners adopted a resolution indicating their intention of creating an Allegheny County Department of Health. A. W. Schmidt was one of the members of the Board of Health named by the Commissioners. On April 25, 1956, Mr. Schmidt wrote to Dr. Parran asking him to help with the organization of the Allegheny County Health Department, with the definition of the policies, outlining the procedures and developing a program. Mr. Schmidt said that the Board of Health had authorized him to request the consultation and assistance of the Graduate School of Public Health and its faculty. He explained:

... The details of this consultation can be mutually agreed upon after your consultation with your faculty, with the Director of Health, and with the Pennsylvania Economy League and the Pennsylvania State Department of Health (both of which are also being requested to provide consultation and staff assistance).

The Department will, of course, be expected to represent a forward looking concept of public health practice so that the program will be relied upon by the School for the urban aspects of its field training programs. You, therefore, have a legitimate stake in its pattern and its quality. Our request, however, is not limited to this aspect of the Department of Health development. We are keenly aware that in the School you have one of the best qualified groups of specialists in each area of public health, a staff such as the Department could not create for itself. We wish to make services of the School available on a staff basis to the maximum possible extent.

The Director of Health for Allegheny County will, of course, be responsible to the Board for the development of the programs and they suggest that you get in touch with him promptly and work out the details.

of the School's relationship to the developmental program of the County Health Department.277

Dr. Parran thanked Mr. Schmidt, promising his full cooperation and at the end he said:

We welcome this opportunity for further community service, especially since the School has a legitimate stake in the program which is contemplated.278

That same year, in December, in the Proceedings of the Council of the City of Pittsburgh, Councilman Weir said that the dream could not be realized and the County Health Department established if the Graduate School of Public Health did not help even earlier in recruitment of the outstanding city personnel.

... Incidentally, a number of outstanding people who were in the City Health Department and will enable the County Health Department to get off to an auspicious start would never have been brought to Pittsburgh and held here without the assistance of Drs. Thomas Parran and James Crabtree of the Graduate School of Public Health and Mr. Philip Broughton of the A. W. Mellon Charitable and Educational Trust, and I am very pleased indeed to acknowledge the important contributions which they have made to public health in this respect and in many other ways.279

Addressing the first annual staff meeting of the Allegheny County Health Department, Mr. A. W. Schmidt said that the creation of the Department provided a system of modern health services to prevent disease and prolong life for 1,600,000 people. According to him, the newly formed department must and will aim for the "best" in public health practice. He said further:

In listing our assets I would like, also, to comment upon the significance of the Graduate School of Public Health. Along with Johns Hopkins and Harvard, this is one of the great schools of public health, a school which does no undergraduate work but is devoted to advanced training and research in preparation for professional degrees. The Allegheny County Department of Health will be a demonstration and training department just as the Butler County Health Department is a teaching department on problems of rural public health.

The relationship of such a Health Department to a Graduate School of Public Health is not unlike the relationship of a university hospital

to a medical school. There is usually a spirit of creative achievement, a responsibility to be on the frontier of leadership, demonstrating the best in public health practice.

This is also an assurance to you, I think, as to what kind of a department this is going to be.280

The functions and service to people of the "New Department" were described well in the Newsletter of the Local Government:

Activities of the established Health Department were indicated as "traditional" and included: environmental sanitation, laboratory services, biostatistics, communicable disease control, chronic disease control, protection of maternal and child health and public health education.281

The Allegheny County Health Department kept close ties with the Graduate School of Public Health in the years to come and in 1967 one of the top experts in Public Health, head of the Public Health Practice Department of the Graduate School of Public Health, University of Pittsburgh, Dr. Waldo L. Treuting, was lent to Allegheny County to serve as the County's new Director of the Health Department.

Announcing the appointment of Dr. Treuting, Chairman of the Allegheny County Board of Commissioners, Dr. William D. McClelland, said:

The problems of a modern city are complex. They are urgent as this summer demonstrated. We need outstanding professional leadership to solve them.

Nations all over the world have called upon the Graduate School of Public Health at the University of Pittsburgh. . . . It is time we called on it for the greater help at home.282

Serving two years as the Head of the Allegheny County Health Department, Dr. Treuting contributed greatly toward deeper and better understanding between the School and County.283 Formal and informal contacts between the Graduate School of Public Health and the Allegheny County Health Department continued and still exist. There are ties with different departments and programs; some members of the County Health Department give lectures in the School of Public Health on a regular or infrequent basis, and they do not receive any pay for their academic services. In the same fashion, staff members of the

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280 Adolph W. Schmidt, Statement at the first annual staff meeting of the Allegheny County Health Department, 28 January 1957.
282 Allegheny County Health Department, News Release, 15 August 1967.
School serve on the oral boards and interview candidates for job placement at the County Health Department. They also serve as "consultants" to the County, since the School has a number of experts on its staff and their advice is often necessary.284

Students from the School are sent to the County Health Department to acquire practical experience. Administrators from the County created "job-trainee" positions for new graduates of the School, introducing them to the administrative and planning aspects of the broad health operating agency.285 Besides, many employees from the County are enrolled in one of the programs in the Graduate School of Public Health—working toward the M.P.H. Dr. Frank B. Clack, Director of the Allegheny County Health Department, is also a graduate of the School of Public Health, University of Pittsburgh, and strongly believes in the type of training that is being given at the School of Public Health.

284 Ibid.
285 Ibid.
Appendix B

Summary of Recommendations

“The Allegheny County Health Department:
Present Capacity and Future Potential”

An Evaluation Assessment Study by
The Graduate School of Public Health
December 1992
SUMMARY of RECOMMENDATIONS

Board of Health

1. Board members should be appointed for overlapping four-year terms, renewable once. Subsequent appointments would require a respite of at least one year.

2. Appointment to the Board should be based upon ability to contribute to the mission of the Department.

3. Board members should have clearly defined roles which specify their duties and responsibilities as Board members.

4. Board meetings should be made more accessible to the public in terms of location, frequency and time of meeting.

5. The Board should have formally established subcommittees, whose membership could include non-members of the Board.

Health Department Organization

1. The Allegheny County Health Department should undergo significant reorganization as described in this report to promote increased operating effectiveness, flexibility and coordination of activities and to effect cost savings. Changes are recommended in the structure of the Board of Health, the Office of the Director and each of the Bureaus.

2. The Allegheny County Board of Commissioners should empower the Director of the Allegheny County Health Department to explore the creation of a non-profit entity to serve as a conduit for funds for the conduct of public health programs.

3. The District Health Offices should be reduced from five to four. The District Health Officer positions should be relocated to the Office of the Director to serve as community liaison officers.

4. The Director of the Allegheny County Health Department, in the role of primary health advisor for county residents and for county government, should assert leadership in establishing health policy, in coordinating county health services and in health assessment and assurance activities.

5. The leadership of the Allegheny County Health Department should aggressively seek opportunities to increase the integration of County-supported health and human service programs.
Bureau of Medical Services

1. The Bureau of Medical Services should be renamed the Bureau of Public and Preventive Health Programs. The new Bureau of Public and Preventive Health Programs would encompass three divisions: Child Health, Chronic Disease and Injury Control, and Infectious Diseases.

2. The directors of nursing, social work, and health education should serve as professional consultants to any program to which the corresponding professionals are assigned. The role of the directors should include staff recruitment, staff training, and maintenance of professional standards. Primary supervision of nurses, social workers, and health educators would rest with the directors of the divisions to which they are assigned, with advice and comment from the respective consultants.

3. The cost and benefit of home visiting by public health nurses should be thoroughly evaluated with the goal of targeting such visits to those situations where the impact is likely to be high.

4. The Bureau should increase its programming in the area of chronic disease.

Bureau of Environmental Health

1. The management of the Bureau of Environmental Health should proceed with the planned major assessment of its mission, priorities and program organization.

2. The Bureau should be combined with the Bureau of Air Pollution to form a new Bureau of Environmental Health Programs.

3. Bureau administrators should seek ways to relate the professional activities of the Bureau to other components of the Department of Health.

Bureau of Air Pollution

1. The Bureau of Air Pollution should be combined with the Bureau of Environmental Health to form a new Bureau of Environmental Health Programs.

2. Bureau leadership should increase information activities targeted to public officials and to the public-at-large in order to enhance understanding of the continuing threats to air quality, the potential health consequences of these threats, and the Bureau’s role in mitigating the risks.

3. Bureau administrators should seek systematic ways to relate the professional activities of air pollution control to other components of the Department of Health.

4. Bureau administrators should continue to explore with County officials means of achieving even greater fiscal self-sufficiency for the Bureau, using the Bureau’s initial proposal as a basis for discussion.

5. As a means of encouraging industry support and participation, the Bureau of Air Pollution staff should recognize publicly, where appropriate, the accomplishments of industry in reducing air pollution.
General Operations

1. The Allegheny County Commissioners should significantly upgrade professional salaries after deciding upon an appropriate staffing level for the Department.

2. The Allegheny County Health Department (ACHD) should increase training, continuing education, professional education, in-service and conference training opportunities for its staff.

3. The ACHD should conduct a careful review of its fee structure in order to identify additional areas in which fees for service or reimbursement can be obtained.

4. The Department should develop a comprehensive computer strategy and management information plan. Specifically, the plan should address training, hardware and resource development, both fiscal and personnel.

5. The ACHD should pursue greater use of volunteers in all program areas.

6. ACHD facilities should be remodeled and upgraded with first priority given to those in which services are provided to the public.
Appendix C

Allegheny County Health Department:
History

"The Allegheny County Health Department:
Present Capacity and Future Potential"
Appendix A

An Evaluation Assessment Study by
The Graduate School of Public Health
December 1992
Appendix A.

Allegheny County Health Department: History

Although the Allegheny County Health Department is just short of 37 years old, public health has a long history in the Pittsburgh area.

As America expanded with the movement of the population away from the Atlantic coast westward across the Appalachians, Pittsburgh emerged as one of the first industrial cities. More fortunate than most of the cities in the Mississippi Valley, the city escaped the worst ravages of the two great epidemics of the nineteenth century, yellow fever and Asiatic cholera, because its terrain was not conducive to the growth of the anopheles mosquito. Its reputation as a comparatively "healthy" climate, combined with the ready availability of coal for both industry and home usage positioned Pittsburgh to become an industrial center, with the accompanying economic advantages and the health risks associated with pollution. Pittsburgh became known for more than a century as "the Smoky City." In The Sanitarians (1990), Duffy notes that: "In 1800 a traveler approaching the town wrote, 'we were stuck with a peculiarity nowhere else to be observed in the States: a cloud of smoke hung over it in an exceedingly clear sky.'"

Public Health Problems

With a population of 2,500, Pittsburgh was already experiencing sanitary problems. Farm animals and house pets roamed the streets at will. There was no refuse collection system, and the citizens relied on the rivers for their water supply.

Following the pattern of older, eastern cities during the colonial period, Pittsburgh developed public health ordinances and policies to deal with public markets, the food supply, and hogs and other animals running free (1794), prohibition of slaughtering or dumping garbage in the market (1800), and exacting a 25-cent fine for allowing a horse to roam at large (1803). No penalties were invoked for other animals; indeed, most of the ordinances, including ones that called for the paving of streets and prohibiting the dumping of garbage were largely ignored. Even the more stringent regulations of 1807 that imposed fines of $10 to $20 were not enforced.

An approaching epidemic of Asiatic cholera in the late 1820s prompted city fathers to appoint a street commissioner to supervise street cleaning, previously left to the discretion of residents, since dirt and garbage were thought to be a source of disease. This was, in effect, Pittsburgh's first health agency.

Appendix A/1
In spite of the fact that smoke and grime characterized Pittsburgh and that the streets, open areas, and public lands were filthy, the residents believed that the city was unusually healthy. A description of the city, in 1826, admitted that the “atmosphere is darkened with a ‘sulphurous canopy’ which nearly conceals the place from view... and gives the traveler a ‘dark and melancholy aspect of men and things’” (The Sanitarians, Duffy, 1990). At the same time, a leading local physician described the residents as healthy. The physician attributed the fact that hardly any of the diseases that affected other Western cities were present in Pittsburgh to the antiseptic properties of the smoke. He did not, however, draw the obvious connection between the smoke and the prevalence of respiratory disease, which was Pittsburgh’s major health problem then and well into the twentieth century.

Local observers found merit even in the filthy water supply. An 1848 Pittsburgh newspaper report describes a young woman’s attempted suicide by drowning in a local canal. She was saved, so the reporter wrote, because the water was so filthy and had such a terrible odor that she climbed out immediately. She delayed her attempt until she could find cleaner water.

In the post-Civil War period, the problem of water pollution was magnified by the new sewer systems that poured human wastes, along with industrial wastes, garbage, dead animals, and other refuse, directly into adjacent lakes and rivers that served as the source of the local water supply. As early as 1864 Pittsburgh and the surrounding towns petitioned the Pennsylvania legislature to make it an illegal and punishable act to empty chemicals and residues from the distillation of carbon oil into the Allegheny River. In spite of years of activities by local health officials and medical societies, little was accomplished.

By 1906 housing had become an acute problem. An observer noted that a significant portion of the city’s population was crowded into cellars unfit for human living, dilapidated shacks, and housing units with inadequate toilet facilities and insufficient water supplies. Entire blocks relied on one outside hydrant for water and almost 20,000 families used privies. These problems were common to major urban areas of the time and were exacerbated by the large-scale migration of southern sharecroppers into the northern cities during World War I.

Evolution of the Allegheny County Health Department

Organized efforts to address public health problems began in 1851 when Pittsburgh constituted its first board of health, consisting of nine members elected by the city council. Functioning only in times of emergency and then only in conjunction with the city’s sanitary committee, the board
operated on an annual budget of $500 from 1860 to 1869, with supplements in times of epidemics. In 1868, under a special act of the Pennsylvania Legislature, the board of health was reorganized and operated under the authority of special and general acts applicable to the entire State. Two years later, the Board was dissolved and succeeded by the Bureau of Health as a sub-division of the Department of Public Safety.

In 1909, the Bureau of Health was replaced by the Department of Public Health. This Department functioned under the Acts of Assembly applicable to the entire State, those applicable to second class cities, and special Acts of Legislature referring to the City of Pittsburgh as adopted prior to 1874, and the ordinances passed by the City Council in accordance with the power conferred upon that body by the Legislature.

The Department was headed by a Director appointed by the Mayor with the consent and approval of the City Council. The Director was responsible for the administration of public health education and publicity, expenditures, and five bureaus: Infectious Diseases, Child Welfare, Food Inspection, Sanitation, and Smoke Regulation. Each bureau was headed by a superintendent who reported to the Director. Both the Bureaus of Infectious Diseases and Sanitation consisted of multiple divisions, each headed by a chief responsible to the bureau superintendent. Pittsburgh, however, lacked five components considered to be essential in other large cities: community health instruction, industrial hygiene, public health nursing; tuberculosis control, and social hygiene (venereal disease control).

The City of Pittsburgh maintained its Department of Public Health, adding to and upgrading its scope of services, until the founding of the Allegheny County Health Department (ACHD). As early as 1938 the need to expand the city department to a County Public Health Department was clearly stated in the landmark Social Study of Pittsburgh and Allegheny County, directed by Philip Klein, faculty member of the New York School of Social Work. In recommendations developed by a Citizens’ Committee, the Study urged the creation of such a department and the hiring of "a full-time director of maternity, infancy, and child hygiene" and the provision of prenatal services in rural areas "by private physicians on a standard fee basis." (It was this study, in the section on "The Organized Care of the Sick," that promoted the concept of pre-paid health insurance and thereby stimulated the creation of Blue Cross of Western Pennsylvania.)

In 1951, the General Assembly of the Commonwealth of Pennsylvania passed Act 315, the "Local Health Administration Law," which provided for the decentralization of Pennsylvania’s health
program from the state to the county level. The Commissioners, in accordance with Act 315, created the Allegheny County Health Department by resolution in March, 1956, and the Department began providing services to the citizens of the County on January 1, 1957. The former Pittsburgh Department of Health provided the nucleus of the new Department.

The Health Department Today

Today the Allegheny County Health Department serves nearly 1.4 million people in an area of 730 square miles. The County is composed of 130 municipalities including the City of Pittsburgh (population approximately 370,000). The law gave local municipalities within the County the option of joining the County Health Department or continuing to operate their own departments of health. Currently only three municipalities have not joined the County system, although their residents receive many services from the County Health Department.

Organizationally, the ACHD is composed of three Bureaus, each headed by a Deputy Director. The Deputy Directors are responsible for program planning, implementation and evaluation within their respective bureaus. The Department Director is charged with the responsibility for all the programmatic, administrative, and support functions within the Department. The Bureaus are supported by the Director's Staff, consisting of administrative services, support staff, personnel administration, public information, health promotion, and legal counsel. The Director's Office receives advice and direction from the Board of Health and various advisory boards.

The County is organized into five Health Districts for the delivery of personal services and community based programs. This format allows the staff to address problems, needs and interests that are population specific.

Accomplishments of the County Health Department

Significant milestones in the history of the Allegheny County Health Department include:

1957-1960 - Thousands of children were inoculated with the newly developed Salk polio vaccine in neighborhood and storefront clinics.

1958 - The first dental clinic was opened in Lawrenceville.

1960 - The Health Department and local industry reached agreement on a ten-year plan to control smoke and dust.

1965 - A Maternal and Infant Care project was initiated to foster healthy pregnancies and births.
1970 - A countywide plumbing code was enacted to prevent hazardous plumbing installations.

The first fully automated round-the-clock air monitoring system in the nation was brought on line.

Authorization was given for nurses to dispense primary medical care at child health clinics using physicians as consultants.

1972 - The County adopted a comprehensive, technology to enforce air pollution control regulations.

1974 - The Women, Infants and Children (WIC) program issued its first food voucher.

An advisory committee on hazardous chemicals began establishing a protocol for emergency spills.

1977 - A major program for adult preventive health care was launched.

The last industrial air pollution alert was issued in Allegheny County as a result of the successful effort to control industrial emissions.

1980 - The Clean Air Fund was established to receive all fines and penalties imposed on pollution violators.

1982 - A County law was passed that mandated childhood disease immunizations for all school children.

1983 - Asbestos removal operations became subject to inspection and control by the Health Department.

1985 - A testing and counseling program was launched in to curb the spread of AIDS.

1992 - The Allegheny County Health Department was selected as one of 15 sites nation-wide for the multi-million dollar Healthy Start initiative, targeted to reducing infant mortality by 50 percent in five years.

*Appendix A/5*
Appendix D

Memorandum of Understanding
Between
The Graduate School of Public Health
And
The Allegheny County Health Department
June, 1999
MEMORANDUM OF UNDERSTANDING
BETWEEN
THE GRADUATE SCHOOL OF PUBLIC HEALTH
OF THE UNIVERSITY OF PITTSBURGH
AND
THE ALLEGHENY COUNTY HEALTH DEPARTMENT

WHEREAS, the Graduate School of Public Health (GSPH) offers degree
granting programs in Public Health and wishes to collaborate with the Allegheny
County Health Department (ACHD) in ways which further its educational objectives;
contributes to the training and career development of ACHD employees, and
contributes to improving the health of the citizens of Allegheny County; and

WHEREAS, GSPH and the ACHD are mutually desirous of cooperating in
the manner set forth hereafter.

NOW, THEREFORE, it is the intent of GSPH and the ACHD to undertake
collaborative efforts in the following areas:

1. Establish a joint steering committee consisting of representatives of the
senior management of GSPH and ACHD, or their designees, to identify areas
of common and mutual interest wherein the capabilities of the two
institutions can be maximized.

2. Areas of cooperation may include:

A. Faculty and Staff Appointments or Exchanges. Both institutions
support the appointment of qualified individuals to appropriate
positions in the other institution. The Steering Committee will
determine what ranks or titles are available to exchanged faculty, staff
or graduate students. Neither institution shall be responsible for
payment of salary or benefits to an employee of the other when an
exchange of personnel occurs.

B. Student Internships. Consistent with the University of Pittsburgh’s
Affiliation Agreement, ACHD may accept one or more GSPH student
interns in a given year.
C. Joint Research/Joint Projects. The Steering Committee will identify areas of potential collaboration between representatives of GSPH and the ACHD which would contribute to the identification and solution of problems of public health concern. Both institutions support the concept of information exchange between them.

It is the intent of the parties that the cooperative efforts described in this Memorandum of Understanding will continue for one academic year, renewable annually, unless terminated by either party in writing upon thirty (30) days' notice.

[Signature]  
Dean  
Graduate School of Public Health  
22 June 1999  
Date  

[Signature]  
Director  
Allegheny County Health Department  
6/3/99  
Date
Appendix E

Article from the "GSPH news"
Spring 2000 issue
Pages 4 and 5
Joint research between GSPH and the Allegheny County Health Department (ACHD) could lead to the development of an effective real-time surveillance system to avert rapid spread of infectious disease or a massive outbreak of food poisoning in the community. This is the prediction of GSPH Interim Dean Herbert Rosenkranz and ACHD's director Bruce Dixon, MD, who signed a collaborative agreement between their two institutions in June 1999.

"We usually monitor people with infectious disease who show up in the hospital, but that is only the tip of the iceberg," Rosenkranz says. "We would like to develop the ability to monitor and intervene in the community as the presence of an unusual microorganism emerges or as antibiotic sensitivity changes significantly."

Collaborative research between the two institutions is expected to cover the entire spectrum of public health from studies on the genetic basis of disease in the community to the application of research on infectious disease. This should improve public health education while creating a more efficient system for monitoring public health in the community, Rosenkranz says.

"The Health Department staff is in the trenches and can bring excitement and timeliness to our students," Rosenkranz says. "In turn, the collaborative arrangement will enable us to translate our cutting edge research into public health practice—even redirecting the nature of our research."

In ongoing research between ACHD and GSPH, Lee Harrison, MD, director of GSPH's Public Health Infectious Diseases Laboratory, is working with Dixon to identify foodborne outbreaks not detected by traditional epidemiologic methods. Using routine molecular subtyping as a public health surveillance tool, the researchers identified a small E. coli 0157:H7 outbreak that occurred in Allegheny County last summer. The researchers analyzed the majority of E. coli 0157 isolates submitted to ACHD in 1999 and identified two patients with isolates bearing identical DNA fingerprints, indicating both cases were caused by the same strain of E. coli.

"The beauty of molecular subtyping is that it allows researchers to define and identify a foodborne outbreak while it is occurring, and hone in on cases that match to prevent a dangerous epidemic," Harrison says.

Specific areas of cooperation under the joint agreement may include faculty and staff appointments or exchanges, ongoing student internships, and joint research projects. As required by ACHD/GSPH Collaborations Steering Committee, all activities undertaken by both institutions should be sustainable over time.

"The Health Department staff is in the trenches and can bring excitement and timeliness to our students. In turn, the collaborative arrangement will enable us to translate our cutting edge research into public health practice."
The collaboration is also expected to provide a system of certification and career development for ACHD employees. This is particularly important since the development of National Public Health Performance Standards is influencing the flow of federal funds to local health departments, Rosenkranz says. In a recent national survey, the Centers for Disease Control and Prevention estimates 80 percent of all public health practitioners lack training commensurate with their functions. “This is an opportunity to develop an innovative program,” Rosenkranz says.

Despite ACHD’s high level of expertise in air-quality monitoring and health risk assessments, Dixon welcomes the opportunity to upgrade the skills of his staff. “The opportunity for certification should help refine our methodology and bring opportunities for the staff that sometimes get restricted to one area of public health,” he says.

By combining GSPH’s data management capabilities with ACHD’s professional expertise, Rosenkranz anticipates vast improvement in the approach to maintaining community health. GSPH has much to offer with modern day computer-data-management capabilities via information technology within the school, through the Computer Science Department and bioinformatic capabilities in the schools of the health sciences, he says. “Our departments of biostatistics and epidemiology are nationally renowned for data management,” Rosenkranz says.

One timely area of collaboration is bioterrorism. “There is a recognized need to develop surveillance systems to protect the public in the event of a bioterrorism attack,” Rosenkranz says. “GSPH will work with ACHD to satisfy their statutory requirements to issue regulations to protect our citizens in the event of a bioterrorist attack.”

In response to the imminent appropriation of federal bioterrorism funding for local health departments, the University of Pittsburgh, Carnegie Mellon University, ACHD, the Pittsburgh VA Medical System, and UPMC Health System are actively involved with a large-scale effort to develop public health surveillance systems to prevent bioterrorism. “We hope this can be a prototype model for the rest of the nation,” Rosenkranz says.

Although this is the first formal agreement between the two institutions, a close working relationship has existed unofficially for 50 years. “While the Health Department and the Graduate School of Public Health have a long history of cooperation, this agreement formalizes our partnership and will lead to more collaborative efforts to enhance the health of our community,” Dixon says.

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M. Catherine McEllistrem, MD, preparing bacterial pathogens for DNA fingerprinting
MASTER AGREEMENT

Between

The Commonwealth of Pennsylvania

and the

University of Pittsburgh

Proposed Services
of the
Graduate School of Public Health
December 1, 2007

Attached please find an overview of the University of Pittsburgh, Graduate School of Public Health found in greater detail at websites: http://www.asph.org and http://www.publichealth.pitt.edu

The faculty and staff of the Graduate School of Public Health (GSPH) of the University of Pittsburgh are available as an experienced resource to various departments of the Commonwealth of Pennsylvania to provide the following types of services under a Master Agreement between the Commonwealth and the University of Pittsburgh:

1. Training. Provide training assistance in the following areas:
   a) Assessment of staff training needs.
   b) Competency based training for local authority Health Officers.
   c) Competency based training for staff in core GSPH curriculum areas.
   d) Periodic updates for staff in areas such as chronic disease, infectious disease, epidemiology, maternal and child health, etc.
   e) Enable CEU requirements for training opportunities.
f) Design and implementation of teaching aids and learning materials.

g) Provision of trainers.

h) Updating of training materials.

i) Other needed training areas as determined by Departments of the Commonwealth of Pennsylvania.

2. Technical Assistance. Provide technical assistance in the following areas:

a) Design and implementation of program and organization evaluation studies.

b) Conference and meeting logistical planning and support including the development of abstracts and posters.

c) The updating of laws, regulations, rules, guidelines, brochures, manuals, publications, pamphlets, etc.

d) Provision of subject expertise in support of document production and analysis.

e) Evidence-based best practice searches including marker and indicator determinations.

f) Advisory support to top level positions filled on an interim basis.

g) Advise bureau directors.

h) Development of data analysis plans.

i) Support of State Health Improvement Partnerships (SHIP) including community health assessments.

j) Community planning activities: group facilitation, needs assessments, resource inventory, gap analysis, prioritization of target populations, identification of appropriate science-based
interventions/activities, capacity planning, evaluation and quality assurance.

k) Prevention service implementation.

l) Task force facilitators and managers.

m) Library services.

n) Policy development and agenda creation, including implementation.

o) Workforce analysis and planning.

p) Data and information strategies for collection, quality control, storage, analysis, release, interpretation and use, including advanced data analysis and modeling for purposes of planning and policy development and projection of needs in areas such as communicable diseases, chronic diseases, mental health, substance abuse, violence prevention, health disparities and minority health, HIV/AIDS, etc.

q) Rural issue forums and emergency preparedness.

r) Briefing preparation.

s) Documentation editing.

t) Pandemic planning.

u) Disaster preparedness, response and recovery planning.

v) Risk factor survey support or other survey support.

w) Media support.

x) Other needed technical assistance areas as determined by Departments of the Commonwealth of Pennsylvania.

Attachment
ATTACHMENT to MASTER AGREEMENT

University of Pittsburgh Graduate School of Public Health
Pittsburgh, PA

Web: http://www.publichealth.pitt.edu

Dean: Donald Burke, MD

Founded in 1948 and fully accredited by the Council on Education for Public Health, GSPH is world-renowned for contributions that have influenced public health practices and medical care for millions of people. GSPH is the only fully accredited school of public health in the Commonwealth of Pennsylvania, and is one of the top-ranked schools of public health in the United States. A member of the Association of Schools of Public Health, GSPH ranks third among schools of Public Health in NIH research funding. We have an excellent record of financial support for deserving graduate students, and our alumni are among the leaders in their fields of public health. GSPH is also the only school of public health in the nation with a chair in Minority Health.

The School is considered a leader in the field of women's health research and is one of the original sites for the Women's Health Initiative, the largest research study in the world to focus exclusively on women's health. It is also the site of broad-based research programs to better understand and treat HIV infection - the Pitt Men's Study is part of the longest-running national study of the natural history of AIDS. In the area of human genetics, GSPH is attempting to identify the links between genes and disease through initiatives ranging from basic laboratory research to clinical applications. Many of our programs reach out internationally.

With more than 146 full-time faculty members and 520 staff members, GSPH is located in the Oakland section of Pittsburgh, the heart of Pittsburgh's health-care district. This site places the School in convenient proximity to Pitt's other five health sciences schools and the many health-care institutions that are part of or affiliated with the UPMC Health System. The School's close working relationships with the Allegheny County Health Department and other local, state, national, and international agencies in the public health field enhance the quality of its educational offerings and enrich the teaching and research programs of the School.

University of Pittsburgh-Graduate School of Public Health

Departments & Programs

The Graduate School of Public Health is a forerunner in its field, with departments and programs that address today's most critical public health issues. The innovative minds of GSPH have united to solve global health challenges, to immerse themselves in the community, help prevent the spread of disease, and change the way people view public health. It's this fresh approach that drives student education on both the department and program levels. The seven (7) departments of GSPH include: Behavioral and Community Health Sciences, Biostatistics, Environmental and Occupational Health, Epidemiology, Health Policy and Management, Human Genetics and Infectious Diseases and Microbiology. GSPH Certificate Programs include: Community Based Research and Practice, Environmental Health Risk Assessment, Evaluation of Public Health Promotion and Health Education Programs, Global Health, Lesbian, Gay, Bisexual & Transgender Individuals' Health and Wellness, Minority Health and Health Disparities, Public Health Genetics, Public Health Preparedness and Disaster Response, and Recruitment/Retention into Public Health Research and Service Programs.
At GSPH, our research centers further global understanding of public health issues, while increasing multidisciplinary interactivity among our departments. Following GSPH's reputation as a leader in public health around the world, many of our centers are one-of-a-kind research entities designed to tackle critical public health topics that no other university currently addresses. Other centers have been forerunners in their fields-- the first to increase attention to, and awareness of, the public health concerns we now hear about each and every day. The Research Centers include: Pennsylvania/Mid-Atlantic AIDS Education and Training Center, Center for Aging and Population Health, Center for Environmental Oncology, Center for Healthy Aging, Center for Healthy Environments and Communities, Center for Injury Research and Control, Center for Minority Health, Center for Public Health Practice, Center for Public Health Preparedness, Center for Research on Health and Sexual Orientation, Center for Rural Health Practice, Epidemiology Data Center, Export Health, Health Policy Institute, Laboratories of Tropical Diseases, Pennsylvania Prevention Project, Pennsylvania & Ohio Public Health Training Center, The Reduce Smoking and Exposure to Tobacco (ReSET) Center, and University of Pittsburgh Academic Consortium for Excellence (UPACE) in Environmental Public Health Tracking.
### Appendix D: Work Plan for Phase 1 to Implement GSPH Policy Project

<table>
<thead>
<tr>
<th>Phase 1 Activity</th>
<th>Responsibility</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conduct interviews with representatives of public health schools, public health institutes, and others benchmarked for policy effectiveness nationally.</td>
<td>Barron, Potter, Project Assistant</td>
<td>2/1/08</td>
</tr>
<tr>
<td>2. Conduct a literature search of public priorities for health at the local, state, national, and global levels, including Healthy People 2010 and other sources.</td>
<td>Barron, Potter, Project Assistant</td>
<td>2/1/08</td>
</tr>
<tr>
<td>3. Identify a panel of external experts on public health policy priorities.</td>
<td>Fletcher; Russell</td>
<td>2/1/08</td>
</tr>
<tr>
<td>4. Identify existing resources to describe public health needs for Allegheny County, the western Pennsylvania region, and the Commonwealth. The focus will include smoking, aging, gun violence, influenza, and sewage infrastructure.</td>
<td>Barron, Potter, Project Assistant</td>
<td>3/1/08</td>
</tr>
<tr>
<td>5. Identify advisory committees at the local, state, and national levels with policymaking responsibility or influence on which GSPH faculty members currently hold membership</td>
<td>Project Assistant</td>
<td>3/1/08</td>
</tr>
<tr>
<td>6. Interview politicians and public health officials concerning their perceptions of public health needs and priorities for Pennsylvania.</td>
<td>Barron, Huber, Potter</td>
<td>3/1/08</td>
</tr>
<tr>
<td>7. Conduct interviews with GSPH Department Chairs and Center Directors to identify research with significant potential for translation to public health policy.</td>
<td>Fletcher</td>
<td>3/1/08</td>
</tr>
<tr>
<td>8. Convene the expert panel meeting to review, discuss, and prioritize the public health needs into list of policy priorities.</td>
<td>Potter; Project Assistant</td>
<td>3/15/08</td>
</tr>
<tr>
<td>9. Align the policy priorities with GSPH's departmental strengths to identify a focus of communications for the year.</td>
<td>Policy Project Team</td>
<td>4/1/08</td>
</tr>
<tr>
<td>10. Develop communications strategies for policy activities, including web-based, media, publications, legislative briefings, conferences, and meetings.</td>
<td>Policy Project Team</td>
<td>5/1/08</td>
</tr>
<tr>
<td>11. Continue process of monitoring policy priorities, matching those with GSPH research output, and communicating with policymakers.</td>
<td>CPHP</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>