

Teaching Health Policy and Politics in U.S. Schools of Public Health

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INTRODUCTION

MOST public health activities in the United States are funded by the public sector. The American political system guarantees that public resources will arrive by circuitous routes. This political system is federal (meaning that federal, state, and local agencies are involved); it is partisan (meaning, among other things, that different players will present different versions of the facts); and it involves many institutions (meaning that policy processes are usually slow and have many steps). In spite of its imperfections, government is an important source of revenue for many public health programs. In order to secure these public resources, public health practitioners must be adept at working within the political system.

The recent Institute of Medicine (IOM) study, *The Future of Public Health*, however, found that many public health professionals are ignorant or disdainful of political processes. In fact, many public health professionals do not even participate in activities that they perceive as political. This lack of involvement has very serious consequences. *The Future of Public Health* reported that one result is that many public policymakers do not consider appropriate technical advice when they are developing health policies (1).

About 3,500 public health professionals graduate each year from U.S. schools of public health (2). The IOM report stated that the purpose of public health education should be to train professionals "who are politically as well as technically astute." The report also asserted that "schools of public health should provide students an opportunity to learn the entire scope of public health practice, including the political and management skills needed for leadership in public health." Although *The Future of Public Health* suggested that public policy and politics should be integral parts of public health training, it did not assess the extent to which these subjects were

already incorporated into public health curricula. The purpose of our study was to conduct such an assessment.

METHODS

In order to determine what the schools of public health are teaching in health policy and politics, catalogs were requested from each of the 24 accredited schools of public health in the United States. This assessment is based on information sent by all 24 schools. Each school catalog was perused to gather data regarding the following questions:

1. Does this school of public health offer coursework in health policy and politics?
 2. If this content area is offered, is it offered through required or elective courses?
 3. What is the content of health policy and politics courses offered at this school of public health?
- q.. Do health policy and politics curricula address prevention?

FINDINGS

Question One: Course Offerings

Schools were counted as offering this coursework if one or more course listings prominently displayed "health policy" or "health politics" in its title or if these were a major focus in the course description. Given these broad parameters, 20 of the 24 schools offer some coursework in health policy and politics. Of the schools that offer this coursework, fourteen schools have 1 to 3 courses in this area. Six schools of public health offer four or more courses in health policy (UCLA, Columbia, Johns Hopkins, Harvard, Michigan, North Carolina).

Question Two: Required Courses

It was often difficult to determine from the catalogs whether or not courses were required. Given that caveat, health policy and politics is not a required content area for most public health students. Most health policy and politics courses are offered as electives in departments of health care administration.

Question Three: Content of Courses

The content of health policy and politics courses is extremely diverse. Many courses simply describe past and present public health programs and policies. A number of courses are devoted to analytic methods such as cost-benefit analysis, decision analysis, and linear programming. Only a handful of courses focus upon governmental institutions and political processes.

Question Four: Inclusion of Prevention Concepts

Here prevention referred to a broader spectrum of services than the *Healthy People 2000* definition (3) Viewing health services as a continuum (Figure I), our definition of prevention subsumes activities in both the disease prevention and health promotion columns as well as certain activities in the environmental health and protection column. Other environmental health activities are clearly not preventive, but reparative.

Most of the health policy and politics courses in schools of public health are offered in departments of health care administration. As such, they focus upon the policies and politics of health care services delivery, not upon preventive and public health activities. There are some interesting exceptions to this generalization. For example, the University of North Carolina offers a course in Environmental Policy Analysis, which addresses the "structure and dynamics of environmental policy making as it

affects environmental management" and includes "legislation, regulation, administration, and the roles of science and analysis in political decisions."

DISCUSSION

This exploratory survey confirms and perhaps provides more insight into the IOM findings that many public health professionals are disdainful of politics and do not see roles for themselves in political processes. Most public health students are not exposed to health policy and politics during their graduate coursework. For the most part, those students who do take courses in these subjects study them within the context of health care delivery. Public health policies and politics outside of health care delivery - such as prevention and environmental health - are virtually ignored. This gap is unfortunate because graduates of public health schools are among the best-trained professionals to develop preventive health programs and explain technical public health issues to elected officials.

FIGURE I

Health Services Continuum (Examples of Issues)

<i>Environmental</i>	<i>Health and Protection</i>	<i>Disease Prevention</i>	<i>Health Promotion</i>	<i>Health Care</i>
Clean Air	Maternal & Child Health	Stress Management	Diagnosis	
Clean Water	Infant Health	Fitness	Primary Care	
Toxic Chemicals	Immunizations	Nutrition	Case Management	
Safe Food	PKU Screening	Lifestyle	Outpatient Services	
Radiation	Glaucoma	Violence	Clinics	
Solid Wastes	Family Planning	Obesity	Treatment	
Occupational Health	Alcohol	Tobacco	Surgery	
Hazardous Wastes	Substance Abuse	Access	Long Term Care	
Risk Assessment	Hypertension		Acute Care	
Risk Communication	Diabetes		Mental Health	
Risk Management	Osteoporosis		Developmental Disabilities	
Global Degradation	Cancer		Cost Containment	
Injuries	Heart Disease		Health Insurance	
Access	Homicides		Alcohol and Drug Treatment	
	Suicides		Access	
	S.T.D.'s			
	Mental Health			
	Access			

The findings do not present an entirely dismal picture. Within the schools of public health, there seem to be courses that integrate descriptions of health policy with analytic methods as well as offering theoretical concepts with practical applications. The University of Minnesota, for example, offers a course to all public health students - **The Political Process in Public Health** - as "preparation for assuming leadership in the health policy

arena." This course has an emphasis on policy development; the political, legislative, and regulatory processes; and political strategies in public health.

Harvard University's Department of Health Policy and Management offers courses in Strategies for Change in Health as well as Leadership in Public Health. The former focuses upon the development of strategies to influence public policy in order to improve the health of populations. The latter responds to criticism by the Institute of Medicine's *The Future of Public Health* that public health schools are failing to train professionals to work in health agencies.

The University of Illinois offers a course in Public Advocacy, which is an "introduction to the role of the public health advocate influencing judicial, legislative, administrative, and private decision making."

UCLA offers courses in state health policy issues, intergovernmental relations, and regulatory policy.

WHAT SHOULD BE DONE?

While recognizing the autonomy of individual schools and even the desirability of pluralism in public health education, some exchange and discussion regarding preventive, public, and environmental health (4) curricula in policy and politics would be beneficial for the field. Representatives from each of the schools as well as from public health and environmental health should meet to discuss a baseline curriculum in health policy and politics. Before this type of forum occurs, the exploratory survey described in this paper needs to be refined. Each school could appoint a representative to collect data on the teaching of health policy and politics within each school. The justification for this approach is that such field representatives will know faculty members and the content of courses well

enough to glean information that is complete and current. In addition to the health policy and politics content being taught, field researchers could also report about the training and experience of the faculty offering those courses. This information is not necessarily accessible to researchers unfamiliar with the school.

In 1990, the Bureau of Health Professions within the Health Resources and Services Administration, the Centers for Disease Control, and other organizations sponsored The Public Health Faculty/Agency Forum (5) to address some of the criticisms raised by the IOM report, *The Future of Public Health*. The Forum recognized that "policy development/program planning" is an important competency for all public health students and professionals. However, the Forum stopped short of addressing curricula in this area.

To summarize, there are examples of innovative and comprehensive coursework in health policy and politics in schools of public health. However, in the course of their graduate studies, most public health students are never exposed to health policy and politics, especially as they relate to preventive health or environmental health activities. The fact remains that many of the most technically competent persons in public health are not communicating well with policymakers; and, as a group, schools of public health are not addressing this rift.

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REFERENCES

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

2. The most recent figures available from the Association of Schools of Public Health are for Academic Year 1989-90. During that period 3,549 students graduated from one of the ²⁴ accredited schools of public health in the U.S. Of those, ^{2,8} 13 were U.S. citizens.

3. U.S. Department of Health and Human Services. *Healthy People 2000 National Health Promotion and Disease Prevention Objectives (Summary Report)*. Washington, D.C.: Government Printing Office, 1990:7. Preventive services include counseling, screening, immunization, or chemoprophylactic interventions for individuals in clinical settings. Priority areas for these strategies include maternal and infant health, heart disease and stroke, cancer, diabetes and chronic disabling conditions, HIV infection, sexually transmitted diseases, and infectious diseases. Crosscutting professional and access considerations in the delivery of clinical preventive services are also addressed.

4. Here public health has been defined in a broader context than prevention. Both prevention and public health include disease prevention, health promotion, and preventive activities within environmental health. Unlike prevention, public health may include additional activities. In some settings, public health includes health care delivery and reparative environmental health activities.

Environmental health is mentioned separately from public health because of the trend toward organizational separation of environmental health and other public health activities.

5. The Public Health Faculty/Agency Forum. *Final Report*. Sponsored by the U.S. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration (HRSA), Bureau of Health Professions, Rockville, Maryland and the Public Health Practice Office of the Centers for Disease Control, Atlanta, Georgia under HRSA Contract No. 240-89-0031, 1990.

ABSTRACT

Because most public health endeavors in the United States are funded by the public sector, public health practitioners need to be adept at working within the political system. However, the 1988 Institute of Medicine report, *The Future of Public Health*, found that many public health professionals are ignorant or disdainful of political processes and will not participate in activities that they perceive to be political. Our study examined the health policy and politics curricula of the 24 accredited schools of public health in the U.S., finding that most public health students are not exposed to these areas during their graduate coursework. Moreover, those students who do take health policy and politics courses study these areas within the context of health care delivery; the politics of public health and prevention are ignored by most schools of public health. Recommendations for improving public health curricula in health policy and politics are presented, including linkages with prevention activities.