Goals and Priorities for the 2010-2011 Academic Year

Yale School of Public Health (YSPH)
Department of Epidemiology and Public Health (EPH)
Yale School of Medicine (YSM)

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Since I assumed the position of Dean of the School of Public Health at Yale in July 2006, we have made substantial progress implementing my strategic plan for achieving greater excellence in research, education, and public health practice. Below I summarize my strategic vision for the School as articulated in my original plan, describe the progress we have made, and the priorities for the 2010-2011 academic year.

STRATEGIC GOAL: ENHANCE RESEARCH EXCELLENCE FOR KNOWLEDGE AND IMPACT

My original objectives regarding our research programs included developing more focused programmatic research, encouraging strategic collaborations, and maximizing the excellence of current faculty. Strategies for doing this have included reviews of divisions with the most pressing issues, conducting faculty searches by program areas rather than division, establishing a collaborative statistical consulting unit, enhancing scholarship through selective recruitment of leading scholars, and better mentoring of junior faculty.

Division Reviews

We have completed external reviews of the three divisions about which the most concerns had been raised by previous University reviews; the Global Health Division, the Epidemiology of Microbial Diseases (EMD) Division, and the Environmental Health Sciences (EHS) Division.

In response to the recommendations of the external committee that reviewed the Global Health Division, we dissolved that Division and created a cross-divisional Global Health Concentration for our Master of Public Health (MPH) program, which is directed by a committee chaired by Elizabeth Bradley. We completed developing or revising key courses for the global health curriculum and the first cohort of students to be admitted since 2006 entered the new MPH global health concentration in September 2009. In 2010, the Global Health Concentration accounted for 25% of applicants, evidence of strong interest in the revitalized program.

To help develop the global health program, we recruited two outstanding global health junior faculty, Achyuta Adhvaryu, an economist who started in December 2009 as Assistant Professor in the Division of Health Policy & Administration and Jhumka Gupta who started as an Assistant Professor of Epidemiology in the Division of Chronic Disease Epidemiology in September 2009. A senior scholar, Rafael Pérez-Escamilla, who we recruited to head our Office of Community
Health and public health practice efforts, also has extensive experience conducting global health research. Dr. Pérez-Escamilla joined the faculty as a Professor in the Chronic Disease Epidemiology Division in September 2009.

As recommended by the committee that reviewed the Epidemiology of Microbial Diseases Division, we recruited an exceptional senior faculty member, Albert Ko, to lead and integrate multidisciplinary research programs that bridge laboratory and field research efforts. Dr. Ko’s research focuses on infectious diseases that have emerged as a consequence of rapid urbanization and urban poverty, and combines field epidemiology and translational research approaches to identify intervention strategies which can be implemented in urban slum communities. Dr. Ko, who started at Yale in August, 2010 has many research projects in Brazil. Therefore his research will further strengthen YSPH’s cross-divisional global health initiatives as well.

We also completed a review of the Division of Environmental Health Sciences (EHS) in December 2009. When I arrived at Yale, EHS was a very small division and its teaching was supported in part by faculty at the John B. Pierce Laboratory and the Section of Occupational Medicine at YSM. The Pierce Laboratory has decided that it will not focus on environmental issues in the future, emphasizing instead systems physiology. Mark Cullen (Occupational Medicine), who taught an important EHS course, left Yale last year and the Section of Occupational Medicine has not recruited a replacement. Environmental sciences are critical in public health and are considered a core competency for accreditation of MPH programs. Thus, it is essential that we rebuild EHS.

Based on the external review, the Committee recommended that we recruit two new faculty members with degrees in epidemiology or a related field who have demonstrated interest in environmental epidemiology, as well as at least one position in exposure assessment. We anticipate that the senior recruit will also take on leadership of the division as Division Head.

**Programmatic Recruitment**

To encourage and facilitate programmatic scholarship, I proposed to conduct faculty searches by program area rather than Division. The first area in which we decided to recruit in that way was genomics. Under that program, we recruited Anita Wang, who joined us as an Assistant Professor in Biostatistics in September 2009 and Andy DeWan, who accepted a position as an Assistant Professor in the Chronic Disease Epidemiology Division. Drs. Wang and DeWan conduct research related to genomics. We also identified aging as a major research area that we needed to develop and subsequently recruited Joan Monin, who has accepted a position in our Division of Chronic Disease Epidemiology.

**Collaborative Research**

Another objective was to encourage strategic collaborations between YSPH faculty and other faculty in the YSM and the rest of the University. Such an approach is consistent with President Levin’s Fourth Century vision that we “…take advantage of the substantial interconnectedness among our schools, departments, and programs.”
One of the most important and challenging areas of collaboration between the YSPH and other parts of the School of Medicine has been biostatistics. The biostatistics faculty at YSPH are outstanding and critical to many of the research projects in the School of Medicine. Problems associated with biostatistical collaboration had been discussed for many years but not addressed adequately. We now have achieved agreement about the structure, organization, and financing of a unit, referred to as the Yale Center for Analytic Sciences (YCAS), which operates as an Internal Service Provider (ISP) and facilitates collaborative statistical work. To head that effort and expand our statistical expertise related to clinical trials, we recruited Dr. Peter Peduzzi from the VA, who joined us a Professor of Public Health in the Biostatistics Division in January 2010.

Another critical area that I thought could benefit from a more collaborative approach was global health. Once we had established our YSPH Global Health Concentration, we developed a strategy for engaging a broader group of scholars at Yale who could make major contributions to global health research and education. Those efforts have been extremely successful and Betsy Bradley now heads increasingly active University wide activities in global health.

Other areas in which we are working on major collaborative initiatives are eco-epidemiology (led at YSPH by Durland Fish), Cancer Outcomes research (led at YSPH by Susan Mayne), and genomics. In addition, we have reached an agreement with Tom Lynch at the Yale Canter Center to jointly recruit two new faculty members, one who does research in viral epidemiology and one who does outcomes research.

In general, our faculty members are doing extremely well. Academic Analytics, which published an index of faculty scholarly productivity based on publications, citations, funded research, and awards and honors, ranks the faculty at the Yale School of Public Health as the most productive faculty of all the schools of public health in the country. In the 2010 fiscal year, we received $36,480,370 in federal grant support and $4,293,187 in non-federal support, for a total of $40,773,557. This is an excellent achievement considering how difficult it has been to obtain research funding recently.

**Junior Faculty Mentoring**

Even though our faculty are very successful, it is important to continue to strive for greater excellence. In addition to recruiting new faculty, it is important to maximize the excellence of current faculty. Since I arrived at Yale, a priority of mine has been to develop and implement a junior faculty mentoring program. To that end, we reviewed mentoring programs throughout the country, designed and implemented our own mentoring model in September 2009, and have made several changes in the way we provide information and support to junior faculty. Initial feedback has been very positive. We will conduct a survey of all faculty members in the fall of 2010 to solicit feedback and suggestions regarding the program. We will present those results at a subsequent faculty meeting and consider suggestions for improving the program.

We also are striving to improve the diversity of our faculty. To support that goal, we sponsored a study on “Investigating Policies and Procedures for Recruiting, Retaining, and Promoting Underrepresented Minority Faculty” that was conducted by an external consultant in collaboration with a standing committee of the Association of Yale Alumni of Public Health.
(AYAPH) Emerging Majority Affairs Committee (EMAC). That report was completed last year and we currently are implementing many of its recommendations.

**Priorities for 2010-2011**

Recruit a new head of the Division of Environmental Health Sciences who can lead and build that division.

Continue building and establishing the excellence of the Yale Center for Analytic Sciences.

Strengthen the School’s public health practice research by continuing to strengthen the Office of Community Health.

Evaluate and improve the YSPH faculty mentoring program.

Continue to foster cross-University collaborative research.

**STRATEGIC GOAL: IMPROVE MANAGEMENT AND INFRASTRUCTURE**

My strategies for improving the management and infrastructure at YSPH included developing a comprehensive space plan for renovations and new space, developing models of shared resources, improving the effectiveness and efficiency of management at the school, reviewing the functions and operations of the public health library and developing explicit policies for teaching credit and reimbursement for courses at YSPH and other units at Yale.

In my first four years at YSPH, we have completed and are implementing a short-term space plan. Several research groups have been moved to increase consolidation, and construction has started on the 6th floor of 60 College Street. As a result of a review of the YSPH library, we moved most of our journals and books to off-site storage. Also, we closed our physical library at 47 College Street and the new point of library service will be the Yale School of Medicine library. This has resulted in significant savings with very little decrease in service.

To accommodate our newly recruited faculty, we have had to relocate some existing faculty and most of our administration from 60 College St. to sites in other buildings. Our faculty and research activities are now spread across 4 on-campus facilities and 5 off-campus facilities. Less than 42% of our occupied space is in the main YSPH building at 60 College St. This approach is very disruptive to teaching and research activities, and the lack of consolidated space is an increasing source of problems for faculty and staff.

To improve the effectiveness and efficiency of management support at the school, we established a position to supervise administrative support staff for faculty and implemented a new staffing model. The School is still addressing challenges with the new model with the support of faculty and staff input.
An area that has been a consistent problem at YSPH since I arrived has been information technology (IT) support. We have used the centralized model implemented by Yale ITS, and there have been problems with the nature and quality of technical support that we receive. Most recently, our designated IT support person was fired and a replacement designated. Shortly thereafter the replacement was fired. Although we understand that ITS has been under financial pressure and reorganization, these changes have been extremely disruptive and have left numerous gaps in how we work and teach. There also have been issues related to ITS’ understanding of the types of work we do and the support we need. It is necessary to re-evaluate this model.

**Priorities for 2010-2011**

We urgently need modern, contiguous space, not only to house current faculty, laboratories, and research staff, but also to accommodate new faculty. Current faculty are very demoralized by the space situation and it will be very difficult to maintain the quality of current faculty, much less recruit outstanding new faculty unless we have a dramatic improvement in our space situation. We cannot improve our scientific standing or financial situation without a qualitatively better space situation.

Thus, my highest priority this year will be to work with Dean Alpern, Deputy Dean Slayman, and George Zdru, YSM Facilities Director of Capital Programs, to develop a space plan that will specify as much contiguous space as possible and an accelerated timeline for acquisition. As I indicate above, this will be critical both for current faculty and for future recruitments. A commitment for resolving our space issues soon is of the essence.

A second priority will be to continue improving the administrative staff support and to reorganize the schools administrative functions.

A third priority will be to evaluate alternative models for providing and/or improving IT support at the School.

**STRATEGIC GOAL: MAXIMIZE STUDENT EXPERIENCES**

We have made substantial progress in improving student experiences at YSPH. Since I arrived at Yale, we have completed strategic reviews of our MPH, MS, and PhD education programs and public health practice activities and programs, we have made numerous changes to our curricula, created an Office of Community Health, and appointed an Associate Dean for Academic Affairs (position is currently not filled). We also launched a new MPH program for professionals with advance degrees that attracted 20 outstanding students in its first year. Informal feedback, course ratings, and the interviews conducted by our consultant indicate substantial improvements in student and faculty satisfaction with the MPH and MS programs. For example, on exit surveys administered to graduating MPH students, in 2007, 76% of students said they would recommend the MPH program to a prospective student. That figure increased to 94% last year. In 2007, 7% of the students rated their experience as poor and 78% rated their experience as excellent or good. Last year no students rated their experience as poor and 92% rated their experience as
excellent or good. Applications for MPH admission have increased 30% in the past three years and this year we had a record number of 1049 applications, a 16% increase from last year. Our entering class this year consists of 117 new MPH students, 4 PhD, 1 MD/PhD, and 4 MS students.

In June, 2007, the Council on Education for Public Health (CEPH) granted the Yale School of Public Health full accreditation for seven years, contingent on providing two interim reports. The first interim report, due in spring, 2008 addressed the development and dissemination of concentration learning objectives for our masters and doctoral degree programs, as well as a modification of Biostatistics requirements for the 5-year joint program with Yale College students. The second interim report submitted in the spring of 2009 provided information about the functional independence of the School, the monitoring and assessment processes for MPH internships, and strategies for recruiting a diverse faculty. To address the functional independence criterion, Dean Alpern, Deputy Provost Spangler, and Provost Salovey worked with faculty and staff at the school to articulate current and revised policies regarding the relationships between the School of Public Health, the School of Medicine, and the University. YSPH’s newly established Office of Community Health has successfully instituted comprehensive procedures for internships, and the creation of a Faculty Mentoring Plan and other strategies will likely improve faculty diversity.

We were delighted to learn in July, 2009 that CEPH approved the changes that had been made to meet compliance for all criteria. The wording of the letter accepting the changes was such that the issue of “independence” raised regularly by CEPH (Yale is the only accredited school of public health that is part of a medical school) should no longer be a concern.

Doctoral students are essential members of research teams and having a vibrant doctoral program is a critical component of a major academic research program, and essential if we are to recruit the best possible faculty. Since I have been dean, we have reviewed the Ph.D. program at YSPH and made several changes to improve financial support for doctoral students and improve the overall program. As we expand our faculty and research programs, it is important to re-evaluate our doctoral program to see if there are further improvements we can make.

Priorities for 2010-2011

Review the YSPH Ph.D. program

STRATEGIC GOAL: FOCUS AND COORDINATE PRACTICE AND SERVICE ACTIVITIES

Public health practice activities are critical to the mission of the School and the education of its students as well as a cornerstone for the University’s Fourth Century vision. My objectives in this area included developing YSPH definitions of service and practice activities, developing a new faculty position description and reactivating the search for a Public Health Practitioner, and developing a sustainable model for community service activities.
In the 2008-2009 academic year, we developed criteria for student public health practice experiences and established a new Office of Community Health that is responsible for coordinating and evaluating summer internships and providing students with quality public health practice experiences. While we were recruiting a senior faculty member to head that office, we hired Elaine O’Keefe as the Acting Director, who has worked in public health her entire career, including 14 years as Health Director of Stratford, Connecticut. We also were very fortunate to be able to recruit Dr. Rafael Pérez-Escamilla, as mentioned earlier, who joined us as a Professor in the Chronic Disease Epidemiology Division and Director of the Office of Community Health as of September 2009. A review of staffing functions also has led us to reorganize the coordination of student internships.

Another objective in my revitalization plan was to focus and coordinate regional activities on programs that have the potential of leading to improvements in the health of New Haven area residents. To that end, we established the Community Alliance for Research and Engagement (CARE), a transdisciplinary “bench to bedside to community” collaboration with the Yale Center for Clinical Investigation and the City of New Haven’s municipal offices, school system, and community organizations. Under the leadership of Dr. Jeannette Ickovics, we have been successful in obtaining several grants to support those activities. Last year, CARE recruited New Haven residents, trained them as interviewers and conducted a community wide survey. CARE also conducted a health survey of nearly 1200 students in 12 schools as part of Community Interventions for Health. We look forward to CARE becoming a focus of our mutually beneficial relationship with the New Haven community.

Priority for 2010-2011

My priority to further strengthen practice and service activities would be to oversee the smooth operation of our new Office of Community Health and maintain the success of the CARE initiative.

STRATEGIC GOAL: IMPROVE THE FINANCIAL FOUNDATION OF SCHOOL ACTIVITIES

Objectives related to the financial status of the school included developing a better financial model for allocation of discretionary resources for research and teaching, ensuring that faculty salaries were appropriate in the current “market,” and increasing development activities. Since I have been dean we have held several faculty meetings to discuss better ways of aligning financial incentives and disincentives with our mission. As a result of those discussions, we developed recommendations for a comprehensive financial model for the school that was unanimously adopted by faculty and is currently being used.

In each of the past four years, we have conducted an analysis of YSPH faculty salaries compared to salaries in the School of Medicine and other schools of public health nationwide. The reviews indicated that YSPH was compensating faculty at lower levels than comparable institutions. In 2007 and 2008, we increased salaries more than inflation. Due to the financial crisis, faculty salaries were not increased last year, which has caused a serious problem in terms of equity within the School and in terms of comparable salaries at other institutions. Many other
universities also have implemented salary freezes or even salary cuts, but there are a substantial number of top-ranked universities that still compete for the best faculty. Thus, it is critical that we offer competitive salaries. This past year, we implemented raises again and offered average raises higher than the rate of inflation and expect to have to do that for at least one to two years to achieve parity with the market.

We have been relatively successful with development efforts recently and will continue to nurture relationships with potential supporters of the school’s mission. During the past four years, 23 new endowed funds have been created at the School, and an additional 4 funds have been promised in bequests, one of which is the largest in the School’s history ($3 million). In addition, the donors of an existing fund to support scholarships for students from Latin America have made several new gifts, and numerous alumni and friends of the School have made significant current use gifts to support domestic and international programs. To put this in perspective, between the School’s founding in 1915 and 2005, approximately 25 endowed funds were created, compared to the 23 funds established in the past four years. Excluding foundation and corporation funds, we have raised an average of $2.7 million dollars a year since I arrived, for a total of almost $11 million dollars. Although this is a small amount compared to other units at Yale, it is substantially more than has been raised annually over the previous decade.

**Priorities for 2010-2011**

Continue to raise faculty salaries to reach competitive levels.

Endowment funds provide critical support and flexibility, therefore a continued focus on development activities is essential.

**STRATEGIC GOAL: CREATE A RECOGNIZED AND RESPECTED “BRAND” FOR POTENTIAL FACULTY, STUDENTS, AND SUPPORTERS**

To improve “brand awareness” for the school, senior administrators at Yale conducted a careful review of the ways in which different names were used to refer to the school (of Public Health) and department (Epidemiology and Public Health in the Yale School of Medicine), and a comprehensive policy for name use has been developed and adopted.

A related objective was to develop a plan to enhance communication. We have subsequently held routine town hall meetings and “random” lunches with staff, and regularly distribute a school-wide electronic newsletter. These efforts have created a more collaborative and productive environment within the School. We also have hired a communications director who developed and launched a new magazine, *Yale Public Health*, which has received praise from many constituents, and have redesigned our website to improve visibility and more effectively communicate about our activities to web site visitors.

**Priorities for 2010-2011**

We will continue to refine and improve communication strategies, but believe we have addressed and accomplished the major goals in this area.
Summary

The Revitalization Plan for Public Health that I presented in 2006 proposed fundamental changes to improve research, teaching, and practice activities at the Yale School of Public Health. I think the original strategic plan was sound and we have made great progress. The strategic priorities for the next year at YSPH include monitoring and refining several initiatives started over the past four years, including the Global Health Concentration, the new MPH program for advanced professionals, the Yale Center for Analytic Sciences, the new mentoring program, our new magazine, *Yale Public Health*, the Office of Community Health, and the Community Alliance for Research and Engagement (CARE), as well as continue to foster collaborations with other parts of the Yale School of Medicine and Yale University. We also will implement a reorganization plan and continue working on improving issues related to the management of administrative support personnel, conduct a review of the PhD program, and work to identify a long-term space plan.