

**Report of the Task Force on School of Public Health and Health Sciences
and School of Nursing Merger**

August 26, 2003

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Background

The Task Force was appointed by Provost Charlena Seymour to assess “goals and capacities” in the health-related programs offered by the School of Nursing and the School of Public Health and Health Sciences, and to determine “whether a merger of the two existing Schools is desirable in terms of our ability to deliver high-quality instruction and research within the resources likely to be available, and whether a merger can increase our capacity to attract resources to our activities associated with human health.”

The Task Force met four times during the months of June and July 2003; reviewed written materials of many kinds provided by the campus administration and the affected programs; met with Eileen Breslin, Dean of Nursing and interim Dean-designate of Public Health and Health Sciences; and met with the chairs of most of the departments in the School of Public Health and Health Sciences. The Task Force took into account several planning parameters that strongly influenced its thinking:

- The merger question was placed on the table by the administration as one of many responses to the large reductions in state support suffered by the campus in FY03 and FY04, and any plan would therefore have to be workable within the resources available to Nursing and Public Health and Health Sciences after the FY03 and FY04 budget processes.
- The Provost had already announced that the Dean of Nursing, effective September 1, 2003, would also fill the Dean’s position in the School of Public Health and Health Sciences on an interim basis.
- All existing academic programs in both Schools were to remain intact.
- The campus administration indicated that transfer of programs to schools or colleges outside Nursing and Public Health and Health Sciences was not likely as part of the merger discussion.
- The campus administration was not supportive of the idea of “schools” being organized within “colleges,” deans reporting to other deans, or similar approaches.
- The Task Force was asked to consider implications of a merger for disciplinary accreditation, but not to assume that continued accreditation was a prerequisite to a merger plan.

The Task Force’s Approach

Given this charge and these parameters, the Task Force identified three basic models of possible merger. While a number of variations of each model were discussed, these three general approaches seem to capture the range of possibilities:

1. **The “Parallel” Approach.** Both Nursing and Public Health and Health Sciences would continue as separate organizations and with separate identities as Schools, but would share a Dean in common. In addition, certain administrative support functions could be shared. This is the situation as it will exist on September 1, 2003, when Dean Breslin assumes her responsibilities as interim Dean of Public Health and Health Sciences.

2. **The “Joined” Approach.** Nursing and Public Health and Health Sciences would be joined into a single School, with clusters (perhaps called Divisions) for both current Schools, each headed by an intermediate administrator (perhaps an associate dean or division director). Support functions would be combined. A variation of this (two divisions with a freestanding Department of Communication Disorders) was the situation on this campus between 1973 and 1989.
3. **The “Integrated” Approach.** There would be a single School with five departments (Public Health, Communication Disorders, Exercise Science, Nutrition, and Nursing). Support functions would be combined. The Dean would be the lead administrator for all programs.

In evaluating these different organizational approaches, the Task Force attempted to assess the likely impact of each on a set of key issues that emerged during the group’s discussions. While these issues interact, they can be discussed separately:

1. **Disciplinary accreditation.** The Task Force understood that continuation of disciplinary accreditation was not an absolute requirement of the campus administration, but also recognized that it is highly desirable, and that loss of accreditation would create significant problems for all the programs. As a general rule, the Task Force therefore sought to retain disciplinary accreditations if at all possible. The situation was most complicated with respect to accreditation of the School of Public Health and Health Sciences by the Council on Education for Public Health (CEPH). The School is currently accredited by CEPH, but the Task Force heard widespread concern that recent and imminent retirements could weaken the School’s potential for continued accreditation. Concern was also expressed that a major change in the organization of the Public Health programs might trigger an off-cycle CEPH review just as the departments are likely to be at their weakest point. The Task Force could not respond to the resource issues, but did agree that it would try to avoid complicating the CEPH situation any more than necessary.

The Task Force received information on accreditation requirements from a number of sources. There was some uncertainty about what would be acceptable (by both CEPH and the Commission on Collegiate Nursing Education [CCNE]), but there did seem to be general agreement that the less separate and distinct the public health and nursing programs are, the greater the complications for accreditation. It was noted that both CEPH and CCNE require accredited schools to have the same level of independence and status as other professional schools at the institution.

2. **Resources.** As noted above, it was understood that the merger should not add to the costs of administering the programs.
3. **Governance.** Both Nursing and Public Health and Health Sciences have governance processes worked out over a long period of time and tailored to their particular circumstances. As a general rule, the more closely integrated the programs, the less differentiation in governance seemed possible. Placing all programs within a single School, for example, seemed likely to require common School-level curriculum and personnel committees.

The Task Force considered each of the different organizational approaches in light of these issues, with the following result:

	Accreditation	Resources	Governance
Parallel	No likely repercussions for Nursing. Public Health less clear, but would retain “comparable” organizational status required by CEPH.	Clearest comparison to current situation. One Dean’s position remains vacant, all else remains as is.	Clearest comparison to current situation. Nursing and Public Health should be able to retain internal governance practices.
Joined	Both Nursing and Public Health might be seen as “demoted” (although this seems more an issue for CEPH than CCNE).	Raises the question of adding administrative costs, especially if trying to demonstrate “comparable” status to accreditors.	Strong likelihood that combined School would operate as other schools and colleges, with common personnel and curriculum committees, etc.
Integrated	Probably still workable (although perhaps not desirable) for CCNE; CEPH might require shift to program vs. school accreditation.	Also comparable to current situation. Additional savings in support theoretically possible, but not likely.	Very strong likelihood that combined School would operate as other schools and colleges, with common personnel and curriculum committees, etc.

The Task Force also explored possible intellectual connections across the two Schools. Faculty reported that a number of joint academic activities already exist (such as the Nursing/Public Health “dual” Master’s degree), and that there are currently no serious impediments to cooperative activities. The Task Force therefore saw no reason to prefer one organizational approach over another for intellectual reasons.

Other Issues

In addition to the larger questions outlined above, the Task Force considered several specific issues that arose in the course of its deliberations:

- **Program Size and Viability.** The Task Force recognized that one of the factors leading to the consideration of different organizational structures was the loss of faculty, leading to questions of continued viability for some programs. The Task Force learned that support exists in all three Public Health departments to reunite, and this could help address “critical mass” and related issues.
- **Business Center.** The Schools currently share a common business center. While the Task Force believes a shared approach can be useful, there were also many concerns expressed about the quality of the service received. The Task Force made no independent study of the business center, and recognizes that it is a recent change that may need fine-tuning. It would seem advisable, however, to use the experience of the current shared function to help guide future planning in this area.
- **Future Directions.** The Task Force did not engage in any formal planning related to the two Schools, but did note that plans are well along for the reintroduction of an undergraduate major

in Public Health. It was evident that the exclusively graduate orientation of the three Public Health departments has been a recurring issue with the campus administration, and the Task Forces believes that the proposed undergraduate major is a constructive response.

Recommendations

1. Overall, the Task Force was nearly unanimous in recommending the “parallel” approach. The advantages to both Schools of maintaining clear identities, program-appropriate procedures, discrete budgets, etc. seem to far outweigh any speculative benefits that might come from other approaches. This seems especially true given that both Schools already operate with minimal administrative support. While it may make sense to continue or expand the extent to which administrative functions are “shared” between the two Schools (see below), there is no reason to believe that closer organizational integration would result in further administrative savings.
2. Specifically, the Task Force recommends the following structure (see also Figure 1):
 - The School of Nursing and the School of Public Health and Health Sciences should continue as autonomous MBUs. Dean Breslin would serve as Dean of Nursing and as interim Dean of Public Health and Health Sciences.
 - The Departments of Biostatistics and Epidemiology, Community Health Studies, and Environmental Health Sciences should return to their previous structure of a single Department of Public Health.
 - Dean Breslin should consider reconfiguring the current Associate Dean’s position in Public Health and Health Sciences so as to make it a “joint” appointment with responsibilities in both Schools, as well. This might aid in coordination and communication, particularly with respect to shared administrative functions.
 - Shared administrative support functions should be pursued where appropriate. At the same time, the effectiveness of the current shared business services unit should be reviewed and steps should be taken to ensure that the needs of faculty in both Schools will be met.
3. The School of Public Health and Health Sciences should pursue its plan to offer an undergraduate program, and consider other means of broadening its involvement in undergraduate education.

Conclusion

The Task Force was impressed with the collegiality and mutual respect demonstrated by representatives of both Schools, and is confident that this will continue under the recommended structure. We are at a moment of considerable uncertainty in the University’s history, and no one can predict whether future events might argue for reconsidering the organization of these programs. Certainly, if Dean Breslin were to step down for any reason, or if steps were taken to fill the position of Dean of Public Health and Health Sciences on a permanent basis, it would be important to engage both Schools in a careful consideration of next steps. But given current circumstances, proceeding with the approach outlined here seems reasonable for the campus and the affected programs.

Figure 1. Proposed Organizational Structure

