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## Integration of service, education, and research in local official public health agencies

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### Abstract (Article Summary)

Chambers et al discuss improved education for future public health practitioners, continuing education of existing staff, and research and evaluations activities in local official public health agencies in Ontario Canada.

### Full Text (1486 words)

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The province of Ontario (population: 10.8 million) has 43 local health units/ departments, each with a health board consisting of elected and, in some cases, appointed members. This system was strengthened with the introduction of the 1983 Health Protection and Promotion Act, which replaced 1896 legislation. In 1989, the Government of Ontario's Mandatory Programs and Services Guidelines for Public Health spelled out health goals on healthy environments, communicable disease control, healthy lifestyles, and healthy growth and development to be delivered by interdisciplinary teams. This change required improved education for future public health practitioners, continuing education of existing staff, and research and evaluation activities. Similar to the teaching hospital model in which some hospitals in the province are designated as teaching hospitals and receive additional Ministry of Health "education and research" funding, a minority of health units were to be designated as teaching health units.

Among academic health sciences centers, there was little understanding of public health practice or the services that the public receives as the result of public health. Eight public health units were asked to establish a formal affiliation with their local academic health sciences centers. Either party could initiate talks to establish a teaching health unit, but in most instances the public health unit approached the academic health sciences center. Decisions related to the goals of the teaching health unit objectives would be made jointly. This differs from some other approaches to community/university relationships. For example, the Province of Manitoba contracted with the University of Manitoba's Winnipeg academic health sciences center to provide health services and public health for northern Manitoba. Alternatively, the Victorian Order of Nurses, a not-for-profit home nursing provider, placed a nationally recognized nurse researcher from a university in its national office in Ottawa to provide research leadership in the orders's branches across the country. The US Council on Linkages between Academia and Public Health Practice encourages and monitors different arrangements between schools of public health and local health departments. The Canadian Health of the Public Program supports similar initiatives.

The first 2 teaching health units began in 1986 through ministry funding. From 1993 to 1995, ministry funding for the 8 teaching health units ranged from \$265 706 to \$1 187 540, with a median budget of \$928 624 (see Table). Variable funding levels were based on the preparedness of the health unit, cooperation with university partners, location in the province, and prior public health education and research activities.

A provincial steering committee with representatives from each teaching health unit and the Public Health Branch of the Ministry of Health, along with 2 representatives from the remaining 35 health units, assists with program evaluations and development.

Public health units employ a medical officer of health, a physician with postgraduate training in community medicine; most now hold their fellowship in community medicine from the Royal College of Physicians and Surgeons of Canada. In the 1980s, few staff members of public health units in Ontario had graduate degrees, even though they had completed professional education in nursing, epidemiology and biostatistics, behavioral sciences, environmental health, or related disciplines. Teaching health units facilitate staff training by facilitating leaves of absence to seek higher education, by providing expert academic mentorship, and by providing financial support for education. Thesis research brings university faculty (thesis supervisors) into the health units, many for the first time. Nursing in health units underwent a profound change in the late 1980s. The abundance of nurses in health units and the challenges of moving from one-on-one client-based services (e.g., newborn visits) to population-based programs (e.g., smoking prevention) led many nurses to take up the higher education challenge.

Recruitment of staff for teaching health units can take months or years for public health disciplines because of the paucity of public health professionals with graduate degrees and with experience in integrating service, education, and research. Creation of teaching health units with university cross-appointed positions made recruitment of new staff easier. By 1995, the number of personnel employed by teaching health units ranged from 4 to 14 (median: 10.3); the median number of personnel trained to the master's or doctoral level was 5.8 (see Table 1).

More frequently than was the case in the past, health unit staff with part-time and full-time university cross appointments determine university admission and selection criteria for students and participate in curriculum planning and revisions. They also work with faculty to set criteria for accreditation and licensing of professionals (e.g., the Community Medicine Residency Program of the Royal College of Physicians and Surgeons of Canada).

Students are expected not only to provide direct community service but also to learn about the context in which the service is provided and to understand the connection between the service and their academic course work. They get to know members of community groups and clients as human beings and as teachers of many lessons involving personal values and concerns, as well as community values. Students have an opportunity to hone the skills they need to make a difference in the lives of patients and citizens in their communities, to develop cultural competency, and to gain expertise in health promotion/disease prevention and population-based health care. The Pew Health Professions Commission in the United States calls this service learning: a structured learning experience combining community service with

preparation and reflection.

Expansion of effort in research began with new staff and newly trained staff investigating health unit issues funded through health unit budgets. With an increased number of doctoral-level staff and university cross appointments (see Table 1), teaching health unit research is focusing on health unit issues and contributing to the world literature. Grants received averaged \$223 589 per teaching health unit in 1995, a large increase from the previous year (\$138 672). The total of all such awards across the teaching health units was \$1778 710. This represents \$0.27 for each \$1.00 of unit funding (i.e., ratio of total amount of external funds obtained through competition from national or international agencies to total program funds received by teaching health units from the Ontario Ministry of Health in 1995). In 1993, teaching health units produced a median of 2.5 peer-reviewed publications in indexed journals; this had doubled to 5 by 1995 (see Table 1). The Ministry of Health compiles a database of these individual studies and systematic reviews based on each teaching health unit's library computer files.

TABLE 1

From the academic health sciences center perspective, the teaching health unit program is successful in creating internal collaborative structures, designing and implementing curricula, strengthening the population perspective in curricula, and undertaking public health research. From the health unit perspective, the program coordinates service learning, develops community health education and consultation services, fosters collaborations for service delivery, and increases health units' capacity to conduct program evaluations.

Although the process of change is slow, teaching health units have arrived as successful new entities. Their success in changing the culture of public health units to value education and research and development through closer affiliation with academic health sciences centers will be tested when the province of Ontario transfers all public health unit financing to local municipalities in 1998. Resources must continue to be garnered from multiple sources, through advocating policies that demand education and research and development and tapping into student idealism through service learning.

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